

# Summaries

*Toine Lagro-Janssen*

## Sex, gender and health

*Developments in research*

The feminist movement was from its start in the nineteenth century involved in the struggle for better health care for women. The first feminists aimed at better information on birth control and sexuality. The second feminist wave focused on the unequal division of power roles between men and women. A lot of the problems women experienced could be seen as a consequence of their subordinate role in society. At the end of the 1980's and in the 1990's the discipline women and health or women and medicine was developed.

Toine Lagro describes in this introduction to

the theme the developments in this discipline. The starting points of the new discipline followed the principles of 'women health care'. These principles can be summarized by the emphasis on control and autonomy by the patient, de-medicalisation, the importance of the psycho-social context of complaints, empowerment of women and good information and communication. The central issue of the article is: what is the actual scientific state of the art and which important changes have been made on the subject gender and health. The article ends with ideas for future research.

*Halime Celik and Ineke Klinge*

## Mainstreaming gender and diversity in health care

*Are we moving towards a diversity competent health care?*

To establish an adequate health service, it is essential to systematically take differences within the patient population into account. This can be achieved through a strategy of mainstreaming diversity. Over the last 20 years, attempts have been made, both internationally and nationally, to mainstream gender and diversity in health care. This article describes the origin of gender mainstreaming in health care. A

review is given of how health issues became a focus of a gender mainstreaming strategy and its relative successes. Against this international framework of gender mainstreaming, integrating a gender perspective in health care in The Netherlands is discussed. The authors argue that mainstreaming diversity should be the next step in health care innovation in order to provide patient-oriented care.

*Marieke Breuls and Marrie Bekker*

## Gender identity and risk behaviour

*The contribution of gender identity to smoking behaviour and alcohol use*

The present study focused on the relationship between gender identity and risk behaviour, including smoking behaviour and alcohol use. Aiming at a diversification of the measurement of gender identity a new instrument was introduced. Participants were students at Tilburg University. We hypothesized high levels of masculinity to be associated with high levels of both smoking behaviour and alcohol use, and high levels of femininity to be associated with lower lev-

els of both smoking behaviour and alcohol use. According to data obtained in this study, gender identity, on scale level, did not predict smoking behaviour. However, gender identity did predict several aspects of alcohol use, including its frequency, the alcohol consumption on a typical day, and the frequency of drinking six or more glasses on occasion. The measure of gender identity (PRGI) showed an adequate internal consistency and a moderately convergent validity.

*Marrie Bekker, Katja van Vliet, Ineke Klinge, Janneke van Mens-Verhulst, Atie van den Brink-Muinen, Dorly Deeg, Linda Mans en Clara Moerman*

## Guidelines for diversity aware health care research

In the last decades, an increasing body of (bio-) medical and social-scientific knowledge has been developed with respect to health (care) and differences between men and women. Within health (care) research, more and more attention is being paid to sex differences; however, gender differences are still relatively underinvestigated. Also other socio-cultural health differences are subjected to research, such as socio-economic, and age- and ethnicity-related differences. Nevertheless, publications often pertain to only reporting a sex (or other socio-cultural) differ-

ence instead of analysing and explaining it, e.g., in terms of its origins, meanings, and implications. This is probably due to a lack of know-how among researchers with respect to gender-sensitive, or, more in general, diversity-sensitive research. Therefore, the present paper is aimed at providing guidelines for designing and conducting such research. The authors are all Board Members of the Dutch Foundation of Women & Health Research (DFWHR), the national interdisciplinary network of research experts in the area of gender-sensitive health(care) research.

*Janneke van Mens-Verhulst and Marrie Bekker*

## Arguments for establishing diversity-consciousness in health care curricula

Simultaneously with the implementation of a bachelor/masters structure the issue of sex/gender could have been integrated into the health (care) curricula of Dutch universities. Or even more preferably: a broad, intersectional and radical diversity perspective. Unfortunately, only very few instances can be mentioned where this has been the case. In the coming years we need to renew our efforts for establishing diver-

sity-conscious curricula surfing on the spirit of the Bologna Process. For this, the arguments are listed. In addition to reasons of professional qualifications, there are those of constructive citizenship, participation in societal development and problem-solving, social representation and valorisation. Indeed, universities may be expected to contribute to the sustainability of our pluralistic society.

# Oproep voor bijdragen aan themanummer ‘Geweld’

In de tweede feministische golf was het stoppen van geweld tegen vrouwen een van de belangrijkste strijdpunten. Het ging om huiselijk geweld en de oprichting van de eerste blijf-van-mijn-lijf-huizen; om de veiligheid op straat: ‘vrouwen eisen de straat terug’; om het tegengaan van seksistisch taal- en beeldgebruik; en om de erkenning van seksueel geweld: ‘seks is gewoon maar niet vanzelfsprekend’. Hoewel niet duidelijk is of de strijd heeft geleid tot een afname van het geweld tegen vrouwen, heeft ze het denken over geweld blijvend beïnvloed. Het thema ‘geweld tegen vrouwen’ is ook inhoudelijk van karakter veranderd. De alliantie tussen vrouwen en slachtofferschap is doorbroken. Klopt het dat het percentage meisjes onder jeugddelinquenten groeit, en verandert het soort misdaden waar meisjes voor worden veroordeeld?

Bij vlagen waait voorts het debat over de toegankelijkheid van de krijgsmacht voor vrouwen op. Er is oog voor andere vormen van geweld tegen vrouwen, zoals massale verkrachtingen tijdens etnische conflicten en de soms dubieuze rol van peacekeepers. Ten slotte is er aandacht voor de relatie tussen mannelijkheid en geweld; bijvoorbeeld de betekenis van geweld voor de identiteit van mannen in marginale posities.

Het *Tijdschrift voor Genderstudies* wil graag aandacht besteden aan de vele kanten van geweld in de samenleving en de relatie tussen gender en geweld. Wilt u een bijdrage leveren aan dit themanummer, dan zien we graag een opzet van 500-1000 woorden tegemoet, te zenden aan [barbara@gender.nl](mailto:barbara@gender.nl) voor 1 september.