intersections
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the WORK GENDER HEALTH issue

Gender and the New Diseases of Occupation

Hooked on Health in the Fishing Industry

The Shady Side of Work Under the Sun

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada
Canada

message from the scientific director ///
Dr. Joy Johnson

Work and health: research into action

WORK AND HEALTH IS NOT A NEW issue, yet there is a lot that is new in work and health. This year marks the 100th anniversary of International Women's Day, which has its roots in a 1911 cataclysmic tragedy that claimed the lives of more than 140 working women in New York City. Today, changes in technology and labour market structures, among other factors, continue to create new scenarios for men's and women's health. Addressing these requires close attention to gender and sex: work is shaped by norms and occupational traditions of what constitutes men's and women's roles, and entails exposures that pose unique risks for male and female bodies.

Men, for example, have significantly higher on-the-job injury rates than women on average, while women may face particular types of injury risks due to ill-fitting equipment, designed for male physiques. Unpaid work—caregiving, in particular—continues to be disproportionately borne by women, and is associated with diminished physical and mental health. Women and men may respond differently to workplace stress.

This issue of *Intersections* is dedicated to the Institute of Gender and Health's strategic direction on work and health, an area that builds on CIHR's earlier major investments in environment and health and mental health in the workplace. Our interest is to support research that elucidates the health implications of the gendered and sexed nature of work and that offers solutions that take gender and sex into account. We are beginning to engage the work and health research community—a community whose focus does not traditionally align with the mandates of any of the 13 CIHR institutes—in exploring areas where targeted research funding is needed. This engagement will lead to funding opportunities that we will launch over the next two years.

Canadian researchers are already addressing innovative gender and sex questions in work and health, as showcased here. Dr. Lynn McIntyre, CIHR-IGH Chair in Gender and Health, introduces us to the idea of a gender lens for new diseases of occupation in her work with women in the informal sector in Bangladesh. In a conversation with Dr. Donna Mergler, lead of the CIHR-IGH Team in Gender, Environment and Health, we see the ripple health effects of work over time in various spheres of our lives. Research by Drs. Barbara Neis and Nicole Power shows how gender and sex shape occupational exposure and risk in the Atlantic fishing industry. IGH looks forward funding research that builds on this excellent work and provides new insights into how to protect the health of all workers.

Happy reading!



IGH
INSTITUTE OF GENDER AND HEALTH

The Institute of Gender and Health (IGH) is one of the 13 institutes that make up the Canadian Institutes of Health Research (CIHR), the federal government agency responsible for funding health research in Canada. IGH is the only organization in the world with the mandate to fund research on gender, sex and health.

The mission of IGH is to foster research excellence regarding the influence of gender and sex on the health of women and men throughout life, and to apply these research findings to identify and address pressing health challenges.

For more information, including funding opportunities, please visit our website at:
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Intersections seeks to showcase excellence in Canadian gender, sex and health research. We welcome proposals for spotlighting cutting-edge researchers, profiling research achievements and innovations and highlighting success stories in knowledge translation and training. To submit your ideas or to request further information, please contact ea-igh@exchange.ubc.ca.

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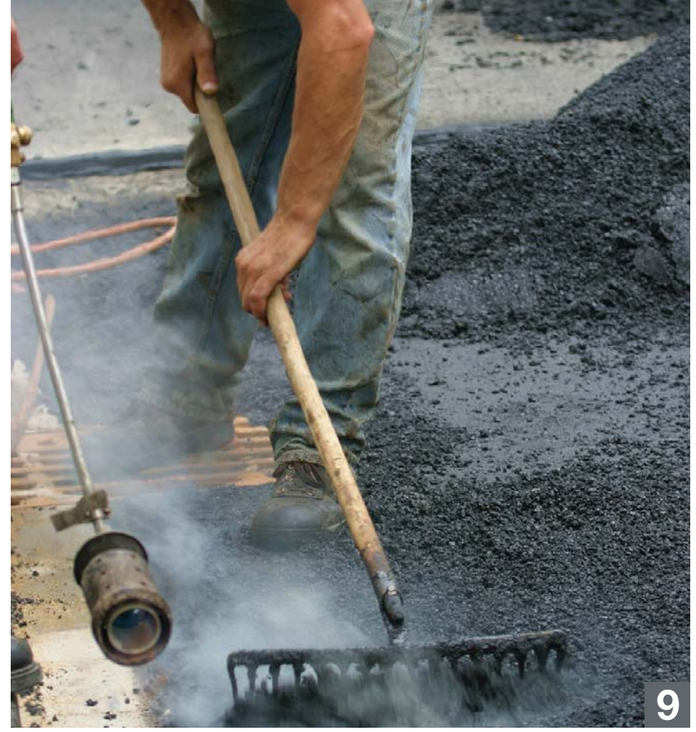

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PHOTO: Lynn McIntyre

Dhaka garment workers stage a demonstration in protest of poor working conditions.

