

GENDER & HEALTH

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Overview

Theories
of sex
and
gender

The
relevance
of sex
and
gender
for health



Theorising Sex and Gender

Defining sex and gender

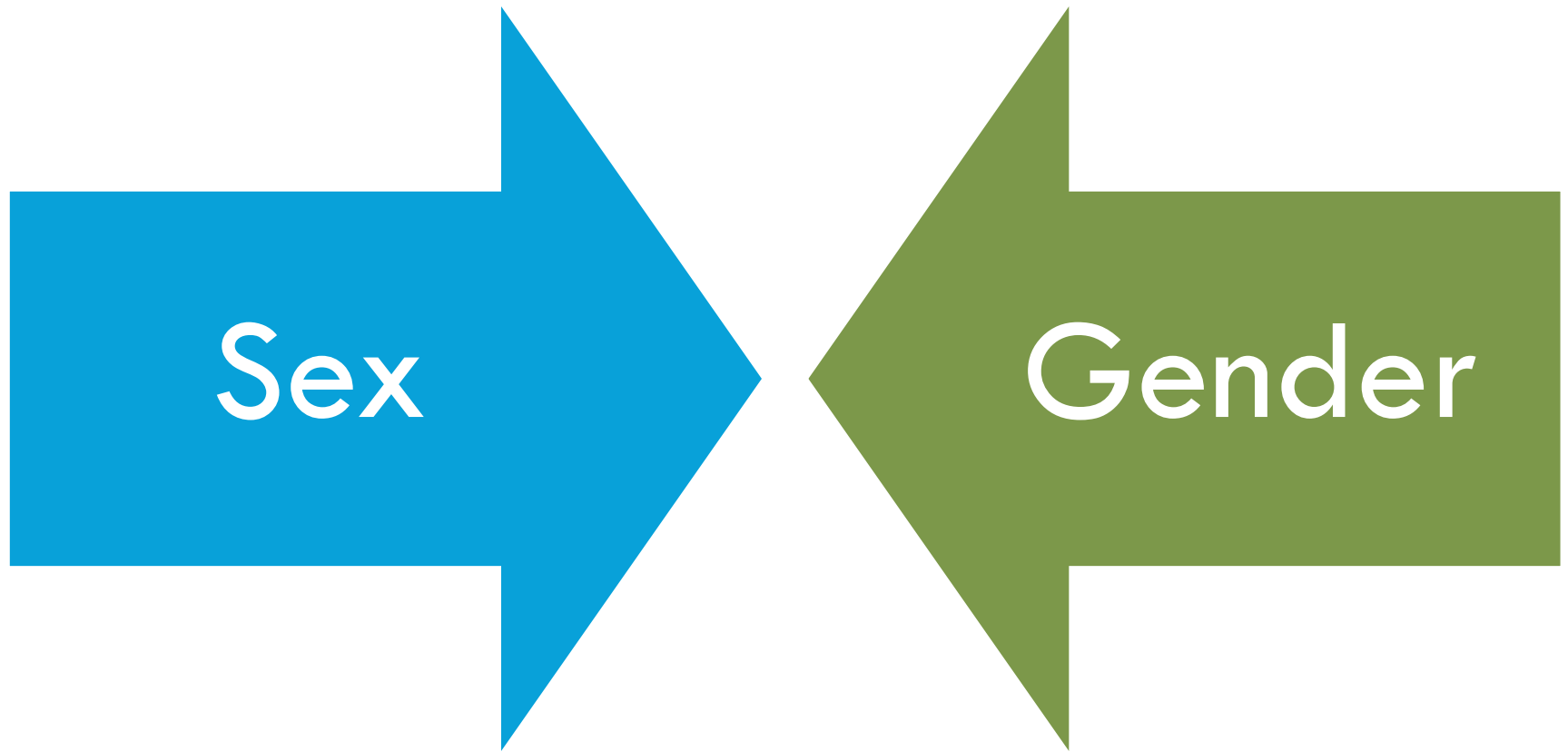
Sex

- Biological/physiological
- Defined by body – reproductive organs

Gender

- Behavioural expression of being male or female
- Socially constructed/learned behaviour – therefore potentially open to change

What is the link between sex and gender?



