

WOMEN'S GYNECOLOGIC HEALTH

THIRD EDITION



KERRI DURNELL SCHUILING

FRANCES E. LIKIS



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KERRI DURNELL SCHUILING, PHD, NP-BC, CNM, FACNM, FAAN

Provost and Vice President of Academic Affairs

Northern Michigan University

Marquette, Michigan

Co-Editor-in-Chief

International Journal of Childbirth

FRANCES E. LIKIS, DRPH, NP-BC, CNM, FACNM, FAAN

Editor-in-Chief

Journal of Midwifery & Women's Health

Adjunct Assistant Professor of Nursing

Vanderbilt University

Nashville, Tennessee



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Dedication

To:

The indomitable Kitty Ernst, thank you for encouraging us to always look for ways to improve women's health care;
Our students and the women for whom we have provided care, thank you for being our best teachers;
The readers who have told us what you appreciate about our book, thank you for inspiring us as we worked on this edition; and
Our colleagues, friends, and family members who have been encouraging and patient throughout the labor of this edition. There are too many to mention each of you by name, but you know that we know who you are. We truly appreciate the support you provided.

—*Kerri and Francie*

To:

The memory of my dear friend Judy Pennington Adams, her granddaughter Tiffany and great-grandson Kyson, and their good friend Charlene Lewis, who were all taken from us far too soon;
Rachael Stade, MS, PA-C, for providing me with outstanding woman-centered health care;
Joani and Lisa, whose friendship supports me in ways too many to mention;
Donovan, for his unconditional love and friendship;
Judd, for his companionship and humor;
My parents, Marie and Don Hall, whose belief that I can do anything makes me believe that I can; and
My children and sons-in-law, Mary, Mike, Sean, Sarah, and Galen, who bring me life's greatest joys.

—*Kerri*

To:

My husband Zan, you are the one I love more with each passing day, and we make a formidable team;
My nieces Katherine and Elizabeth, my sister Mary, and my mother Katey, you are my favorite girls in the whole wide world;
My grandmother Frances, you are such an important part of who I am, and your determination and perseverance never cease to amaze me;
Ali, you are my trusted confidante and keep me hopeful about the future of midwifery;
Christy, you are a wonderful companion for adventures and an endless source of kindness;
The community of St. Augustine's Episcopal Chapel, especially our leaders Becca and Lissa, you embody love, mercy, and radical hospitality, and you help me find my way home.

—*Francie*

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PREFACE

Historically, women's health was framed within a biomedical model by clinicians. Textbooks typically used a biomedical framework to present women's health content. Although this approach can be useful on many levels, it also has limitations that can have significant negative effects on women's health, particularly gynecologic health. A biomedical model is disease oriented and focuses on curing illness—an approach that risks pathologizing normal aspects of female physiology. When a biomedical lens is used to assess women's health, there is a risk of essentializing women and reducing them to their biologic parts. As an example of this proclivity, *women's health* is frequently used to mean reproductive health, regardless of whether the woman plans to bear children. This reductionism transfers to practice when a woman's parts become the focus of diagnosis and treatment. The meaning of the diagnosis to the woman, as well as the impact that the diagnosis has on her, her significant others, and the work she does, is not addressed in this approach.

Feminist theories about women's growth and development provide a different perspective from earlier male-oriented models because they include women's lived experiences and the importance of relationships to women. Recognizing each woman as an expert knower supports women's agency. The focus with this approach is holistic, with health being assessed within the context of each woman's life.

It is important for our readers to know that we, as the editors of this book, are experienced women's health clinicians whose practice philosophy is grounded in caring for the whole woman within her lived experience. As teachers, we were repeatedly frustrated by our inability to locate a gynecologic textbook that we felt was suitable for our course. Many of the books that were available were written primarily from a biomedical perspective and, in our opinion, did not provide sufficient content about the normalcy of women's reproductive physiology. Books such as those authored by the Boston Women's Health Book Collective were extremely helpful with ideas about health and holism, but lacked the necessary content to educate student clinicians. Other books did not provide the health-oriented perspective that is vital to the philosophy of care espoused by nursing and midwifery, in which we both strongly believe. Additional books provided elements of both biomedical and health-oriented views and had very useful decision trees or categorization of concerns or problems. However, we felt that these books would not encourage students and practicing clinicians to think critically and to appreciate the importance of making decisions based on the most recent evidence.

