

Guest Editorial

Gender, Sex, and Health Research: Developments and Challenges

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It is clear that gender and sex are deeply intertwined with multiple sociopolitical, environmental, and physiological influences that condition health (Hankivsky & Christoffersen, 2008; Lorber, 2006; Lorber & Moore, 2002). Consequently there are differences in how men and women experience and express illness, as well as disparities within groups of women and groups of men (Hankivsky et al., 2010). Research methodologies have tended to lag behind theoretical developments in this field, although recently there have been important corrective efforts (Oliffe & Greaves, 2012; Spitzer, 2006).

Interchangeable use of the terms “gender” and “sex” by laypersons and health researchers alike indicates widespread blurring and misunderstanding of definitional boundaries (Johnson & Repta, 2012). Furthermore, commonly held conceptualizations of both sex and gender frequently rest on simplistic and conventional assumptions about the dichotomous biological categories “male” and “female” and the socially constructed distinctions between men and women. When imported into health research, these distorted and essentialist assumptions may foreclose a more nuanced analysis of the complexities of health disparities (Hankivsky et al., 2010; Johnson & Repta, 2012). For this issue of *CJNR* we invited dialogue about this range of concerns and were inundated with high-quality responses, reflecting widespread scholarly activity. The final selection of articles for publication was indeed difficult, and as guest editor I am deeply grateful to the many reviewers who so thoughtfully and constructively supported this process. Their anonymous contributions to the development of this issue of *CJNR* convinced me that we have a strong base of Canadian scholars with lively and diverse expertise in sex, gender, and health research.

In their Discourse contribution, Einstein, Au, Klemensberg, Shin, and Pun demonstrate that, in conventional medical treatment, discourses of risk and the institutionalized gendering of the biological body may detrimentally influence health. These authors argue that the ovaries have been

socially constructed and gendered as reproductive organs that are vestigial after childbearing, hence their prophylactic removal is unproblematically accepted as a means to reduce the risk of breast and ovarian cancers in women with BRCA1/2 mutations. However, they review evidence of estrogen's regulatory influence on a number of bodily functions, including sleep, cognition, and immunocompetence, as well as on the skeletal and cardiovascular systems.

Two articles in this issue explore the institutionalized context of heteronormativity and gender normativity in health care. Dorsen's integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender (LGBT) patients indicates that many nurses may hold negative attitudes towards sexual minorities. However, Dorsen also found multiple limitations across studies, including lack of theoretical drive, inconsistent definitions of key constructs, and persistent problems with instruments used to measure nurses' attitudes. Began, Fredericks, and Goldberg used qualitative methods to explore nurses' perceptions of practice with patients who identify as LGBT. They report that nurses wanted to avoid harming their patients with discriminatory assumptions and thoughtless comments; however, this frequently resulted in a silencing of dialogue, which served to limit nurses' awareness of health care as a potential site of marginalization and social exclusion.

Two other contributions provide intriguing examples of how gender and life stage can inform the design and delivery of health promotion interventions. In response to a knowledge gap on the development of gender-sensitive health promotion programs for men, Oliffe, Bottorff, and Sarbit explain in detail how findings from their qualitative study of smoking in new fathers were used to generate principles for a smoking cessation intervention. Struik, Bottorff, Jung, and Budgen saw that social networking sites used by tobacco companies to target adolescent girls are also a new frontier for reaching youth with health promotion messaging. They held focus group discussions with girls to elicit their views on the placement of tobacco control messages on social networking sites, using existing examples to understand participants' concerns and preferences. Both of these articles advance gender-sensitive and inductive approaches to design of the products that result from gender-based research.

Finally, Anjos, Ward-Griffin, and Leipert explicitly drew on a constructivist, relational theory of gender in their analysis of qualitative interviews with men who were double-duty caregivers (DDC) — professional nurses as well as family caregivers. They found that professional affiliation complicated men's family caregiving work; for example, as DDCs, men were at times expected to provide personal care traditionally viewed as "women's work." While the DDCs could appeal to gender norms to exempt themselves from some tasks or adopt a more manage-

rial role based on professional knowledge, it was difficult for some to resist pressures to carry the major responsibility for family care.

The articles you are about to read offer insights into how a pervasively gendered social world influences human health and health care. They suggest ways that an astute awareness of this relationship can explicitly inform scholarship, research, program development, and practice. As guest editor for this issue of the Journal, I am very grateful to the contributors, the Editor, Dr. Laurie Gottlieb, and the editorial staff (Joanna Toti, Amélie Desrochers, and Jane Broderick) for their efforts in bringing this special issue on sex, gender, and health research to publication. I sincerely hope that this collection of articles will provoke thought and inspire future researchers.

References

- Hankivsky, O., & Christoffersen, A. (2008). Intersectionality and the determinants of health: A Canadian perspective. *Critical Public Health, 18*(3), 271–283.
- Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., et al. (2010). Exploring the promises of intersectionality for advancing women's health research. *International Journal for Equity in Health, 9*(5). doi: 10.1186/1475-2875-9-5.
- Johnson, J. L., & Repta, R. (2012). Sex and gender: Beyond the binaries. In J. L. Oliffe & L. Greaves (Eds.), *Designing and conducting gender, sex and health research* (pp. 17–37). Thousand Oaks, CA: Sage.
- Lorber, J. (2006). Shifting paradigms and challenging categories. *Social Problems, 53*(4), 448–453.
- Lorber, J., & Moore, L. J. (2002). *Gender and the social construction of illness* (2nd ed.). Plymouth: AltaMira.
- Oliffe, J. L., & Greaves, L. (Eds.). (2012). *Designing and conducting gender, sex and health research*. Los Angeles: Sage.
- Spitzer, D. L. (2006). *Gender and sex-based analysis in health research: A guide for CIHR researchers and reviewers*. Ottawa: Canadian Institutes of Health Research.

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