Biological Theories

- Sex is a universal biological characteristic which is either male or female
- Sex “causes” gender
 - i.e. gender is determined by biology
- All differences between males and females are biological
 - e.g., hormones; physiological processes

Critiques of Biological Theories

- How many sexes are there really?
 - Male
 - Female
 - Intersex
 - hermaphrodites
 - female pseudohermaphrodites
 - male pseudohermaphrodites

Critique of Biological Theories

- Doesn't account for other gradations along the male/female sex dichotomy:
 - Transgender
 - Transsexuality

Socialisation Theories

- Sex is still seen as fixed – universal biological body
- BUT: Sex does not cause gender
- Links between sex and gender are arbitrary
- Gender is based on learned behaviour

Criticisms of Socialisation Theories

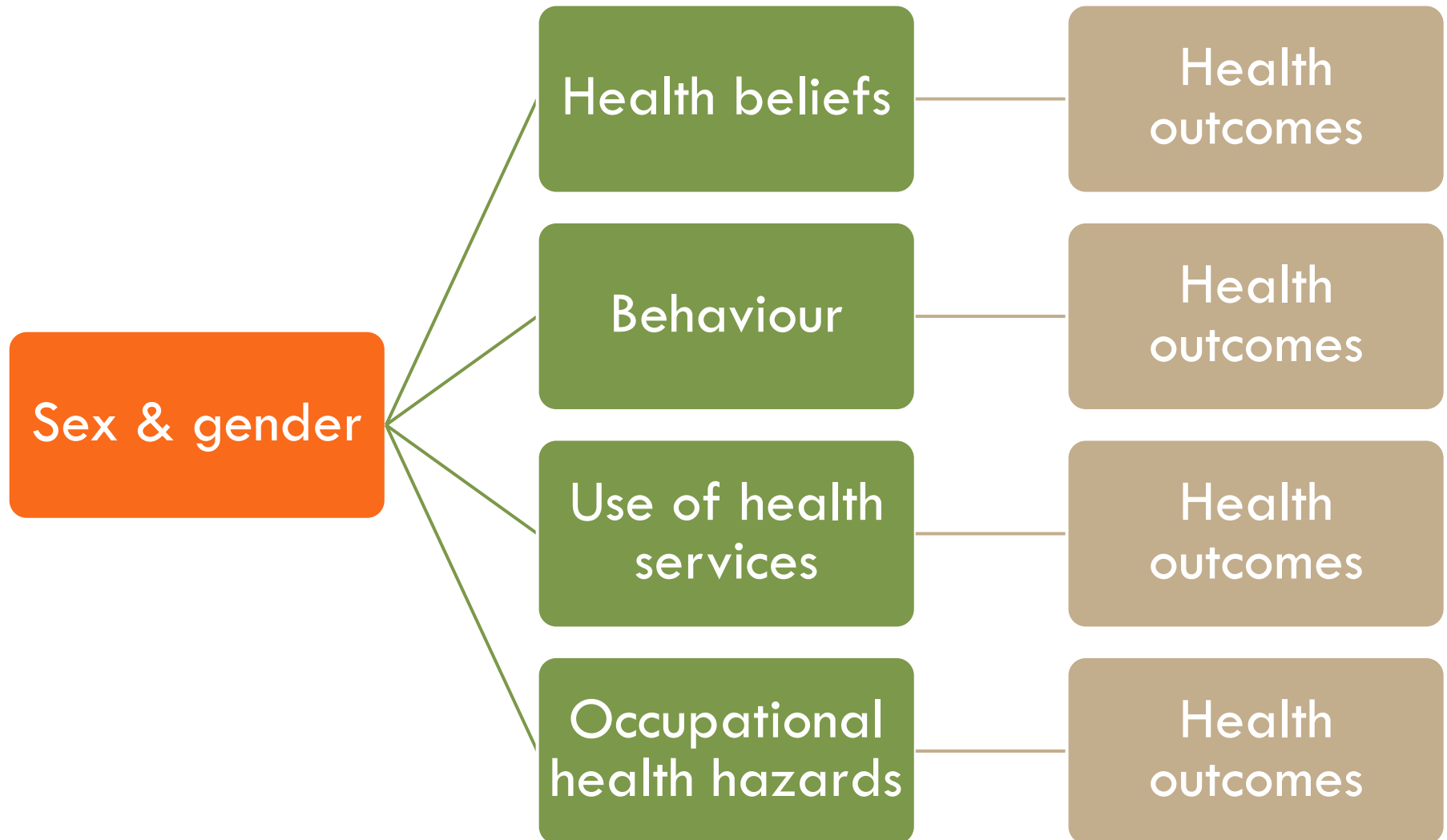
- ▣ See gender as binary/dichotomous, as one out of two mutually exclusive roles
 - A person either behaves male or female
- ▣ Emphasis on maximum differences between male/female
- ▣ Only *one* female/male personality – ignores different types of femininity/masculinity