For these myriad reasons, we embarked on producing a book that presents women's gynecologic health from a woman-centered and holistic viewpoint. Our goal was to create a book that emphasizes the importance of respecting the normalcy of female physiology, and provides clinical content appropriate for assessment, diagnosis, and treatment of pathology. We believe this book embodies these perspectives and underlines the importance of collaboration among clinicians.

Some aspects of this feminist approach will be obvious to our readers, whereas others may be more subtle. For example, we used illustrations of whole women, rather than pictures of only breasts or genitalia, when possible. We refer to a woman who has a specific condition rather than referring to the woman by her condition. For example, we speak of the woman who has HIV, as opposed to the HIV-positive

woman. We use the term *birth* as opposed to *delivery* because it situates the power to give birth within the woman versus transferring it to the clinician. We purposefully use *women's* rather than *gynecologic* as the first word of this book's title. Our intention in making these deliberate choices was to encourage readers to keep first in their mind that they are treating a whole woman, not her body parts, and not just a condition. We hope that this approach emphasizes the importance of treating women holistically within their lived experiences.

We were fortunate to have many excellent contributors to this book. Some are nationally known; others might be new to many readers. The common thread among all of our contributors is their expertise in their respective areas and their recognition of the importance of evidence-based practice. Our contributors are expert clinicians, educators, and scientists. Frequently co-authored chapters represent a clinician and researcher team, whose collaboration provides readers with a real-world view that is grounded in evidence.

This book encompasses both health promotion and management of gynecologic conditions that women experience. All of the content is evidence based. The first section introduces the feminist framework that permeates the book and provides readers with a context for evaluating evidence and determining best practice. The second section provides a foundation for assessment and promotion of women's gynecologic health. The third section addresses the evaluation and management of clinical conditions frequently encountered in gynecologic health care. The fourth section provides an introduction to prenatal and postpartum care.

We are gratified by how well the first two editions of this book were received by clinicians, students, and faculty, and it was an honor to receive the Book of the Year Award from the American College of Nurse-Midwives for both previous editions. In this third edition of *Women's Gynecologic Health*, we have updated, and in many cases extensively revised, all of the chapters from the second edition to ensure comprehensive content that reflects current standards of care. For example, the chapter on health care for individuals who are lesbian, bisexual, queer, or transgender has been extensively updated, as have the chapters on intimate partner violence and sexual assault. In response to requests from a significant number of educators and readers, we have added four new chapters that provide an introduction to pregnancy and postpartum care.

We believe this edition builds upon the precedents set in the previous editions and hope it contributes to women receiving evidence-based, holistic, gynecologic care within their lived experiences. As before, we welcome feedback from our readers that will help us in future editions.

Kerri Durnell Schuiling, PhD, NP-BC, CNM, FACNM, FAAN

Frances E. Likis, DrPH, NP-BC, CNM, FACNM, FAAN

CONTRIBUTORS

Ellise D. Adams, PhD, CNM

Associate Professor
Director, Nursing Honors
College of Nursing
The University of Alabama in Huntsville
Huntsville, Alabama

**Ivy M. Alexander, PhD, APRN, ANP-BC,
FAANP, FAAN**

Clinical Professor and Director of Advanced
Practice Programs
School of Nursing
University of Connecticut
Storrs, Connecticut

Linda C. Andrist, PhD, RN, WHNP-BC

Assistant Dean, Graduate Programs
MGH Institute of Health Professions
Boston, Massachusetts

Kathryn P. Atkin, DNP, WHNP-BC, ANP-BC

Nurse Practitioner
Beth Israel Deaconess Obstetrics, Gynecology, and
Midwifery
Plymouth, Massachusetts
Assistant Professor
MGH Institute of Health Professions
Boston, Massachusetts

