

# Conceptualizing and applying a sex/gender approach to women's mental health

Kristen W. Springer  
Rutgers University

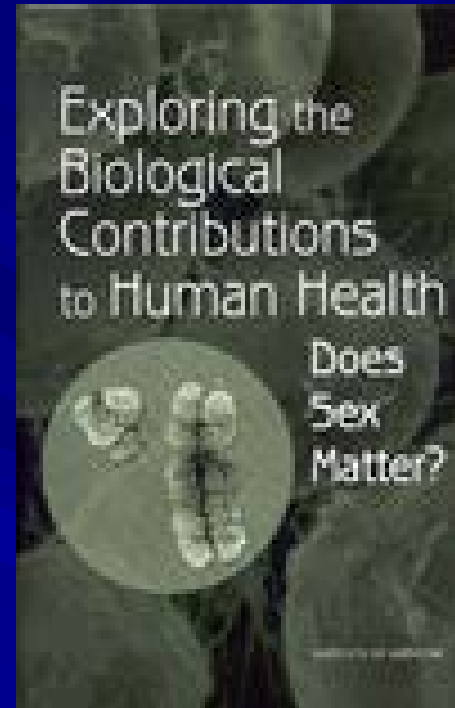
# Key Points

- Necessity and use of sex/gender as a lens to understand women's health
- Understanding life course and race/ethnic variations requires multi-level intersectional perspective

# “Every Cell has a Sex”

“Investigators should consider sex as a biological variable in all biomedical and health-related research.”

Investigators should  
“determine and disclose the sex of origin of biological research materials”



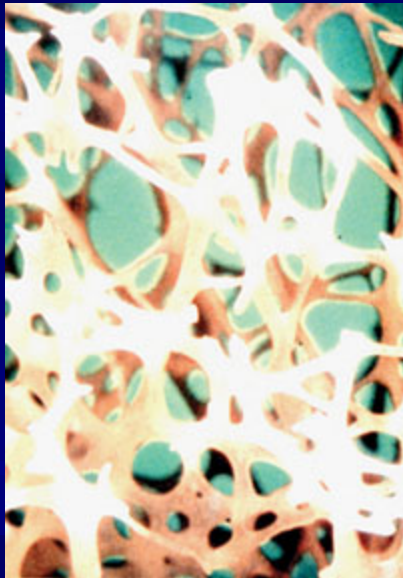
IOM 2001

# Sex/Gender Lens

- Understands health as constructed simultaneously by biological and social factors
  - Sex/Gender as a composite – no pure “sex” effect on health
  - Biological mechanism/marker does not necessarily mean a biological cause
    - Gendered processes *become* biological
  - Takes social environment *and* biology seriously

# Bone Health

- Of the estimated 10 million Americans with osteoporosis, about eight million or 80% are women.



“Normal” Bone



Osteoporotic Bone

# Sex Approach: Bone Health

- “There are multiple reasons for the differences in the incidences of fractures between men and women, related to the many factors associated with both bone and falls that influence fracture risk from the molecular and cellular level to the organ level.”
  - “Integrating a Gender Dimension into Osteoporosis and Fracture Risk Research” *Gender Medicine: The Journal for the Study of Sex & Gender Differences* 2007.



# Sex/Gender Approach: Bone Health



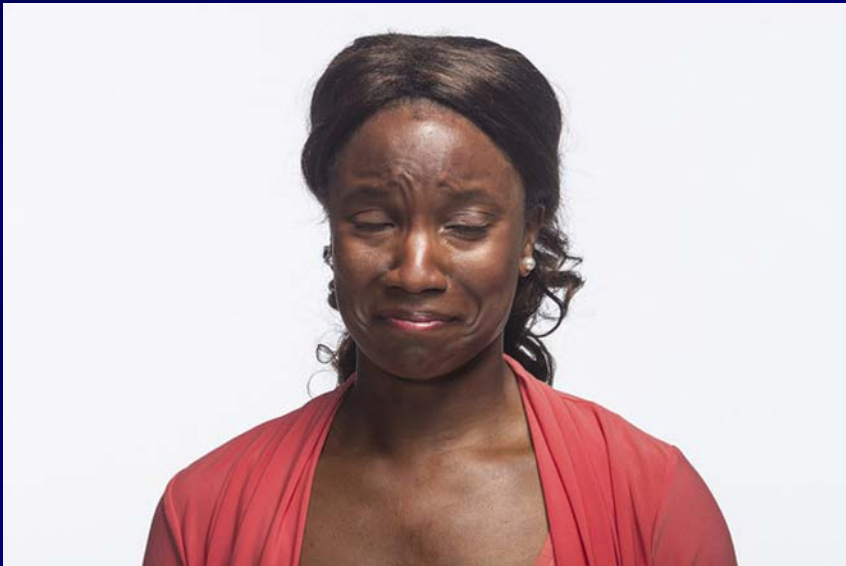
# Biological Outcome $\neq$ Biological Cause



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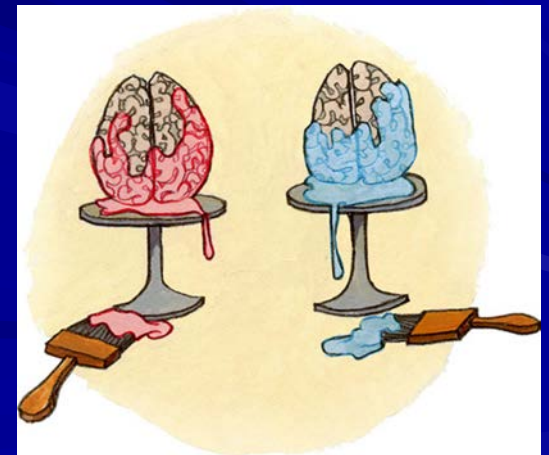
# Sex/Gender Lens and Mental Health



