

Book Reviews

Handbook of Gender, Culture and Health

**Edited by Richard M. Eisler and Michel Hersen
Mahwah, NJ: Lawrence Erlbaum, 2000. 531 pp.
ISBN 0-8058-2638-6**

Reviewed by Nancy Beauregard

The *Handbook of Gender, Culture and Health* covers the biological, psychological, and social pathways associated with the development and maintenance of social variations in the production of health. Anchored in an interdisciplinary approach, this book is innovative in bringing together several disciplines such as psychology, anthropology, epidemiology, and health education in the study of the interconnectedness of gender, culture, and health.

The first of the book's four sections addresses the biopsychosocial model of health and illness from a stress perspective. Chapter 1 discusses the neuroendocrine influences on the health of subpopulations as defined by ethnicity, gender, and ageing (Schooler and Baum). Chapter 2 explains how gendered inscription in the occupational structure contributes to distinctions between men's and women's negative health consequences attributable to the stress process (Lunberg and Parr). Chapter 3 extends this discussion by exploring the social and cultural foundations of gender-role stressors and coping strategies in relation to women's health (Watkins and Whaley). In Chapter 4 this exercise is replicated for men's health (Good, Sherrod, and Dillon).

The second section deals with the issue of gender-related risk factors and practices, in terms of health, in relation to socio-economic and cultural background. Chapter 5 (Sue) introduces the section by outlining individual, cultural, and environmental risk factors encountered by four specific ethnic groups (African Americans, Hispanic Americans, Asian Americans/Pacific Islanders, and American Indians/Alaskan Natives), while Chapter 6 describes some of the experiences of these groups regarding the health-care system (Penn, Kramer, Skinner, Velasquez, Yee, Arellano, and Williams). Chapter 7 broadens the discussion to the differential patterning of the ageing process across genders and cultures (Kelty, Hoffman, Ory, and Harden).

The third section centres on specific problems and health issues, distinguishing between men and women of various ethnic origins. In Chapters 8 to 15 a vast range of health-related problems are explored.

Social variations in health derived from gender and culture are demonstrated for cardiovascular diseases (Theorell and Härenstam), common types of cancer among men (Gordon and Cerami) and among women (Meyerowitz, Bull, and Perez), eating disorders (Striegel-Moore and Smolak), substance abuse (Lex), prevention of HIV infection (Sikkema, Wagner, and Bogart), autoimmune disorders (Chrisler and O'Hea), and exercise-related behaviours (Witheley and Winett).

The concluding section covers health within special populations. The dynamics patterning the health of these explored subpopulations is the subject of Chapters 16 to 20. Included are lesbian health (O'Hanlan), psychological adjustment within the ageing process (Kamilar, Segal, and Qualls), widowhood (Wisocki and Skowron), marital dysfunction (Brooks), and marital violence (Koss and Hoffman). Each chapter of the book incorporates insightful directions for public-health interventions aimed at reducing gender-related and ethnic-related health inequalities.

This volume makes a significant contribution to current theoretical and empirical work on gender, culture, and health. It offers a concise, practical, and well-written overview of state-of-the-art research in the field. Most of the views expressed in the book reflect an American perspective, with only a few chapters drawing parallels with similar emerging phenomena in Canada. However, the quality and depth of the work presented, coupled with the vast array of issues covered, make the *Handbook of Gender, Culture and Health* a valuable tool for teachers, researchers, and practitioners interested in exploring cross-cultural and gender-related foundations of public-health promotion and intervention.

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Caring for Women Cross-Culturally

**Edited by Patricia St. Hill, Juliene G. Lipson,
and Afaf Ibrahim Meleis**

Philadelphia: F. A. Davis, 2003, 353 pp.

ISBN 0-8036-1004-1

Reviewed by Sheila Edwards

The editors of this book describe it as a “comprehensive source of culturally relevant information for those who provide services to immigrant and minority women” (p. xvii). Each of 19 chapters describes a separate ethnocultural or regional immigrant population, mostly women who came to North America from Asia, Europe, Africa, or South America in the second half of the 20th century. It is difficult to do justice to some of the more diverse populations in this format, but if the goal of the editors was to cover as broad a range of populations as possible in a single volume, then they have succeeded.

In the book’s introduction, Afaf Meleis reviews the strengths and limitations of three theoretical models: biomedical, reproductive and maternal, and cultural. She concludes that the cultural model has the most to offer but has the potential of “neglecting to recognize women’s individuality in how they conform to traditional values and norms” (p. 3). Meleis proposes a new, integrative, gender-sensitive model featuring the dimensions of diversity, previous models of care, and developmental stage, while stressing the need to consider the diversity of a population. She explores the process of care using the concepts of the “transition experience” and the nature of caring work, noting that multiple transitions can occur simultaneously. This model could be useful for clinicians, educators, and researchers as they consider various health-care options for immigrant and minority women.