Gender and the New Diseases of Occupation

A gender-neutral approach to occupational health misses the consequences of work on the lives of female workers and their children, particularly in situations of ultrapoverty

IN 1713, BERNARDINO RAMAZZINI published his famous treatise, *The Diseases of Workers*, which presented the outcomes of 52 occupational exposures such as scrotal cancer among chimney sweeps and maternal depletion syndrome in wet-nurses. The perfect skin of milkmaids would later lead Edward Jenner to discover cowpox as a vaccination for the scourge of smallpox. Dr. Lynn McIntyre, CIHR-IGH Chair in Gender and Health, based in the Department of Community Health Sciences at the University of Calgary, is studying "New Diseases of Occupation"—conditions not defined by workplace exposures, but rather those that arise from the intersection of gender, poverty and workplace.

McIntyre and her research team from both Canada and Bangladesh have collected the stories of 43 ultrapoor Bangladeshi women heads of household who work in a variety of occupations: garment workers, urban and rural petty traders, subsistence agriculturalists, and Garo workers—indigenous women who eke out their livelihood through a variety of transient jobs. She found expected health consequences of such occupations including overuse injuries in garment workers, back and neck strain from road digging, skin ailments from rice paddy work and severe chronic respiratory disease among roadside street vendors. Participants also described generalized exhaustion and unattended aches and pains. When the struggle is too much, women take to their beds, sometimes for months. These periods bring dire consequences to their families because of the lack of earnings and no safety net to compensate for lost wages.

Lost productivity from illness is not new and McIntyre's group has gone one step further to consider the health harms from parental occupations on children, such as the inability to seek health care for sick children. One mother showed McIntyre her child's pale eyes indicating anemia saying he had worms and she could not go the doctor for fear of being sacked at work. While indirect, a more pervasive harm is lack of supervision—children are left unsupervised to get themselves to school and are often 'naughty' and fail to attend. As young as age 4, they are left some food in the morning and need to feed themselves for the rest of the day from the cold remnants.

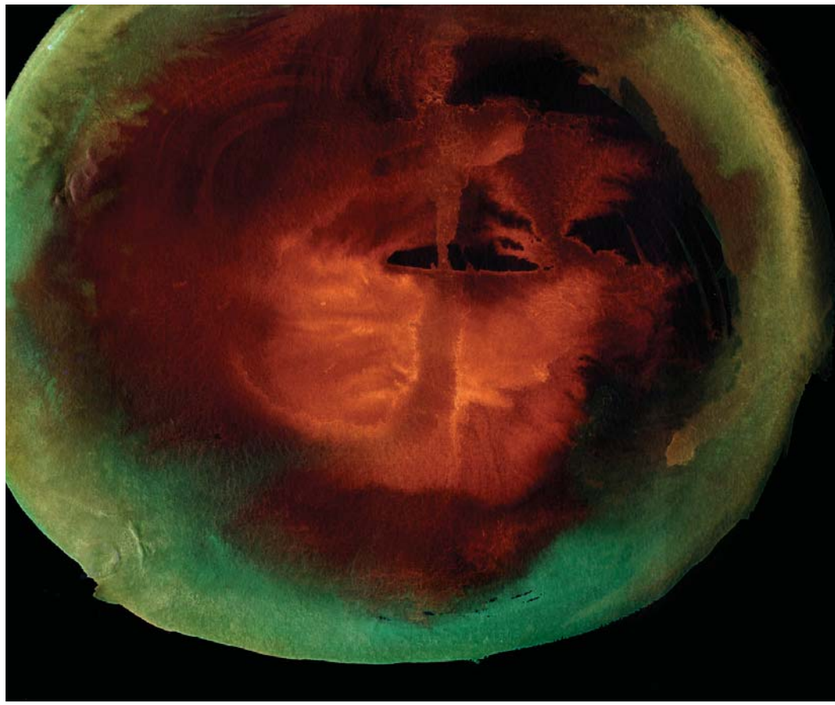
Lack of child supervision (shelter and food costs come first) is a new disease of the garment work industry. In fact, one of McIntyre's participants quit garment work when she had children to become a fruit seller although she complained that the children ate her profits! Another new disease of occupation is lateral violence, such as the danger faced by the Garo women who live on the wooded border with India. Often in debt to Bengali villagers, they are forced to gather firewood in the forest where the Indian Border Security Force is ready to confiscate their 'choppers,' beat and imprison them.