Women have approximately twice the rate of depression as men (e.g. Eaton et al 2011)

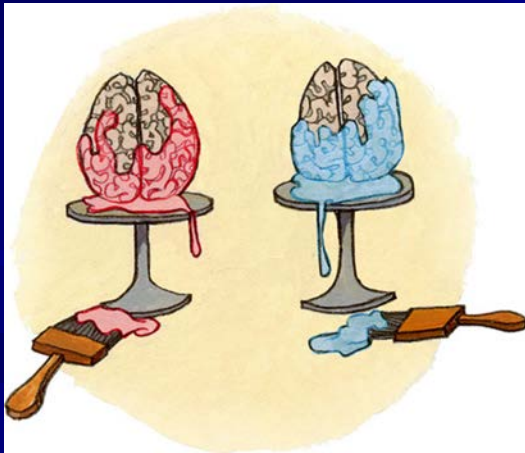
# Sex/Gender and Depression

- Many, many gendered factors shape depression rates (e.g. coping mechanisms, family responsibilities, social networks etc.)
- What about biological differences/causes?
  - “Sex and the Suffering Brain” (Science 2005)
    - Amygdala and HPA activation are associated with depression
    - Women have greater activation of amygdala and HPA axis



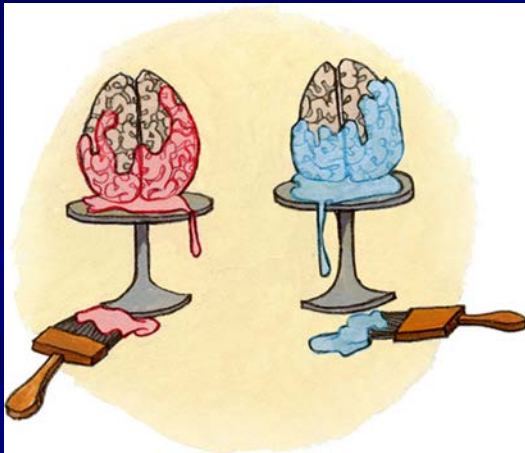
# Sex/Gender and Depression

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→ long term HPA axis  
and amygdala reactivity  
(e.g. Heim et al 2000)



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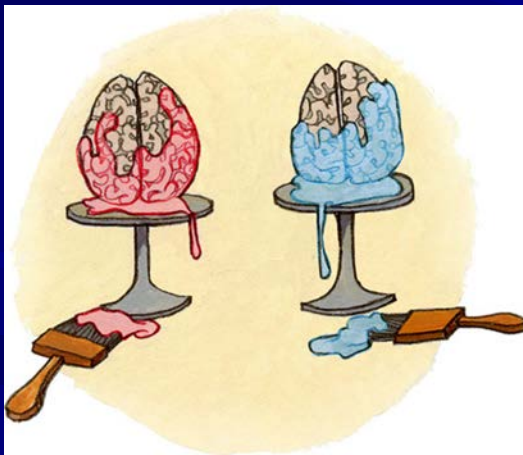
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- Girls twice as likely as  
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Pereda et al 2009)



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**Point: Brain differences  
linked with male/female  
differences in depression  
are linked with gender!**

**Need for sex/gender lens**

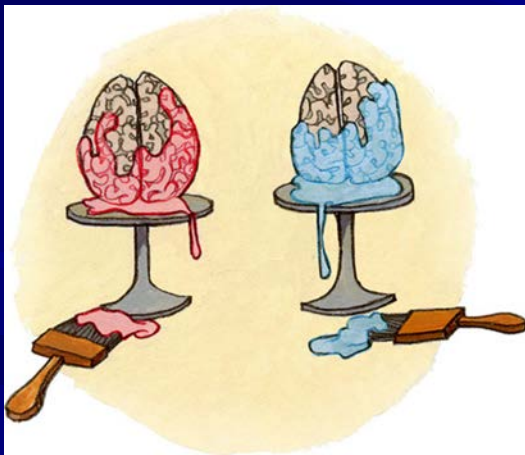




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**Also points to importance of combining sex/gender and life course  
perspectives!**

# Quick Notes on Intersectionality

- Intersectional perspectives
  - Group-centered (race/ethnic groups)
  - Process-centered (racism/sexism)
  - System-centered (racialization/gendering of institution, governments etc.)

Bauer 2014; Bowleg 2012; Choo & Ferree 2010; Hammarstrom et al 2014; Hankivsky 2012; McCall 2005

# Quick Notes on Intersectionality

## ■ Intersectional perspectives

- Group-centered (race/ethnic groups)

- **Process-centered (racism/sexism)**

- People who experienced multiple forms of discrimination had twice the risk of major depression – net of their identities! (Grollman 2014)

- System-centered (racialization/gendering of institution, governments etc.)

# Quick Notes on Intersectionality

- Intersectional perspectives
  - Group-centered (race/ethnic groups)
  - Process-centered (racism/sexism)
  - System-centered (racialization/gendering of institution, governments etc.)
    - Greater male/female gap in depression in high (vs. low) gender equity countries (Hopcroft and Bradley 2007)

# Take Away Points

- Sex is not a mechanism
  - Cataloguing male/female differences doesn't lead to improved health
- If possible, measure the actual sex/gender causes(s) rather than use “sex” as a proxy
  - e.g. child abuse → HPA reactivity → depression
- Analyze intersectionality as multi-layered



Thank you