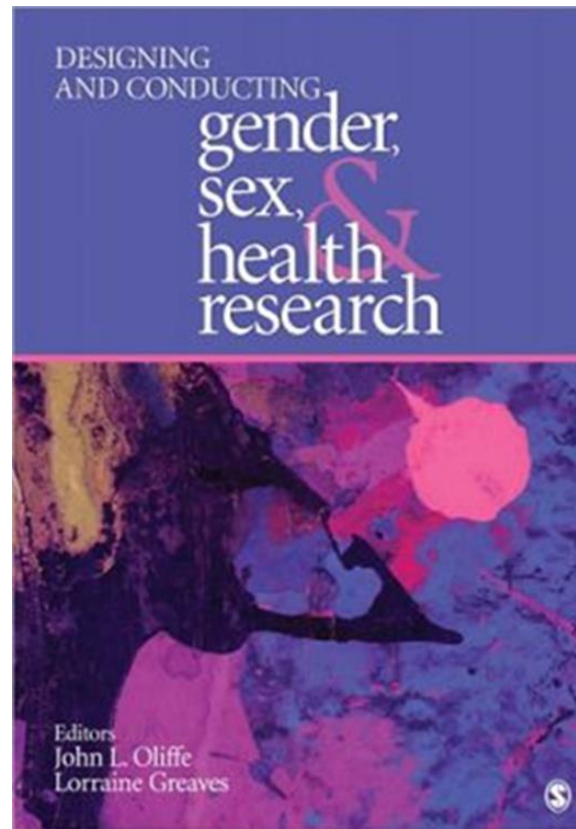
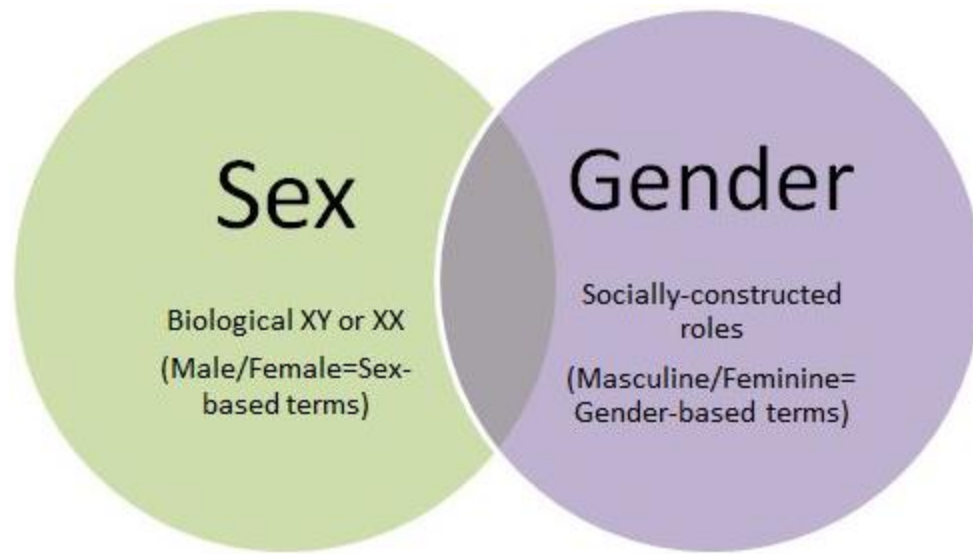


# Doing Gender and Health Research



John L. Oliffe



# The politics of difference

- Life expectancy
- Health service uptake





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**Life expectancy at birth, by sex, by province**

	Males	Females
	years	
<b>Canada</b>		
1920 to 1922	59	61
1930 to 1932	60	62
1940 to 1942	63	66
1950 to 1952	66	71
1960 to 1962	68	74
1970 to 1972	69	76
1980 to 1982	72	79
1990 to 1992	75	81
<b>2000 to 2002</b>	<b>77</b>	<b>82</b>
<b>2007 to 2009</b>		
<b>Canada</b>	79	83
Newfoundland and Labrador	77	81
Prince Edward Island	78	83
Nova Scotia	78	82
New Brunswick	78	83
Quebec	79	83
Ontario	79	84
Manitoba	77	82
Saskatchewan	77	82
Alberta	79	83
British Columbia	80	84

**Source:** Statistics Canada, CANSIM, table [102-0512](#) and Catalogue no. [84-537-XIE](#).  
Last modified: 2012-05-31.

