Gender Contexts and U.S. Women’s Health

Susan E. Short1, Rebecca Wang2, and Meghan Zacher1
1 Brown University
2 Adobe

INTRODUCTION

Research Questions
1. How does cultural sexism vary across states and over time in the U.S.?
2. Is cultural sexism associated with individual women’s self-assessed health?

Motivation
• Gender is more than an individual level identity or role. Gender is an institutionalized system of social practices embodied in a gender system.
• Cultural beliefs about gender contribute to the persistence of institutions, structures, and practices that maintain the gender system.

METHODS
• We construct standardized state-year cultural sexism scores (N=1064) using gender attitude questions from the General Social Survey and 3 other sources.
• We link state-year cultural sexism scores with repeated cross-sectional data from the Behavioral Risk Factor Surveillance System (BRFSS, years 1993-2014, N=3,319,926)
• We estimate nested OLS regression models of women’s self-rated health (1=Excellent, 5=Poor) on cultural sexism.
• Standard errors are clustered by state & probability weights are applied.
• Models adjust for individual (e.g., age; education); economic/policy context (e.g., median income, unemployment); and gender context (ratio of male-female labor force participation, pct. women state legislators, etc.) characteristics.

RESULTS

2. Cultural sexism is significantly associated with women’s self-rated health, even when controlling for individual demographic characteristics and contextual measures, including some that reflect structural aspects of sexism.
3. Additional analyses explore heterogeneity among women, alternate measures of cultural sexism, and robustness.

CONCLUSION

• Cultural sexism varies significantly across place and over time in the U.S. Though gender inequality has been described using structural measures, such as the wage gap, or laws, less attention has been paid to developing measures of place-based variation in normative gender contexts.
• To the extent that cultural beliefs contribute to maintaining a gender system that perpetuates inequality, and disadvantages people of all genders, deepening our understanding of these beliefs, and the heterogeneity therein, is essential. Current efforts to advance scholarship in this area are limited by data. The development of innovative measures, methods, and data on systemic sexism, including cultural dimensions, will advance scholarship on health disparities.

<table>
<thead>
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<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
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<td>Cultural sexism</td>
<td>.053 *</td>
<td>.053 ***</td>
<td>.047 ***</td>
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