McIntyre hopes that her work will broaden a consideration of what constitutes occupational health using a gendered lens focused on the consequences of work on the lives of female workers and their children. IGH

From Womb to Old Age: Sex, Gender and the Health Effects of Work

a conversation with Dr. Donna Mergler

Do we really leave work behind at the end of the day? We may be taking home more than we think. According to Dr. Donna Mergler, lead of the CIHR-IGH Gender, Environment and Health Team, work is inseparable from the various environments that frame our daily lives: "What we breathe in at work, we breathe out at home", she says. Mergler is a professor at the Interdisciplinary Research Centre on Biology, Health, Society and Environment (CINBIOSE), University of Quebec at Montreal. Her team has embarked on an ambitious program of research to integrate sex and gender considerations into environmental and occupational health research throughout the lifespan.



"SINCE WE SPEND MOST OF OUR ADULT life at work, the work environment constitutes a major determinant of women and men's health, as well as the health of their children. While in the womb, our first environment, we are provided with nourishment to stimulate development growth. Yet, here the fetus is also exposed to most of the toxic substances in the mother's blood—and there are many! These can include organic solvents, flame retardants. The fetus is also exposed to the stress of a mother's working conditions, from things like shift work, standing, lack of autonomy, and so on.

Contaminants that are accumulated in the body are intergenerational: they pass from mother to child in utero and through breast milk. Girls and women continue to accumulate these contaminants, and in turn pass them onto their children. We need to identify and reduce the sources of these toxins, which are in the air, water and food. Members of our team are investigating gender and sex components in relation to the myriad of pollutants that can modify children's respiratory, nervous system and endocrine functions. These changes are reflected in boys' and girls' behaviour and academic achievement, and consequently will affect them throughout their lives.

Several of our team members are also examining how to study men's and women's working conditions and their impact on health and their daily lives. Adult men and women face different challenges and health problems in their work. Traditionally, men have been told that it is virile to take risks—young men are often placed in physically dangerous situations. Women's work traditionally involves risks that are less evident. For example, standing all day in one position affects the musculoskeletal and cardiovascular systems. Is there a reason why cashiers, almost entirely women, are required to stand all day in Canada while in other countries they have seats?

Our interdisciplinary approach looks at how policy decisions differentially affect men and women. In occupational and environmental health, gender-biased science results in gender-biased policies.

Finally, our health in old age is the result of all that has happened throughout our lives. Is it poverty that determines later health, or the social, physical and chemical environmental conditions of poverty? Our team is working to understand how to study the gender and sex components of the relations between environment and health across the lifespan so that measures can be developed to prevent the health damaging consequences." IGH

Hooked on Health

in the fishing industry

THE FISHING INDUSTRY IN NEWFOUNDLAND AND LABRADOR employs nearly 23,000 people: about 12,000 as fishers, harvesting mostly shellfish like snow crab and shrimp, and another 11,000 working on the processing side, preparing and packaging fish and shellfish for market. Memorial University researchers Drs. Barbara Neis and Nicole Power are working to make Atlantic Canada's fishing industry safer. From the fishing deck to the factory floor, their research demonstrates how sex and gender are part of the solution to keeping communities and workers healthy and injury-free.

The turning tides of risk for men and women

The Newfoundland and Labrador fishing industry has historically been a highly gendered field: men caught the fish and women undertook the onshore processing work. This was linked both to long-standing traditions of "male" work roles, as well as unemployment insurance policies that offered payment to fishermen in the off-season, but not to fisherwomen. Over the last 30 years, however, major changes in the Atlantic fishing industry have altered how men and women participate in fishing, and the associated risks to their health. In the mid-1980s, declining cod catches in the inshore fishery (close-to-shore fishing in smaller boats) marked the start of a difficult turning point for families involved in this sector. More women joined their male partners in the boat as fishing households sought to concentrate dwindling incomes in a single household. Around this time, unemployment insurance policies were successfully challenged and women gained eligibility for benefits.