The credentials of the various contributors are impressive. They all have expertise in the ethnic group they cover, either having been born or lived in the country of origin or having acquired research or clinical experience with the population. With the exception of one medical anthropologist, the contributors are all nurses, which makes this book particularly relevant for nurses. And although all but one are American, each makes reference to the Canadian context, including figures for various ethnic populations and their location in Canada (primarily based on the 1996 Census).

All chapters use the same organizational framework, from birth, through childhood and youth, adulthood, middle age, old age, and death and dying, so the reader will have no difficulty locating any specific type

of information. In addition, boxes titled Notes to the Health Care Provider offer quick reference throughout the book.

An in-depth review of several chapters reveals accurate information portrayed in a sensitive manner. I will focus on those devoted to South Asian and Chinese women.

There is a very large South Asian population in my home community. I have considered the issues of this population through both my own perspective as a health-care provider and the perspective of the Indo-Canadian nursing students I teach. Throughout the chapter on South Asian immigrants, the author emphasizes the need to consider the ethnic and religious diversity of this population. Some of the issues she discusses are the favouring of sons, the indulging of preschool children, arranged marriages, beliefs and practices related to pregnancy, and attitudes towards socially unacceptable behaviour. These are certainly some of the issues that confront Canadian health-care professionals as they attempt to provide culturally sensitive care to women from the Indian subcontinent.

A recent tour of nursing schools and hospitals in China has given me some insight into Chinese ethnicity and health-care practices. The authors of the chapter on Chinese women balance their description between traditional Chinese beliefs and practices and the modified versions more common in North America. They cover such issues as the implications of China's one-child policy, the practice of traditional Chinese medicine, postpartum rituals, female modesty, and patterns of communication. Something that stood out for me on my visit was the potential impact of the one-child policy on the child's social and mental well-being. The authors identify its consequences as pressure on an only child to excel in school, difficult interpersonal relationships, and obesity. I frequently witnessed these only children being indulged by the six adults in their lives — their parents and two sets of grandparents. The importance of education and style of education in China, as described in the book, became apparent to me as I toured nursing schools in that country.

There is very limited literature on the topic of caring for women cross-culturally. This book will be helpful to both students and professionals who seek baseline information on the beliefs, values, attitudes, and practices of a broad range of ethnic and cultural groups. Although the perspective is definitely American, most of the chapters will have relevance for the Canadian reader as well.

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***Gender Mainstreaming in HIV/AIDS:
Taking a Multisectoral Approach***

**London and Halifax:
Commonwealth Secretariat and Atlantic Centre
of Excellence for Women's Health, 2002, 164 pp.
ISBN 0-85092-655-6**

Reviewed by Susan Roelofs

Just as the global HIV/AIDS pandemic is not neatly contained within certain sectors of the population, cultures, or countries, the global response must become much broader contextually than has often been the case. HIV/AIDS is not simply a health problem: the risk, spread, and impact are enmeshed in such issues as gender, age, socio-economic status, and power relations, and have implications well beyond the health sector — for agriculture, education, industry, law, and beyond.

Gender Mainstreaming in HIV/AIDS, one in a series of manuals published by the Commonwealth Secretariat, provides an overview of the need for a multisectoral approach that builds on gender analysis and gender-based responses to the HIV/AIDS crisis. It speaks to governments, policy-makers, planners, health workers, and community leaders, and presents not only a framework for mainstreaming gender but also tools, case studies, and resources. It is relevant for those both in the north and in the south.

The book begins by identifying the staggering proportions of the crisis. Worldwide, 40 million people are living with HIV and 24.8 million have died from HIV/AIDS, including almost 5 million children (all figures are from December 2001). In Sub-Saharan Africa, the adult prevalence rate is 8.4% and over 23 million adults are living with the disease, 55% of them women. In the Caribbean, AIDS affects 7% of the population and is a leading cause of death for those aged 15–45. Across Asia, the rate of infection is rising quickly; UNAIDS describes China as on the verge of a “titanic peril” (UN Theme Group on HIV/AIDS in China, 2002). In North America, Aboriginal women in Canada and young women across the continent are contracting AIDS in growing numbers.

