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GENDER AND HEALTH

Chloe Bird and Patricia Rieker argue that to improve men's and women's health, individuals, researchers, and policymakers must understand the social and biological sources of the perplexing gender differences in illness and longevity. Although individuals are increasingly aware of what they should do to improve health, competing demands for time, money, and attention discourage or prevent healthy behavior. Drawing on research and cross-national examples of family, work, community, and government policies, the authors develop a model of constrained choice that addresses how decisions and actions at each of these levels shape men's and women's health-related opportunities. Understanding the cumulative impact of their choices can inform individuals at each of these levels how to better integrate health implications into their everyday decisions and actions. Their platform for prevention calls for a radical reorientation of health science and policy to help individuals pursue health and to lower the barriers that may discourage that pursuit.

Chloe E. Bird is a Senior Sociologist with the RAND Corporation in Santa Monica, California, and Professor of Sociology at the Frederick S. Pardee RAND Graduate School. Her research focuses on assessing the determinants of gender and racial/ethnic differences in the physical and mental health of individuals and in the health care they receive. She is particularly interested in determining how social and physical characteristics of neighborhoods contribute to health disparities.

Dr. Bird is also Associate Editor of *Women's Health Issues* and Chair of the Medical Sociology Section of the American Sociological Association. She has published extensively in a wide range of journals and has co-authored numerous book chapters and reports. Among the honors bestowed on her work is the 1995 Elliot Freidson Award from the Medical Sociology Section of the American Sociological Association.

Patricia P. Rieker is Adjunct Professor at Boston University, Associate Professor of Psychiatry at Harvard Medical School, and Emeritus Professor at Simmons College. She was also formerly the Director of Psychosocial Research at the Dana Farber Cancer Institute, where her research focused on health care outcomes for men with genitourinary cancers.

Dr. Rieker is also an evaluation research consultant to the Centers for Disease Control and Prevention and has worked with the Research Triangle Institute, the National Office of the American Cancer Society and National Women's Resource Center, and the Substance Abuse and Mental Health Services Administration. Among her diverse publications, she is the co-editor of three books: *The Gender Gap in Psychotherapy, Social Realities and Psychological Processes*, and *Mental Health: Racism and Sexism* (which was named an Outstanding Book by the Myers Center for the Study of Human Rights in North America).

Her current research interests include cross-national comparisons of gender and health, the determinants of health care outcomes, and evaluation research capacity building.

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Gender and Health

The Effects of Constrained Choices and Social Policies

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I dedicate this book to my friends and family who provided the inspiration for this book and kindly tolerated the years of neglect.

С.В.

To the dear friends and relatives who brought a special grace to listening interspersed with witty advice and other welcome diversions.

P.R.

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Preface

The idea for *Gender and Health* began with our participation in the Society and Health Working Group of the Health Institute at New England Medical Center and the Department of Health and Social Behavior at the Harvard School of Public Health. Our colleagues in this group encouraged us to explore and explain the complex dynamics between gender and health. The task of the cross-disciplinary faculty seminar (organized by Sol Levine and Al Tarlov) was to integrate the relevant concepts and findings from various disciplines to enhance and deepen the understanding of the social determinants of population health (Amick, Levine, Tarlov, & Walsh, 1995). We chose to write this book to encourage biomedical researchers and social scientists to think and work together in new ways to explore the connections between the physiological mechanisms and social processes that make the health of men and women so different.

The gender and health paradox is well documented. Women live longer than men, yet they have higher morbidity rates. Men experience more life-threatening chronic diseases and die younger, whereas women live longer but have more nonfatal acute and chronic conditions and disability. Furthermore, although men's and women's overall rate of serious mental illness is similar, the most common mental health disorders differ by gender. These perplexing patterns raise many questions for social and biomedical scientists and clinicians. At issue is whether the origins of these health differences are physiological, social, or both.

In studies of health, a gap still exists around gender differences and around the issues this paradox raises about the multifaceted connections between social and biological processes. For the most part, studies

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have failed to assess gender and to explain why rational people are not effectively making health a priority in their everyday lives. A growing body of research indicates that the complexity of the gender differences extends beyond narrow concepts of the relative disadvantage or advantage of men's and women's biology or the social organization of their lives. Consequently, to understand what aspects of the broader array of differences in men's and women's lives contribute to the morbidity/mortality paradox, we need a model of men's and women's health that takes into account factors other than inequality of resources, discrimination, and other unfair treatment.