The collapse of cod stocks in the early 1990s devastated the industry—fisheries were closed for a prolonged period and the main fishing vessel fleet was sold-off. Many of the associated processing plants were permanently closed, and others operated at reduced hours. In plants that

survived, work became more seasonal and more closely tied to shellfish processing, an area historically dominated by women and by low incomes. The number of plants processing shellfish more than doubled, bringing more women and men into these roles. Shellfish continues to dominate the Atlantic fishing industry today.

Sexing shellfish production

Barbara Neis notes that many plants were adapted from groundfish, like cod, to shellfish without attending to occupational health risks unique to shellfish. "It has long been assumed that the risks in fishing happen out on the water," says Neis, "but processing poses its own set of hazards—and the risks attached to shellfish processing are somewhat different from groundfish." In shellfish plants, women tend to be concentrated in indoor jobs, cleaning and sorting crab sections. Butchers, who work with raw crab often in more indirectly ventilated areas, are more likely to be men, as are those who are offloading crab, working in the cold storage, or driving forklifts.

One of the main risks linked to shellfish production is occupational allergy and asthma. A study by Neis and colleagues found that female plant workers are at greater risk of developing snow crab occupational allergy and asthma, due to their longer engagement in shellfish processing and concentration in jobs with high exposures to the relevant proteins. Neis adds that sex may also play a role because of a greater tendency for women to become sensitized to this allergen. "The role of sex in snow crab occupational allergy and asthma," she says, "or sex in interaction with gender—because it is hard to distinguish these in the real world—requires more research."

The man in fisherman

Industry transformations have also impacted what it means to be a "fisherman" in Newfoundland and Labrador. Local ideals of masculinity have long been tied to fishing. Nicole Power's research shows that learning to fish, and to do so safely, was shaped by the symbolic meaning ascribed to fishing as a valued type of work for men and local gendered divisions of labour and space. Boys and men (and some women) acquired fishing-related competencies informally through the day-to-day doing of the work and intergenerational mentoring with men. "This embodied knowledge is often described by locals as 'in the blood,' and is often misread as natural ability or described as 'common sense' that comes with being a man," says Power. The techniques that fishermen employ to mitigate risks, such as entanglement with moving rope or gear on a moving vessel, were based on this masculine know-how.

Today the context for fishing risk and safety is changing through a professionalization process that requires fish harvesters to acquire formal credentials including mandatory safety training courses. "Our research suggests that a shift is happening in the minds and work practices of harvesters. As fishermen adopt professional identities there seems to be a tendency to rely more heavily on technologies and the vessel, and somewhat less on gendered notions of 'common sense,' to reduce risk," explains Power. What this means for fishing-related injuries remains to be seen.

Learning to fish safely was shaped by the symbolic meaning ascribed to fishing as a valued type of work for men

Gender is shaping the meaning of work in the fishing industry and the nature of the exposures men and women experience. As an industry having undergone—and still subject to—major transformations, the relationships between work, gender and health will also continue to be reconfigured, as new risks surface and others are side-lined. Accounting for sex and gender provides a way forward in understanding the nature of these risks and developing strategies that will protect the health of all people in all sectors of Atlantic fishing. IGH

POINT OF VIEW...

The Shady Side of Work Under the Sun

Cheryl Peters

Men and women working the same job can experience very different exposures. Sun is a case in point. Understanding these differences is critical for prevention because the way we actually intervene to lower exposure might differ based on gender.

In my work on occupational exposure assessment with CAREX Canada, we produce estimates of the numbers of Canadians exposed to a variety of carcinogens at work. One of the largest carcinogen-exposed groups we have identified in Canada is people exposed to ultraviolet (UV) radiation from the sun. In fact, we estimate that approximately 10% of all employed people in Canada—about 1.5 million—are exposed to UV radiation on the job.

Men are more likely to get skin cancer for both behavioural reasons—such as inadequate use of sunscreen and protective clothing or exposure during peak hours—and potentially greater biological risk, although this is an ongoing area of research. Yet, skin cancer is actually more common in women in younger age groups (under the age of 50), as work by Canadian researchers Marrett and Pichora has demonstrated. At the same time, women survive longer with skin cancer than men, on average, possibly due to a combination of better screening practices –and thus earlier detection—and also less biological susceptibility, but this research is also ongoing.