Constructionist Theories

- Gender not static nor binary, but is rather *socially constructed* and *dynamic*
- Gender is produced and *reproduced* through people's actions, language, interactions
- Gender is something that a person *does* instead of something that a person *is*

Why are sex and
gender both relevant
when discussing health?

Interactions between sex, gender & health



Interaction between sex, gender & health

Biological factors

- Hormonal differences
- Other physiological factors
- Reproductive health
 - ▣ e.g. maternal mortality, unsafe abortions

Social factors

- Gender inequality
- Occupation
- Risky behaviours and health-related behaviours
- Cultural norms and practices

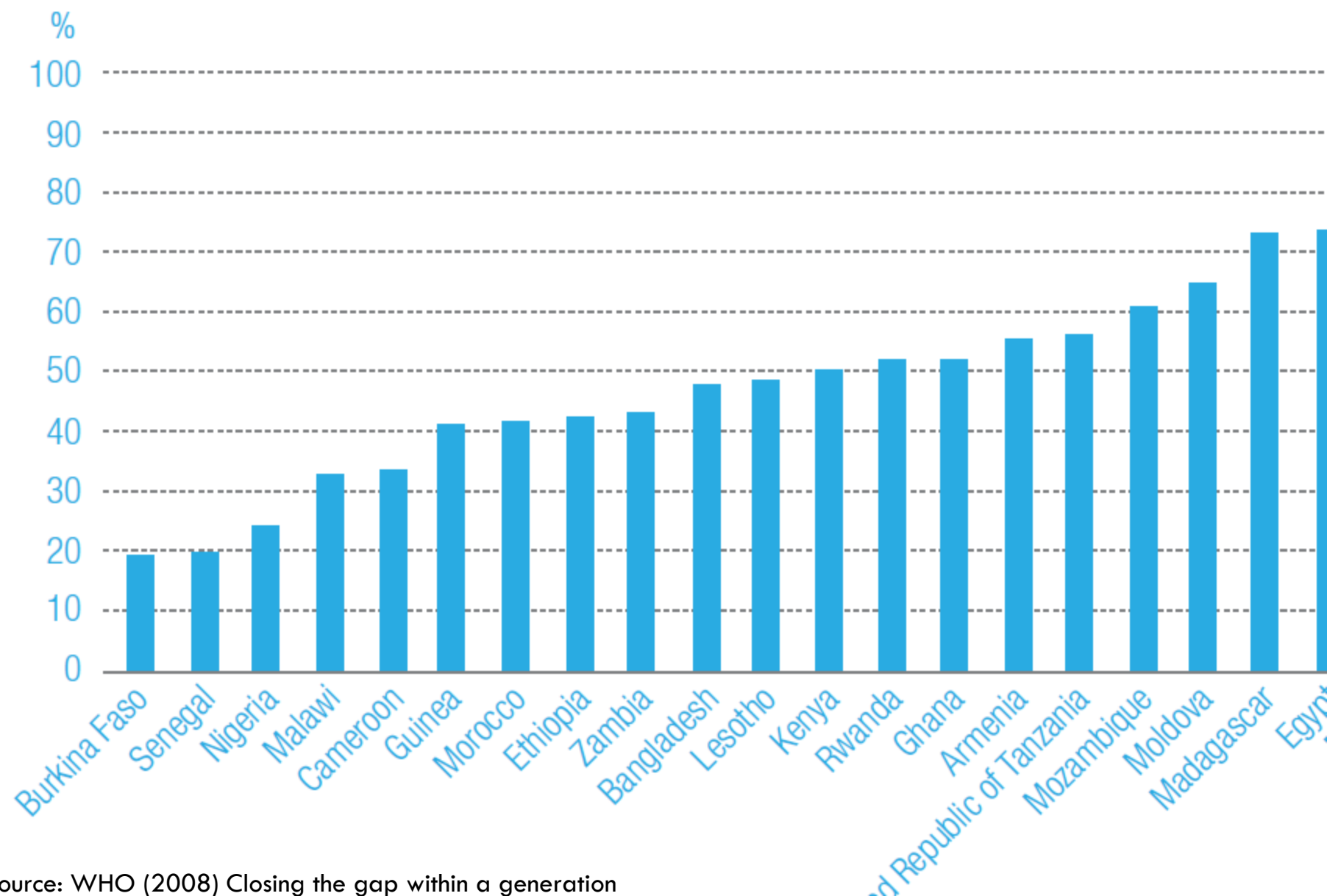


Women's health

Gender inequality – implications for women's & girls' health

- Examples:
 - ▣ Violence against women incl. intimate partner violence and sexual child abuse
 - ▣ Sex-specific abortions
 - ▣ Discriminatory feeding practices
 - ▣ Access to health care system
 - ▣ Ability to make decisions regarding own health

Figure 13.2: Percentage of women who have a final say in decision-making regarding their own health care, 2001–2005.



Case study: Gendered nature of HIV/AIDS

- In South Africa, 26.5% of women between 20-24 are infected with HIV, whereas only 7.2% of men in the same age group are infected with the virus.