What is gender mainstreaming, and why a gendered response to HIV/AIDS? As defined by the UN Economic and Social Council, gender mainstreaming is “the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels... so that women and men benefit equally and inequality is not perpetuated” (as quoted in *Gender Mainstreaming in HIV/AIDS*, p. 14). It requires policy-makers to consider

the different causes of transmission and the different consequences of infection for women and men. The Commonwealth Secretariat's proposed Gender Management System (GMS) outlines a holistic approach to mainstreaming gender. Integrating a gender perspective into all aspects of HIV/AIDS work would support more effective use of the scarce resources available in many of the countries dealing with the epidemic and allow for the different needs of women and men, young and old, to be recognized and addressed. The nature of the epidemic continues to shift, with more women than men now infected, and with adolescents, particularly girls, facing a growing risk of dying from AIDS. The burden of risk is also shifting onto those most marginalized socially and economically.

However, *Gender Mainstreaming in HIV/AIDS* does not narrow the discussion to the situation for women, nor does it target men as the problem. Rather, it uses a gender analysis to demonstrate the profound effects of socio-cultural and economic factors such as poverty, war, and inequalities in power relationships and social responsibilities on patterns of risk for men, women, and children and the difficulties facing those who become infected themselves or whose partners or family members fall ill.

The multidimensional scope of the HIV/AIDS crisis moves it beyond a health issue into a development issue requiring a multisectoral approach. Chapter 3 outlines a framework for this response, one that can be adapted to the needs of each country. Tables are used to detail the broad range of actors, sectors, and resources that could form a multisectoral response nationally and at the community level. In order to be effective, governments, businesses, and civil organizations need to play a leadership role at every level. In both prevention and care, societal as well as individual changes are needed, such as the recognition that those affected by and vulnerable to HIV/AIDS have a contribution to make in terms of identifying needs, resources, and solutions.

The imperative of mainstreaming gender into this multisectoral framework is discussed separately — indicative perhaps of the challenge of thoroughly integrating a gender perspective into the HIV/AIDS response. Three components are identified as critical: training in gender analysis and gender sensitization; sector-by-sector, system-wide monitoring; and sex-disaggregated data collection, analysis, and application. GMS could be used in sectors such as agriculture, education, health, labour, and law.

The theoretical framework is a useful tool for agencies and governments at all levels. Chapter 3 describes how a multisectoral GMS approach is reflected in policies, interventions, and actions, with exam-

ples from international agencies and countries such as Vanuatu, Zambia, Uganda, and Tanzania. Unfortunately, this chapter does not clearly demonstrate the advantage of GMS over broad-based approaches that do not integrate a gender perspective or gender-based approaches that are not multisectoral. Although there are references to this issue throughout the book, this chapter would have been an ideal place to delve more deeply into multisectoral approaches and into the contribution of gender mainstreaming to the success or failure of particular initiatives.

Uganda, which had the world's highest HIV/AIDS prevalence rate in the early 1990s, brought its 1993 rate of over 30% down to under 8% in 2000 and reduced the infection rate among 13–19-year-old girls from 4.4% in 1989–90 to 1.4% in 1996–97. The book cites the Ugandan case as an example of an effective multisectoral response but fails to address the key question of the role played by gender-based strategies in this achievement. More thorough analysis might have supported the argument for a multisectoral gender mainstreaming approach and served to illustrate the role of GMS.

Chapter 4 presents eight case studies of a gender-based response to HIV/AIDS: participatory research with marginalized communities; HIV prevention and female prostitutes; marketing the female condom; HIV counselling and testing among pregnant women; involving men in preventing HIV transmission and gender violence; south-south sharing of knowledge and skills; integrating sexual and reproductive health programs; and gender differences among adolescents in sexual health promotion. The level of detail is useful, as is the geographic range of the studies — Zimbabwe, Southern Africa, Bangladesh, and Canada. Each indicates that a gender perspective is necessary for a proper response to HIV/AIDS. *School Without Walls*, a Southern African example of south-south knowledge transfer and capacity-building among community groups, perhaps best illustrates the effectiveness of working locally and regionally in a way that involves actors from various spheres.

Included in the book are a gender-sensitivity checklist for HIV/AIDS policy-makers and educators, an extensive list of online resources, a lengthy bibliography, and two appendices: the UN Guidelines on HIV-Related Human Rights, and Global and Commonwealth Mandates on Gender and HIV/AIDS.

This book is highly recommended as a discussion and planning tool for those involved in the HIV/AIDS crisis or those seeking to understand its gendered dimensions. It illustrates well how a gendered perspective and a multisectoral approach are critical for policies and programs addressing the HIV/AIDS pandemic.

References

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