From a prevention standpoint, what is really interesting are sun protection behaviours. We can't change the biological differences that might predispose men to skin cancer, but we can potentially modify behaviours. In a recent review by Kasparian and colleagues (2009), it was found that women are more likely to use sunscreen and to use it correctly, both on the job and in their leisure time. They are also more likely to seek shade and to wear all types of protective clothing, with the notable exception of hats. This is the case in occupationally exposed groups, including farmers, construction workers, lifeguards, among others, as well as the general population.

Research shows that women tend to "get" the prevention message better than men; however, western culture tends to value tanned skin as healthy and beautiful. There is a body of work on the media's influence on beauty, UV exposure and tanning (see key contributions by George, Kukowsi, and Schmidt, and also Cafri, Thompson, and Jacobsen). While women are more often aware of the cosmetically damaging effects of the sun, paradoxically young women are the heaviest users of tanning beds. This is one of the reasons researchers provide for skin cancer rates being higher in young women than young men. One study by Lazovich and colleagues (2004) cited the main risk factors for tanning bed use as being female, less likely to use sunscreen frequently, less knowledgeable about skin cancer risk and more likely to agree that tans were attractive. Skin cancer is an area of research where sex and gender are intertwining and complicating factors in the relationship between biological susceptibility and protection behaviours.

These are the myriad and complicated issues that led me to my calling in my current doctoral program: how can we prevent occupational exposure to carcinogens, and how might our intervention strategies be tailored by sex and gender? While earlier in my career I searched for meaningful research projects that were focused on sex and gender as main issues, I now find myself incorporating sex and gender into all the research topics that I know and am already passionate about working on. Skin cancer is the most commonly diagnosed cancer in Canada and gender is the single most important demographic influence on how people protect themselves from the sun. I feel like I've found a place to make a big difference in cancer prevention. IGH

KT MONITOR

Significant epidemiological and clinical data indicate important differences between women and men in the prevalence, clinical expression and response to treatment of various mental health problems. Unfortunately, considering gender and sex in psychiatric research and clinical practice is still quite rare and we know very little about the causes of these differences. To address this issue, my colleagues and I invited investigators who are considering gender and sex to present their work at a women's mental health symposium. The goal was to convince other investigators, mental health workers, medical and graduate students, that women deserve and must be included in studies and clinical trials if we want to learn the whole story about how to diagnose, treat and prevent mental illness.

Women's Mental Health Symposium Sparks Momentum

Adrianna Mendrek

On January 14, 2011, 100 participants gathered for the symposium at the Fernand-Seguin Research Centre of the Louis-H. Lafontaine Hospital in Montreal, Quebec. The event was supported by a CIHR-IGH Meetings, Planning and Dissemination grant (Dr. Adrianna Mendrek) and a CIHR-IGH Senior Research Chair in Gender, Sex and Health (Dr. Sonia Lupien).

The verdict of all participants and invited speakers was unanimous: one of the most exciting and informative events on women's mental health!

The highly multidisciplinary group of experts—from endocrinology and pharmacology, to cognitive and clinical neuroscience, to epidemiology and social psychology—and the passion they exuded for their topics, were major factors in the success of the symposium. Distinguished scholar and clinician Dr. Mary Seeman from the University of Toronto reported on how gender affects the course of schizophrenia. She drew our attention to the fact that men and women with schizophrenia tend to be treated in the same

(continued on page 11)

IGH Cochrane Corner

Integrating Sex and Gender in Logic Models for Systematic Reviews

Erin Ueffing and Jordi Pardo Pardo

Logic models are visual representations of theories about how an intervention works in given contexts. Logic models have been suggested as tools to improve the understanding of whether an intervention works in a particular population: "Equity oriented systematic reviews should include a logic model to elucidate hypotheses for how the intervention (whether a policy or a programme) was expected to work, and how factors associated with disadvantage (social stratification) might interact with the hypothesized mechanisms of action" (Tugwell 2010, p. 875).

