

CHL5109 – Gender and Health
Winter 2015

Time: Wednesdays 2-5 pm

Location: HSB 100

Professor Gillian Einstein, PhD

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Office Phone: 416-978-0896

Office Hours: Tuesdays 2-3 and by appointment
100 St. George Street, Sidney Smith Building, Room 4025**Course Description**

CHL5109, Gender and Health, serves as the Core Course for the Collaborative Program in Women's Health and, as such it considers gender and health in the historical context of women's health. However, it also takes into account gender and how it affects the health of women, men, boys, and girls. A key focus is considering when biological differences make a difference and when the social intervenes to create differences. The contributions of both sex and gender to health are critically examined and the value of separating and uniting the two, discussed. We consider select topics such as the history of women's health, sexual differentiation, select diseases and conditions more common in women, evidence based medicine and ignorance, masculine practices in health care seeking, embodiment, and how the social (gender) can become biological (sex). The course aims to foster the development of critical and innovative approaches to the understanding health through a multidisciplinary approach to the literature and by considering the social with the biological.

Learning Objectives

By the end of the course, students will be able to:

- *Distinguish sex from gender*
- *Determine when sex and/or gender are and are not relevant to a health issue*
- *Identify the importance of both sex and gender in health and healthcare*
- *Recognize the value of bringing multiple disciplines to bear on a given health questions*
- *Examine their own disciplinary assumptions*
- *Assess the value of bringing other perspectives to bear on their research*
- *Integrate multiple perspectives on a single question*
- *Translate their questions/research questions for those in other disciplines*
- *Summarize theirs or another's research for a multidisciplinary audience*
- *Imagine how sex/gender can provide innovative approaches to health*
- *Present confidently research and/or facilitate discussion on sex, gender, and women's health*

Accessibility Information

The University provides academic accommodations for students with disabilities in accordance with the terms of the Ontario Human Rights Code. This occurs through a collaborative process that acknowledges a collective obligation to develop an accessible learning environment that both meets the needs of students and preserves the essential academic requirements of the University's courses and programs.

Students with diverse learning styles and needs are welcome in this course. Please feel free to approach us or Accessibility Services so we can assist you in achieving academic success in this course.

Accessibility Services:

Phone: (416) 978 8060

Email: accessibility.services@utoronto.ca ; Website: www.accessibility.utoronto.ca

Feminist- and Social Justice-Informed Classroom Interactions

This is a feminist and social justice oriented classroom, where we aim to engage with each other in respectful and thoughtful conversations about the relationship between social relations and injustices and social differences/identities including sex, class, race, age, culture, disability, aboriginality, and sexuality, and health. Attendance is mandatory. Because a significant part of the course will be classroom discussion, a major assignment is keeping up with readings, participating in dialogue an informed way, and providing ethical feedback to other students. You should come to class not only having done the assigned reading, but also having thought about it and having prepared some points/questions for discussion. Your responses to other students should not be negative. As an engaged learner, your job is to enter into conversations about what was read/heard, and your responses to the ideas presented. You are asked to structure your responses along the following:

- Identifying the ideas that engage you
As you read texts or listen to the lectures, presentations, and discussions which ideas caught your attention or captured your imagination? Which ones stuck a chord for you?
- Describing the intentions of the writers or speakers
What values and principles regarding people, their health and well-being, and the world more generally do these ideas evoke? What do the ideas suggest to you about the writers' or speakers' purposes and commitments?
- Situating your responses
What is it about your own life experiences or interests that account for why these ideas caught your attention? Do you have a sense of which aspects of you own experiences resonated with these ideas?
- Identifying gaps and spaces
What are some gaps and spaces that you notice in each reading? What areas do you think need further exploration in this topic area? What remains confusing, unclear, or underdeveloped? What suggestions in the form of other authors and ideas can you offer to help the analysis along?
- Recognising your movement
How have you been moved on account of engaging with these ideas? Where have these ideas taken you? How have you shifted as a result of listening to and participating in the development of these ideas?

(Response guidelines adapted from White, M. (2002). Outsider witness responses. In Narrative therapy. Toronto: Gail Appel Institute.)