For more information, consult [Health in Canada](#).

# Use of health care services

## Cardiovascular Disease: @ 35,000 feet

29%



30%



**THE TRUTH**

is we put  
ourselves last.  
We always  
have.

## Masculinity in Chronic Disease Inventory-Revised (37 items)

The following is a series of statements about how men might think or feel about themselves, and about what is important for men.

Thinking about you personally, please indicate how true each statement is for you on a scale of 1 “not at all true”, 3 “somewhat true” to 5 “very true”. There are no right or wrong answers. Please give the responses that most accurately describe your personal thoughts and feelings.



		Not at all true	A little true	Somewhat true	Mostly true	Very true
1.	Being physically strong is important to me	1	2	3	4	5
2.	I feel and think young	1	2	3	4	5
3.	I get frustrated when things progress slowly	1	2	3	4	5
4.	I cope with personal worries on my own	1	2	3	4	5
5.	Being able to have sex makes me whole	1	2	3	4	5
6.	I like to plan my future	1	2	3	4	5
7.	When I have a problem I do everything in my power to fix it	1	2	3	4	5
8.	I am a carefree person	1	2	3	4	5
9.	Being physically able to have sex is important to me	1	2	3	4	5
10.	I always look for the good in situations	1	2	3	4	5

### Masculinity in Chronic Disease Inventory (MCD-I) Revised (37 items)

Chambers, S. K., Hyde, M. K., Oliffe, J. L., Zajdlewicz, L., Lowe, A., Wootten, A. C., & Dunn, J. (2015). Measuring masculinity in the context of chronic disease. *Psychology of Men and Masculinity*. doi:10.1037/men0000018