One example of a logic model used in systematic reviews and practice guidelines is that developed by the US Preventive Services Task Force (Harris 2001). This logic model, or "analytic framework", illustrates the population, interventions and outcomes to be considered in a systematic review. It can be adapted easily to map the influence of sex and gender on the various links between the population and the potential outcomes. For example, consider a community program for HIV/AIDS. Both sex and gender would be important considerations when identifying persons at risk: females are more susceptible to HIV than males, while women often have less sexual power or control than men. Sex and gender also play roles in risk groups such as commercial sex workers or men who have sex with men. For those who participate in screening programs, potential adverse effects vary by gender: women may be at higher risk than men for community exclusion, spousal violence or rejection, and family conflict, both if they are screened and if they are diagnosed with HIV (United Nations Population Fund 2002). Treatment or interventions, too, may vary by gender. For example, many HIV/AIDS education and counselling programs are tailored by gender. In addition, many interventions intended to reduce HIV transmission are tailored by sex, such as female condoms. Finally, the intermediate outcomes that are chosen for evaluation may differ by sex. For example, the reduction in mother-to-child transmission of HIV would be an appropriate outcome only for those interventions aimed at females who are or may become pregnant.

As this example has shown, logic models can be used usefully and appropriately to map the potential influences of gender and sex from the population to the outcomes of an intervention. In systematic reviews, logic models such as this can serve a variety of purposes. For example, mapping gender and sex may justify the decision to limit a review to one sex or gender, or justify subgroup analyses to examine the differential effects of an intervention across sex and gender (Anderson, in press).

Logic models are powerful tools to illustrate how sex and gender play roles in complex interventions, and understand how sex and gender link with other factors to modify the effects of an intervention or the condition for which an intervention is intended.

Visit Intersections *on the web for a full list of references.*

NEWS BRIEFS ...

The First National Gender, Sex and Health Conference

On November 22 and 23, 2010, over 300 researchers, trainees, policy and decision makers, community members, clinicians and media came together in Toronto, Ontario to attend Innovations in Gender, Sex and Health Research—the first-ever Canadian national conference on gender, sex and health research. Organized by the Institute of Gender and Health in celebration of the Institute's 10th anniversary, this landmark event showcased excellence and innovations across all domains of gender, sex and health research with over 130 oral presentations and 60 posters. Webcasts of the conference plenary sessions are available on-demand at http://www.cihr-irsc.gc.ca/e/26829.html.

Two conference participants share a glimpse of the event, through their eyes...

"As I walked into the IGH conference venue I was seeking not just an opportunity to gather information or even share ideas, but a truly generative experience that would challenge my assumptions and process of study, helping me to nurture and navigate the journey ahead. These expectations were justifiably high, informed by my experience as a student with the IGH Summer Institute, which had stretched my thinking about the intersections of sex, gender and health and welcomed me into a community of scholars sharing a passion for this study. I was not disappointed. The conference enabled an unparalleled opportunity to sit amidst leaders and fellow learners in the field; to connect over meals, energetically discussing theory, methodology, practice and impact. In structuring opportunities for focused interaction, not just the formal sharing of work, the organizers ensured ample space for the exchange of proposals and challenges, as well as the identification of overlapping inquiries. These connections across disciplinary lines enable conversations vital to disrupting, extending and propelling ideas. It is an exciting time to be entering the field of gender, sex and health: the debates are plentiful and the questions complex. Thus engaged, I left the conference with a multitude of new ideas scrawled in my own binder. And it continues to fill."

Lisa Wenger
IGH Summer Institute 2010 Participant
Doctoral Student, University of Guelph

"In meandering my way through the foyer I was immediately struck by how nice the Four Seasons hotel was. Plush and swish it lay background to an amazing number of familiar faces, amid a sense of great expectation about what would follow over the next couple days. The welcoming remarks rang out to a full room and it occurred to me that the first decade of IGH had helped mobilize the work and goals of many people, myself included. Without resorting to name-dropping here, within the first hour I had spoken with a president, chairs, keynotes, new investigators, board members, scientific directors, graduate students and tenure track faculty. Embodied in such titles were a diverse array of content expertise around women's health, violence, cancer, alcohol, addictions and heart disease, to name but a few. The conversations, both as presentations and less formal interactions, were all wonderful opportunities for putting names to faces, faces to names, and linking voices to text within a cascade of 'meet the author' moments. The highlights reel for me boasts: engaging concurrent sessions that took up eclectic topics and innovative designs, amid thought provoking keynote addresses intertwined with an interactive poster session and thematic lunches—a wonderful occasion that showcased Canada as the leader in gender, sex and health research. I am so looking forward to doing it all again soon."

