

Interdisciplinary Programmes

Academic year 2021-2022

Gender and the Body in Global Health

MINT158 – Autumn - 6 ECTS
Monday 12:15- 14:00

Course Description

From an interdisciplinary perspective this course draws on anthropological and health science thinking around the constitution of sexes, genders and gender as determinants of health. Definitions of these categories are under constant reconstruction not least in light of recent scientific work at the cellular level that disrupt binary understandings of sex upon which historically the concept of gender have tended to theorise. Understanding the relationships between these categories and how they play out in the body as it exists in sickness and also health, as at once a social, symbolic and political entity has profound implications for how we approach systems, processes and outcomes in global health. The course takes the materiality of the body as an entry point to thinking through spectrums of sex and gender in understanding health, health systems and evidence in health sciences; anthropological renderings and queering of the body in global health; and, applications and political reflections on sex and gender in global health systems and organizations.

> **PROFESSOR**

[Claire Somerville](#)

[Office hours](#)

Monday 14:00-16:00

Syllabus

Approach to teaching and learning

The course is delivered as an interactive seminar commencing with an overview of the theme, and trigger questions and proceeding in class discussion of the readings and current health topics. Weekly reading of starred papers is compulsory. A short handout of questions will guide each week.

COURSE SCHEDULE Autumn 2021

Seminar 1	27 th September	Introduction: Gender in a Pandemic
Seminar 2	4 th October	Conceptual Issues in Gender and Health
Seminar 3	11 th October	Gender and Social Determinants of Health
Seminar 4	18 th October	Sexing the body and gendering health
Seminar 5	25 th October	Biologies, Bodies and Genomes
Seminar 6	1 st November	Trans* Health and Embodiment
Reading Week	8 th November	Reading Week – critical thinking assignment
Seminar 7	15 th November	Sex and Gender in Research & Policy
Seminar 8	22 nd November	Covid 19 – a case study
Seminar 9	29 th November	Intersectionality and barriers to health
Seminar 10	6 th December	Men, masculinities and health of all
Seminar 11	13 th December	Gendering Pain: Women's SRH case study
Seminar 12	20 th December	Essay Consultations

Overarching questions guide the course

- What are the ways in which sex and gender are understood in health?
- To what extent are these universals in global health?
- Where are sex and gender located? Bodies, biologies, systems, structures, organizations?
- What are the gendered dimensions of health, health-seeking, behaviours, transmission, the “science” and epistemology, the knowledge, systems and politics of health provision?
- What is a gender analysis in health? How does a gender analysis guide global, national and local health policy decisions?

Assessment

The course requires weekly reading to grasp the key concepts and controversies around sex, gender and the body in health to be critically discussed in seminar formats. Students are required to come to each class having extracted definitions, critiques and summaries of the key concepts as they are differently articulated in the readings and be ready to discuss.

Written assignments must be submitted on the due date by 6pm to the professor and TA directly. Word format, double spaced. Word counts exclude bibliography.

Assignments are graded against the following criteria:

- Critical thinking in response to question
- Structure of essay and use of examples, case studies and wider literature, practice
- Evidence of thorough reading and theoretical understanding of key concepts
- Argumentation- use of structure, analysis, discussion and critical thinking to develop lines of argument and articulate perspectives.

Critical Thinking Assignment

Max 1000 Words Reflection

Select 2-3 readings to critically review exploring what is new to you in relation to previous knowledge; what you agree or disagree with and why; how relevant do you think the paper is and to whom; how insightful and curtailling are the different papers or how it helps you understand the role of gender in health.

Term Essay 4000-4500 words

Terms Essay Questions/titles are announced in November. Essays due Monday 3rd January

READING

Students must read and be able to comment on a selection of starred readings. Some weeks there is an **and/or option**. Students who are presenting must explore the additional readings and look at wider literature by snowballing from paper bibliographies. **Students should be prepared to respond to the questions/or exercises provided in the weekly handout.**

