



Special Topics in GWS Graduate Study (GWS 950) GENDER AND HEALTH

SPRING 2011

Wednesdays, 1:20-3:15 PM
Sterling 3304

INSTRUCTOR

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Office hours: Mondays 1:45-3:45; [schedule through link on Learn@UW](#) or
<https://tools.wiscal.wisc.edu/available/schedule/581/view.html>

COURSE DESCRIPTION

This course explores multiple theories, disciplines, and substantive topical areas relating to gender and health. We will begin by engaging with a number of theoretical approaches to gender and health, including critical discourse analysis, intersectionality, sexualities, and masculinities. We will then apply these theoretical lenses to more specific substantive areas, including HIV/AIDS, contraception and reproductive health, chronic disease, obesity, and infertility. (I am open to amending some of these topics and readings according to student interests and research areas.) Seminar participants will have the ongoing opportunity to develop their own analysis skills and research interests, through the weekly discussions, course research proposal, and summary-and-critique memos.

ASSESSMENT AND GRADING

The course consists of four main components (described in more detail below):

ITEM	%	DUE DATE
Participation and Attendance	20%	Ongoing, every class
Discussion Facilitation	10%	Two class sessions determined at the beginning of the semester (5% each)
5 Summary-Critique Memos	40%	Rolling dates of each student's choosing
Research Proposal	30%	Final product due on March 20 th

TEXTS

With the exceptions of the required book listed below, all readings will be available electronically on Learn@UW. Students are required to bring hard copies or electronic copies of the readings to class. The one book required for the course is for sale at *A Room of One's Own* bookstore, 315 West Gorham Street (just off State Street), 608-257-7888.

Required Books

1. Farmer P, Connors M, and Simmons J. *Women, poverty, and AIDS: Sex, drugs, and structural violence*. 2010 (3rd edition). Monroe, ME: Common Courage Press. ISBN: 9781567513462.

TENTATIVE COURSE SCHEDULE

Session 1 – Introduction to Class	
1/23/13	Readings: None

Session 2 –Introductory Concepts, Part 1	
1/30/13	<p>Readings:</p> <ol style="list-style-type: none">1. Krieger N. Gender, sexes, and health: What are the connections, and why does it matter? <i>International Journal of Epidemiology</i> 2003;32:652-7.2. Springer KW et al. Gender and health: Relational, intersectional, and biosocial approaches. <i>Social Science & Medicine</i> 2012;74(11):1661-6.3. Connell R. Gender and health in theory: Conceptualizing the issue in local and world perspective. <i>Social Science & Medicine</i> 2012;74(11):1675-83.

Session 3 – Introductory Concepts, Part 2	
2/06/13	<p>Readings:</p> <ol style="list-style-type: none">1. Doyal L. Chapter 1 (In sickness and in health) of <i>What Makes Women Sick? Gender and the Political Economy of Health</i> 1995. London: MacMillan. Pages 1-26.2. Marshall L. Our bodies, ourselves: Why we should add old fashioned empirical phenomenology to the new theories of the body. In <i>Feminist Theory and the Body: A Reader</i>, Price J and Shildrick M, eds. 1999. New York: Routledge. Pages 65-75.3. Fausto-Sterling, A. 2005. The bare bones of sex: Part 1, sex and gender. <i>Signs</i> 30(2):1491-1527. <p><i>If you have not done so previously, please (re)read these two oldies-but-goodies:</i></p> <ol style="list-style-type: none">4. Martin E. The egg and the sperm: How science has constructed a romance based on stereotypical male-female roles. In <i>Gender and Health</i> 1995, Pages 29-43.5. Steinem G. If men could menstruate. In <i>Men's Health</i>, 5th edition. Pages 311. <p>Assignment: You must have completed at least one memo by this date.</p>

Session 4 – Masculinities and Health	
2/13/13	Readings:

1. Connell RW. A very straight gay: Masculinity, homosexual experience and gender. *American Sociological Review* 1992;57:735-51.
2. Fausto-Sterling A. How to build a man. In *Men's Lives, 5th edition*, Kimmel M (ed.). 2001. Boston: Allyn and Bacon. Pages 306-312.
3. Sabo D and Gordon DF. Rethinking men's health and illness. In *Men's Health and Illness*, Sabo D and Gordon DF, eds. 1995. Thousand Oaks, CA: Sage. Pages 1-21.
4. Courtenay WH. Constructions of masculinity and their influence on men's wellbeing: A theory of gender and health. *Social Science & Medicine* 2000;50:1385-1401.

