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What Makes Women Sick. : Lesley Doyal. Macmillan International Higher Education, Jun 19, 1995 - Political science - 292 pages. 0 Reviews. Lesley Doyal draws on a wide range of disciplines to highlight the limitations of medical models in understanding global patterns of health and disease in women. Examining in detail the impact of sexuality, fertility control, reproduction, domestic labour and waged work on women's well-being, she shows how gender divisions in economic and social life ...

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Lesley Doyal Macmillan, £11.99, pp 280 ISBN 0 333 54205 3 Lesley Doyal's book provides an excellent introduction to women's health issues in a social and economic context. Discussing a wide range of topics from abortion to venereal disease, from alcohol to violence, she shows how these problems can be fully comprehended only in relation to the broader social and economic problems of women ...

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What makes women sick? To an Ecuadorean woman, it ' s nervios from constant worry about her children ' s illnesses. To a woman working in a New Mexico electronics factory, it ' s the solvents that leave her with a form of dementia. To a Ugandan woman, it ' s HIV from her husband's sleeping with the widow of an AIDS patient.

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What makes women sick: Gender and the political economy of health - Doyal,L. / Nettleton, S. In: Sociology of Health and Illness: A Journal of Medical Sociology, Vol. 18, No. 3, 06.1996, p. 423-425. Research output: Contribution to journal › Book/Film/Article review

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Doyal (1995: 146) suggests that women are more affected than men are because social ideas conflate femininity and motherhood, and because the major medical focus is on women's treatment. Adair and...

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What Makes Women Sick: Gender and the Political Economy of ...

Explore celebrity trends and tips on fashion, style, beauty, diets, health, relationships and more. Never miss a beat with MailOnline's latest news for women.

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An eye-opening look at Israeli women's life expectancy and health.

"A trailblazing conversation-starting history of women's health—from Ancient Greece to hormones and autoimmune diseases—brought together in a fascinating sweeping narrative"--

Data is fundamental to the modern world. From economic development, to healthcare, to education and public policy, we rely on numbers to allocate resources and make crucial decisions. But because so much data fails to take into account gender, because it treats men as the default and women as atypical, bias and discrimination are baked into our systems. And women pay tremendous costs for this bias, in time, money, and often with their lives. Celebrated feminist advocate Caroline Criado Perez investigates shocking root cause of gender inequality and research in *Invisible Women* † †, diving into women ' s lives at home, the workplace, the public square, the doctor ' s office, and more. Built on hundreds of studies in the US, the UK, and around the world, and written with energy, wit, and sparkling intelligence, this is a groundbreaking, unforgettable exposé that will change the way you look at the world.

In this shocking, hard-hitting expose in the tradition of Naomi Klein and Barbara Ehrenreich, the editorial director of Feministing.com, reveals how inadequate, inappropriate, and even dangerous treatment threatens women ' s lives and well-being. Editor of the award-winning site Feministing.com, Maya Dusenbery brings together scientific and sociological research, interviews with experts within and outside the medical establishment, and personal stories from women across the country to provide the first comprehensive, accessible look at how sexism in medicine harms women today. Dusenbery reveals how conditions that disproportionately affect women, such as autoimmune diseases, chronic pain conditions, and Alzheimer ' s disease, are neglected and woefully under-researched. "Contested" diseases, such as fibromyalgia and chronic fatigue syndrome, that are 70 to 80 percent female-dominated are so poorly understood that they have not yet been fully accepted as "real" conditions by the whole of the profession. Meanwhile, despite a wealth of evidence showing the impact of biological difference between the sexes in everything from drug responses to symptoms to risk factors for various diseases—even the symptoms of a heart attack!—medicine continues to take a one-size-fits-all approach: that of a 70 kilogram white man. In addition, women are negatively impacted by the biases and stereotypes that dismiss them as "chronic complainers," leading to long delays—often years long—to get diagnosed. The consequences are catastrophic. Offering a clear-eyed explanation of the root causes of this insidious and entrenched bias and laying out its effects, *Doing Harm* will change the way we look at healthcare for women.