Additional books not listed by week but considered relevant across the course

- Butler, J., Butler, P. J., Coutts. (1993). *Bodies that Matter: On the Discursive Limits of "sex."* Routledge.
- Fausto, S. A. (2000). *Sexing the body: Gender, politics and the construction of sexuality.* Nueva York, NY: Basic Books.
- Fausto-Sterling, A. (2012). *Sex/gender: Biology in a social world.* Routledge.
- Gideon, J. (Ed.). (2016). *Handbook on gender and health.* Edward Elgar Publishing.
- Good, B. J. (1993). *Medicine, rationality and experience: An anthropological perspective.* Cambridge University Press.
- Kuhlmann, E., & Annandale, E. (2010). *The Palgrave handbook of gender and healthcare.* Springer.
- Laqueur, T. W. (1992). *Making sex: Body and gender from the Greeks to Freud.* Harvard University Press.
- Lock, M. M., & Farquhar, J. (2007). *Beyond the body proper: Reading the anthropology of material life.* Duke University Press.

Seminar 1

INTRODUCTION – studying sex and gender in a global pandemic

This first welcome class will provide an opportunity to get to know one another, run through the modalities of the course and explore some of the overriding topics of the course.

Discussion questions: What has Covid 19 shown us about the relationships of sex and gender to patterns of health, well-being, and access to healthcare and vaccine uptake?

What have been the major global controversies around gender during the pandemic?

What does gender research in a pandemic look like?

Readings

Hawkes, S., & Buse, K. (2017). Gender myths in global health. *The Lancet Global Health*, 5(9), e871. [https://doi.org/10.1016/S2214-109X\(17\)30266-8](https://doi.org/10.1016/S2214-109X(17)30266-8)

Somerville, Claire. "Why global health can offer more on gender." *BMJ global health* 5.4 (2020): e002328.

Harman, Sophie, et al. "COVID-19 vaccines and women's security." *Lancet (London, England)* 397.10272 (2021): 357.

Infante Castañeda, Claudia, Ingris Peláez Ballestas, and Liliana Giraldo Rodríguez. "Covid-19 and gender: differential effects of the pandemic on a university community." *Revista mexicana de sociología* 83.spe (2021): 169-196.

Seminar 2

CONCEPTUAL ISSUES IN GENDER AND HEALTH

HOMEWORK

Arrive to class with at least two definitions of sex and gender: one from literature and one from an organization/INGO/NHO/Institution/Publisher/Faith-based organization/ UN member state/ a non-state group/ private sector business etc. to share with class. Have these definitions ready to share and discuss.

Discussion questions: In this opening week we will critically examine the relationship of sex and gender in the context of global health and the role that "biologies" play in these. What place does the material body occupy in these relations and what are the politics around definitions. How do definitions vary across the scholarship? Across national governments? Across organizations/businesses? How would you critically engage with the reading?

*Connell, R. (2012). Gender, health and theory: conceptualizing the issue, in local and world perspective. *Soc Sci Med*, 74. <https://doi.org/10.1016/j.socscimed.2011.06.006>

*Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G. L., Greene, M. E., & Hawkes, S. (2019). Gender inequality and restrictive gender norms: Framing the challenges to health. *The Lancet*.

Herrick, Clare, and Kirsten Bell. "Epidemic confusions: On irony and decolonisation in global health." *Global public health* (2021): 1-12

*Krieger, N. (2003). Genders, sexes, and health: What are the connections—And why does it matter? *International Journal of Epidemiology*, 32(4), 652–657. <https://doi.org/10.1093/ije/dyg156>

Pape, Madeleine. "Co-production, multiplied: Enactments of sex as a biological variable in US biomedicine." *Social Studies of Science* 51.3 (2021): 339-363.

Doyal, L. (2001). Sex, gender, and health: The need for a new approach. *BMJ (Clinical Research Ed.)*, 323(7320), 1061–1063. PubMed. <https://doi.org/10.1136/bmj.323.7320.1061>

Kuhlmann, E., & Annandale, E. (2010). *The Palgrave handbook of gender and healthcare*. Springer.

Seminar 3

GENDER AND SOCIAL DETERMINANTS OF HEALTH

The aim this week is to think critically about how “determinants” came to be used describe the causes and precursors to disease and illness and what this tells us in the case of sex and gender? Are sex and gender viewed as variables? Factors? Determinants? Or Something entirely in the readings this week?

*Bates, L. M., Hankivsky, O., & Springer, K. W. (2009).

