



## CEU SUMMER UNIVERSITY

Nádor u. 9., Budapest, Hungary 1051  
Tel.: (36 1) 327 3069, 327 3811  
Fax: (36-1) 328-3698 or (36-1) 327-3124  
E-mail: [summeru@ceu.hu](mailto:summeru@ceu.hu)  
Website: <http://www.ceu.hu/sun>

*Gender studies, health psychology, medical sociology and anthropology, public health and health policy*  
**GENDER, HEALTH & INEQUALITY**

**July 18-26, 2006**

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**Course directors:** **Adriana Baban** Babes-Bolyai University, Department of Psychology, Romania  
**Gail Kligman** UCLA, Department of Sociology/Center for European and Eurasian Studies, USA

**Faculty:** **Nicky Hart**, UCLA, Department of Sociology, USA  
**Eva Fodor**, Central European University, Department of Gender Studies, Hungary  
**Michele Rivkin-Fish**, University of Kentucky, Department of Anthropology, USA  
**Irina Todorova**, Health Psychology Research Center Sofia, Bulgaria  
**Larissa I. Remennick**, Bar-Ilan University, Department of Sociology & Anthropology, Ramat-Gan, Israel  
**Andor Urmos**, Head of the Department of Roma Integration Ministry of Youth, Family, Social Affairs and Equal Opportunities, Budapest, Hungary

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### Course rationale

Globalization, in general, and post-socialist transformation, in particular, have impacted health and gender in complex and contradictory ways. Women and men experience health differently, just as they experience crises differently. Moreover, the institutions and cultural practices that address health and health care often promote, if unwittingly, gendered and ethnic biases. Until recent decades, health, illness and suffering have largely been constructed as individual and biological phenomena, interpreted through the lens of an assumed abstract, ungendered body or a normatively male one. Influenced both by critical social science and gender/feminist studies, approaches to health have increasingly embraced the significance of gender differences, on the one hand, and, on the other, the recognition that health and gender are fundamentally shaped by global, regional, and local political economic and socio-cultural contexts.

### Course objectives

The central goal of this course is to examine various interrelations between health, gender, and inequality from multi-disciplinary perspectives including sociology, anthropology, psychology, and social medicine.

Participants will gain an understanding of how gendered health concerns are conceptualized and addressed in a period of increased global inter-dependence and rapid socio-economic change. Mindful of the large gap in health status that persists between western and eastern European countries, the course will focus comparative attention on the gendered and stratified dimensions of health, especially in postsocialist countries. The course aims to move beyond a description of specific health problems to a critical analysis of women's and men's health in relation to their everyday lives, exploring how their embodied experiences are shaped by cultural beliefs and practices, social institutions, and social policies. Therefore, this course also examines the ways in which gender inequality is socially constructed and the important roles that social institutions, ideology, and cultural practices play in creating, perpetuating, and addressing gendered health issues. In addition, we consider gender-sensitive strategies aimed at promoting "healthy" public policy and useful ways for improving women's and men's physical, mental and social well-being.

## Course description

The course is structured first to introduce students to a general set of concerns pertaining to gender, health, and inequality, followed by examination of the broad effects of macro-social and epidemiological factors and political-institutional frameworks on population health and, more specifically, of labor markets and poverty on gender and health, of stress on gender relations and physical and mental health, and lifestyles on gender and health. Next, drawing on ethnographic case studies, the course explores ways of conceptualizing gender and inequality in relation to health, using case examples pertaining to: reproduction, population policy, and citizenship; sexual health and HIV/AIDS; infertility and reproductive technology; private and public violence; sex trafficking; long-term ethnic discrimination and poverty on Roma health; body, beauty, fitness and health. By comparing a diversity of health experiences across countries the course will examine the ways in which culture constructs perceptions of health and effective delivery of health care.

## Course Modules

### **Why are some nations healthy and others not? Gender and the Health Generating Capacity of the Social Environment** (Dr. Nicky Hart)

This module explores the evolution of sociological epidemiology identifying important theoretical/conceptual breakthroughs, sources of data and techniques for comparing the health of populations. The Rise of Modern Longevity, i.e. the increase of 30-40 years life expectancy between 1850 and 2000, was accompanied by a widening gender gap in life expectancy which varies from 5-12 years between contemporary European nations. This raises our consciousness of the importance of gender for understanding why health improved in the modern era and why *'some nations are healthy and others not'*.

Tracing ideas about gender and health as products of social life.

Which is the best tool for measuring the health of nations? Alternate measures of population health status for comparative and historical Sociology: infant survival, expectation of life, potential years of life lost.

How do we know that gender was a critical factor of improvements in health in the modern era? Female vitality, gender relations and the rise of modern life expectancy – empirical evidence and possible causes.

What are the reasons for the European east-west health divide?

### **Gender, labor markets, post-communism** (Dr. Eva Fodor)

This module provides an overview of what happened to women and gender relations in the labor markets after 1989. After a brief overview of the legacy of state socialism, we will focus on the determinants of access to decent employment, changes in job segregation, wage levels, positions of authority, non-standard forms of employment, including informal jobs and job security. We will discuss how overt and latent discrimination against women - combined with other sources of disadvantages, such as age and ethnicity – contribute to the changes in women's social and symbolic position in CEES societies. Finally, we will consider the role of the state as well as the ideology and consequences of EU integration on women's labor market position and overall life chances.

