This part of a series on the socioeconomic influences on health and wellbeing discusses how sociology can help to explain health patterns associated with gender.

In this article...

- Sociological theory relating to gender-based health patterns
- How society affects the health of men and women
- A Marxist-feminist view of women's role in society

**PART 3 OF 5: SOCIOLOGY IN NURSING**

How gender influences health inequalities

Author: David Matthews is lecturer, health and social care, Coleg Llandrillo, Rhos on Sea.

Abstract: Matthews D (2015) Sociology in nursing 3: how gender influences health inequalities. *Nursing Times;* 111: 43, 21-23. This third article in a five-part series on the relationship between sociology and nursing practice discusses the issue of gender as a social determinant. Health inequalities between men and women are the result of the interaction between biology and society in terms of how society structures and influences our lives. Men and women have different expectations and roles imposed on them by society and this has a significant impact on health.

While a range of socioeconomic factors influence health and wellbeing, gender is of particular significance. While women have lower mortality rates than men (Annandale, 2014), they also experience greater morbidity and are over-represented in health statistics (White, 2013). This gives rise to the notion that "men die quicker but women are sicker" (Bartley, 2004), although recent figures show that the gender gap is closing (Box 1).

In addition to overall mortality and morbidity, certain health and wellbeing issues are more commonly associated with one gender. For example, dementia, depression and arthritis are more common in women, while men are more prone to lung cancer, cardiovascular disease and suicide (Broom, 2012). The popular biomedical interpretation would argue that variations in health and lifespan can be accounted for by inherent biological differences between men and women. This has led to gender-specific medicine using scientific analysis to explain variations in the physiological differences between the sexes (Annandale, 2014). However, scientific analyses can be criticised for overemphasising differences associated with gender – in biological terms there is less difference between male and female than popular belief suggests.

Although it influences health, biology does not determine it (Annandale, 2014). Health inequalities between the sexes are the result of the interaction between biology and society in terms of how society structures and influences our lives. This article discusses the issue of gender as a social determinant and demonstrates that the way society shapes men's and women's lives has a significant impact on their health. It also examines the extent to which sociological theory can be used to explain health patterns associated with gender.

**Society and gender**

There have been a range of theories as to how and why society influences gender inequalities, although there are broad agreements about potential influences. One of these is the gender-specific roles prevalent in society and society's response to these roles.

Women are the main providers of informal care for children, disabled and older people and, some feminists argue, men. The effects of this role can include reduced sleep, less leisure time and increased risk of poverty for women who...
Nursing Practice

Discussion

Gender constructs are such that women tend to be seen as carers, while men are more likely to engage in dangerous activities and internalise problems, taking solace in alcohol abuse for relief, potentially resulting in drug abuse or even suicide (White, 2013).

Further, it is argued that women have more mental health problems but are more likely to express their feelings and seek support, while men are more likely to internalise anger, turning to substance and alcohol abuse for relief, potentially resulting in drug abuse or even suicide (White, 2013).

Ideas of masculinity and femininity influence choice of occupation, and the notable gender divisions within the labour force also have health consequences. For example, manual occupations – some of which are potentially dangerous – are predominantly performed by men, which exposes them to higher levels of risk. Indeed, of the 350,000 occupational deaths that occur globally every year, 90 per cent are men (Mathers et al, 2009).

Social divisions and gender inequality

Although gender-specific roles have significant health consequences, gender does not operate alone, but interacts with other factors. This can be illustrated by looking at the impact on women of socioeconomic status and inequality.

While men have often been the subjects of studies on the impact of socioeconomic inequality on health, there is no reason to assume that such inequality matters less to women than it does for men. This has the potential to exacerbate health inequalities between men and women, but can lead to inequalities and different experiences of health between people of differing backgrounds within each gender.