**Evelyn Angel Aztlan-James, PhD, RN, CNM,
WHNP**

Postdoctoral Research Associate
College of Nursing
University of Illinois at Chicago
Chicago, Illinois

Joanne Motino Bailey, CNM, PhD

Director, Nurse-Midwifery
University of Michigan Health System
Lecturer II
Department of Women's Studies
University of Michigan
Ann Arbor, Michigan

Cynthia Belew, CNM, WHNP-C, MS

Associate Clinical Professor
School of Nursing
University of California, San Francisco
San Francisco, California

**Kelly A. Berishaj, DNP, RN, ACNS-BC,
CFN, SANE-A**

Special Instructor
Forensic Nursing Program Coordinator
School of Nursing
Oakland University
Rochester, Michigan

Sharon M. Bond, PhD, CNM, FACNM

Nurse-Midwife
Department of Obstetrics and Gynecology
Medical University of South Carolina
Charleston, South Carolina

**Katherine Camacho Carr, PhD, CNM,
FACNM, FAAN**

Professor and DNP Internship Coordinator
College of Nursing
Seattle University
Seattle, Washington

xviii Contributors

Phyllis Patricia Cason, MS, FNP-BC

Assistant Clinical Professor
School of Nursing
University of California, Los Angeles
Los Angeles, California

Nicole R. Clark, DNP, RN, FNP-BC

Adjunct Faculty
School of Nursing
Nurse Practitioner
Graham Health Center
Oakland University
Rochester, Michigan

Simon Adriane Ellis, MSN, RN, CNM

Nurse-Midwife
Group Health
Seattle, Washington

Heidi Collins Fantasia, PhD, RN, WHNP-BC

Assistant Professor
College of Health Sciences, School of Nursing
University of Massachusetts Lowell
Lowell, Massachusetts

Brooke Faught, MSN, WHNP-BC, IF

Clinical Director
Women's Institute for Sexual Health
Division of Urology Associates
Nashville, Tennessee

Nanci Gasiewicz, DNP, RN, CNE

Associate Dean and Director
School of Nursing
Northern Michigan University
Marquette, Michigan

Mickey Gillmor-Kahn, MN, CNM

Course Faculty
Frontier Nursing University
Hyden, Kentucky

Margaret M. Glebocki, DNP, RN, ACNP-BC, CSC, SANE-A, FAANP

Assistant Professor
School of Nursing
Oakland University
Rochester, Michigan
Acute Care Nurse Practitioner
Henry Ford Health System
Clinton Township, Michigan
Sexual Assault Nurse Examiner
HAVEN
Royal Oak, Michigan

Deana Hays, DNP, RN, FNP-BC

Interim Associate Dean
School of Nursing
Oakland University
Rochester, Michigan
Nurse Practitioner
Beaumont Health
Troy, Michigan

Caroline M. Hewitt, DNS, RN, WHNP-BC, ANP-BC

Assistant Professor and DNP Program Coordinator
School of Nursing
Hunter College of the City University of New York
New York, New York

Deborah Karsnitz, DNP, CNM, FACNM

Associate Professor
Frontier Nursing University
Hyden, Kentucky

Leslye Stewart Kemp, MSN, ANP-BC, WHNP-BC

Nurse Practitioner
Tennessee Oncology
Nashville, Tennessee

**Holly Powell Kennedy, PhD, CNM,
FACNM, FAAN**

Executive Deputy Dean and Helen Varney
Professor of Midwifery
Yale University School of Nursing
West Haven, Connecticut

Lucy Koroma, MSN, CRNP

Nurse Practitioner, Division of Gynecology
Specialties
School of Medicine
Department of Gynecology and Obstetrics
Johns Hopkins Medical Institute
Baltimore, Maryland