Recommended but not required:

5. Hansen H. The "new masculinity": Addiction treatment as a reconstruction of gender in Puerto Rican evangelist street ministries. *Social Science & Medicine* 2012;74(11):1721-28.
6. Muñoz-Laboy M, Perry A, Bobet I, Bobet S, Ramos H, Quiñones F, Lloyd K. The "knucklehead" approach and what matters in terms of health for formerly incarcerated Latino men. *Social Science & Medicine* 2012;74(11):1765-73.

Session 5 – Intersectionality and Health

2/20/13

Readings:

1. Mullings L and Schulz A. Chapter 1 (Intersectionality and health) in *Gender, Race, Class and Health: Intersectional Approaches*, Schulz A and Mullings L, eds. 2006. San Francisco: Jossey-Bass. Pages 3-17.
2. Weber L. Chapter 2 (Reconstructing the landscape of health disparities research: Promoting dialogue and collaboration between feminist intersectional approaches and biomedical paradigms) in *Gender, Race, Class and Health: Intersectional Approaches*, Schulz A and Mullings L, eds. 2006. San Francisco: Jossey-Bass. Pages 21-59.
3. Hankivsky O. Women's health, men's health, and gender and health: Implications of intersectionality. *Social Science & Medicine* 2012;74(11):1712-20.
4. Rosenfield S. Triple jeopardy? Mental health at the intersection of gender, race, and class. *Social Science & Medicine* 2012;74(11):1791-1801.

Recommended but not required:

5. Weber L and Parra-Medina D. Intersectionality and women's health: Charting a path to eliminating health disparities. *Advances in Gender Research* 2003;7:181-230.
6. Sen G, Iyer A. Who gains, who loses, and how: Leveraging gender and class intersections to secure health entitlements. *Social Science & Medicine* 2012;74(11):1802-11.
7. Weber L and Messiah DKH. Mississippi front-line recovery work after Hurricane Katrina: An analysis of the intersections of gender, race, and class in advocacy, power relations, and health. *Social Science & Medicine* 2012;74(11):1833-41.

Assignments:

Research proposal topic & 5 resources due

You must have completed at least two memos by this date.

Session 6 – Sexualities and Health

2/27/13

Readings:

1. Meyer I. Why lesbian, gay, bisexual, and transgender public health? (Introduction to special issue on LGBT health.) American Journal of Public Health 2001;91(6):856-9.
2. Young RM, Meyer IH. The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. American Journal of Public Health 2005;95(7):1144-1149.
3. Young RM, Case P, and Friedman SR. Exploring an HIV paradox: An ethnography of sexual minority women injectors. Journal of Lesbian Studies 2005;9(3):103-16.
4. Reczek C and Umberson D. Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. Social Science & Medicine 2012;74(11):1783-90.

Recommended but not required:

5. Stryker S. *An introduction to transgender terms and concepts. Chapter 1 of Transgender History. 2008. Berkeley: Seal Press. Pages 1-23.*
6. Coleman E, et al. *Standards for the care for the health of transsexual, transgender, and gender non-conforming people, version 7. 2012. International Journal of Transgenderism 2012;13(4):165-232.*
7. O'Hanlan KA, Cabaj RP, Schatz B, Lock J, Nemrow P. *A review of the medical consequences of homophobia and suggestions for resolution. Journal of Gay and Lesbian Medical Association 2007;1(1):25-39.*
8. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. *Sexual and gender minority health: What we know and what needs to be done. American Journal of Public Health 2008;98(6):989-995.*

Session 7 – HIV/AIDS, Part 1

3/06/13

Readings:

1. Farmer P, Connors M, and Simmons J. *Women, poverty, and AIDS: Sex, drugs, and structural violence. 2010 (3rd edition). Monroe, ME: Common Courage Press. ISBN: 9781567513462.*

Assignment:

Research proposal prospectus due (includes 1-2 page overview and at least 10 resources/citations)

Session 8 – HIV/AIDS, Part 2

3/13/13

Readings:

1. Worth, Dooley. Sexual decision-making and AIDS: Why condom promotion among vulnerable women is likely to fail. *Studies in Family Planning* 1989;6:297-307.
2. Jewkes R and Morrell R. Sexuality and the limits of agency among South African teenage women: Theorizing femininities and their connections to HIV risk practices.
3. Dworkin SL. Who is epidemiologically fathomable in the HIV/AIDS epidemic? *Gender, sexuality, and intersectionality in public health. Culture Health & Sexuality* 2005;7(6):615-623.
4. Higgins JA, Hoffman S, Dworkin SL. Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS. *American Journal of Public Health* 2010;100(3):435-445.