# Masculinities

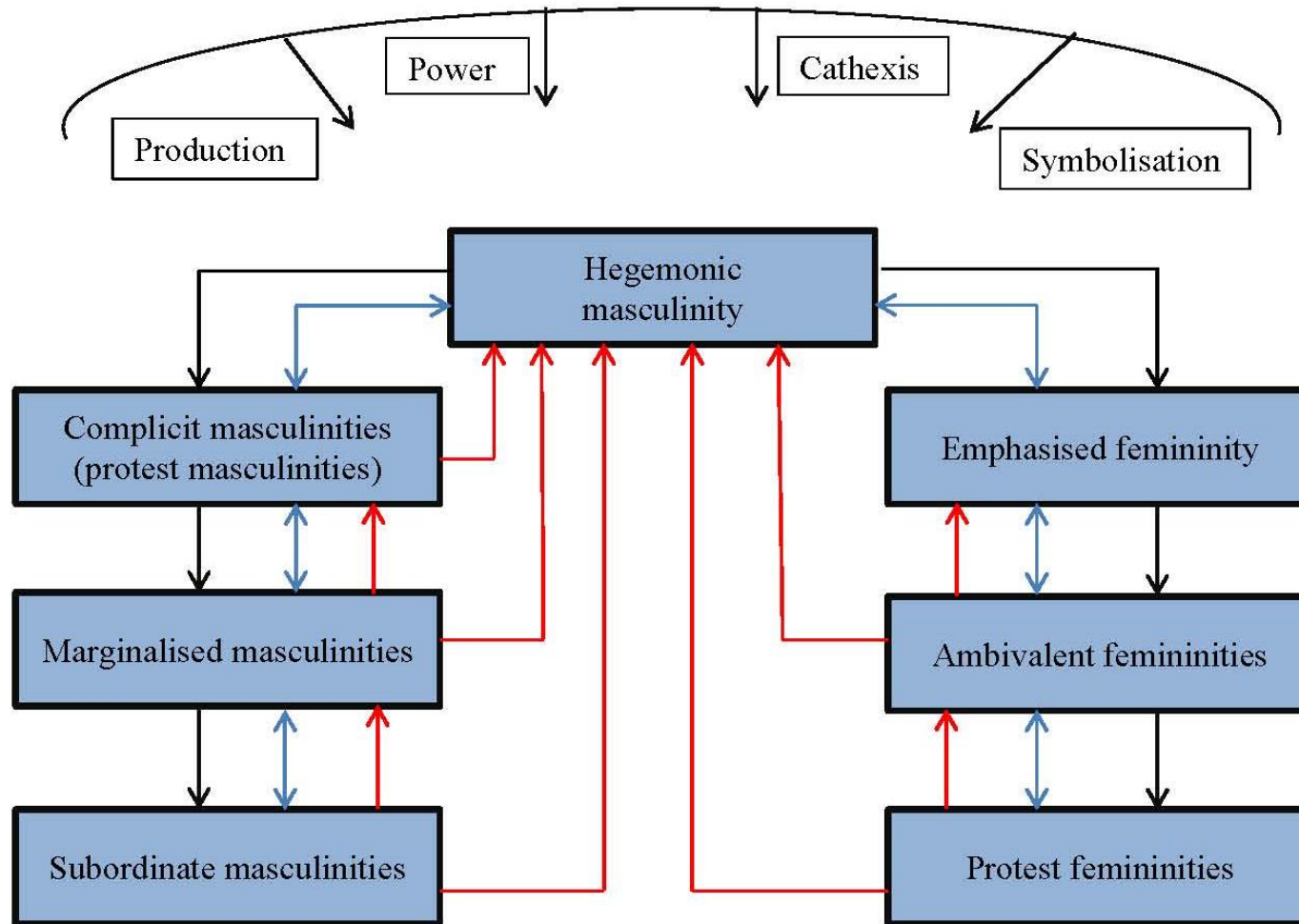
**Gender identities**

**Gender roles**

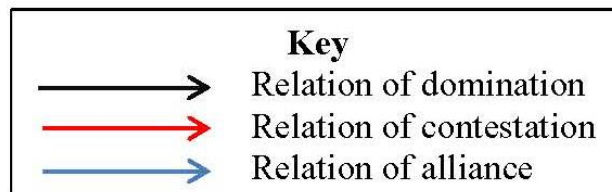
**Gender relations**



# Gender relations and men's health



Howson, R., (2006). *Challenging Hegemonic Masculinity*. Routledge New York.



## Women on men's sexual health and sexually transmitted infection testing: a gender relations analysis

John L. Oliffe<sup>1</sup>, Cathy Chabot<sup>2</sup>, Rod Knight<sup>2</sup>,  
Wendy Davis<sup>2</sup>, Vicky Bungay<sup>1</sup> and Jean A. Shoveller<sup>2</sup>

<sup>1</sup>*School of Nursing, University of British Columbia, Vancouver, Canada*

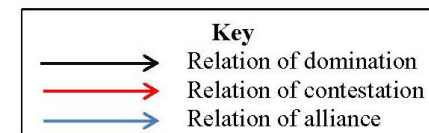
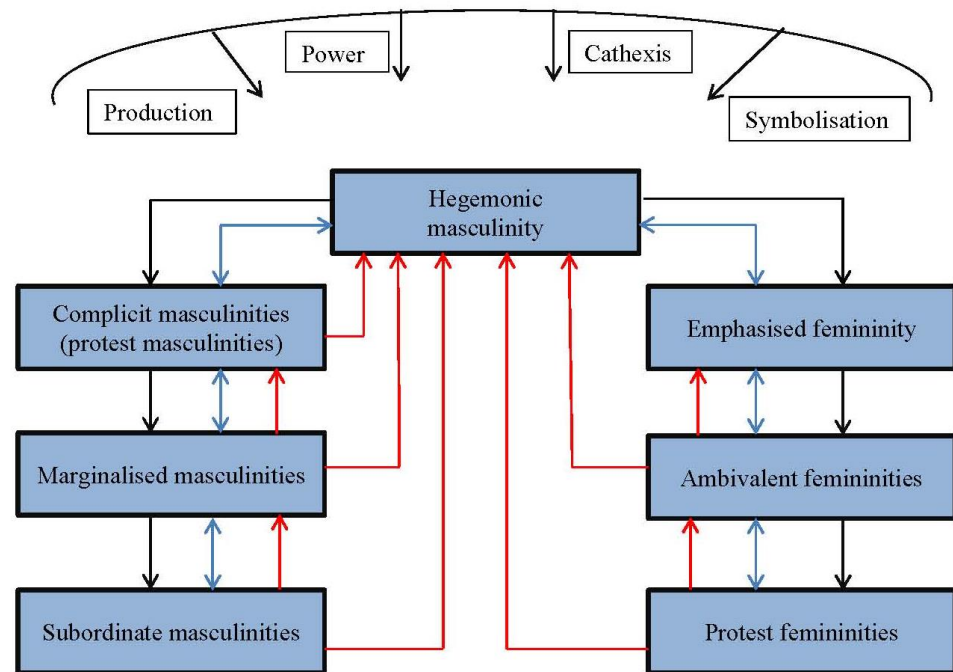
<sup>2</sup>*School of Population and Public Health, University of British Columbia, Vancouver, Canada*