John Oliffe
Associate Professor, University of British Columbia
IGH Institute Advisory Board Member

4 Questions for Stéphanie Thibault-Gagnon

Sexual pain disorders affect over 20% of women, yet they are poorly understood. Physical therapist and master's student Stéphanie Thibault-Gagnon is studying the underlying mechanisms involved in female sexual pain disorders at Queen's University in the School of Rehabilitation Therapy under the supervision of Drs. Linda McLean and Caroline Pukall. Her goal is to relay important information to women, their partners, as well as health care professionals to advance quality of care in the treatment of these conditions. Stéphanie was a participant at the 2010 IGH Summer Institute.

VITALS
Hometown: Montréal, Québec
Favourite food: Whatever my husband cooks!
Motto: I like to start off each day by saying: "Today will be a good day!"
Little-known fact about me: I give blood on my birthday and every chance I can.
When I am not at my computer, I'm most likely: At yoga
Something I would try once: Throw a dart on a map and travel to wherever it lands.

What does women's sexual pain have to do with sex and gender?
As a physical therapist, in treating women who experience recurrent pain during sexual intercourse, I realized that although pain may have a biological or sex-based etiology, psychosocial and gender-based factors greatly influence the way women experience their pain. For example, some women in heterosexual relationships report feelings of inadequacy as partners and as women. Many also report prioritizing their partner's "need" for sexual intercourse, over their right to pain-free sex, out of shame and guilt. In order to advance our understanding of the causal and maintaining factors contributing to sexual pain, and optimize the effectiveness of treatment approaches, sexual pain disorders must be viewed from a multidimensional perspective that takes into account biological, psychological, as well as social influences.

What motivated you to take up gender, sex and health research?
The question: How to understand, or even explain to a partner, a problem that even clinicians and researchers do not fully understand? Because so little is known about the cause of female sexual pain disorders, a consistent challenge faced by women who experience sexual pain is the uncertainty surrounding the diagnosis of their pain. Still today, likely due to misconceptions and gaps in knowledge, women report being told by one or more health professionals that the pain is "all in their head." My work aims to move clinicians and researchers away from the "either/or" debate surrounding the cause of female sexual pain disorders, and support an approach that considers biological, psychological and social aspects, in the assessment and management of sexual pain.

How do you envision putting your research (back) into your practice?
My career goal is to continue to merge my clinical practice with my research work. It is important for me that my research objectives relate directly to my work as a physical therapist aiming to advance quality of care in the treatment of female sexual pain disorders. By drawing from my clinical experience and gaps in knowledge regarding sexual pain to guide my research work, I can then directly apply my research findings to my clinical practice in the treatment of female sexual pain disorders.

What has been the biggest surprise in your research?
The immense amount of support that I have received to pursue my research work, not only from my institution and the research community, but also from professional organizations including the College of Physiotherapists of Ontario and l'Ordre professionel de la physiothérapie du Québec. Both clinicians and researchers are recognizing the importance of advancing our understanding of conditions that threaten and affect the sexual health of Canadians. IGH

KT MONITOR (continued from page 9)

manner, resulting in more adverse side effects in women who typically require less antipsychotic medication than men. Genetic susceptibility, high-risk environments and eating disorders was the focus of a talk by Dr. Howard Steiger, who directs the only large-scale, specialized program for the treatment of adults suffering from eating disorders in Quebec. Dr. Wendy Lynch from the University of Virginia focused on drug use and abuse, and presented fascinating data obtained from rats alongside human clinical evidence that women tend to succumb to addictions faster and have a much harder time "kicking the habit" than men. Gender stereotypes at play in the diagnosis of psychiatric disorders in women was the final topic of the day. At that point, it would have been natural for the participants to be saturated with information, but this was not the case! Dr. Jonathan Metzl from the University of Michigan delivered one of the most entertaining and thought-provoking talks.

Our goal was simple: to disseminate knowledge and educate researchers, graduate students and health care providers about the importance of considering factors unique to women's biology and environment in mental health research and in clinical practice. A clear indication that we succeeded was the consensus among the 100 attendees that next time, we should find a venue to accommodate a few hundred—or thousand—participants! Fortunately, until then, everyone is invited to view video of the presentations on our website: *http://www.hlhl.qc.ca/recherche/evenements/evenements-2011/nature-humaine.html* IGH

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