Lisa Kane Low, PhD, CNM, FACNM, FAAN

Associate Dean, Practice and Professional
Graduate Programs
Co-Lead, Nurse-Midwifery Program
Associate Professor, School of Nursing
and Women's Studies Program
Lecturer, Department of Obstetrics
and Gynecology
University of Michigan
Ann Arbor, Michigan
President-Elect
American College of Nurse-Midwives
Washington, DC

Sandra Lynne, CNM, MSN, DNP

Nurse-Midwife
Bronson Women's Service
Kalamazoo, Michigan

Nancy Maas, MSN, FNP-BC, CNE

Associate Professor
School of Nursing
Northern Michigan University
Marquette, Michigan

Janis M. Miller, PhD, APRN, FAAN

Associate Professor
School of Nursing
Associate Research Professor
School of Medicine
Department of Obstetrics and Gynecology
University of Michigan
Ann Arbor, Michigan

**Patricia Aikins Murphy, CNM, DrPH,
FACNM, FAAN**

Professor and Annette Poulson Cumming
Presidential Endowed Chair in
Women's and Reproductive Health
University of Utah College of Nursing
Salt Lake City, Utah

**Katharine K. O'Dell, PhD, WHNP-BC,
CNM (ret.)**

Associate Professor
University of Massachusetts
Medical School
Worcester, Massachusetts

Kathryn Osborne, PhD, CNM, FACNM

Associate Professor
Department of Women, Children,
and Family Nursing
College of Nursing
Rush University
Chicago, Illinois

Julia C. Phillippi, PhD, CNM, FACNM

Assistant Professor
School of Nursing
Vanderbilt University
Nashville, Tennessee

Amy Pondo, MSN, FNP-BC

Nurse Practitioner
St. John Providence Weight Loss
Madison Heights, Michigan

Kristi Adair Robinia, PhD, RN

Professor
School of Nursing
Northern Michigan University
Marquette, Michigan

Melissa Romero, PhD, FNP-BC

Associate Professor and Graduate Program
Coordinator
School of Nursing
Northern Michigan University
Marquette, Michigan

xx Contributors

Ying Sheng, RN, BSN, MSN

PhD Student
School of Nursing
University of Michigan
Ann Arbor, Michigan

**Katherine Simmonds, MS, MPH,
WHNP-BC**

Assistant Professor
MGH Institute of Health Professions
Boston, Massachusetts

Stephanie Tillman, CNM, MSN

Nurse-Midwife
University of Illinois
Chicago, Illinois

Kathryn J. Trotter, DNP, CNM, FNP-C, FAANP

Senior Nurse Practitioner, Duke Breast Program
Assistant Professor and Lead Faculty, Women's
Health Nurse Practitioner Specialty
School of Nursing
Duke University
Durham, North Carolina

**Tanya Vaughn, MS, APRN, CNM,
FNP-BC, EFM-C**

Nurse-Midwife and Nurse Practitioner
Partridge Creek Obstetrics and Gynecology
Macomb, Michigan

Ruth Zielinski, PhD, CNM, FACNM

Clinical Associate Professor
Midwifery Program Lead
University of Michigan
School of Nursing
Ann Arbor, Michigan

REVIEWERS

Amy Alspaugh, MSN, CNM
Nurse-Midwife
Durham Country Department
of Public Health
Durham, North Carolina

Tia Andrighetti, DNP, CNM
Assistant Professor
Frontier Nursing University
Hyden, Kentucky

**Laura Kim Baraona, DNP,
APRN, CNM**
Assistant Professor
Frontier Nursing University
Hyden, Kentucky

Margaret Beal, PhD, CNM
Professor
MGH Institute of Health Professions
Boston, Massachusetts

Lynne C. Browning, CNM, MSN
Certified Nurse-Midwife and
Nurse Manager
Women and Infants, Center for Reproduction
and Infertility
Providence, Rhode Island

Patricia W. Caudle, DNSc, CNM, FNP-BC
Associate Professor
Frontier Nursing University
Hyden, Kentucky

**Anne Z. Cockerham, PhD, CNM, WHNP-BC,
CNE**
Associate Professor and Associate Dean
for Academic Affairs
Frontier Nursing University
Hyden, Kentucky