Recommended but not required

5. Sobo EJ. *Inner-City Women and Aids - the Psychosocial Benefits of Unsafe Sex. Culture*

Medicine and Psychiatry 1993;17(4):455-485.

6. Parikh S. "They arrested me for loving a school girl": Ethnography, HIV, and feminist assessment of the age of consent law as a gender-based structural intervention in Uganda. *Social Science & Medicine* 2012;74(11):1774-82.
7. Niang CI, Tapsoba P, Weiss E, Diagne M, Niang Y, Moreau AM, et al. 'It's raining stones': stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal. *Culture Health & Sexuality* 2003;5(6):499-512.

Assignment:

You must have completed at least three memos by this date.

Session 9 – Contraception, Family Planning, and Reproductive Health

3/20/13

Readings:

1. Higgins JA. Sex as 'risk of conception'? Sexual frames within the family planning field. In *Routledge Handbook of Sexuality, Health and Rights*, Aggleton P and Parker R, eds. 2010. New York: Routledge. Pages 153-63.
2. Schneider P and Schneider J. Coitus interruptus and family respectability in Catholic Europe: A Sicilian case study. In *Conceiving the New World Order: The Global Politics of Reproduction*, Ginsburg F and Rapp R, eds. 1995. Berkeley: University of California Press. Pages 177-94.
3. Roberts D. From Norplant to the contraceptive vaccine: The new frontiers of population control. In *Women and Health: Power, Technology, and Conflict in a Gendered World*, Radcliff (eds). 2000. Boston: Allyn & Bacon. Pages 196-204.
4. Oudshoorn N. On masculinities, technologies, and pain: The testing of male contraceptives in the clinic and the media. *Science Technology & Human Values* 1999;24(2):265-289.

Recommended but not required:

5. Dixon-Mueller R. *The sexuality connection in reproductive health. Studies in Family Planning* 1993;24(5):269-82.
6. Higgins JA, Hirsch JS. *Pleasure, power, and inequality: Incorporating sexuality into research on contraceptive use. American Journal of Public Health* 2008;98(10):1803-1813.
7. Solomon H, Yount KM, Mbizvo MT. 'A shot of his own': The acceptability of a male hormonal contraceptive in Indonesia. *Culture Health & Sexuality* 2007;9(1):1-14.
8. Gutmann MC. *Scoring men: Vasectomies and the totemic illusion of male sexuality in Oaxaca. Culture Medicine and Psychiatry* 2005;29(1):79-101.

Assignment:

Research Proposal (ENTIRE ASSIGNMENT) due

****NO CLASS ON WEDNESDAY, MARCH 27th DUE TO SPRING RECESS****

Session 10 – Infertility

4/3/13

Readings:

1. Greil AL. Infertility and psychological distress: A critical review of the literature. *Social Science & Medicine* 1997;45(11):1679-1704.
2. Gannon K, Glover L, Abel P. Masculinity, infertility, stigma and media reports. *Social*

Science & Medicine 2004;59(6):116-75.

3. Johnson KM, Fledderjohann J. Revisiting “her” infertility: Medicalized embodiment, self-identification and distress. *Social Science & Medicine* 2012;75(5):883-91.
4. Inhorn MC. Male genital cutting: Masculinity, reproduction, and male infertility surgeries in Egypt and Lebanon. In *Reconceiving the second sex: Men, masculinity, and reproduction*, Inhorn MC et al., eds. New York: Berghahn Books. Pages 253-278.

****NO CLASS ON WEDNESDAY, APRIL 10th DUE TO INSTRUCTOR TRAVEL****

Session 11 – Violence

4/17/13

Readings:

1. Heise, LL. Violence against women: An integrated, ecological framework. *Violence Against Women* 1998;4(3):262-290.
2. Moore AM, Frohwirth L, Miller E. Male reproductive control of women who have experienced intimate partner violence in the United States. *Social Science & Medicine* 2010;70(11):1737-1744.
3. Kaufman M. The construction of masculinity and the triad of men’s violence. In *Men’s Lives, 5th edition*, Kimmel M (ed.). 2001. Boston: Allyn and Bacon. Pages 4-16.
4. Bourgois P. In search of masculinity: Violence, respect, and sexuality among Puerto Rican crack dealers in East Harlem. *British Journal of Criminology* 1996;36(3), 412-27.

