INSTRUCTOR CONTACT INFORMATION:

Professor Pat Armstrong
Class: 8.30-11.30 Thursdays, R N201
Office Hours: Before and after class or by appointment
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Course description:
Women’s health is too frequently reduced to their reproductive organs, understood as universal and universally interpreted, treated and experienced. This course challenges those assumptions, locating women’s health within global, national, regional and local contexts and in what Dorothy Smith calls relations of ruling. Bodies are not irrelevant, but from this perspective they can only be understood within specific locations, times, spaces and relations. Although the focus is Canada and Canadian research, policies and practices, Canada has to be understood within the larger context of global patterns and exchange. And although the main emphasis is on feminist political economy, the class is open to, and informed by, other perspectives.

Course objectives:

There are two main purposes for this course. One is to trouble the categories and ways of seeing women’s health in the dominant research, policies and practices. The second is to acquire a critical understanding of research, policies and practices related to women’s health. In this way, the course will go well beyond what is often thought of as women’s health.

The course has an additional and equally important, objective; namely, to engage students in the creation and conduct of the course. What follows is a suggested outline, suggested readings and suggested assignments. All are open to change and alternative methods. Students will be expected to read at least 100 pages for each class, selecting from among the suggested readings or from related ones. Given our short time frame for this course, it is strongly recommended that students begin reading well before classes begin.

Course assignments:

For each class, students will prepare a critical assessment of a reading or readings. Such assessments should set out the theory, and if appropriate, the method and the central thesis of the readings. Assessments will be no longer than five pages and will be cumulative in the sense of building on earlier readings and class discussions to reflect on new readings. These assessments will be handed in at each class and returned with comments but no grade. At the end of the term,
students will hand in all the returned assignments and add a covering commentary on the entire body of work, a commentary of no more than five pages. Students are expected to participate fully in every class, coming prepared by reading to engage in both presentations and debates. In each class, students will be asked to summarize their critique and based on this summary, raise at least one question for the class to consider.

Class # 1, January 3

This class will be devoted to introductions, discussion of the course content and theoretical approaches. We will come to an agreement on the contents, process, readings and assignment, although any of these may be subject to change after collective discussion and agreement.

We will begin our discussion of theories related to women’s health, emphasizing feminist political economy and the determinants of health.


**Class #2, Jan 10, Assessing the Evidence and Understanding Methods**

There are critical issues to be raised about what constitutes evidence in health care and whose evidence counts. In addition, we can ask significant questions about the extent to which research takes gender and other social locations into account when developing our methods.


Class #3, Jan.17. Body Matters

Do bodies matter and how do they matter? Whose body is it anyway and which bodies are we talking about when? In this class, we will explore old and new debates about female bodies

Suggested readings:


**Class #4. Jan. 24. Understanding Health**

How do bodies relate to health? And what do we mean by health? Thinking through health for women in a global and local context is the objective of this class.


Class # 5 Jan. 31., Global Patterns in Illness and Health

Across the world, women suffer more ill-health than men even though in many western countries women outlive men. What are the similarities and differences in world patterns in health and illness? Why are there differences and similarities?


http://www.who.int/publications/en/

Class # 6. Feb 7. The State of Women’s Health in Canada

Here we’ll look at the evidence on women’s health and illness in Canada, always asking which women, where are they located and why their experiences with health and illness differ?


Paid work can promote health by engaging workers in meaningful activity. Such work can also undermine health. For women, the hazards they face at work often get dismissed as female complaints or remain invisible because it is assumed women’s work is safe. Here we will uncover both the hidden hazards in women’s work and the hidden assumptions in much of the research on workplace health hazards.


Class # 8, Feb 28, Health Care Work

Health care is women’s work. They account for four out of five of the paid and unpaid care providers. Although often rewarding, it is risky work. Here we explore the conditions and relations of care work and their consequences for women’s health. While homes can be havens in a heartless world, they can also be harmful to women’s health. Similarly, women’s unpaid work in the formal economy, and the relationship between paid and unpaid work can threaten women’s health.

Addati, Laura, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018) Care work and care jobs for the future of decent work. ILO: Geneva


Class # 9, March 7, Health Services for Women

Women not only deliver most of the health services. They also account for the majority of those who use them. In this class, we will look at the evidence on women’s access to and treatment in using health care.


Class # 10. March 14.Women and Drugs


**Class # 11, March 21. Maternity and Reproductive Health**

Now, finally, we look at what most people think of when they think of women’s health but we will try to look at these areas in ways that are far from common.


Canadian Institute for Health Information (2012) Canadian Institute for Health Information

*Hospital Births in Canada: A Focus on Women Living in Rural and Remote Areas* Retrieved from:// [https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2258&lang=e&n=media=0](https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2258&lang=e&n=media=0)


*Canadian Mothers Speak Out*. Final Report, Baseline Consumer Focus Group Report, MCP2 Multidisciplinary Collaborative Primary Maternity Care Project (A joint initiative of the Association of Women’s Health Obstetric and NeoNatal Nurses (Canada); Canadian Association of Midwives; College of Family Physicians of Canada; The Society of Obstetricians and Gynaecologists of Canada; The Society of Rural Physicians of Canada).


Class #12, March 28. Looking Ahead, Thinking Back

The content of this last class will be determined by classroom discussions

Some suggested Websites

Canadian Centre for Policy Alternatives [www.policyalternatives.ca](http://www.policyalternatives.ca)

Canadian Health Coalition [www.healthcoalition.ca](http://www.healthcoalition.ca)

Canadian Institute for Health Information CIHI [http://www.cihi.ca](http://www.cihi.ca)

Canadian Women’s Health Network [www.cwhn.ca/en](http://www.cwhn.ca/en)

Canadian Social Research [http://www.canadiansocialresearch.net/1stbkmrk.htm](http://www.canadiansocialresearch.net/1stbkmrk.htm)

HealthyDebate.ca newsletter@healthydebate.ca; [www.facebook.com/healthydebate](http://www.facebook.com/healthydebate); Twitter [http://www.twitter.com/healthydebat](http://www.twitter.com/healthydebat); YouTube [http://www.youtube.com/user/healthydebate](http://www.youtube.com/user/healthydebate)

Ontario Health Coalition [www.web.net/ohc](http://www.web.net/ohc)

Organisation for Economic Co-operation and Development (OECD) [www.oecd.org](http://www.oecd.org)


World Health Organization (WHO) [www.who.int](http://www.who.int)