Class Topics and Assigned Readings

I. Wednesday, January 13

Introduction to the course and the history of women's health and the women's health movement

Dr. Diane de Camps Meschino, Women's College Hospital: *A History of the Women's Health Movement*

Required Readings:

1. Boscoe et al. The Women's Health Movement in Canada: Looking Back and Moving Forward. *Canadian Woman Studies*, 24(1), 7-15: <http://pi.library.yorku.ca/ojs/index.php/cws/article/viewFile/6170/5358>
2. Morrow, M. (2007). "Introduction: Beyond Gender Matters" and "Our Bodies, Our Selves' in Context: Reflections on the Women's Health Movement in Canada." In *Women's Health in Canada: Critical Perspectives on Theory and Policy*, edited by M. Morrow, O. Hankivsky, & C. Varcoe (pp. 3-63). Toronto: University of Toronto Press.
3. Nichols, F.H. (2000). History of the Women's Health Movement in the 20th century. *J Obstet Gynecol Neonatal Nurs.*, 29(1), 56-64.

Optional Readings:

1. A Brief History of Women's Health in the U.S.: <http://www.whrc.ucsf.edu/whrc/healthed/nwlswinter2001.pdf>
2. Weitz, R. (2003). "A History of Women's Bodies." In *The Politics of Women's Bodies: Sexuality, Appearance, & Behaviour* (2nd Edition), edited by R. Weitz (pp. 3-11). Oxford: Oxford University Press.
3. Davis, K. (2007). OBOS in the United States: The enigma of a feminist "success story". In *How Feminism Travels Across Borders: The Making of Our Bodies, Ourselves* (pp. 19-49). Durham: Duke University Press.
4. Petchesky, R. P. (2003). Transnationalizing women's health movements. In *Global Prescriptions: Gendering Health and Human Rights* (pp. 1-30). London: Zed Books.

2. Wednesday, January 20

Collaborative Graduate Program in Women's Health Seminar

Presenter: Patti Leake, PhD Candidate, Pharmacy: *Developing Research Capacity Among Ontario Midwives: A Participatory Action Research Project*

Discussant: Professor Brenda Toner, Department of Psychiatry and Institute of Medical Sciences

Facilitator: Lesley Tarasoff, PhD candidate, DLSPH

3. Wednesday, January 27

Sex and gender: The intersection of the biological and the social—how they intertwine and yet can also be considered separately

Gillian Einstein: *The biology of sexual differentiation* and PMS

Lesley Tarasoff, PhD Candidate, DLSPH: *Gender theory*

Required Readings:

1. What is sex? What is gender? CIHR: <http://www.cihr-irsc.gc.ca/e/48642.html>
2. Connell R. Gender and health in theory: Conceptualizing the issue in local and world perspective. *Social Science & Medicine* 2012;74(11):1675-83.
3. Johnson, JL, Greaves, L. & Repta, R. (2007) Better Science with Sex and Gender. http://bccewh.bc.ca/wp-content/uploads/2012/05/2007_BetterSciencewithSexandGenderPrimerforHealthResearch.pdf
4. Anne Fausto-Sterling, A. (2005). The Bare Bones of Sex: Part I—Sex and Gender. *Signs*, 30(2), 1491-1528.
5. Rieker and Bird (2005) Rethinking gender differences in health: Why we need to integrate social and biological perspectives. *Journal of Gerontology*. Series B. 60B, Special Issue II, 40-47. http://psychogerontology.oxfordjournals.org/content/60/Special_Issue_2/S40.full.pdf+html

6. Romans, S., Clarkson, R., Einstein, G., & Stewart, D. (2012) Premenstrual or perimenstrual? A review of prospective data studies of mood and the menstrual cycle. *Gender Medicine* 9(5), 361–384.
7. Schwartz, D., Romans, S., Meiyappan, S., DeSouza, M.J., & Einstein, G. (2012) The role of ovarian steroids in mood. *Hormones and Behavior*, 62,448–454.
8. Li, D.X., Romans, S., De Souza, M.J., Murray, B., & Einstein, G. (2015) Actigraphic and self-reported sleep quality in women: associations with ovarian hormones and mood. *Sleep Medicine* 16(10): 1217-1224.