Angela Deneris, PhD, CNM, FACNM
Professor Clinical
Nurse-Midwifery and Women's Health Nurse
Practitioner Programs
University of Utah
Salt Lake City, Utah

**Rena M. Diegel, RN, BBL, SANE-A, CFN,
CMI-III, CFC, DABFE,
DABFN, FACFEI**
Administrator of Clinical Forensic Nursing Services
Turning Point's Clinical Forensic Nursing Program
Clinton Township, Michigan

Dawn Durain, CNM, MPH, FACNM
Faculty
School of Nursing
University of Pennsylvania
Philadelphia, Pennsylvania

Mary Ellen Egger, APN, WHNP-BC, CBPN-IC
Women's Health Nurse Practitioner
Vanderbilt University Breast Center
Nashville, Tennessee

xxii Reviewers

Gina Eichenbaum-Pikser, LM, CNM

Nurse-Midwife
Community Gyn Care
Brooklyn, New York

Ami L. Goldstein, MSN, CNM, FNP

Assistant Clinical Professor
University of North Carolina
at Chapel Hill
Chapel Hill, North Carolina

**Robin L. Hills, DNP, WHNP-BC,
C-MC, CNE**

Assistant Professor
Vanderbilt University School of Nursing
Nashville, Tennessee

**Aimee Chism Holland, DNP, WHNP-BC,
FNP-C, RD**

Assistant Professor
University of Alabama at Birmingham
School of Nursing
Birmingham, Alabama

Amy Hull, MS, WHNP-BC

Assistant Professor
Division of Midwifery and Advanced
Practice Nursing
Department of Obstetrics and Gynecology
Vanderbilt University Medical Center
Nashville, Tennessee

Lisa Kane Low, PhD, CNM, FACNM, FAAN

Associate Dean, Practice and Professional
Graduate Programs
Co-Lead, Nurse-Midwifery Program
Associate Professor, School of Nursing and
Women's Studies Program
Lecturer, Department of Obstetrics
and Gynecology
University of Michigan
Ann Arbor, Michigan
President-Elect
American College of Nurse-Midwives
Washington, District of Columbia

Hayley D. Mark, PhD, RN, FAAN

Associate Professor
Johns Hopkins University
Baltimore, Maryland

Alison O. Marshall, RN, MSN, FNP-BC

Clinical Instructor
Connell School of Nursing
Boston College
Chestnut Hill, Massachusetts

Monica R. McLemore, PhD, MPH, RN

Assistant Professor
University of California, San Francisco
San Francisco, California

Tonya Nicholson, DNP, CNM, WHNP-BC, CNE

Associate Dean of Midwifery and Women's Health
Associate Professor
Frontier Nursing University
Hyden, Kentucky

**Katharine K. O'Dell, PhD, WHNP-BC,
CNM (ret.)**

Associate Professor
University of Massachusetts Medical School
Worcester, Massachusetts

Susan Jo Roberts, DNSc, ANP, FAAN

Adult Nurse Practitioner and Professor
School of Nursing
Northeastern University
Boston, Massachusetts

**Maureen Shannon, CNM, FNP, PhD,
FACNM, FAAN**

Associate Professor and Frances A. Matsuda
Endowed Chair in Women's Health
School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa
Honolulu, Hawaii