Gender and health in equities: A comment on the final report of the WHO commission on the social determinants of health. *Soc Sci Med*, 69. <https://doi.org/10.1016/j.socscimed.2009.07.021>

*Hay, K., McDougal, L., Percival, V., Henry, S., Klugman, J., Wurie, H., Raven, J., Shabalala, F., Fielding-Miller, R., & Dey, A. (2019). Disrupting gender norms in health systems: Making the case for change. *The Lancet*.

*Manandhar, M., Hawkes, S., Buse, K., Nosratid, E., & Magara, V. (2018). Gender, health and the 2030 agenda for sustainable development. *Bulletin of the World Health Organization*.

*Cohen, Johnathan (2020) A Time for Optimism? Decolonizing the Determinants of Health HHR Health and Human Rights Journal <https://www.hhrjournal.org/2020/11/a-time-for-optimism-decolonizing-the-determinants-of-health/>

Additional reading

Pape, Madeleine. "Co-production, multiplied: Enactments of sex as a biological variable in US biomedicine." *Social Studies of Science* 51.3 (2021): 339-363.

Hawkes, S., & Buse, K. (n.d.). Gender and global health: Evidence, policy, and inconvenient truths. *The Lancet*, 381(9879), 1783–1787. [https://doi.org/10.1016/S0140-6736\(13\)60253-6](https://doi.org/10.1016/S0140-6736(13)60253-6)

Sen, G & P Östlin. Gender as a Social Determinant of Health: Evidence, Policies, and Innovations In, Sen, G. (Ed.), Östlin, P. (Ed.). (2010). *Gender Equity in Health*. New York: Routledge, <https://doi.org/10.4324/9780203866900>

*Martinez-Velez, Jose J, Kyle Melin, and Carlos E Rodriguez-Diaz. A Preliminary Assessment of Selected Social Determinants of Health in a Sample of Transgender and Gender Nonconforming Individuals in Puerto Rico. *Transgender health* 4, no. 1 (2019): 9–17.

A Conceptual Framework for Action on Social Determinants of Health. Social Determinants of Health Discussion Paper 2. Debates, Policy & Practice, Case Studies. 2010. *World Health Organization*, Geneva.

Men, Chean R., Kate Frieson, Chi Socheat, Hou Nimita, Chev Mony. (2011). Gender as a social determinant of health: Gender analysis of the health sector in Cambodia. Draft Background Paper 15.

L. Hall, U. Pine, T. Shute. 2020. Beyond the Social Determinants of Health: Indigenous Women and Land- Based Wellbeing. *Diversity of Research in Health Journal / Revue de la Diversité de la Recherche en Santé* Vol 3, February / Février 2020 Fichier

Seminar 4

SEXING THE BODY AND GENDERING HEALTH

In this session we will examine ways of reading the body through time and examine the issue of mind and body, dualism, and pre-enlightenment renderings the gendering and sexing of bodies in states of wellness and sickness.

*Chambers, S. A. (2007). 'Sex' and the Problem of the Body: Reconstructing Judith Butler's Theory of Sex/Gender. *Body & Society*, 13(4), 47–75.

*Kirmayer, L. J. (1992). The body's insistence on meaning: Metaphor as presentation and representation in illness experience. *Medical Anthropology Quarterly*, 6(4), 323–346.

*Oyèrónké Oyěwùmí. (1997). *The invention of Women: Making an African Sense of Western Discourses*. (NED - New edition). University of Minnesota Press. [Chapter 1: 1-30](#)

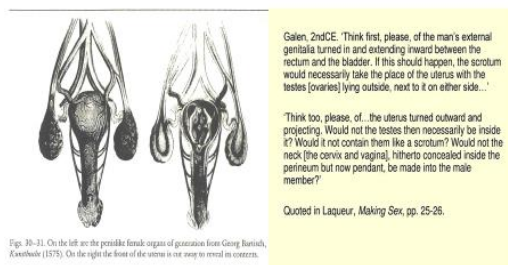
*Sanz, V. (2017). No Way Out of the Binary: A Critical History of the Scientific Production of Sex. *Signs: Journal of Women in Culture and Society*, 43(1), 1–27. <https://doi.org/10.1086/692517>

*Garland, Fae, and Mitchell Travis. "Temporal Bodies: Emergencies, Emergence, and Intersex Embodiment." *A Jurisprudence of the Body*. Palgrave Macmillan, Cham, 2020. 119-147.