Optional Readings:

1. Gendered Innovations in Science, Health & Medicine, Engineering, and Environment (Stanford University). Sex: <http://genderedinnovations.stanford.edu/terms/sex.html>
2. Gendered Innovations in Science, Health & Medicine, Engineering, and Environment (Stanford University). Gender: <http://genderedinnovations.stanford.edu/terms/gender.html>
3. NIH Office of Research on Women's Health. *A to Z Guide: Sex and Gender Influences on Health*: <http://orwh.od.nih.gov/resources/sexgenderhealth/index.asp>
4. NIH. (2012). What health issues affect women differently than men? <http://www.nichd.nih.gov/health/topics/womenshealth/conditioninfo/pages/howconditions.aspx>
5. Springer, K.W, Hankivsky, O., & Lisa M. Bates, L.M. (2012). Gender and health: Relational, intersectional, and biosocial approaches. *Social Science & Medicine*, 74(11), 1661-1666.
6. Lorber, Judith and Lisa Jean Moore (2002). Women get sicker but men die quicker: Social epidemiology. In *Gender and the social construction of illness*. Lanham MD: Alta Mira Press, 13-36.
7. Bertakis, K.D. et al. (2000). Gender differences in the utilization of health care services. *The Journal of Family Practice*, 49(2), 147-152: <http://www.jfponline.com/purls/Pages.asp?AID=2450>
8. Borkhoff, C.M. et al. (2008). The effect of patients' sex on physicians' recommendations for total knee arthroplasty. *CMAJ*, 178, 681-687: <http://www.cmaj.ca/content/178/6/681.full>

4. Wednesday, February 3

Intersectionality: A framework for understanding and studying health inequities

“Gender reaches into disability; disability wraps around class; class strains against abuse; abuse snarls into sexuality; sexuality folds on top of race...everything finally piling into a single human body. To write about any aspect of identity, any aspect of the body, means writing about this entire maze. This I know, and yet the question remains: where to start?” (Clare, 1999, p. 123).

Required Readings:

1. Hankivsky, O. (2012). Women's health, men's health, and gender and health: Implications of intersectionality. *Social Science & Medicine*, 74(11), 1712-1720.
2. Hankivsky, O. (2014) Intersectionality 101. *The Institute for Intersectionality Research & Policy, SFU*.
3. Bowleg, L. (2012). The Problem With the Phrase Women and Minorities: Intersectionality—an Important Theoretical Framework for Public Health. *American Journal of Public Health*, 102(7), 1267-1273.
4. Weber L, Parra-Medine D. Intersectionality and Women's Health: Charting the Path to Eliminating Health Disparities. *Advances in Gender Research* 2003;7:181-230.
5. Veenstra G. Race, gender, class, and sexual orientation: Intersecting axes of inequality and self-rated health in Canada. *International Journal for Equity in Health* 2011;10:1-11
6. Sumner, A. (2008) The relationship of body fat to metabolic disease: Influence of sex and ethnicity. *Gender Medicine* 5(4): 361-371.

Optional Readings:

1. Research:
 - a. Bowleg, L. (2008). When black + lesbian + woman ≠ black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles*, 59, 312-325.

- b. 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.
 - c. Rosenfield, S. (2012). Triple jeopardy? Mental health at the intersection of gender, race, and class. *Social Science & Medicine*, 74(11), 1791-1801.
2. Origins/History:
- a. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1989;167.
 - b. Crenshaw K. Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *Stanford Law Review* 1991;43:1241-1299.
 - c. Collins PH. Knowledge, Consciousness, and the Politics of Empowerment. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2nd ed. New York, NY: Routledge, 2000;221-238.
 - d. Combahee River Collective. *Combahee River Collective Statement*. 1977.
3. Debates:
- a. Davis.K. Intersectionality as buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory* 2008;9:67-85.
 - b. Nash JC. Re-thinking intersectionality. *Feminist Review* 2008;89:1-15.
 - c. Yuval-Davis N. Intersectionality and Feminist Politics. *European Journal of Women's Studies* 2006;13:193-209.
 - d. McCall L. The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society* 2005;30:1771-1800.
 - e. Brah A, Phoenix A. Ain't I A Woman? Revisiting Intersectionality. *Journal of International Women's Studies* 2004;5:75-86.
 - f. Bilge S. Recent Feminist Outlooks on Intersectionality. *Diogenes* 2010;225:58-72.
 - g. Hancock A-M. Intersectionality as a Normative and Empirical Paradigm. *Politics & Gender* 2007;3:248-254.

