

Health, Aging and Society
HLTH AGE 705
SPECIAL TOPICS IN HEALTH: GENDER AND HEALTH

Winter 2018

Seminar time: Tuesdays 8:30-11:20

Location: KTH 732

Instructor: Stephanie Premji, KTH 701

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Office Hours: by appointment

COURSE OBJECTIVES

This course aims to develop an in-depth understanding of the ways in which gender contributes to the differential structuring of health experiences. It incorporates theoretical, historical, methodological and empirical perspectives to explore the relationship between gender and health in Canada and other countries as well as across socio-demographics and throughout the life course. The course will challenge dominant gender paradigms and explore how structural inequalities result in a differential and/or disproportionate health burden based on gender. We will also explore the ways in which policy and practice (macro and meso level factors) shape individual experiences at the micro level. At the end of the course, students will have developed an enhanced understanding of the complex and deeply rooted ways in which gender – at the intersection of age, class, ethnicity and sexuality – influences experiences of health for women, men and gender minorities.

FORMAT

The course will be held in seminar format. Students are expected to attend each class having read the required readings and prepared to actively participate in discussions. Each week starting in Week 2 (January 16), students are also expected to bring for discussion a supplemental reading (journal article, news article, report, etc.) on the week's topic and related to their interests or research.

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 at no point threatens the dignity of classmates.

In order to limit distractions, please arrive on time and refrain from using phones and computers during class.

EVALUATION

Weekly presentations and discussions 20%

Each week, students will introduce a new idea, question, etc. from a supplemental reading on the week's topic. Over the term, each student should use readings from a variety of sources (news articles, reports, journal articles, etc.). The purpose is to deepen the discussion and/or introduce new or divergent perspectives.

Each week, students will also be expected to discuss the required readings. Students should prepare by carefully reading the material and noting the strengths and weakness of the arguments presented. Since there is overlap between the weeks' topics, students can also draw on readings from previous weeks to frame their discussion.

Each week, presentations and participation in discussions will be marked as pass or fail. For missed classes, students should email a 2-page summary of their supplementary reading to the instructor.

Mid-term paper 30% - Due February 27

Students should submit an 8-page paper on the ways in which gender structures experiences of health or aging in the context of their research topics. Students should draw on the concepts learned in class and through the readings.

Final paper 50% - Due April 3

Students should submit a 15-page paper on a gender and health topic (not the same topic as covered in the mid-term paper). Papers should be analytical rather than descriptive. This means that you should develop a thesis in relation to your topic and analyze the evidence that supports and detracts from your thesis. In marking your paper 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.

Both papers should be double-spaced and use 12-point font. Page count excludes title page, footnotes (if applicable) and references. You may use the APA style guide for in-text citations and the reference list (<http://library.mcmaster.ca/guides/apa.pdf>), or any other standard citation and reference style. Papers should be handed in class in hard copy.

LATE PENALTY

Late papers will be penalized 3% 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

January 9 Theorizing the Relationship Between Gender and Health	<ul style="list-style-type: none">• Krieger, N. 2003. Genders, sexes and health: what are the connections – and why does it matter? <i>International Journal of Epidemiology</i>. 32(4): 652-657.• Connell, R. 2012. Gender, health and theory: Conceptualizing the issue, in local and world perspective. <i>Social Science & Medicine</i>. 74(11): 1675-1683.• Hankivsky, O. 2012. Women's health, men's health, and gender and health: implications of intersectionality. <i>Social Science and Medicine</i>. 74(11): 1712-1720.
January 16 Stereotypes of Women in Health Practice, Research and Public Discourse	<ul style="list-style-type: none">• Ehrenreich, B. and English, D. 2005. Femininity as a disease. IN <i>For her own good. Two centuries of the experts' advice to women</i>. 2nd edition. Anchor Books. Chapter 4 (The Sexual Politics of Sickness), pages 111-154.• Quintner, J.L. 1995. The Australian RSI debate: stereotyping and medicine. <i>Disability and Rehabilitation</i>. 17(5): 256-262.• Edwards, S. 2016. Hillary Clinton health hysteria has deeply sexist 19th-century origins. <i>Fusion</i>. September 14. http://fusion.net/story/347377/hillary-clinton-health-hysteria-19th-century/
January 23 Women's Autonomy and Agency	<ul style="list-style-type: none">• Cahill, H.A. 2001. Male appropriation and medicalization of childbirth: an historical analysis. <i>Journal of Advanced Nursing</i>. 33(3):334-342.