*Laqueur, Thomas. *Making sex: Body and gender from the Greeks to Freud*. Harvard University Press, 1992.

Katherine Park Cadden, Laqueur, and the One-Sex Body”
<https://core.ac.uk/download/pdf/61089335.pdf>

Historical perspectives: 1-sex to 2-sex models



ADDITIONAL READING

Lindemann, G. (1996). The Body of Gender Difference. *European Journal of Women's Studies*, 3(4), 341–361.
<https://doi.org/10.1177/135050689600300402>

Canning, K. (1999). The Body as Method? Reflections on the Place of the Body in Gender History. *Gender & History*, 11(3), 499–513.
<https://doi.org/10.1111/1468-0424.00159>*

Goh, Joseph N. (2012). *Mak Nyah Bodies as Sacred Sites*. Cross currents (New Rochelle, N.Y.) 62, no. 4: 512–521.

Wilson, Hall Thomas. *Sex and Gender: Making cultural sense of Civilization*. Vol. 24. Brill, 1989.

BIOLOGIES, BODIES AND GENOMES

In this session we will delve deeper inside the body to examine sex and gendering of the material body through the development of medicine and technologies. Examining the biosocial, the biosocial turn and thinking through these developments with a critical race lens.

*Brotherton, P. S., & Nguyen, V.-K. (2013). Revisiting local biology in the era of global health. *Medical Anthropology*, 32(4), 287–290.

*Richardson, S. S. (2012). Sexing the X: How the X Became the “Female Chromosome.” *Signs: Journal of Women in Culture and Society*, 37(4), 909–933.

OR

* Karkazis K (2019) The misuses of ‘biological sex’. *The Lancet* 394(10212): 1898–1899

*Lock, M. (2017). Recovering the Body. *Annual Review of Anthropology*, 46(1), 1-14. <https://doi.org/10.1146/annurev-anthro-102116-041253>

*Yam, Eileen A., et al. "Time to take critical race theory seriously: moving beyond a colour-blind gender lens in global health." *The Lancet Global Health* 9.4 (2021): e389-e390.

Pielke, R. and M. Pape. “Science, Sport, Sex, and the Case of Caster Semenya.” *Issues in Science and Technology* XXXVI(1): 56-63. <https://issues.org/science-sport-sex/>

ADDITIONAL

Spurgas, A. K. (2016).

(Un) queering identity: The biosocial production of intersex/DSD. In *Critical intersex* (pp. 97–122). Routledge.

Muller, R., Hanson, C., Hanson, M., Penkler, M., Samaras, Chiapperino, L., Dupre, J., Kenney, M., Kuzawa, C. W., & Latimer, J. (2017). The biosocial genome? Interdisciplinary perspectives on environmental epigenetics, health and society. *EMBO Reports*, 18(10), 1677–1682.

Ettorre, E., Katz Rothman, B., & Lynn Steinberg, D. (2006). Feminism confronts the genome: Introduction. *New Genetics and Society*, 25(2), 133–142.

Shattuck-Heidorn, Heather, and Sarah S. Richardson. (2019). “[Sex/Gender and the Biosocial Turn](#).” *The Scholar and Feminist Online*, Spring

Pilecco, Flávia B., et al. "Addressing racial inequalities in a pandemic: data limitations and a call for critical analyses." *The Lancet Global Health* 8.12 (2020): e1461-e1462.

Pape, M. (2021). [Co-production, multiplied: Enactments of sex as a biological variable in US biomedicine.](#) *Social Studies of Science*, 306312720985939–306312720985939.

Gibbon, S. A. H. R. A., et al. "Biosocial medical anthropology in the time of COVID-19: new challenges and opportunities." *University College London* <https://medanthucl.com/2020/04/29/biosocial-medical-anthropology-in-the-time-of-COVID-19-newchallenges-and-opportunities> (2020).

Rembrandt, *The Anatomy Lesson of Dr. Nicolaes Tulp* (oil painting, 1632).