Wednesday, February 10

Gender, the body, & biomedicine

Paper Proposal & Bibliography Due

1. Park: The Empire Of Anatomy. Zone Books (2006) chapter to be provided
2. Palmer, A. (2009) Where have all the women gone? *Reach* 10-13.
3. Anderson, S. and Ray, D. (2010) Missing Women: Age and Disease. *Review of Economic Studies*, 77, 1262-1300.
4. Tuana: The Speculum of Ignorance: The Women's Health Movement and Epistemologies of Ignorance. *Hypatia*; Summer 2006; 21, 3.
5. Kuhlmann, E. & Babitsch. B. (2002). Bodies, Health, Gender--Bridging Feminist Theories and Women's Health. *Women's Studies International Forum*, 25(4), 433-442.
6. Vick A. The embodied experience of episodic disability among women with multiple sclerosis. *Disability & Society* 2013;28(2):176-89.

Optional Readings:

1. Somerville M. Tracing bodylines: the body in feminist poststructural research. *International Journal of Qualitative Studies in Education* 2004;17(1):47-63.
2. Garland-Thomson R. Feminist Theory, the Body, and the Disabled Figure. In: Davis LJ, editor. *The Disability Studies Reader*. New York, NY: Routledge; 1997. p. 279-92.
3. Young MI. Pregnant Embodiment: Subjectivity and Alienation. In: Young MI, ed. *Female Body Experience: "Throwing Like a Girl" and Other Essays*. Oxford, UK: Oxford University Press, 2005;46-61.

4. Zola IK. Bring Our Bodies and Ourselves Back In: Reflections on a Past, Present, and Future "Medical Sociology." *Journal of Health and Social Behavior* 1991;32:1-16.
5. Grosz, E. (1994). Introduction and Refiguring Bodies. In *Volatile Bodies: Toward a Corporeal Feminism* (pp. vii-24). Indianapolis: Indiana University Press.
7. Davis K. Embodiment Theory: Beyond Modernist and Postmodernist Readings of the Body. In: Davis K, ed. *Embodied Practices: Feminist Perspectives on the Body*. London, UK: SAGE Publications, 1997;1-23.
8. Rice, C. (2014). "Introduction: Searching for Identity in Image Culture." In *Becoming Women: The Embodied Self in Image Culture* (pp. 3-30). Toronto: University of Toronto Press: http://carlarice.com/wp-content/uploads/2013/12/Rice_BecomingWomen_excerpt1.pdf

Wednesday, February 17

Winter Break

Wednesday, February 24

Collaborative Graduate Program in Women's Health Seminar

Presenter: Sophia Jaworski, PhD candidate, Anthropology: *Constellations of knowability: An Anthropological Investigation of Women's Experiences with Medically Unexplainable Physical Symptoms: The Inherent Nature of Women: Religion and Science in the Theorizing*

Discussant: Dr. Kymm Feldman, Women's College Hospital

Facilitator: Jennifer Bright, PhD candidate, Religion

Wednesday, March 2

Topic: The Social is Biological

The case of Female genital circumcision/mutilation/cutting

Required Readings:

