

Health, Aging and Society
HLTH AGE 4T03
GENDER AND HEALTH

Fall 2017

Class time: Friday 8:30-11:20

Class location: TSH 122

Instructor: Stephanie Premji, KTH 701

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Office Hours: by appointment

COURSE OBJECTIVES

In this course students will learn to challenge dominant gender paradigms and develop an in-depth understanding of the ways in which gender contributes to the differential structuring of health experiences for women, men and gender minorities. The course incorporates historical, theoretical and empirical perspectives to explore the relationship between gender and health in Canada and other countries. It also explores this relationship at the intersection of class, ethnicity and sexuality, and throughout the life course.

FORMAT

The course incorporates lectures and seminar-style discussions. Each class will involve a traditional lecture. Starting on Week 4 (September 29), the lecture will be followed by a group presentation on the week's topic. A discussion, led by the team members, will follow the lecture and presentation. To derive the maximum benefit from a seminar-style course, it is important to come to class prepared by completing the readings, preparing one or two key questions, arguments and/or observations about the week's readings, and being fully ready to participate in discussions. It should be noted that some of the topics covered in class can be sensitive in nature. Students are expected to discuss topics in a manner that is respectful of divergent viewpoints and experiences, and that in no way threatens the dignity of classmates.

EVALUATION

Evaluation	% of Final Grade	Due Date
Attendance/ participation in class discussions	20%	Throughout the term
Policy brief	25%	October 6
Group presentation	25%	TBD, starting Week 4 (except for Week 6)
Essay	30%	December 1

Further instructions, including grading criteria, will be discussed in class and may be posted on Avenue to Learn.

Attendance/ participation in class discussions (20%)

Each week, students will be expected to discuss the required readings as well as the material presented in lectures and student presentations. Students should prepare by carefully reading the material and note one or two key questions, arguments and/or observations about the week's topic. Participation marks will be awarded based on the quality (rather than on the quantity) of interventions throughout the term, as well as on attentiveness. Quality interventions are those that deepen the discussion and/or introduce new or divergent perspectives. In addition, we will start each class by discussing news stories relevant to the field of gender and health. Students are encouraged to bring stories to the attention of the class and are expected to comment on stories discussed in class.

Policy brief (25%)

Students will write a policy brief on an issue related to gender and health. A policy brief outlines the rationale for choosing a particular course of action in a policy debate. The purpose is to convince the target audience (non-specialized audience) of the urgency of the problem and the benefits of adopting the course of action that is proposed. The policy brief should be no more than 1,500 words. It should be prepared according to the following template:

<https://www.idrc.ca/sites/default/files/idrcpolicybrieftoolkit.pdf>

Policy briefs are to be submitted to the instructor in class in hard copy on October 6.

Group presentation (25%)

Each week starting in Week 4 (and except for Week 6), a group of students will do a presentation, with slides, on the week's topic. The number of students in each group will be based on class enrollment. The content of the presentation will first be discussed with the instructor and will draw on supplemental readings to be chosen by the students. The group will then lead a class discussion. Students should allow for a one-hour lecture and discussion. The presentation will be evaluated by the instructor based on content (well-researched) and quality (well organized, easy to understand), as well as creativity. Video clips can be included in the presentation but should be used minimally. Each member of the group is expected to do part of the presentation, though the group should ensure that the parts connect together well. A group sign-up sheet will be distributed in class on September 15.

Essay (30%)

Each student will submit a research paper on a topic related to gender and health (not the same topic as your presentation). This may or may not be a topic that was covered in class. The essay should be analytical rather than descriptive. This means that you need to develop a thesis in relation to your topic and analyze the evidence that *supports* and *detracts* from your thesis. The essay should be 8 pages double-spaced excluding title page, footnotes (if applicable) and references. It should be typed using

12-point font and printed on 8 ½ x 11 inch paper. Include a title page that includes the name of the instructor, your name, the course title and number, the date, as well as a title for your essay. There is no required number of references; however, you should use judgment. You may consult a variety of sources but make sure to include plenty of scientific articles that are *not* in the list of required course readings. Follow the APA style guide for in-text citations and the reference list (<http://library.mcmaster.ca/guides/apa.pdf>). Papers should be handed in class in hard copy anytime during the term, up to and including December 1. Late papers should be emailed to the instructor (please note the late policy below).