### **Gender, Stress and Mental Health Problems** (Dr. Adriana Baban)

The stress framework is considered one of the most powerful psychosocial paradigms in explaining gender differences in health and ill-health problems. The module will address the issues of gender, stress and illness in societies in transition. The issue of gender and stress will be addressed by taking the different stages of the stress coping process as a line of reasoning. The module will also review both mainstream and critical approaches to women and men stress experience and mental health problems, and will challenge the categorisation of women's mental health problems as pathology.

Are women more exposed to stressors in general, or more severe and persistent stressors than men? Do women handle stressful situations differently from men?

Do women suffer more from psychological distress, depression and anxiety than men, or are they socialized to be more expressive and therefore will admit more negative emotions than men?

In what ways has traditional biomedical science oppressed and pathologised women's experiences?

### **Gender, Immigration and Health: Multiple Intersections** (Dr. Larissa Remennick)

Large-scale international migration is one of the key features of the globalizing society. Post-communist (1988 on) wave of immigrants moving from Eastern Europe and the FSU to the West involved over 2 million of resettling

people, among them over 50% women. The experiences of migration and adjustment to the new societies are as gendered as are other life experiences; for women migration often means aggravation of their multiple role burden as providers and caregivers to their families. Immigration always entails losses and challenges, as well as new opportunities, and all of them affect immigrants' mental and physical health. Our discussions will look into changing health patterns and health practices among immigrant women and men in the context of their encounter with the hosting societies. Western authors writing about immigration and health have mostly focused on health care services provision to the minority women coming from the Third World, mostly poor and uneducated. Although we will review this literature as well, my attention will center on educated working immigrants (women and men) from the FSU, whose lifestyle and health agenda are quite different. Most of the readings and empirical data discussed in class draws on my own recent research among former Soviet immigrants in Israel and in the West. The specific issues discussed will include: Men's and women's general psychosocial adjustment to immigration; changing patterns of sexuality and family planning among young immigrants; women's health attitudes and preventive practices regarding malignant and cardio-vascular diseases; men's and women's role in formal and informal health care; comparative aspects of health transitions among former Soviet immigrants in different hosting countries.

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### **Gender, Private Life and Public Health – Material Culture and Political Economy in the Health of Nations** (Dr. Nicky Hart)

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This module develops the connections between the leading medical risk factors for premature death with the evolution of gender relations in capitalist and collectivist economies. Tobacco, in particular the cigarette, and alcohol, in particular distilled spirits, stand out as the proximate factors of premature death in Britain and Russia respectively. How can we use this evidence to connect medical risk factors (material culture) to the social life of communities and to gender relations? What does this each us about the role of culture in human health?

The smoking epidemic in capitalist society – Britain and Western Europe

The drinking epidemic in collectivist society- Russia's modern mortality crisis

What was the part played by drug and drinking cultures in the evolution of gender relations in the 20th century?

How important is material culture for understanding the health of nations and how does it fit with other macro social explanations focussed on political economy or sociology?

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### **Reproductive Crises, Demography and Politics** (Dr. Gail Kligman)

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This module will explore "reproductive crises," focusing on the relationship between cultures of low fertility, politics, and reproductive practices. We will discuss the social construction of demographic crises and the politicization of reproduction in different contexts, with particular attention to the Ceausescu regime, on the one hand, and postsocialist Europe, on the other.

How are below replacement birthrates politicized and why?

What is the relationship between reproductive practices, especially women's, and national identity?

Why do "demographic crises" provoke discourses about nations, states, citizens, immigration, and reproduction?

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### **Reproductive Disruptions and Reproductive Technologies** (Dr. Irina Todorova)

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This module will discuss different meanings and experiences of infertility and reproductive technologies in contrasting global contexts. Reproduction is part of the taken-for-granted life path in most societies. Therefore, disruptions in this path often have important implications for men's and women's identity, experiences and choices. Pronatalist discourses and policies evident in many societies construct motherhood and fatherhood as integral to gender identity. We will discuss how people faced with childlessness appropriate and resist existing discourses on parenthood, as well as how they perceive the role of the new reproductive technologies.

What can we understand about childlessness through diverse comparisons of the discourses and politics across cultures?

What is the relationship between individual agency, reproductive technology, and social constructions of femininity and masculinity as related to childlessness?

How do women and men resist and negotiate stigmatizing social discourses of childlessness?

What dimensions of inequality exist in choice and access to infertility treatment?

### **The Body at the Intersection of Gendered Personhood, Kinship, and the State** (Dr. Michele Rivkin-Fish)

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Health implications of cultural uses of the body (bodily alterations such as cosmetic surgery, female circumcision, use of food; „safe sex“): how do we define and conceptualize „the body“ and „culture“ in such analyses? Why is a political- economics analysis necessary for understanding the links between culture, health, and the body?