Source: Rob Dorrington et al (2006) *The Demographic Impact of HIV/AIDS in South Africa – National and Provincial Indicators for 2006*.

- **Why?**

Women's increased vulnerability to HIV/AIDS

Biological factors

- Greater mucosal surface area in genital organs
- Higher viral load in semen than vaginal fluids
- STIs often undetected in women

Gendered factors

- Gender inequality
 - ▣ Ability to negotiate condom use
 - ▣ Poverty
 - ▣ Access to information
- Transactional sex with older men & sex work
- Cultural practices
- Victims of rape
 - ▣ mostly female
 - ▣ risk of injuries



Men's health and health behaviour

W. H. Courtenay „Constructions of masculinity and their influence on men's well-being: a theory of gender & health“ *Social Science & Medicine* 50 (2000) 1385-1401.

Mortality (USA)

- Men die nearly 7 years younger than women and have higher death rates for all 15 leading causes of death
- Men's age-adjusted death rate for heart disease is 2 x higher than women's
- Men's cancer death rate is 1.5 x higher than women's
 - Cancer death rates among African American men are 2x higher than among African American women

Morbidity (USA)

- Incidence of 7 out of 10 of the most common infectious diseases is higher among men than women

Factors associated with health and longevity

- Social determinants of health
 - Socio-economic status
 - Racial exclusion
 - Access to care
 - ...

