

Admission is free,
but seating is limited

International Symposium

Institut Emilie du Châtelet
in collaboration with the INSERM

GENDER AND HEALTH

UNIVERSITÉ PARIS DIDEROT
AMPHI BUFFON 15 rue Hélène Brion Paris 13
and AMPHI TURING Sophie Germain Hall

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Unlike in other facets of social life – the political, professional and family spheres – inequalities in terms of health are most striking for one particular feature: women seem to have a more advantageous position, as their life expectancy is greater than men's. Nevertheless, although they do live longer, they also spend more years in bad health than men do, and their morbidity rates are markedly different from men's, at different ages and for a great number of pathologies. The history of their bodies is often distinguished both by their sexual identity (diseases related to pregnancy or to giving birth, cancer of the reproductive organs) and by their gender identity (effects of so-called "women's work", stress related to "juggling" professional and domestic tasks, physical and psychological domestic violence, etc.). The history of male bodies also refers to the impact of biology (cancers of male sex organs) and gender relationships (effects of "men's work", alcoholism, smoking, etc.).

While sexual differences are well-established in public-health research, it is impossible to deny the fact that research aimed at understanding these differences from a gender perspective are still rare, particularly in France. A naturalist point of view about gender stereotypes that is still alive and well, even in prestigious scientific journals, tends to reify the idea of a female constitution that is different from the male constitution. Indeed, health disparities between the sexes continue to be interpreted as the result of men's and women's physical constitutions, without taking into consideration the impact of male and female representations or gendered social practices in terms of the articulation between different types of inequalities or power relationships.

The goal of this interdisciplinary symposium is, therefore, to understand how gender-based social roles tend to orient the ways in which (i) men and women are exposed differently to health problems (ii) they represent the ailments that affect them (iii) they do or do not have access to health care, and (iv) health-care professionals' compose their answers differently depending on the patient's sex.



GENDER AND HEALTH

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 Sylvie Blumenkrantz > GID/IEC

genreetsante@gmail.com