**Abstract** Sexual health and sexually transmitted infection (STI) testing is typically portrayed as a women's issue amid men's estrangement from healthcare services. While the underreporting of men's STIs has been linked to masculinities, little is known about how women interpret and respond to heterosexual men's sexual health practices. The findings drawn from this qualitative study of 34 young women reveal how femininities can be complicit in sustaining, as well as being critical of and disrupting masculine discourses that affirm sexual pleasure and resistance to health help-seeking as men's patriarchal privileges. Our analysis revealed three patterns: looking after the man's libido refers to women's emphasised femininity whereby the man's preference for unprotected sex and reticence to be tested for STIs was accommodated. Negotiating the stronger sex refers to ambivalent femininities, in which participants strategically resist, cooperate and comply with men's sexual health practices. Rejecting the patriarchal double standard that celebrates men as 'studs' and subordinates women as 'sluts' for embodying similar sexual practices reflects protest femininities. Overall, the findings reveal that conventional heterosexual gender relations, in which hegemonic masculinity is accommodated by women who align to emphasised femininity, continues to direct many participants' expectations around men's sexual health and STI testing.

**Keywords:** youth sexual health, gender relations, femininities, masculinities

### Introduction

Sexual health and sexually transmitted infections (STIs) are a growing public health concern. STI rates among Canadian youth are well above the national average and are increasing, notably among 15-24-year-old men. For example, in Canada over the past decade, reported rates for both chlamydia and gonorrhoea among young men aged 20-24 have doubled, with similar increases among 15-19-year-olds (Public Health Agency of Canada 2009). While



# Analyses

*Go with your partner. If you are sexually active with somebody, get them to go with you.*

*If they won't go with you, maybe don't be sexually active with them. I think that could be indicative of larger characteristics – or for me at least.*

*Men can definitely reverse it [STIs] and blame it on the girl, whereas...if a girl were to say, 'Yeah, my boyfriend was sleeping around', it's like, 'Well, you should've expected that because that's what guys do', right? So it's still my fault.*

*I think boys have higher hormone levels than girls, that's my opinion. 'Cos if you notice there's more, like more guys are into the whole sexual thingy than most girls.*



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Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



# "He's more typically female because he's not afraid to cry": Connecting heterosexual gender relations and men's depression

