

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

Fall 2016

Seminar time: Thursdays 8:30-11:20  
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. We 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 (September 22), 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 participation 20%*

Each week, students will present a supplemental reading on the week's topic. The reading should be on any aspect of the topic that is of particular interest to the student. Over the term, each student should

present readings from a variety of sources (news articles, reports, journal articles, etc.). The purpose of the presentations is to deepen the discussion and/or introduce 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 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 October 20*

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 theoretical readings and discussions of Week 2 as well as supplemental readings not discussed in class.

### *Final paper 50% - Due December 8*

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](mailto: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](mailto: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

<b>September 15</b> Overview	No readings
<b>September 22</b> The Relationship Between Gender and Health	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>September 29</b> Gender Bias and Medicine	<ul style="list-style-type: none"> <li>• Tasca, C., Rapetti, M., Carta, M.G., Fadda, B. 2016. Women and hysteria in the history of mental health. <i>Clinical Practice and Epidemiology in Mental Health</i>. 12(1). <a href="http://benthamopen.com/FULLTEXT/CPEMH-8-110">http://benthamopen.com/FULLTEXT/CPEMH-8-110</a></li> <li>• Quintner, J.L. 1995. The Australian RSI debate: stereotyping and medicine. <i>Disability and Rehabilitation</i>. 17(5): 256-262.</li> <li>• Verdonk, P., Benschop, Y.W.M., de Haes, H.C.J.M., Lagro-Janssen, T.L.M. 2009. From gender bias to gender awareness in medical education. <i>Advances in Health Sciences Education</i>. 14(1): 135-152. <a href="http://link.springer.com/article/10.1007/s10459-008-9100-z">http://link.springer.com/article/10.1007/s10459-008-9100-z</a></li> </ul>
<b>October 6</b> Occupational Health	<ul style="list-style-type: none"> <li>• Messing, K. 2014. Pain &amp; 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.</li> <li>• APHA Policy Statement. 2015. Breast cancer and occupation: The need for</li> </ul>

	<p>action. <i>New Solutions</i>, 1-11.</p> <ul style="list-style-type: none"> <li>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. <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690638/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690638/</a></li> </ul>
<b>October 13</b> Fall Break (no class)	No readings
<b>October 20</b> Sexual and Domestic Violence and Health	<ul style="list-style-type: none"> <li>Zimmerman, C. Hossain, M., Watts, C. 2011. Human trafficking and health: a conceptual model to inform policy, intervention and research. <i>Social Science and Medicine</i>. 73(2): 327-35.</li> <li>Campbell, J.C. 2002. Health consequences of intimate partner violence. <i>The Lancet</i>. 359(9314): 1331-1336.</li> <li>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.</li> </ul>
<b>October 27</b> Communicable Diseases	<ul style="list-style-type: none"> <li>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. <i>The American Journal of Bioethics</i>. 16(5): 1-4. <a href="http://www.tandfonline.com/doi/full/10.1080/15265161.2016.1177367">http://www.tandfonline.com/doi/full/10.1080/15265161.2016.1177367</a></li> <li>Casper, M.J., Carpenter, L.M. 2008. Sex, drugs, and politics: the HPV vaccine for cervical cancer. <i>Sociology of Health &amp; Illness</i>. 30(6): 886-899. <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2008.01100.x/full">http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2008.01100.x/full</a></li> <li>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. <a href="http://europepmc.org/articles/pmc2820057">http://europepmc.org/articles/pmc2820057</a></li> </ul>
<b>November 3</b> Reproductive Health	<ul style="list-style-type: none"> <li>Diniz, S.G., d’Oliveira, A.F.P.L., Lansky, S. 2012. Equity and women’s health services for contraception, abortion and childbirth in Brazil. <i>Reproductive Health Matters</i>. 20(40): 94-101. <a href="http://www.rhm-elsevier.com/article/S0968-8080(12)40657-7/fulltext?mobileUi=0">http://www.rhm-elsevier.com/article/S0968-8080(12)40657-7/fulltext?mobileUi=0</a></li> <li>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.</li> </ul>
<b>November 10</b> Sexual and Gender Minority Health	<ul style="list-style-type: none"> <li>Mayer, K.H., Bradford, J.B., Makadon, H.J., Stall, R., Goldhammer, H., Landers, S. 2008. Sexual and gender minority health: what we know and what needs to be done. <i>American Journal of Public Health</i>. 98(6): 989-995.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., Wylie, K. 2016. Transgender people: health at the margins of society. <i>The Lancet</i>. 388(10042): 390-400.</li> </ul>
<b>November 17</b> The Medicalization of Women's and Men's Bodies	<ul style="list-style-type: none"> <li>• Marshall, B.L. Older men and sexual health: post-Viagra views of changes in function. <i>Generations</i>. 32: 21-27.</li> <li>• Krieger, N. et al. 2005. Hormone replacement therapy, cancer, controversies, and women's health: historical, epidemiological, biological, clinical, and advocacy perspectives. <i>Journal of Epidemiology and Community Health</i>. 59: 740-748.</li> <li>• Cahill, H.A. 2001. Male appropriation and medicalization of childbirth: an historical analysis. <i>Journal of Advanced Nursing</i>. 33(3):334-342.</li> </ul>
<b>November 24</b> Body Image, Gender and Health	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Ata, R.N., Ludden, A.B., Lally, M.M. 2007. The effects of gender and family, friend, and media influences on eating behaviors and body image during adolescence. <i>Journal of Youth and Adolescence</i>. 36(8): 1024-1037.</li> </ul>
<b>December 1</b> Health Care Utilization	<ul style="list-style-type: none"> <li>• Shaikh, B.T., Hatcher, J. 2004. Health seeking behaviour and health service utilization in Pakistan: Challenging the policy makers. <i>Journal of Public Health</i>. 27(1): 49-54.</li> <li>• Galdas, P.M., Cheater, F., Marshall, P. 2005. Men and health help-seeking behaviour: Literature review. <i>Journal of Advanced Nursing</i>. 49(6): 616-623.</li> </ul>
<b>December 8</b> Policy, Gender and Health	<ul style="list-style-type: none"> <li>• Anderson, J.M. 2000. Gender, 'race', poverty, health and discourses of health reform in the context of globalization: a postcolonial feminist perspective in policy research. <i>Nursing Inquiry</i>. 7(4): 220-229.</li> </ul>