Good, Byron. 1994. "How Medicine Constructs Its Objects." *Medicine, Rationality, and Experience*. Cambridge: Cambridge University Press, pp. 65-87.

Trans*, gender diverse health and Embodiment

Academic research and critical thinking around Trans* health have drawn attention to intersecting issues of discrimination, bias and issues of access, raising further in-depth thinking around notions of lived bodies, gender variability and embodiment.

*Halberstam, Jack. *Trans: A quick and quirky account of gender variability*. Vol. 3. Univ of California Press, 2017.

*Halberstam, Jack. "Unbuilding gender." *Places Journal* (2018).

*Argentieri, M. A. (2018). Embodiment and Ontologies of Inequality in Medicine: Towards an Integrative Understanding of Disease and Health Disparities. *Body & Society*, 24(3), 125–152.

*DuBois, L. Zachary, Jae A. Puckett, and S. J. Langer. "Development of the Gender Embodiment Scale: Trans Masculine Spectrum." *Transgender Health* (2021).

*Krieger, N. (2005). Embodiment: A conceptual glossary for epidemiology. *J Epidemiol Community Health*, 59. <https://doi.org/10.1136/jech.2004.024562>

Nay, Yv E., and Eliza Steinbock. "Critical Trans Studies in and beyond Europe: Histories, Methods, and Institutions." (2021): 145-157.

*Lane, Benjamin, et al. "Improving menstrual equity in the USA: perspectives from trans and non-binary people assigned female at birth and health care providers." *Culture, Health & Sexuality* (2021): 1-15.

Strauss, Penelope, et al. "Supporting the health of trans patients in the context of Australian general practice." *Australian journal of general practice* 49.7 (2020): 401-405.

Mikulak, Magdalena. "For whom is ignorance bliss? Ignorance, its functions and transformative potential in trans health." *Journal of Gender Studies* (2021): 1-11.

Latham JR (2017) (Re)making sex: A praxiography of the gender clinic. *Feminist Theory* 18(2): 177–204.

OR

Legato MJ (2006) Rethinking gender-specific medicine. *Women's Health* 2(5): 699–703.

*Jaye, C. (2004). Talking around embodiment: The views of GPs following participation in medical anthropology courses. *Medical Humanities*, 30(1), 41. <https://doi.org/10.1136/jmh.2003.000146>

ADDITIONAL

Balsamo, A. (1995). Forms of technological embodiment: Reading the body in contemporary culture. *Body & Society*, 1(3–4), 215–237.

Csordas, T. J. (1990). Embodiment as a Paradigm for Anthropology. *Ethos*, 18(1), 5–47. JSTOR.

Scheper-Hughes, N. (1994). *Embodied knowledge: Thinking with the body in critical medical anthropology*.

Nayak, A., & Kehily, M. J. (2006). Gender undone: Subversion, regulation and embodiment in the work of Judith Butler. *British Journal of Sociology of Education*, 27(4), 459–472.

Case, Laura. "Discussion of "Phantom Penis: Extrapolating Neuroscience and Employing Imagination for Trans Male Embodiment"." *Studies in Gender and Sexuality* 21.4 (2020): 307-311.

Langan D, Sanders CB, Gouweloos J. [Policing Women's Bodies: Pregnancy, Embodiment, and Gender Relations in Canadian Police Work](#). *Feminist Criminology*. 2019;14(4):466-48

Wentling, Tre, et al. "'Every Now and Then I Get Flagged for a Pap Smear': Gender Transition, Embodiment, and "Sex-Specific" Cancer Screenings." *Sexual and Gender Minority Health*. Emerald Publishing Limited, 2021.

Solbrække, K., & Bondevik, H. (2015). [Absent organs-Present selves: Exploring embodiment and gender identity in young Norwegian women's accounts of hysterectomy](#). *International Journal of Qualitative Studies on Health and Well-Being*, 10(1), 26720–26720.

Whilst the scholarly literature provides plenty of critique around the challenge and obstacles to gender analyses in global health, there is still a lack of practice-oriented analytical approaches in academic literature. Global health organizations have developed tools, strategies and policies that guide how they integrate gender analyses in their work.