	<ul style="list-style-type: none"> • Senarath, U. and Sepali Gunawardena N. 2009. Women’s autonomy in decision making for health care in South Asia. <i>Asia-Pacific Journal of Public Health</i>, Vol. 21, No. 2, 137-143. • Milnes. Challenging the sexual double standard: Constructing sexual equality narratives as a strategy of resistance. <i>Feminism and Psychology</i>, 20(2): 255-259.
<p>January 30 The Women’s Health Movement</p>	<ul style="list-style-type: none"> • Morrow, M. 2007. ‘Our Bodies Our Selves’ in context: Reflections on the women’s health movement in Canada. IN <i>Women’s health in Canada: Critical Perspectives on Theory and Policy</i>. 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. <i>American Journal of Public Health</i>. 91(9): 1383-1388. • Stockman, F. Women’s March on Washington Opens Contentious Dialogues About Race. <i>New York Times</i>. January 9, 2017: https://www.nytimes.com/2017/01/09/us/womens-march-on-washington-opens-contentious-dialogues-about-race.html?smid=fb-nytimes&smtyp=cur&r=3
<p>February 6 Masculinities and Health</p>	<ul style="list-style-type: none"> • Courtenay, W.H. 2000. Constructions of masculinity and their influence on men’s well-being: a theory of gender and health. <i>Social Science and Medicine</i>. 50: 1385-1401. • Walter, N., Bourgois, P., Loinaz, H.M. 2004. Masculinity and undocumented labor migration: injured Latino day laborers in San Francisco. <i>Social Science and Medicine</i>. 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. <i>Health & Place</i>. 21: 94-101.
<p>February 13 Stigma, Discrimination, and Gender and Health</p>	<ul style="list-style-type: none"> • Poteat, T., German, D., Kerrigan, D. 2013. Managing uncertainty: a grounded theory of stigma in transgender health care encounters. <i>Social Science and Medicine</i>. 84: 22-29. • Bell, A.V. 2009. “It’s way out of my league”. Low-income women’s experiences of medicalized infertility. <i>Gender and Society</i>. 23(5): 688-709. • Logie, C.H., James, L., Tharao, W., and Loutfy, M.R. 2011. HIV, gender, race, sexual orientation, and sex wor: A qualitative study of intersectional

	<p>stigma experienced by HIV positive women in Ontario, Canada. PLOS Medicine: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001124</p>
<p>February 20 No Class (Mid-Term Break)</p>	
<p>February 27 Sexual and Domestic Violence and Health</p>	<ul style="list-style-type: none"> • Heise, L.L., Raikes, A., Watts, C.H., Zwi, A.B. 1994. Violence against women: a neglected public health issue in less developed countries. <i>Social Science and Medicine</i>. 39(9): 1165-1179. • Bograd, M. 1999. Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender. <i>Journal of Marital and Family Therapy</i>, 25(3): 275-289.
<p>March 6 The Medicalization of Women and Men's Bodies</p>	<ul style="list-style-type: none"> • Offman, A. and Kleinplatz, P.J. 2004. Does PMDD belong in the DSM? Challenging the medicalization of women's bodies. <i>The Canadian Journal of Human Sexuality</i>. 13(1). http://www.biomedsearch.com/article/Does-PMDD-belong-in-DSM/124560642.html • Wray, S. and Deery, R. 2008. The medicalization of body size and women's healthcare. <i>Health Care for Women International</i>. 29(3): 227-243. • Marshall, B.L. 2008. Older men and sexual health: post-Viagra views of changes in function. <i>Generations</i>. 32: 21-27.
<p>March 13 Women Workers' Invisibility and Implications for Health</p>	<ul style="list-style-type: none"> • 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. • Premji, S. Shakya, Y. 2017. Pathways Between Under/Unemployment and Health Among Racialized Immigrant Women in Toronto. <i>Ethnicity and Health</i>, 22(1): 17-35.
<p>March 20 Gender, Health and Politics</p>	<ul style="list-style-type: none"> • Casper, M.J., Carpenter, L.M. 2008. Sex, drugs, and politics: the HPV vaccine for cervical cancer. <i>Sociology of Health & Illness</i>. 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

	<p>paradox: women, pregnant women, and the unequal burdens of the Zika virus pandemic. <i>The American Journal of Bioethics</i>. 16(5): 1-4. http://www.tandfonline.com/doi/full/10.1080/15265161.2016.1177367</p> <ul style="list-style-type: none"> • Our Bodies, Ourselves. History of abortion in the U.S. https://www.ourbodiesourselves.org/health-info/u-s-abortion-history/
<p>March 27 Gender and the Vulnerability Paradigm</p>	<ul style="list-style-type: none"> • 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. <i>American Journal of Public Health</i>. 100(3): 435-445. http://europaepmc.org/articles/pmc2820057 • Arora-Jonsson, S. 2011. Virtue and vulnerability: Discourses on women, gender and climate change. <i>Global Environmental Change</i>. 21(2): 744-751. • Hollander, J.A. 2001. Vulnerability and dangerousness: The construction of gender through conversation about violence. <i>Gender and Society</i>, 15(1), 83-109.
<p>April 3 Gender, Body Image and Health</p>	<ul style="list-style-type: none"> • Holstein, M. B. 2002. A feminist perspective on anti-aging medicine. <i>Generations</i>. 4: 38-43. • Tyler, A., Nodin, N., Peel E. and Rivers I. 2016. “I am getting old and that takes some getting used to”: Dimensions of body image for older men. IN E. Peel & Harding (Eds.) <i>Ageing and Sexualities: Interdisciplinary perspectives</i>. Pages 141-162. Farnham: Ashgate.