Recommended but not required

5. Higgins J and Browne I. *Sexual needs, control, and refusal: How “doing” class and gender influences sexual risk taking.* *Journal of Sex Research* 2008; 45(3):233-45.
6. Abrahams N, Jewkes R, Hoffman M, Laubsher R. *Sexual violence against intimate partners in Cape Town: prevalence and risk factors reported by men.* *Bulletin of the World Health Organization* 2004;82(5):330-337.
7. Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. *Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa.* *Lancet* 2004;363(9419):1415-1421.
8. Peterson ZD and Muehlenhard CL. *Conceptualizing the “wantedness” of women’s consensual and non-consensual experiences: Implications for how women label their experiences with rape.* *Journal of Sex Research* 2007;44(1):72-88.

Assignment:

You must have completed at least four memos by this date.

Session 12 – Cancer and Chronic Disease

4/24/13

Readings:

1. Lorde A. A burst of light: Loving with cancer. In *Feminist Theory and the Body: A Reader*, Price J and Shildrick M, eds. 1999. New York: Routledge. Pages 149-52.
2. Sedgwick EK. Breast cancer: An adventure in applied deconstruction. In *Feminist Theory and the Body: A Reader*, Price J and Shildrick M, eds. 1999. New York: Routledge. Pages 153-6.
3. Willis E, Miller R, Wyn J. Gendered embodiment and survival for young people with cystic fibrosis. *Social Science and Medicine* 2001;53(9):1163-74.
4. Charmaz K. Identity dilemmas of chronically ill men. In *Men’s Health and Illness*, Sabo D and Gordon DF, eds. 1995. Thousand Oaks, CA: Sage. Pages 266-291.

Recommended but not required:

5. DeFlorio ML and Massie MJ. Review of depression in cancer: Gender differences. *Depression* 1995;3(1-2):66-80.
6. Helgeson VS. Masculinity, men's roles, and chronic heart disease. In *Men's Health and Illness*, Sabo D and Gordon DF, eds. 1995. Thousand Oaks, CA: Sage. Pages 68-104.

Session 13 – Gender and the Obesity “Epidemic”

5/1/13

Readings:

1. Martin MA, Lippert AM. Feeding her children, but risking her health: The intersection of gender, household food insecurity, and obesity. *Social Science & Medicine* 2012;74(11):1754-64.
2. *[Other readings other readings to be determined]*

Recommended by not required:

3. Frisco ML, Weden MM, Lippert AM, Burnett KD. The multidimensional relationship between early adult weight and women's childbearing experiences. *Social Science & Medicine* 2012;74(11):1703-11.

Session 14 – Creating a Future Agenda for Gender and Health Research, Funding, Policy

5/8/13

Readings:

1. Sharman Z and Johnson J. Toward the inclusion of gender and sex in health research and funding: An institutional perspective. *Social Science & Medicine* 2012;74(11):1812-6
2. Springer K, Stellman JM, Jordan-Young RM. Beyond a catalog of differences: A theoretical frame and good practice guidelines for researching sex/gender in human health. *Social Science & Medicine* 2012;74(11):1817-24.
3. Tolhurst et al. Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyze voices and debates from the global south and north. *Social Science & Medicine* 2012;74(11):1825-32.

Assignment:

You must have completed five memos by this date.

ASSIGNMENTS

This class requires four main tasks in addition to the reading: weekly participation (20%), two discussion facilitations (10%), five summary-critique memos (40%), a research proposal (30%). I've included more information about each of these items below. I will also include more information in class as the semester ensues. I believe in giving students as many tools as possible to succeed, including clear guidelines and expectations.

1) PARTICIPATION & ATTENDANCE (“Keeping Up, Being There, and Breaking the Silence”¹)

I intend for this seminar to be a feminist reading group, where we engage with each other, courteously and constructively, in a thoughtful and reflexive conversation about the relationship between gender and health as exemplified through the readings. One of your major “assignments” in this class is simply keeping up with these readings, being there each Wednesday, and “breaking the silence,” individually and collectively about many important gender and health issues. Everyone is expected to participate in these conversations, which are intended to be friendly, somewhat informal, but nonetheless terrifically engaged and thought-provoking. You will be evaluated in this course in large part on your classroom engagement over the course of the semester.

