Chapter Five: Emphasizing Gender
In Chapter 4, the case studies and commentaries were grouped together to illuminate the importance of understanding sex as a determinant of health, including its relationship to other determinants. The material in Chapter 5 has been organized to illustrate the differences between sex and gender, and to highlight the ways in which analyzing gender is critical to better science, better policy, better planning and better health for all.

The case study on wait times for hip and knee replacement explores the biological factors that create a greater need for intervention among women than men as well as the social factors that lead to longer wait times for women and men. Similarly, the case study on heart health describes the ways in which sex and gender interact to heighten the risk of cardiovascular diseases among females. The commentary on meat consumption and production also poses important questions about the intersections of sex and gender.

Other case studies and commentaries in this chapter focus more on the role of gender in health status, access to health care, and in health service delivery. Whether care providers are paid or unpaid, whether they are working in the home, in health care facilities, or on the front lines during disasters and emergencies, they are affected by gender roles, expectations and stereotypes. The case study on unpaid care-giving, for instance, examines the ways in which gender stereotypes press women into care-giving roles, frequently at the expense of their own health and economic security. The commentary on private health insurance provides additional insight into the workings of gender on the provision of and access to care. The case study on emergency preparedness and disaster management illuminates the workings of gender stereotypes at every step, from planning and preparation mitigation and recovery, pointing out that these biases can prevent men and women from giving and receiving optimal assistance when disaster strikes.

Finally, the case study on hip and knee replacement surgery is also an excellent example of the iterative nature of SGBA. As the authors delved into the analysis of wait times for total joint arthroplasty, they found themselves branching out in new and unexpected directions that ultimately led to a rich and robust analysis of the workings and impact of sex and gender.