*Morgan, R., George, A., Ssali, S., Hawkins, K., Molyneux, S., & Theobald, S. (2016). How to do (or not to do)... gender analysis in health systems research. *Health Policy and Planning*, 31(8), 1069–1078. <https://doi.org/10.1093/heapol/czw037>

*Johnson, J. L., Greaves, L., & Repta, R. (2009). Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research. *Int J Equity Health*, 8. <https://doi.org/10.1186/1475-9276-8-14>

*Nowatzki, N., & Grant, K. R. (2011). Sex is not enough: The need for gender-based analysis in health research. *Health Care for Women International*, 32(4), 263–277.

ADDITIONAL

Hawkes, S. J., & Buse, K. (2017). Analysis of gender in health and development. *The Lancet Child & Adolescent Health*, 1(3), 166–167. [https://doi.org/10.1016/S2352-4642\(17\)30072-X](https://doi.org/10.1016/S2352-4642(17)30072-X)

Morgan, T., Williams, L. A., & Gott, M. (2016). A Feminist Quality Appraisal Tool: Exposing gender bias and gender inequities in health research. *Critical Public Health*, 1–12. <https://doi.org/10.1080/09581596.2016.1205182>

Hammarström, A. (2007). A Tool for Developing Gender Research in Medicine: Examples from the Medical Literature on Work Life. *Gender Basic: Promoting Integration of Sex and Gender Aspects in Biomedical and Health-Related Research*, 4, S123–S132. [https://doi.org/10.1016/S1550-8579\(07\)80053-2](https://doi.org/10.1016/S1550-8579(07)80053-2)

Heidari, S., Babor, T., Castro, P., Tort, S., & Curno, M. (2017). [Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use](#). *Epidemiologia e serviços de saúde*, 26(3), 665–.

Nadine Nowatzki & Karen R. Grant (2011) [Sex Is Not Enough: The Need for Gender-Based Analysis in Health Research](#), *Health Care for Women International*, 32:4, 263-277, DOI: 10.1080/07399332.2010.519838

Shawar, Y., & Shiffman, J. (2020). [Political challenges to prioritizing gender in global health organisations](#). *Journal of Global Health*, 10(1), 010702–010702.

Seminar 8

Covid 19: A Case Study

Reading TBD Topics

Basic epidemiology

Mortality and Morbidity Data, first wave (Jan to June 2020)

Mortality and Morbidity Data, second wave (July to December 2020)

Impact of work

Exposure and occupations

Care work

Impact on employment/unemployment

Determinants and consequence

Rural-Urban

Covid and Race/Ethnicity

Impact on Education

Responses

“Biological” or sex explanations

Policy and decision-making

Fault lines of society

LGBT Issues

Masculinities

Gender Based Violence

Seminar 9

INTERSECTIONALITY AND GENDERED BARRIERS TO HEALTH

In recent years the conceptual handle of intersectionality has become the cornerstone of approaches to gender and axes of inequalities that impact health and create barriers to health for all. In this week we examine these approaches to expanding our understanding of the barriers to health.

*Bauer, G. R.(2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*, 110, 10–17.

OR

*Mumtaz, Z., Salway, S., Waseem, M., & Umer, N. (2003). Gender-based barriers to primary health care provision in Pakistan: The experience of female providers. *Health Policy and Planning*, 18(3), 261–269.

AND

*Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. *The Lancet*, 391(10140), 2589–2591. [https://doi.org/10.1016/S0140-6736\(18\)31431-4](https://doi.org/10.1016/S0140-6736(18)31431-4)

OR

*Hankivsky, O. (2012). Women's health, men's health, and gender and health: Implications of intersectionality. *Soc Sci Med*, 74. <https://doi.org/10.1016/j.socscimed.2011.11.029>

*Magubane Z (2014) Spectacles and scholarship: Caster Semenya, intersex studies, and the problem of race in feminist theory. *Signs* 39(3): 761–785.

ADDITIONAL

Adjusting Health Systems To Address Gender-Based Barriers To Care: Evidence-based Strategies to Transform Gender Norms, Roles, and Power Dynamics for Better Health, October 2014 https://www.healthpolicyproject.com/pubs/382_HealthSystemsAdjustments.pdf

Beck, R. W., Jijon, C. R., & Edwards, J. B. (1996). The relationships among gender, perceived financial barriers to care, and health status in a rural population. *The Journal of Rural Health*, 12(3), 188–196.