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## ABSTRACT

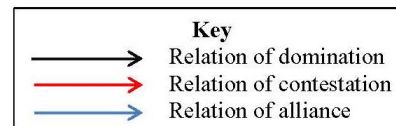
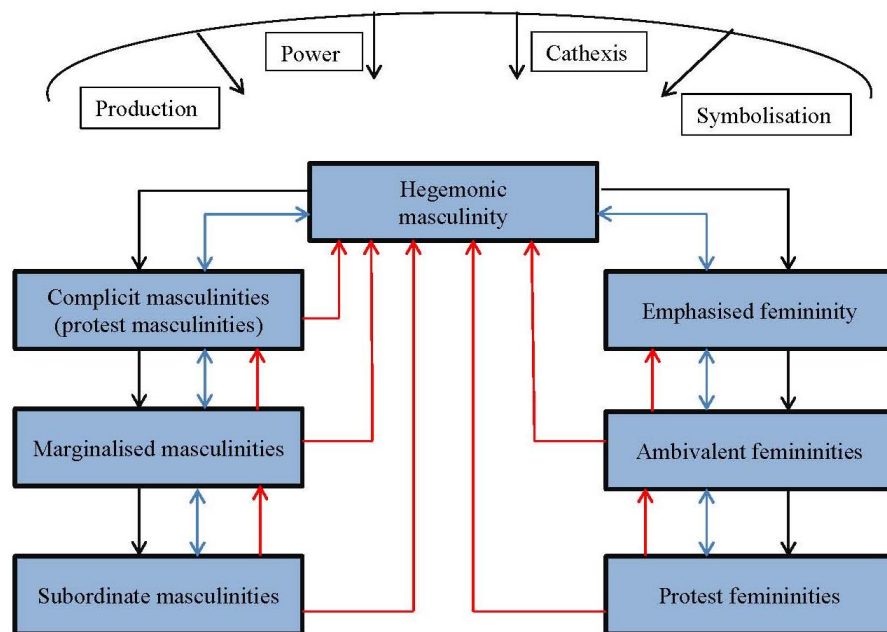
Depression, a disorder often thought of as a women's health issue, is underreported in men, and little is known about how heterosexual couples respond when the male partner is depressed. Within the context of men's depression, couples may be challenged to make life adjustments that impact their gender relations. The findings detailed in this article are drawn from an innovative qualitative study of 26 Canadian heterosexual couples (26 men and their 26 women partners) in which the man had a formal diagnosis and/or self-identified as depressed. Participants completed individual, semi structured interviews that focused on exploring how masculinities and femininities intersect to forge particular heterosexual gender relations in the context of men's depression. A social constructionist gender analysis revealed three couple patterns: *trading places*, *business as usual*, and *edgy tensions*. *Trading places* refers to couples who embodied some atypical masculine and feminine roles to compensate for the men's depression-induced losses (e.g., men as homemakers and women as breadwinners). Women partners in these dyads broke with feminine ideals in how they provided partner support by employing tough love strategies for self-protection and a means of prompting the men's self-management of their depression. Couples involved in *business as usual* co-constructed men's alignment with masculine workman ideals and women's support of their partner to counter and conceal men's depression induced-deficits. Also described were *edgy tensions*, where a mismatch of gender expectations fueled resentment and dysfunction that threatened the viability of some relationships. Overall, the limits of women's resilience and care-giving were evident, yet the findings also reveal how men's management of their depression was directly influenced by their partner. Opportunities for couples to assess their relationship dynamics within a broad range of gender relations might support couples' connectedness and life quality amid the challenges that accompany men's depression.

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## Introduction

Depression is among the three leading causes of disease burden (World Health Organization [WHO], 2008). Comparatively, fewer men than women are diagnosed with depression (Moller-Leimkuhler, Bottlender, Strauss, & Rutz, 2004) for which numerous factors are implicated including: (1) the reluctance of men to express concerns about their mental health and/or seek professional help (Branney & White, 2008); (2) fragmented path-

to depression in men (Kilmartin, 2005). One common outcome of these factors is that much of the day-to-day management of men's depression takes place at home, with or without the support of professional health care services. For men in heterosexual relationships, effective couple and self-management strategies are central to overcoming the adverse effects that depression can assign to men and their families. The goal of this article is to describe how masculinities and femininities intersect to forge particular heterosexual gender relations in the context of men's depression.



# Data collection

- Interviewing
- Observation
- Visual methods

## The marketing of better-for-you health products in the emergent issue of men's obesity

CAMERON WHITE, JOHN L. OLIFFE AND JOAN L. BOTTORFF\*

School of Nursing, University of British Columbia, Vancouver, BC, Canada; \*Institute for Healthy Living & Chronic Disease Prevention, University of British Columbia, Kelowna, BC, Canada

**ABSTRACT:** *Focussing on the male consumer, this article illustrates the links between the health-orientated marketing of filtered cigarettes, light beer and low calorie soft drinks. In so doing, this article speaks to two specific contemporary issues. In the first instance it speaks to contemporary attempts to understand tobacco, alcohol and obesity as similar kinds of health concerns. Furthermore, by establishing these connections (between tobacco, alcohol and obesity) this article foregrounds the possibility that the health-orientated marketing of beer and soft drinks could be legislated against in the same way as the health-orientated marketing of tobacco products.*

**KEYWORDS:** health, consumption, obesity, smoking, masculinity, sociology

In May 2013, Coca-Cola announced a new, four-pronged, 'global commitment' to 'help fight obesity.' This campaign involved: 'Offering low- or no-calorie beverage options in every market, providing transparent nutrition information, supporting physical activity programmes in every country where the company does business,' and 'marketing responsibly, including refraining from advertising to children under 12 anywhere in the world' (Coca Cola, 2013). The Coca-Cola campaign was widely reported in the press.