- BUT: These factors cannot by themselves explain gender differences in health and longevity.

Case study: Men & skin cancer

- In the US, skin cancer death rate is twice as high for men as for women (CDC, 1995)
- Why?

Explanations skin cancer morbidity in men

- More exposure
- Men are 1.5 x more likely to believe that one looks better with a tan (American Academy of Dermatology, 1997)
- Men are significantly less likely to use sunscreen (Mermelstein an Risenberg, 1992; Courtenay, 1998)
- Use of screening services for skin cancer lower
- Use of curative services for skin cancer lower

Men's health behaviours

- Use of preventive care
 - ▣ Health screening and self-examination
 - ▣ Other forms of preventive care
- Use of curative care
- Risky (health) behaviours
 - ▣ Prevalence of risk behaviours such as smoking, drinking and driving, not using safety belts etc. more common among men **in all but 3 of 14 non-sex-specific behaviours!**

Why do men engage in
risky or less healthy
behaviour?

Hegemonic masculinity

- To be (seen as) a „real“ man, men must...
 - ▣ Deny weakness or vulnerability
 - ▣ Be emotionally and physically in control
 - ▣ Appear strong
 - ▣ Dismiss any need for help
 - ▣ Be ceaselessly interested in sex
 - ▣ Display aggressive behaviour and physical dominance

Men construct gender by... (I)

- ... reenacting and endorsing hegemonic behaviour
 - ▣ Engaging in dangerous or risky behaviour
 - Driving dangerously
 - Consuming alcohol
 - Not wearing seat-belts
 - ▣ Dismissing health care needs
 - Not needing sick leave
 - Not going to see a doctor
 - Denying pain

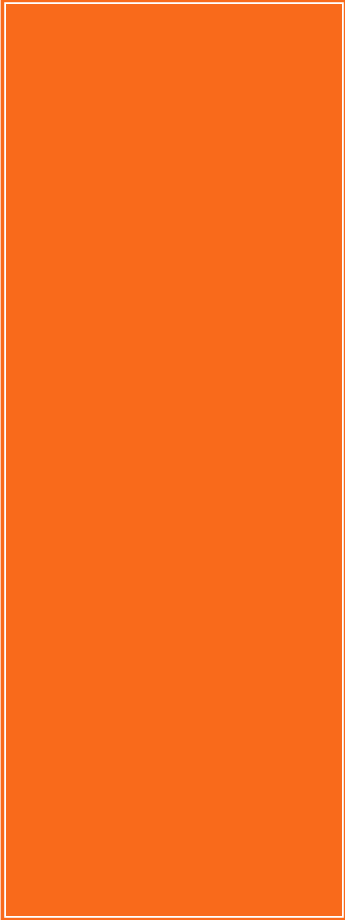
Men construct gender by... (II)

- Rejecting what is constructed as feminine:
 - ▣ health care utilisation
 - ▣ positive health beliefs
 - ▣ positive health behaviours
- These behaviours are constructed as forms of femininity and must therefore be opposed

(Health) Behaviours & gender

- Men and women are active agents in constructing and reconstructing dominant norms of masculinity and femininity
- Health beliefs and behaviours are a way of constructing or demonstrating gender
- Men use (health) behaviour to fit into dominant masculine ideals that clearly establish them as men

Challenge



The evidence presented by Courtenay is largely from the US – do his conclusions apply in other settings, particularly in developing countries?

Applicability in other contexts

- Gender roles and identities may vary from country to country but patriarchal structures still dominant in both the developed and developing countries

- Example from developing countries:
 - ▣ VCT
 - ▣ Alcohol consumption
 - ▣ Violence

Key messages

- Gender is a socially and culturally constructed concept that changes over time
- People are actively involved in constructing gender through their behaviours
- „Gendered behaviour“ and „gendered vulnerability“ have strong implications for health and should therefore be considered in public health interventions