Many women take career breaks to raise children or care for other family members, while others work part-time to fulfil their caring responsibilities – as a result, women tend to have a lower socioeconomic status than men. Although data regarding the links between their socioeconomic status and health is relatively limited (Annardale, 2014), it is possible to surmise that more women are located at the lower end of the socioeconomic scale than men, which would contribute to health inequalities between men and women. These effects are particularly acute for single women with children. Although some women who are married or in a stable relationship with a working partner may be of a lower socioeconomic status than their partner, they benefit from the material advantages provided by their partner’s socioeconomic status.
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The difference between classes 1 and 7
is 4.2 years.
Source: Office for National Statistics (2011)

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Theoretical explanations: Marxism

Social theory can provide a context in
which to interpret health patterns. Femi-
nism is a broad theory, offering a variety of
perspectives from which to understand
women's position in society. In general,
feminists argue that society disadvantages
women by constraining them and limiting
their opportunities. This is enforced
through the domination of beliefs, theo-
rices and ideas that support and justify
women's subordinate position relative to
men. While there were significant
advances towards equality during the 20th
century in advanced capitalist societies,
feminist theory argues that women are
still exploited by society's structural
organisation combined with embedded
cultural attitudes and ideas that function
together to exert social control over
women (Turner, 2013; McDonnell et al,
2009; Rogers, 2009).

Although, like feminism, Marxism is
characterised by considerable interpreta-
tion, all varieties of Marxism are critical of
capitalism. The goal of capitalism is the
increasing accumulation of profit, which
Marxist theorists believe originates from
the exploitation of the labour force – pri-
marily by paying them less than the value of
what they produce. Capitalist societies are
characterised by significant economic ine-
quality and oppression, with major ine-
quality in wealth between the mass of the
labour force and those in control of society's
economic resources. Marxists argue that
social institutions such as the government,
family, media and health system are influ-
enced by the needs of capitalism, and
operate to support the continued
accumulation of profit to maintain this
unequal situation (Miliband, 2004; Callin-
icos, 1999). They believe that society's social
organisation benefits capitalism at the
expense of the majority.

Utilising both theories simultaneously, a
Marxist-feminist perspective emphasises
that women's position of subordination is
largely the result of the interaction between
patriarchy – the dominance of men – and
the needs of capitalism.

Many feminist perspectives have drawn
on the medicalisation of women's bodies as
an illustration of social control by a patriar-
chial medical profession, arguing that most
of those in a position of influence are male
and use scientific knowledge formulated
largely by men. Feminists believe that men
also primarily control the reproductive pro-
cess, including access to contraception,
pregnancy and childbirth, and reproduc-
technology. Women must submit
themselves to male authority and knowl-
edge, reducing their ability to make their
own informed decisions (Abbot et al, 2008),
their submission to such medical interven-
tion reinforces female characteristics of
passivity and dependence (White, 2013) and
can be seen as an illustration of patriarchal
social control over women.

Scientific understanding of women's
bodies with regard to reproduction has his-
torically had consequences for their social
role (Doyal, 1986). Science is often used as a
tool to explain the natural world, and its
increasing application to the reproductive
process reinforces both the assumption
that women's nurturing role is natural and
the expectation that they take on the role of
carer. Marxist feminists believe this has
many advantages for the economy.

Since the advent of capitalism there has
been a division of labour between work and
home (Zaretsky, 1986). Labour performed at
work is valued, while that performed in the
home – domestic tasks still largely under-
taken by women – has no economic reward
or value. Marxist feminists believe that
domestic labour performed by women,
including childcare, provides the capitalist
system with an army of unpaid labourers
whose activities enable family members –
particularly men – to work, which subse-
quentlly contributes to capitalist growth.

Conclusion

This article has illustrated how gender
influences the distribution of health.
Instead of reducing the health of men and
women to a matter of pure biology, we
need to consider society's impact in terms of
the roles it confers on them, as well as its
expectations of their behaviour, because
such social constraints exacerbate the
health divisions between men and women.
However, while gender has a significant
effect on health inequalities, these are not
simply differences between men and
women. Gender-related factors also lead to
significant divisions within each gender,
illustrating that the impact of gender varies
as a result of other social factors. NT

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