While the Coca-Cola campaign was accompanied by a global advertising programme, this health-orientated advertising was itself new. Rather it reflected a longstanding, strategic investment in health-orientated advertising

rise of healthier, low calorie or BFY beer and soft drink products, from the 1970s through to the present.

By establishing the direct historical correlation between health-orientated marketing for tobacco, alcohol (especially beer) and soft drinks, this article speaks to contemporary analyses that define the way tobacco, alcohol and obesity can and should be understood as similar kinds of health concerns. This comparison between tobacco, alcohol and/or obesity is widely evident. It is evident in the publication of edited collections that bring essays on all three subjects together under the same 'roof' (Bell, McNaughton, & Salmon, 2011; National Preventative Health Taskforce, 2009b). It is evident in the way that all three public health concerns (tobacco, alco-



CURRENT RESEARCH [VIEW ALL](#)



 **Men's Depression and Suicide Network**

*We're working on five projects, funded by the Movember Foundation, that aim to reduce men's depression and suicide. We seek to create safe spaces for men to share their experiences and support one another.*

[Learn more.](#)



of men surveyed have considered or attempted suicide.




would feel embarrassed about seeking help.



full survey results from 901 Canadian adults.

UPCOMING EVENTS [VIEW ALL](#)



 **Contact! Unload**

*On November 4, 2015, join us at UBC for two performances of Contact! Unload: A play co-developed by Veterans telling the story of soldiers as they transition back to civilian life in Canada.*

[Get Tickets.](#)



**BETTER STARTS HERE**

**FOR MEN. ABOUT MEN.**

HEALTH STRATEGIES FOR MANAGING AND PREVENTING DEPRESSION

[TAKE SELF CHECK NOW](#)

DIFFERENT  
FROM NORMAL

Depression consumes your day-to-day life, interferes with your ability to work, study, eat, sleep, and have fun.



# SELF CHECK

[SYMPTOMS](#)

[SELF CHECK](#)

[SUICIDE](#)

[TRIGGERS](#)

[RISK FACTORS](#)

## TAKE OUR SELF CHECK

This screening tool reflects some of the symptoms of depression that are often reported by men. This is not a diagnostic tool and is never enough to make a diagnosis.

Each question asks about a symptom of depression. The questions aren't only about your mood, because depression also affects:

- How you think (your ability to concentrate or make decisions)
- What you think about (thoughts of failure or pessimism about the future)
- Your body and behaviour (lack of energy or poor sleep)

For some people, depression doesn't result in sadness, but may show up as anger, irritability, or not feeling much of anything at all. By completing the

NHS

EVERY CIGARETTE  
HARMS YOUR BABY

We can help you quit

SMOKEFREE

## Couples and Smoking

What You Need to Know When You are Pregnant





***“Well aside from opening windows, which generally I do but if the windows are closed the smoke builds up and it gets all smoky so you’re killing yourself even faster...I like the wind to be blowing so it’s better if the windows are open.”***



**Le Bon Moment . . .  
Les Bonnes Raisons . . .**



**PROCHAINE SORTIE  
CESSEZ DE FUMER**

Les pères discutent la réduction  
et la cessation du tabac.

**The Right Time...  
The Right Reasons...**



**QUIT SMOKING  
NEXT EXIT**

Dads Talk about Reducing  
and Quitting Smoking



# Which Smoking Facts are True?

- 1 Smoking is the number one preventable cause of home fire deaths in Canada. TRUE / FALSE
- 2 Smoking by dads can be harmful to an unborn fetus and increases the risk of early pregnancy loss. TRUE / FALSE
- 3 Babies of smoking parents are 8 times more likely to die of Sudden Infant Death Syndrome (SIDS). TRUE / FALSE



“Smoking is a part of my life. I’m in reasonably good shape despite what they say about the harmful effects of smoking cigarettes.”