In marking your essay I will consider the following: clarity of your thesis; strength of the arguments in support of your thesis; your ability to present and debate contrasting viewpoint(s); strength of the supporting evidence (quality of the references used to support your arguments, appropriate use of statistics, examples, etc.); appropriateness of the introductory and concluding statements; writing, spelling, grammar and organization (sections must flow from one to the next); and proper formatting, including appropriateness of in-text citations.

LATE PENALTY

Late papers will be penalized 5% per day.

COURSE TEXT

There is no required textbook for this course. Weekly readings are posted on Avenue to Learn.

ACADEMIC INTEGRITY

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at <http://www.mcmaster.ca/academicintegrity>

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which other credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

ACADEMIC ACCOMMODATIONS OF STUDENTS WITH DISABILITIES

Students who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca. For further information, consult McMaster University's Policy for Academic Accommodation of Students with Disabilities: <http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicAccommodation-StudentsWithDisabilities.pdf>

FACULTY OF SOCIAL SCIENCES EMAIL COMMUNICATION POLICY

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

ALTERNATE/ACCESSIBLE FORMAT FOR COURSE OUTLINES

If you require this information in an alternate/accessible format, please contact the Department of Health, Aging & Society at 905-525-9140 ext. 27227 | e-mail: hasdept@mcmaster.ca

COURSE MODIFICATION

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check his/her McMaster email and course websites weekly during the term and to note any changes.

AVENUE TO LEARN

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure, please discuss this with the course instructor.

CLASS SCHEDULE AND READING LIST

Week 1 – September 8

Theorizing the Relationship between Gender and Health

- Krieger, N. 2003. Genders, sexes and health: what are the connections – and why does it matter? *International Journal of Epidemiology*. 32(4): 652-657.
- Connell, R. 2012. Gender, health and theory: Conceptualizing the issue, in local and world perspective. *Social Science & Medicine*. 74(11): 1675-1683.
- Hankivsky, O. 2012. Women's health, men's health, and gender and health: implications of intersectionality. *Social Science and Medicine*. 74(11): 1712-1720.

Week 2 – September 15 ***Sign-up for presentations***

Stereotypes of Women in Health Practice, Research and Public Discourse

- Quintner, J.L. 1995. The Australian RSI debate: stereotyping and medicine. *Disability and Rehabilitation*. 17(5): 256-262.
- Ehrenreich, B. and English, D. 2005. Femininity as a disease. IN *For her own good*. Two centuries of the experts' advice to women. 2nd edition. Anchor Books. Pages 120-127.
- James Damore. Google's ideological echo chamber. How bias clouds our thinking about diversity and inclusion. July 17.
- Edwards, S. 2016. Hillary Clinton health hysteria has deeply sexist 19th-century origins. *Fusion*. September 14. <http://fusion.net/story/347377/hillary-clinton-health-hysteria-19th-century/>

Week 3 – September 22

Women's Autonomy and Agency in Health Encounters

- Sartin, J.S. 2004. J. Marion Sims, the father of gynecology: Hero or villain? *Southern Medical Journal*. 97(5): 500-505.
- Cahill, H.A. 2001. Male appropriation and medicalization of childbirth: an historical analysis. *Journal of Advanced Nursing*. 33(3):334-342.
- Parry, D.C. 2008. "We wanted a birth experience, not a medical experience": Exploring Canadian women's use of midwifery. *Health Care for Women International*. 29(8-9): 784-806. <http://www.tandfonline.com/doi/full/10.1080/07399330802269451>

Week 4 – September 29

The Women's Health Movement from a Historical and Critical Perspective

- Morrow, M. 2007. 'Our Bodies Our Selves' in context: Reflections on the women's health movement in Canada. IN Women's health in Canada: Critical Perspectives on Theory and Policy. Morrow M, Hankivsky O and Varcoe C. Eds. University of Toronto Press. Pages 33-63.
- Kumanyika, S.K., Morssink, C.B., Nestle, M. 2001. Minority women and advocacy for women's health. American Journal of Public Health. 91(9): 1383-1388.