Due date: Every class
Percent of your grade: 20%

2) DISCUSSION FACILITATION

Each participant in this seminar will lead the discussion during TWO Wednesday class sessions during the semester. We will decide this schedule on the first day of class. As a discussion leader, you are expected to *briefly* (no more than 10-15 minutes) summarize the texts, *withholding any critical comments* for the classroom discussion that follows. As a part of your role as discussion leader, you should prepare and print out for each member of the class what you could consider to be the *four major questions for discussion* raised by the texts. Your job is to systematically cover these questions during the course of the discussion, as well as “run” the seminar more generally. Pedagogically, I want us to find the value in each text rather than only looking for faults. I also consider running the seminar to be excellent practice for future teaching.

Due date: Two class sessions selected at the beginning of the semester
Percent of your grade: 10%

3) SUMMARY-AND-CRITIQUE MEMOS

Due date: Rolling and ongoing; you choose the five weeks for which you would like to further engage with the material

¹ I am indebted to Dr. Marcia Inhorn for this syllabus material.

Percent of your grade: 40%

Engaging with texts through writing is essential to analysis and retention. Work in the public health field often demands the reading and synthesis of a vast literature on a particular topic in a short amount of time and space. Moreover, public health practitioners are often required to summarize the literature *very briefly* so that it can be easily digested by colleagues, constituents, and policy-makers. This course asks you to develop your skills in synthesizing several texts in a clear, concise, but intelligent and sophisticated way.

Summary-and-critique memos represent a pithy summary of the readings for a particular topic as well as a critique and/or thematic integration of the readings. Memos can be no longer than one page (citations excluded).

Seminar participants must choose five weeks of the semester to write both a pithy summary of the readings for that day and a critique and/or synthesis of the readings. These memos are due before class begins on Wednesday. Please upload each memo to the corresponding dropbox folder in the Learn@UW site (e.g., your first memo would go in the “Memo 1” dropbox; your fifth memo would go in the “Memo 5” dropbox).

Due date: Rolling and ongoing; for each block of weeks outlined in the syllabus, you choose the topic(s) for which you would like to further engage with the material. The memo for each topic is due on day that topic is covered in class. For example, if you choose to write a memo on infertility, you would upload your memo to Learn@UW before class on Wednesday 4/3. Please upload each memo to the corresponding dropbox folder on the Learn@UW site (e.g., your first memo would go in the “Memo 1” dropbox; your fourth memo would go in the “Memo 4” dropbox).

Dates on the syllabus indicate the dates by which you must have written a certain number of memos. For example, all students must submit their first memo by February 6th, although you are more than welcome to write more than one memo before that time.

Expectations for the memos:

Substantive expectations

- Synthesis and integration of *as many of the readings as possible* into themes and larger arguments.
- Brief exploration of common themes among the readings, and/or ways in which the readings differ in important ways
- If applicable, brief exploration of how the readings engage with or further your own research interests

Writing and logistical expectations

- Grammatically correct writing, good paragraph structure, properly labeled (i.e., with your name, date, the week’s topic, and the memo number)
- 1 page or less (1-inch margins, 12 point font)

- Appropriate citations: Cite the readings in the format of your choosing—preferably in a numbered medical citation format. It’s fine if the citations fall onto a second page of text.
- Submitted *before* class begins into the appropriate dropbox folder on Learn@UW

You may also allude to other literature we have read for the course, *as long as you are primarily engaged with the readings for that particular week.*

4) RESEARCH PROPOSAL

Please note that I am also open to a literature review versus a research proposal if the student’s graduate interests would be better served.

Due Dates:

Topic and at least 5 resources due on **February 20th**, 1-2 prospectus and at least 10 resources due on **March 6th**, and FINAL PROJECT due on **March 20st**.

Percent of your grade: 30%

Length: 10-12 pages, double spaced (excluding references)

In this assignment, seminar participants have the opportunity to write a proposal for a research project to address some significant issue relating to gender and health—ideally, a topic that connects directly to the student’s own research/thesis/dissertation interests. The proposal should include an introduction, methods section, and discussion and implications section. Your proposals will be evaluated based on the following:

1. Quality of the literature review (but don't get carried away—I don't intend for you to read 50 articles)
 - a. Clarification of the remaining gaps in the literature and why your potential study is needed to fill those gaps
2. Significance of the issue you address and your rationale for why it is significant
3. Your preliminary research design (i.e., appropriate matching of methodology with research questions/gaps)
4. Overall quality of writing, analysis, and implications

Note that we will have several opportunities to discuss this assignment in class. You will also have the chance to workshop your project topic and prospective with your classmates during class-time in the weeks before the portfolio’s due date.