Phiri, N., Tal, K., Somerville, C., Msukwa, M. T., & Keiser, O. (2019). “I do all I can but I still fail them”: Health system barriers to providing Option B+ to pregnant and lactating women in Malawi. *PloS One*, 14(9).

Samra, R., & Hankivsky, O. (2021). [Adopting an intersectionality framework to address power and equity in medicine](#). *The Lancet (British Edition)*, 397(10277), 857–859.

Somerville, C . [Why global health can offer more on gender](#).

Shields, S. (2008). [Gender: An Intersectionality Perspective](#). *Sex Roles*, 59(5), 301–311.

Nessa E. Ryan & Alison M. El Ayadi (2020). [A call for a gender-responsive, intersectional approach to address COVID-19](#), *Global Public Health*, 15:9, 1404-1412.

Seminar 10

MEN, MASCULINITIES AND HEALTH OF ALL

The health of women, Women's Health, has been an organizational division and subject to strategic development since the late 1990s. The health of men has only recently received attention at the strategy level and has no such accompanying division. Most evidence points to a mortality gap that sees men die at a younger age than women – historically this was exacerbated by war and

conflict. Earlier in the course we discussed the “bio-logic” of sex differences including hormones, chromosome and gonads – but how do these figure, if at all, in male health (in contrast to women’s and non-binary persons health) and do different epistemic fields work through arguments of men, health of men and concepts of masculinities.

*Marcos Marcos, J., Aviles, N. R., del Rio Lozano, M., Cuadros, J. P., & Garcia Calvente Mdel, M. (2013). Performing masculinity, influencing health: A qualitative mixed-methods study of young Spanish men. *Glob Health Action*, 6, 21134. <https://doi.org/10.3402/gha.v6i0.21134>

OR

Courtenay, W. H. (2000). Engendering health: A social constructionist examination of men’s health beliefs and behaviors. *Psychology of Men & Masculinity*, 1(1), 4.

*Williams, R. (2009). ‘Having a laugh’: Masculinities, health and humour. *Nursing Inquiry*, 16(1), 74–81.

*The Lancet. (2018). Gender and health are also about boys and men. *The Lancet*, 392(10143), 188. [https://doi.org/10.1016/S0140-6736\(18\)31610-6](https://doi.org/10.1016/S0140-6736(18)31610-6)

ADDITIONAL

Connell, R. (2005). *Masculinities*. University of California Press.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men’s well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385–1401.

Perry, G. (2017). *The descent of man*. Penguin.

WHO, Strategy on the health and well-being of men in the WHO European Region (2018) <http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2018/strategy-on-the-health-and-well-being-of-men-in-the-who-european-region-2018>

Stuart Rennie, Adam Gilbertson, Denise Hallfors, Winnie K Luseno, The Ethics of Stigma in Medical Male Circumcision Initiatives Involving Adolescents in Sub-Saharan Africa, *Public Health Ethics*, 2021;, phab004.

Carpenter, L. (2010). On remedicalisation: male circumcision in the United States and Great Britain. *Sociology of Health & Illness*, 32(4), 613–630.

Lozano-Verduzco, I., Cortes, W., Melendez, R., & Gonzalez, V. (2020). Masculinities and Biomedical Governmentality in the Contexts of HIV Prevention and Treatment for Latinx Immigrants. *The Journal of Men’s*

Studies, 106082652094645–.

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Seminar 11

GENDERING PAIN IN DISEASE AND ILLNESS: Women's SRH case study

"Pain is ubiquitous in human life. Consequently, it is an eternal theme in philosophy, literature and everyday life... ..is as elemental as fire or ice... ..also bound to local contexts and different cultures."

Marja-Liisa Honkasalo in *Body and Society* Vol.4 No. 2

The examination of pain, and in particular a case study of pain closely associated with sexual and reproductive health of women provides us with a vehicle to reflect upon all the issues covered through the course – from the lived experience and embodied self; the classifications and taxonomies of sexed and gendered bodies, through the access and barriers to health care provision and services, research and intersectional inequalities; decolonization and critical race studies.

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