



Gender and Health

**Symposium organized by the Institut Emilie du Châtelet
in partnership with the Inserm**

Paris, 8-9 June 2015

Calls for Papers

Compared to other areas of social life in the political, professional and family spheres, inequalities in terms of health stand out because of one unusual feature: women's position seems to be more favorable, since their life expectancy is greater than men's. However, while women do live longer than men, they spend more years in poor health, and present morbidity rates that are distinctly different from men's, at different ages and for a number of pathologies. The history of female bodies can be marked by both their biological sex (diseases related to pregnancy and childbirth, reproductive-organ cancers) and by their gender (effects of "feminine professions", stress related to the double burden of domestic and professional tasks, physical and psychological violence, etc.). The history of male bodies also reflects both biology (male genital cancers) and gender relations (effects of "masculine professions", drinking, smoking etc.).

While sex-based differences are well-established in public-health research, it cannot be denied that studies designed to understand these differences through a gender perspective are still rare, particularly in France. A naturalist interpretation of gender stereotypes, which still holds sway even in prestigious scientific journals, tends to reify the idea of a female constitution that is different from a male constitution. Thus health disparities between the sexes are still often interpreted through the lens of women's or men's physical constitutions, without questioning the influence of masculine and feminine representations, or of gendered social practices, on the articulation between different forms of inequality and power relationships.

The fact that the gender dimension is so rarely taken into account in the health field correlates with France's relatively late adoption of this analytical framework, particularly in reference to the articulation of gender with other social relationships. But it is also because gender is rarely considered as a social relationship that produces health inequalities.

This symposium will examine various modalities for incorporating sex/gender differences into our comprehension of the normal and the pathological, biology's effects on gender, and gender's on biology. The goal will also be to question the systematic nature of the bipartition of the population by sex in order to expose social inequalities in terms of health, at a time when the distinction between sex and gender is something that is becoming analyzed in an ever more complex manner.

The goal of this multi-disciplinary symposium is also to understand how social roles related to gender tend to influence the way in which women and men are (i) differently *exposed* to health problems, (ii) how

women and men *represent* the issues that affect them (*iii*) and whether or not they *enter* the health-care system, (*iv*) and how *health professionals'* responses differ depending on their patients' sex.

We will focus in particular on the way in which gender contributes to psychological disorders, representations of diseases like cancer and cardio-vascular affections, and issues of sexual and reproductive health within social, professional and health-care contexts that are themselves gendered.

Proposals (2 pages) accompanied by a CV should be submitted using the form on our website by 30 September 2014:

<http://www.institutemilieduchatelet.org/colloque-detail?id=246>

They should fit into one of the following themes:

A Gender, cardio-vascular disease and ageing

B Gender and health at work

C Gender and cancer

D Gender and mental health

E Gender and sexual health

Symposium Committee

Armelle Andro (Sociology-Demography, Université Paris 1 Panthéon Sorbonne), Nathalie Bajos (Sociology-Demography, INSERM), Laurie Laufer (Psychology, Université Paris Diderot), Ilana Löwy (History of Biomedical sciences, INSERM), Pascale Molinier (Psychology, Université Paris 13 Nord), Florence Rochefort (History, CNRS), Catherine Vidal (Neuro-biology, Institut Pasteur).

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Coordination

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