**WGH Conference Stipend Application**

Examples of Question 3)

Please describe in no more than 200 words, how gender informs and contributes to your research, and how this will be highlighted in your poster/presentation/session at the conference.

*This paper analyzed the influence of gender on HIV risk and prevention among women with severe mental illness (SMI) living in a resource-poor community in two ways. First, it addressed how gender norms and roles shape women with SMI’s risk of HIV infection. It specifically explored how culturally-informed gendered norms around sex and sexuality in the realms of religion and sexual decision-making with intimate partners elevates the HIV risk of low-income, predominately Latina women with SMI in this community. The paper also addressed how this group of women’s gendered position in the labor market and the home renders them economically dependent on men and vulnerable to sexual victimization, both of which increases their risk of HIV infection. Second, the paper investigated how providers’ gender, in conjunction with the gender norms in their female patients’ cultural environment, shapes patient-provider interaction around sex, sexuality, and HIV prevention in the clinical setting. The paper analyzed the influence of gender on HIV risk and HIV prevention among this predominately Latina group of low-income women with SMI in relation to the practical and cultural considerations needed to design and implement successful HIV prevention interventions among this population of women.*

*The abstracts that I have co-authored at the upcoming APHA conference explicitly incorporate gender and document health disparities by sexual orientation. Poster: Reisner et al. investigates disparities in HIV infection among men in the U.S. (NESARC wave 2 data). Men who have sex with men were found to be disproportionately affected by HIV, had a higher prevalence of early life stressors than heterosexual men, and PTSD partially mediated the association between early life stressors and incident HIV infection in the past 12 months for MSM. Gendered pathways to increased risk of early childhood stressors will be emphasized in this presentation. Co-Author Presentations: Three abstracts will be presented for which I conducted statistical analyses. (1) Rosario, Reisner, et al. examines a theoretical framework for understanding disparities in depressive distress by sexual orientation, including childhood gender nonconformity and attachment processes; (2) Gamarel, Reisner, et al. examines perceived socioeconomic position in relation to depressive and anxious symptoms in a community-based sample of gay/bisexual men in New York City and considers the role of masculine ideals, including class-related masculine norms; (3) McCauley, Reisner, et al. investigates developmental differences in depression by sexual orientation in the Massachusetts YRBS, testing for age differences by sex.*

*My poster presentation presents findings on Pap test use inequalities by three dimensions of sexual orientation (i.e., sexual attraction, sexual identity, and sex of sexual partners in the past year) in a large, nationally representative sample of US women, in relation to social, economic, health care, and sexual and reproductive health indicators. In the poster and in speaking with conference attendees, I intend to make clear the linkages between women’s sexual orientation and heterosexism in the health care system, in relation to sexism, racism, and social class. Thus, the role of gender inequality in shaping women’s health and health care will be addressed in relation to other important dimensions of social inequality that affect the lives of women: sexual orientation (on which this presentation focuses), race/ethnicity, and socioeconomic position. Additionally, this study was informed by ecosocial theory, which places the population distribution of health and disease in social and ecological context (including in relation to gender/gender inequality, sexuality/heterosexism, and social class). Finally, this research project has a feminist orientation and places women’s social and health experiences at the center of the process of inquiry.*

*Gender is of central interest in this poster presentation. My coauthor and I aim to use this poster as an opportunity to foster conversation about the importance of considering multiple dimensions of gender within a social determinants of health framework. Specifically, the focus of the poster is gender expression (i.e., characteristics of appearance, behavior, etc. that are culturally defined as feminine or masculine) – a component of gender that is often overlooked in research on gender and health, both in the U.S. and in other settings. When I proposed this project to my co-author I was originally thinking it would be a fairly straightforward literature review – but we have found that the current state of health-related literature on the subject is more complex than anticipated (albeit not particularly integrated or consolidated in its definitions of concepts)! We are now conducting a targeted review, with a focus on tobacco smoking as a kind of “case study” of the literature addressing gender expression, gender norms and health. I hope to be able to build on this initial foray and ultimately conduct an expanded literature review and paper based on conversations sparked by the conference presentation – and at a future WGH meeting.*

*Gender issues are at the forefront of the research outlined in abstract 1, which highlights policies related to gender work equity (including maternity and parental leave, and support for breastfeeding and childcare), challenges for working single mothers, efforts to promote gender equity abroad, and the benefits of supporting women in balancing motherhood and careers. Gender has also informed my earlier work in the area of violence prevention (relevant for abstract 2) in terms of the impact of gender stereotypes, discrimination, gender representation, and gender roles and norms on relationship dynamics and the perpetration of IPV, harassment, and rape. Although the research related to abstract 2 does not focus on gender issues, it does highlight the lack of attention to women’s perpetration of violence in the IPV/CM literature, addressing some of the controversy surrounding the perception (and portrayal) of women as passive “victims” and the interpretation of data on female aggression and violence perpetration.*

*My work has long been motivated by the interconnections between gender, sexuality, and both physical and mental health. My dissertation research explores gender expression in childhood and young adulthood in relation to discrimination and health in a cohort of young adults (the Growing Up Today Study). I have been an active WGH participant since 2010. My involvement at APHA is underpinned by my interests in gender and health in several ways. First, gender and gender analysis is a the recurring topic in the Spirit of 1848 Student Poster Session, and I am happy to continue to foster this area by recruiting relevant student work and by interacting with students at the poster session itself and, whenever relevant, asking presenters about the role of gender in the work presented. Second, attending the conference this year would also support another aspect of my APHA involvement relevant to gender: my new role as Student Chair on the APHA LGBT Caucus Executive Committee. One of my key responsibilities is to encourage mentoring and student engagement with intersectional public health work on gender, race/ethnicity, socioeconomic position, and sexuality. Being present to interact with students at Caucus business meetings and events would greatly support this work.*

*As a Women’s Studies Minor and creator of a men’s antisexist activism group at Penn State University, the importance of men’s involvement in feminist work became apparent and appealing to me. As a sexual assault prevention educator at UC Irvine, I was able to draw awareness to the prevalence of gender-based violence and engage students in primary prevention. Now as a student within the department of SHDH, I am learning more about the role of social determinants in shaping the development of our various identities (including gender) and our experiences of health, wellness, and functioning within these social systems. In particular, as a concentrator in Health Communication and an active member of the WGH Speakers and Outreach sub-committee, I have gained valuable knowledge and experience about the role of health communication and marketing (including interpersonal communication and the media) in influencing health-related attitudes and behaviors. I will be describing these experiences and ideologies directly as a personal narrative in my sessions at the NWSA conference, with overarching themes of 1) gender as a focal point of my past, current, and future work in public health and 2) the important roles of men and media as vehicles for positive social change.*

*I completed the interviews for this qualitative study over the past year, but this gender-focused analysis was largely informed by the theoretical background provided in WGH 210. Analyzing the sickle cell disease pain narrative through a gender-sensitive lens illuminated rich findings that I hope can stimulate further research questions and improve clinical practice. The pain narratives expressed in these interviews seemed to be framed by shared understandings of gender norms. This embodiment of gender norms is compounded by other contextual issues like race, ethnicity and socioeconomic status that have been shown to influence care and psychosocial consequences in the sickle cell disease patient population. The findings of this analysis and subsequent studies may enhance providers’ appreciation for patients’ gendered disease experience and improvements care.*