Science, Culture, and Gender: how do scientific approaches to „the body“ and biomedical practices to treat „the body“ reveal gendered cultural assumptions about people? In what ways can an analysis of health and the body reveal a society’s assumptions about gender and its gendered systems of inequality?

Sexuality at the crossroads of development and morality: how does sexuality and sexual practices, help to constitute identity at the level of individuals, communities, nations, and regions? How do efforts to control sexuality, undertaken in part as a response to HIV and other infectious diseases, engender broader changes in cultural knowledge and practices?

### **Masculinities and Men’s Health** (Dr. Irina Todorova)

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The module will discuss how social constructions of masculinity are relevant to health, illness and the body, to disparities in men’s health and to access to healthcare in diverse socio-cultural settings. The health of men and women is interconnected - men's health and health behaviors affect women and vice-versa. Constructions of masculinity and femininity are also interdependent and contextual, they are situated in social interactions. For this reason, we will be discussing men's and women's health in relational terms. We will study how masculinities are implicated in men's health promoting and health impairing behavior and how they can play a role in their health status.

Can these constructions can be health promoting or detrimental to both men’s and women’s health?

What are the implications for men’s identity construction in illness, experiences of illness and health behaviors?

Can these constructions be relevant to gender differences in health outcomes?

### **Private violence and public complicity** (Dr. Adriana Baban)

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This module will analyze the phenomenon of domestic violence and how social agencies and public health services respond to battered persons, the majority of whom are women. Examining how domestic violence is conceptualized by different social actors and how they react to it, is crucial to understanding how society faces male violence and how victims socially construct their experience. Reflections on global and regional gender practices are invited.

What type of knowledge provides the theoretical models of domestic violence (e.g., biological, psychopathological, sociological, feminist) and how do these theories implicitly and explicitly influence institutions in responding to abused women?

What are the paths by which social and health services can become accomplices with the abusers, and what are inappropriate responses to battered women that can provoke a “secondary victimization”?

What are the health consequences of domestic violence for women?

How can women be empowered to find a resisting voice against domestic violence in the political, cultural and material space, and to elaborate strategies aimed at opposing male violence and at preventing secondary victimization?

### **Trafficking and the Sex Trade after Socialism** (Dr. Gail Kligman)

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This module will discuss the trafficking of women and children, in particular, after socialism, focusing on the inter-relations between prostitution, forced labor migration, and the sex trade.

What is the relationship between prostitution and sex trafficking, and their politicization?

What is the relationship between sex trafficking and other forms of forced labor migration involving trafficking and/or smuggling of persons across border?

How do poverty and the global commodification of the body impact on sex trafficking?

### **Roma, gender and health** (Andor Urmos)

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Although ethnicity, health status, and health care are increasingly the focus of research, surprisingly little data on the Roma population are presently available. As in other domains of everyday life, Roma across Europe are widely

discriminated against in seeking health care, both access and delivery are often denied them. The module will explore the impact of ethnic, cultural and socio-economic inequalities on health and health care for Roma, with attention to the interplay of gender as well. The discussion will underline the importance of interventions designed to address Roma health, ranging from the prevention of early onset debilitating chronic diseases that further widen social inequalities to sensitivity training for medical personnel.

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### **Anthropology of Health Policy and Gender** (Dr. Michele Rivkin-Fish)

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Theorize the relations between health care policy and gender, class, and ethnicity as structures of (dis)empowerment:

In what ways does health care policy contribute to or ameliorate health disparities and risks for different social groups? How does health care policy reveal the workings of broader social, cultural, and political forces in a given society?

Explore the links between political-economic change (including the breakdown of state sponsored welfare and safety nets), and the changing health of women and men from different social positions.

How do state health care policies and economic reforms impact women's and men's health? How do women and men in various contexts respond to such policies, and strategize for their health needs?

**Target audience:** young scholars, (Ph.D. students, postdoctoral fellows, junior faculty) with a proven relevant research and teaching record, in the field of gender studies, health psychology, medical sociology and anthropology, social work, public health and health policy. The course training is research based, with interest in the exploration of the policy implications of the research issues as well.

### **Pre-requisites for the course**

We expect participants to have background knowledge on gender issues and socio-cultural dimensions of health, but in-depth knowledge of topics discussed will not be required.

### **Potential interest of target audience**

While the course is primarily aimed at encouraging young academics and those who are thinking of taking up an academic career to integrate gender, and socio-cultural dimensions of health issues in their future research and teaching, it will also be of help to NGO workers and others who deal with gender policy-making institutions, and health issues from a social perspective. The interdisciplinary nature of the proposed course will most likely result in a diverse group of participants, from specialists on gender studies to health psychologists, sociologists and anthropologists, social workers, health educators and health policy makers.

### **Application requirements**

The selection of prospective participants will be made based on: education background, the CV, a short (4-5 pages) research-papers related to both the course agenda, and their scholarly work, and a statement of purpose describing how they would benefit from the course.

### **Evaluation**

The participants will be evaluated based on their final papers and the overall contribution to class discussion.

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#### *Non-discrimination policy statement*

*Central European University does not discriminate on the basis of--including, but not limited to--race, color, national and ethnic origin, religion, gender or sexual orientation in administering its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*