Neither biological nor social research alone can answer the complex questions regarding the antecedents of the puzzling gender differences in health. Only a synthesis of these perspectives can move forward the much-needed interdisciplinary dialogues and investigations to close the knowledge gap. Although many significant voices are calling for such a synthesis to explain a variety of other health disparities, and new multidisciplinary fields are grappling with identifying and understanding the connections among biological processes and social factors, addressing gender differences is still overlooked.

Two reports from the Institute of Medicine – *Exploring the Biological Contributions to Human Health: Does Sex Matter*? and *Health and Behavior: The Interplay of Biological, Behavioral and Societal Influences* $(2001a, 2001b)^1$ – begin to lay the groundwork for integrated research on gender differences in health by synthesizing diverse literatures, identifying knowledge gaps, and providing new directions for research on health. These two reports are invaluable resources because they advance a new way of thinking about human health. Together, they implicitly demand an integrative approach to fully examine the connections between the physiological mechanisms and social processes that make the health of men and women so different.

¹ The first report distinguishes between biological sex differences and socially acquired gender differences, reviews evidence of the contribution of biological sex to men's and women's health, and calls for the evaluation of the contribution of sex in all biological and health research. The second examines the links between health and behavior, the influence of psychosocial factors on behavior, and the benefits of intervening at different levels to improve individual and population health.

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A new understanding of what causes men's and women's health differences is critical, particularly in light of the *Healthy People 2010* goal of reducing social disparities in health (U.S. Department of Health and Human Services, 2000). To that end, we have reviewed and synthesized the literature on gender differences and developed a model to explain how multiple levels of constraints on choices in everyday life contribute to differences in men's and women's health.

Our ultimate goal in writing *Gender and Health* is simple: to provide a forum that will encourage researchers from the social and biomedical sciences to collaborate on studies that examine, explain, and address gender-based health differences with the aim of advancing our understanding of both men's and women's health and creating new effective and efficient points for intervention to improve health.

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Acknowledgments

This book grew out of our friendship and collaborative work over the past 12 years and our unwillingness to take no for an answer as we began to articulate the need for a new understanding of gender differences in health. We particularly appreciated each other's creativity, tenacity, and willingness to engage in unrestrained debate as we repeatedly confronted the growing complexity of our ambitious task. Although we have contributed equally to this endeavor, Pat, continuing in her mentoring role, generously suggested that my name (Chloe) go first, for which I am grateful.

A great deal of credit goes to the many people who have contributed to this book by listening to our ideas, challenging us to extend them, encouraging us while pointing to new and different literatures to be addressed, and giving us aid and comfort at the many points when we felt overwhelmed by the daunting scope of our project. We have benefited from the talents, knowledge, and honest critiques of our friends and colleagues. It is clear to us that we could not have done this alone, yet we are fully responsible for the book's contents.

Many scholars directly influenced and facilitated this long and fruitful process. A handful of individuals provided comments at multiple points that led us to make much-needed revisions. We are particularly indebted to Allen Fremont, Joan Tucker, Stephanie Taylor, Elaine Hagopian, Carol Weisman, John Mirowsky, Maggie Weden, and Michael Kimmel. An even longer list of colleagues from a wide range of disciplines offered thoughtful feedback on specific issues and topics. We especially thank Carol Aneshensel, William Avison, Ellen Borges, Phil Brown, Elaine Carmen,

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We refined our arguments through innumerable conversations with colleagues who helped us work out our ideas out loud, most notably those at Bellagio (particularly Tom Basset, Gail Boyer Hayes, and Pilar Palacia), RAND, and Boston University; also helpful were discussions with students in classes that we taught at Boston University, Pardee RAND Graduate School, and Simmons College. We also took the opportunity to present our work to diverse audiences in the United States and abroad, particularly at the Health Inequalities and the Life Course Conference in 2004 in State College, PA, and meetings of the AcademyHealth, the American Sociological Association, the British Medical Sociological Association, the 37th World Congress of the International Institute for Sociology in Stockholm. The comments we received helped us evaluate the evidence from disparate disciplines and further clarify our perspective.

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