Week 5 – October 6 *Policy brief due*****

Masculinities and Health

- Courtenay, W.H. 2000. Constructions of masculinity and their influence on men's well-being: a theory of gender and health. Social Science and Medicine. 50: 1385-1401.
- Walter, N., Bourgois, P., Loinaz, H.M. 2004. Masculinity and undocumented labor migration: injured Latino day laborers in San Francisco. Social Science and Medicine. 59(6): 1159-1168. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690638/>
- Coen, S.E., Oliffe, J.L., Johnson, J.L., and Kelly, M.T. 2013. Looking for Mr. PG: Masculinities and men's depression in a northern resource-based Canadian community. Health & Place. 21: 94-101.

Week 6 – Mid-Term Recess

Week 7 – October 20

Transgender Health and Social Stigma

- Poteat, T., German, D., Kerrigan, D. 2013. Managing uncertainty: a grounded theory of stigma in transgender health care encounters. Social Science and Medicine. 84: 22-29.
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., Wylie, K. 2016. Transgender people: health at the margins of society. The Lancet. 388(10042): 390-400.
- Green, J. 2016. Transgender: why should we care? The Lancet. 388(10042): 334-335.

Week 8 – October 27

The Medicalization of Women and Men's Bodies

- Offman, A. and Kleinplatz, P.J. 2004. Does PMDD belong in the DSM? Challenging the medicalization of women's bodies. The Canadian Journal of Human Sexuality. 13(1). <http://www.biomedsearch.com/article/Does-PMDD-belong-in-DSM/124560642.html>

- Marshall, B.L. 2008. Older men and sexual health: post-Viagra views of changes in function. *Generations*. 32: 21-27.
- O’Grady, K. 2003. Reclaiming menopause: Another look at HRT and the medicalization of women’s bodies. *Canadian Women’s Health Network*. 5/6(4/1).
<http://www.cwhn.ca/en/node/39548>

Week 9 – November 3

Women Workers’ Invisibility and Implications for Health

- Messing, K. 2014. Pain & prejudice. What science can learn about work from the people who do it. BTL Books. Chapter 2 “The invisible world of cleaning”, pages 12-32.
- Brophy, J.T., Keith, M.M, and McArthur, J.E. Breast cancer and work: why we need to build a movement.

Week 10 – November 10

Gender, Health and Politics

- Casper, M.J., Carpenter, L.M. 2008. Sex, drugs, and politics: the HPV vaccine for cervical cancer. *Sociology of Health & Illness*. 30(6): 886-899.
<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2008.01100.x/full>
- Harris, L.H., Silverman, N.S., Marshall, M.F. 2016. The paradigm of the paradox: women, pregnant women, and the unequal burdens of the Zika virus pandemic. *The American Journal of Bioethics*. 16(5): 1-4. <http://www.tandfonline.com/doi/full/10.1080/15265161.2016.1177367>
- Miller, M.E. 2016. With abortion banned in Zika countries, women beg on web for abortion pills. *Washington Post*. https://www.washingtonpost.com/news/morning-mix/wp/2016/02/17/help-zika-in-venezuela-i-need-abortion/?utm_term=.c5a530a05d19

Week 11 – November 17

Rethinking the Vulnerability Paradigm

- Higgins, J.A, Hoffman, S., Dworkin, S.L. 2010. Rethinking gender, heterosexual men, and women’s vulnerability to HIV/AIDS: Time to shift the paradigm. *American Journal of Public Health*. 100(3): 435-445. <http://europepmc.org/articles/pmc2820057>
- Dworkin, S.L. 2005. Who is epidemiologically fathomable in the HIV/AIDS epidemic? Gender, sexuality and intersectionality in public health. *Culture, Health and Sexuality*. 7(6): 615-623.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4115794/>

- Leipert, B.D., and Reutter, L. 2005. Developing resilience. How women maintain their health in northern geographically isolated settings. 15(1): 49-65.

Week 12 – November 24 – No class

Week 13 – December 1 *Essay due*****

Gender, Body Image and Health

- Holstein, M. B. 2002. A feminist perspective on anti-aging medicine. *Generations*. 4: 38-43.
- Grogan, S. 2006. Body image and health: contemporary perspectives. *Journal of Health Psychology*. 11(4): 523-530.