1. Einstein, G. (2008). From body to brain: considering the neurobiological effects of female genital cutting. *Perspect Biol Med.*, 51(1), 84-97.
http://www.psych.utoronto.ca/users/einstein/files/Einstein_From_Body_to_Brain%20copy.pdf
2. Sorge et al., (2014) Olfactory exposure to males, including men, causes stress and related analgesia in rodents. *Nature Methods*, 11 (6), 629-632.
3. Einstein, G. & Shildrick, M. (2009). The postconventional body: Retheorising women's health. *Social Science & Medicine*, 69(2), 293-300.
4. Einstein et al., (2015) Global Bodies (under review) – will be provided
5. Einstein (2008) From body to brain: Considering the neurobiological effects of female genital cutting. *Perspectives in Biology and Medicine*, 51(1), 84-97.
6. Manderson, L. 2004. Local rites and body politics. *International Feminist Journal of Politics* 6(2):285–307. **SP**
7. Einstein, G. 2012. Situated neuroscience: Exploring biologies of diversity. In *Neurofeminism: Issues at the intersection of Feminist Theory and Cognitive Science*, ed. R. Bluhm, H. Maibom, and A. J. Jacobson, 145-174. New York: Palgrave Macmillan.
8. Heim et al., (2013) Decreased Cortical Representation of Genital Somatosensory Field After Childhood Sexual Abuse. *Am J Psychiatry* 170:616–623.

Optional Readings:

1. Worthman, C.M. & Cosetello, E.J. (2009). Tracking biocultural pathways in population health: the value of biomarkers. *Ann Hum Biol.*, 36(3), 281-297 World Health Organization Study Group on Female Genital Mutilation and Obstetric Outcome. 2006. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *Lancet* 367(9525):1835–1841.
2. Shell-Duncan, B., et al. 2011. Dynamics of change in the practice of female genital cutting in Senegambia: Testing predictions of social convention theory. *Soc Sci Med* 73(8):1275–1283.

3. O'Connell, H. E., and DeLancey, J. O. 2005. Clitoral anatomy in nulliparous, healthy, premenopausal volunteers using unenhanced magnetic resonance imaging. *J Urol* 173(6):2060–2063.
4. Obermeyer, C. M. 2005. The consequences of female circumcision for health and sexuality: An update on the evidence. *Cult Health Sex* 7(5):443–461.
5. Johnson-Agbakwu, C. E., et al. 2014. Perceptions of obstetrical interventions and female genital cutting: insights of men in a Somali refugee community. *Ethn Health* 19(4):440-457.
6. Finnström, B., and Söderhamn, O. 2006. Conceptions of pain among Somali women. *J Adv Nurs*, 54(4):418–425.
7. Essén, B., et al. 2000. Qualitative study of pregnancy and childbirth experiences in Somalian women resident in Sweden. *Br J Obstet Gynaecol* 107(12):1507–1512.
8. Berg, R. C., E. Denison, and A. Fretheim. 2010. *Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): A systematic review of quantitative studies*, Oslo, Kunnskapsenteret - Norwegian Knowledge Centre for the Health Services. #13.
http://hera.helsebiblioteket.no/hera/bitstream/10143/132233/1/NOKCrapport13_2010.pdf

Wednesday, 9

Topic: Diseases and Conditions More Common in Women: Autoimmunity and Chronic Pain

Required Readings:

Autoimmunity

1. A. Podos & E. Gillian (2013). Sex and Immunity: The importance of biological sex in immune responses. *IMS Magazine*.
2. Fish, E. (2008). The X-files in immunity: sex-based differences predispose immune responses. *Nature Reviews Immunology* 8, 737-744.
3. Markle et al. (2013) Sex differences in the gut microbiome drive hormone-dependent regulation of autoimmunity. *Science* 339:1084-1088.
4. Cohen (2004). Myself as an other: on autoimmunity and “other” paradoxes. *Journal of Medical Ethics; Medical Humanities* 30:7–11.
5. Haraway (1989) The Biopolitics of Postmodern Bodies: Determinations of Self in Immune System Discourse. *differences: A Journal of Feminist Cultural Studies* 1(1).

Chronic Pain

Required Readings:

1. Kleinman, A. Everything That Really Matters: Social Suffering, Subjectivity, and the Remaking of Human Experience in a Disorderly World. *The Harvard Theological Review*, Vol. 90, No. 3 (Jul., 1997), pp. 315-335.
2. Grace: Pitfalls of the medical paradigm in chronic pelvic pain. *Clinical Obstetrics and Gynaecology*, Vol. 14, No. 3, pp. 525-539, 2000.
3. Greenspan et al., *Studying sex and gender differences in pain and analgesia: A consensus report*. *Pain* 132 (2007) S26–S45.
4. Hassan et al., (2015) *Ovarian hormones and chronic pain: A comprehensive review*. *Pain*, 155(12):2448-2460.