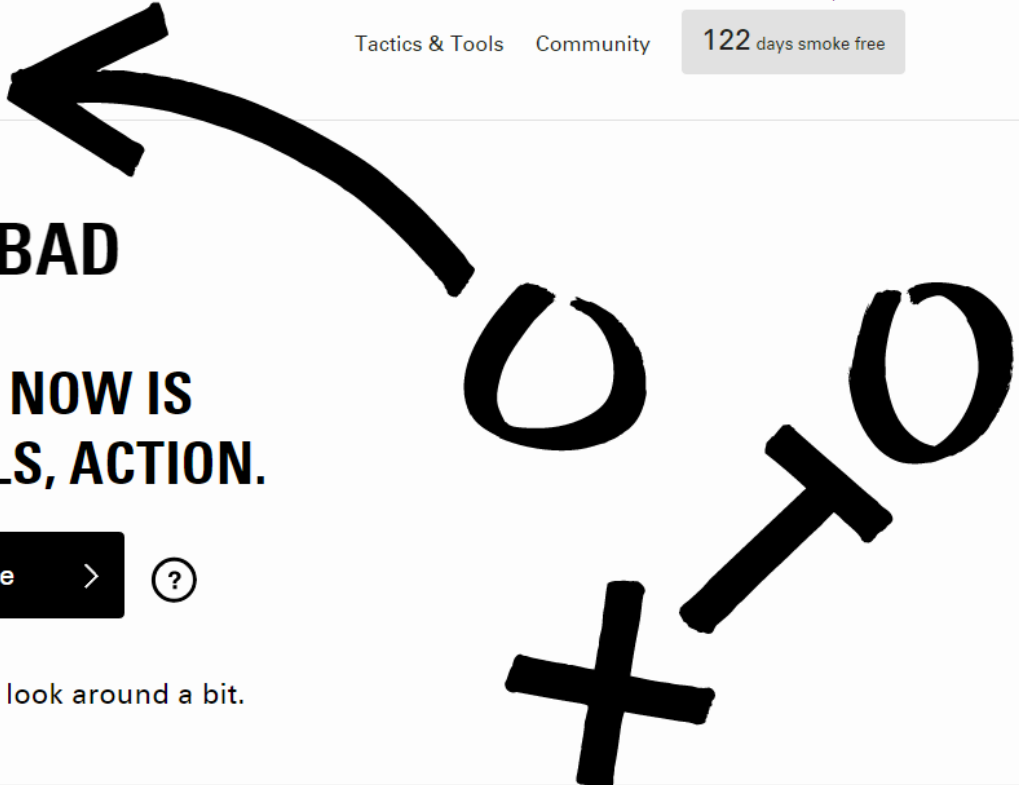


“I actually have a kid now and my smoking is not just about me anymore. My smoking also makes it harder for my partner to quit.”

# Stages of Change Model

**Table 3.** Stages of Change Model

<i>Stage</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
<b>Precontemplation</b>	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
<b>Contemplation</b>	Intends to take action in the next six months	Motivate; encourage making specific plans
<b>Preparation</b>	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals
<b>Action</b>	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
<b>Maintenance</b>	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)



**SMOKING IS BAD  
(WE GET IT).  
WHAT WE NEED NOW IS  
STRATEGY, TOOLS, ACTION.**

I'm ready to pick a quit date >



↓ I'm not totally ready. I'll look around a bit.

**HOW MUCH CASH AM I  
BLOWING ON SMOKING?**


Smoking Calculator >



**HOW DEPENDENT AM I?**

Take the mini-quiz >





**HOW MUCH CASH AM I  
BLOWING ON SMOKING?**

Smoking Calculator >

**HOW DEPENDENT AM I?**

Take the mini-quiz >

# WHY WILL I QUIT?

## Health & Fitness

To live longer, feel better and be stronger, plain and simple.


## Cash Money

The savings are huge and that's not chump change.

## Family

To be there for my family. Someone they look up to.


Why will I quit? >



**CARE TO MAKE IT INTERESTING?  
CHALLENGE A FRIEND OR  
COLLEAGUE TO QUIT.**

Whether at work or at play, you're often having a smoke with a buddy. Challenge them to quit with you.

Email a friend >





# Thank you! – Questions?



[www.menshealthresearch.ubc.ca](http://www.menshealthresearch.ubc.ca)