In this book, Naila Kabeer brings together a set of arguments, findings and lessons from the development literature which help to explain why gender equality merits specific attention from policy-makers, practitioners, researchers and other stakeholders committed to the pursuit of pro-poor and human-centred development. Neglect of gender inequalities in the distribution of resources, responsibilities and power in the processes of economic accumulation and social reproduction has a high cost, not only for women themselves but also for their children and other dependents and for the development of society as a whole. This book highlights the interconnections between production and reproduction within different societies, and women's critical role in straddling both, and points to the various synergies, trade-offs and externalities which these generate.

Classic and Contemporary Readings in Sociology introduces the reader to sociological issues, theories and debates, providing extracts of primary source material, from both classical and contemporary theorists. Theorists are examined within their historical and sociological framework and the text provides an analysis of developments in sociological thought and research. The text is divided into four main sections: Part One, Origins and Concepts, surveys the history of the discipline of sociology and examines key themes which have influenced sociological theorising and investigation, in particular, social control, culture and socialisation. Parts Two and Four, Sociological Theories and Sociological Research, include a number of readings from the founding theorists and investigators, including Auguste Comte, Emile Durkheim, Karl Marx, Max Weber and Charles Booth, and also include more recent theoretical writing and research approaches. The focus on theory and research is extended by a selection of readings centred around the theme of Differences and Inequalities (Part Three); these readings provide students with examples of work from an area where sociological theorising and research has been widely applied.

There is a growing sense that the "health gap" between socioeconomic groups is getting worse in many countries. To address this gap, conceptual clarity and empirical evidence are needed along with a greater focus on equity in policy-making. This book is designed to present cutting-edge research and policy analysis to a wide non-specialist readership of students, professionals and policy-makers. It brings together in one volume new perspectives on the conceptual foundations of health equity, empirical evidence on the scale and nature of the inequities in health in twelve countries around the world, and assessments of the associated policy developments and their implications for the future. It aims to help build global capacity to measure, monitor and interpret developments in health equity at a

national and international level. The in-depth country analyses draw on epidemiology, demography, economics and other fields to approach health inequalities from several different angles. The topics covered range from adolescent livelihoods in Tanzania to the health burden of indigenous peoples in Mexico, from health equity in Japan to the gender gap in life expectancy in Russia. The book is a unique demonstration of global cooperation in bringing together and giving equal weight to work on health equity carried out in the southern and northern hemispheres.

This compelling account of the author's experience with a chronic pain disorder and subsequent interaction with the American health care system goes to the heart of the workings of power and culture in the biomedical domain. It is a medical whodunit full of mysterious misdiagnosis, subtle power plays, and shrewd detective work. Setting a new standard for the practice of autoethnography, Susan Greenhalgh presents a case study of her intense encounter with an enthusiastic young specialist who, through creative interpretation of the diagnostic criteria for a newly emerging chronic disease, became convinced she had a painful, essentially untreatable, lifelong muscle condition called fibromyalgia. Greenhalgh traces the ruinous effects of this diagnosis on her inner world, bodily health, and overall well-being. *Under the Medical Gaze* serves as a powerful illustration of medicine's power to create and inflict suffering, to define disease and the self, and to manage relationships and lives. Greenhalgh ultimately learns that she had been misdiagnosed and begins the long process of undoing the physical and emotional damage brought about by her nearly catastrophic treatment. In considering how things could go so awry, she embarks on a cogent and powerful analysis of the sociopolitical sources of pain through feminist, cultural, and political understandings of the nature of medical discourse and practice in the United States. She develops fresh arguments about the power of medicine to medicalize our selves and lives, the seductions of medical science, and the deep, psychologically rooted difficulties women patients face in interactions with male physicians. In the end, *Under the Medical Gaze* goes beyond the critique of biomedicine to probe the social roots of chronic pain and therapeutic alternatives that rely on neither the body-cure of conventional medicine nor the mind-cure of some alternative medicines, but rather a broader set of strategies that address the sociopolitical sources of pain.

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