Wednesday, March 16

Collaborative Graduate Program in Women's Health Seminar

Presenter: Lesley Tarasoff, PhD candidate, DLSPH: *Exploring the transition to motherhood among women with physical disabilities: Care experiences and embodiment*

Discussant: Professor Angela Colantonio, Rehabilitation Sciences

Facilitator: Ramya Kumar, PhD candidate, DLSPH

Wednesday, March 23

Topic: Gender, Sexuality, and HIV/AIDS— social and structural contexts of HIV vulnerability
 Professor Carmen Logie, Faculty of Social Work: *Using Intersectionality to Study HIV/AIDS* (2nd half)

Last day to submit reflection paper

Required Readings:

1. Dworkin, S.L. (2005). Who is epidemiologically fathomable in the HIV/AIDS epidemic? Gender, sexuality, and intersectionality in public health. *Culture Health & Sexuality*, 7(6), 615-623
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4115794/>
2. Higgins, J.A., Hoffman, S., & Dworkin, S.L. (2010). Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS. *American Journal of Public Health*, 100(3), 435-445.
3. Logie, C., James, L., Tharao, W. & Loutfy, M. (2012). "We don't exist": A qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada. *Journal of the International AIDS Society*, 15: 17392.
4. Logie, C. (2014). (Where) do queer women belong? Theorizing intersectional and compulsory heterosexism in HIV research. *Critical Public Health*. <http://dx.doi.org/10.1080/09581596.2014.938612>

Optional Readings:

1. Gahagan, J. (2012). Gender matters in HIV prevention. *CATIE*: <http://www.catie.ca/en/pif/spring-2012/gender-matters-hiv-prevention>
2. Shannon, K. et al. (2008). Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Soc Sci Med.*, 66(4), 911-921: <http://wish-vancouver.net/wp-content/uploads/2012/08/SocialandStructuralViolenceSCMKFeb20081.pdf>
3. Raimondo, M. "Between Visibility and Vulnerability: Women and HIV/AIDS." In *Women's Health in Canada: Critical Perspectives on Theory and Policy*, edited by M. Morrow, O. Hankivsky, & C. Varcoe (pp. 380-407). Toronto: University of Toronto Press.

Wednesday, 30

Topic: Sexual Minority Women and Trans People's Health
 Hazelle Palmer, CEO, Sherbourne Community Health Centre

Required Readings:

1. Bowleg, L. (2008). When Black + Lesbian + Woman ≠ Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research. *Sex Roles*, 59:312-325.
2. Ross, L.E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: a qualitative examination. *Am J Public Health*, 100(3):496-502. doi: 10.2105/AJPH.2008.156307.
3. Snelgrove, J.W. et al (2012). "Completely out-at-sea" with "two-gender medicine": A qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC Health Service Research* 12 (110): 1-13.
4. Bauer, G.R., Scheim, A.I., Deutsch, M.B., Massarella, C. (2013). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: Results from a respondent-driven sampling survey. *Annals of Emergency Medicine*. 1-8.
5. Juster, R-P., Hatzenbuehler, M.L., Mendrek, A., Pfaus, J.G., Sith, N., Johnson, P., Lefebvre-Louis, J-P, Raymond, C., Marin, M-F., Sindi, S. Lupien, S.J., and Pruessner, J. (2014). Sexual orientation modulates endocrine stress reactivity. *Biological Psychiatry*, DOI: <http://dx.doi.org/10.1016/j.biopsych.2014.08.013>

Optional Readings:

1. Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2014, December 29). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <http://dx.doi.org/10.1037/sgd0000081>
2. Sherbourne Health Centre. (2009). Guidelines and Protocols for Comprehensive Primary Health Care for Trans Clients: <http://sherbourne.on.ca/wp-content/uploads/2014/02/Guidelines-and-Protocols-for-Comprehensive-Primary-Care-for-Trans-Clients.pdf>
3. Bauer, G. et al. (2010). Who are Trans People in Ontario? *Trans PULSE E-Bulletin*, 1(1): <http://transpulseproject.ca/wp-content/uploads/2010/07/EIEnglish.pdf>
4. Bauer, G. et al. (2009). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *J Assoc Nurses AIDS Care*. 2009 Sep-Oct;20(5):348-361.
5. Scheim, A.I. & Bauer, G.R. (2015). Sex and gender diversity among transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *J Sex Res.*, 52(1):1-14.
6. Bauer, G.R. & Scheim, A.I. (2013). Sampling bias in transgender studies. *Lancet Infect Dis*. 2013 Oct;13(10):832.
7. Bauer, G.R. & Jairam, J. A. (2008). Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. *Women Health*, 48(4):383-408.
8. Steele, Leah S., Ross, Lori E., Dobinson, Cheryl, Veldhuizen, Scott and Tinmouth, Jill M. (2009). Women's Sexual Orientation and Health: Results from a Canadian Population-Based Survey. *Women & Health*, 49: 5, 353-367.
9. American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women (2012). Health Care for Lesbians and Bisexual Women. *Obstet Gynecol.*, 119:1077-1080

Wednesday, April 20

**Optional for students not enrolled in the Collaborative Graduate Program in Women's Health Seminar*

Collaborative Graduate Program in Women's Health Seminar

Presenter: Dina Katsoulis, PhD candidate, Kinesiology: *Functional outcomes and high-speed resistance training in older women*

Discussant: Professor Andrea Charise, English and Health Studies

Facilitator: Chelsea Misquith, Masters candidate, Faculty of Information

Assignments

Evaluation	Due Dates	
Participation	20%	
Presentation	15%	
Paper Proposal & Bibliography	15%	February 10
Reflection Paper	15%	March 23
Paper	35%	April 18 by 5 pm

Participation: Students are expected to complete all of the required readings and to participate actively in class discussion.

Reflection Paper: It is expected that students attend the Collaborative Graduate Program in Women's Health seminars. Students will be required to write a 3 page (double-spaced) reflection paper on the seminar of their choosing, which must be submitted by March 25th. For this assignment, students should reflect on their thoughts about the talk and discussion, their relation to the student's own work/approaches/interests, and the relationship of the topic to both sex and gender.

Presentation: Each student is expected to present one of the required readings. A critical appraisal of each paper in the context of the course as well as in the context of the topic for that day should be conveyed in the presentation.

The presenting student is responsible for leading the subsequent discussion.

Paper Proposal: See below re paper. The proposal should be up to 5 pages maximum. The proposal should propose the review topic researched, why it is important to understand what is known or not known about sex/gender wrt this topic, the journal to which you will submit your comprehensive review, and 10 citations you will use (you will, without a doubt, use more but this is to get you started).

Paper: This assignment is designed to enhance students' critical appraisal skills through an examination and synthesis of the published literature (qualitative or quantitative or mixed methods) on a particular sexed/gendered health issue. Students will write a comprehensive review paper formatted to be submitted to the journal of their choice and following journal specifications for length (up to a maximum of 15 pages double-spaced, excluding tables, charts and references), format, etc. For examples see required readings: Hassan et al., 2015 and Einstein et al., (submitted).

Submission is electronic but students must retain a copy of their written project.

Academic Integrity

Academic integrity is essential to the pursuit of learning and scholarship in a university, and to ensuring that a degree from the University of Toronto is a strong signal of each student's individual academic achievement. As a result, the University treats cases of cheating and plagiarism very seriously. The University of Toronto's Code of Behaviour on Academic Matters (www.governingcouncil.utoronto.ca/policies/behaveac.htm) outlines the behaviours that constitute academic dishonesty and the processes for addressing academic offences.

All suspected cases of academic dishonesty will be investigated following procedures outlined in the Code of Behaviour on Academic Matters. If you have questions or concerns about what constitutes appropriate academic behaviour or appropriate research and citation methods, please contact us or visit www.utoronto.ca/academicintegrity/resourcesforstudents.html.