Penny Wortman, DNP, CNM

Instructor
Frontier Nursing University
Hyden, Kentucky

ABOUT THE EDITORS

Kerri Durnell Schuiling, PhD, NP-BC, CNM, FACNM, FAAN, earned her master's degree in advanced maternity nursing from Wayne State University and a PhD in nursing and graduate certificate in women's studies from the University of Michigan. She received her nurse practitioner education from Planned Parenthood Association of Milwaukee, Wisconsin, and her nurse-midwifery education from Frontier Nursing University. She is dually certified as a women's health care nurse practitioner and nurse-midwife, and has been an advanced practice registered nurse and educator for more than 35 years. She has presented numerous times to national and international audiences on topics that focus on women's health, and twice was invited to provide formal presentations to maternal child health committees of the Institute of Medicine. As a member of the American College of Nurse-Midwives (ACNM) Clinical Practice Committee, Kerri assisted in the development of ACNM clinical bulletins related to abnormal uterine bleeding and has been an item writer for the National Certification Examination for women's health care nurse practitioners. Kerri has authored several articles and book chapters that focus on women's health. She has received numerous awards for her work, including a Clinical Merit Award from the University of Michigan for outstanding clinical practice; the Kitty Ernst award from the ACNM in recognition of innovative, creative endeavors in midwifery and women's health care; the Esteemed Women of Michigan award from the Burnstein Clinic for her significant contributions to women's health; and, most recently, the inaugural Distinguished Service to Society Award from Frontier Nursing University. She is a Fellow of the ACNM and the American Academy of Nursing. Currently she is Provost and Vice President of Academic Affairs at Northern Michigan University and Co-Editor-in-Chief of the *International Journal of Childbirth*, the official journal of the International Confederation of Midwives.

Frances E. Likis, DrPH, NP-BC, CNM, FACNM, FAAN, earned her bachelor's and master's degrees from Vanderbilt University and her doctorate in public health from the University of North Carolina at Chapel Hill. She received her nurse-midwifery and women's health care nurse practitioner education from Frontier Nursing University, and she earned a certificate in medical writing and editing from the University of Chicago. Francie is a women's health care nurse practitioner, family nurse practitioner, and certified nurse-midwife, and she has been an advanced practice registered nurse for more than 20 years. Her clinical experience includes family practice in community health and urgent care centers, performing sexual assault examinations, and midwifery practice in a freestanding birth center and a large obstetrics and gynecology group practice. Francie has authored numerous journal articles, systematic reviews, and book chapters related to women's health, and she frequently gives presentations at national meetings and invited lectures. Her awards and honors include the Student Choice Award for Teaching Excellence at Frontier Nursing University; selection as a Vanderbilt University School of Nursing Top 100 Leader, one of 100 distinguished alumni and faculty honored in commemoration of the School's Centennial; the Kitty Ernst Award from the American College of Nurse-Midwives (ACNM); the Vanderbilt University Alumni Award for Excellence in Nursing; and induction as a Fellow of the ACNM and the American Academy of Nursing. Currently she is the Editor-in-Chief of the *Journal of Midwifery & Women's Health*, the official journal of the ACNM, and an Adjunct Assistant Professor of Nursing at Vanderbilt University.

SECTION

1

Introduction to Women's Gynecologic Health

CHAPTER 1

Women's Health from a Feminist
Perspective

CHAPTER 2

Women's Growth and Development
Across the Life Span

CHAPTER 3

Using Evidence to Support Clinical
Practice

Women's Health from a Feminist Perspective

Lisa Kane Low

Joanne Motino Bailey

The editors acknowledge Kerri Durnell Schuiling, who was a coauthor of the previous edition of the chapter.

WOMEN'S HEALTH CARE AND GYNECOLOGIC HEALTH

The state of women's health care today is a direct reflection of women's status and position in society. Many healthcare advances have been made in women's health, yet comprehensive, compassionate healthcare services that address the complexity and diversity of how women live their lives and experience health and disease are still lagging.

This text is based on a feminist framework in an effort to advance the quality of health care provided to women in today's society. The authors attempt to acknowledge the complexity of women's health by paying particular attention to women's status in society and their unequal access to opportunity and power, while focusing on women's gynecologic health and well-being. The purpose of this chapter is to provide an overview of women's health using a feminist perspective and gender considerations as a lens for exploring women's health in general and gynecologic health in particular. The glossary in **Box 1-1** offers definitions of key terms that are used throughout the chapter and are linked to feminist critical analysis of gender and health.

WHAT IS FEMINISM?

The author bell hooks (2000) offers a definition of feminism that is well suited for addressing the context in which women experience health and

wellness: Feminism is a perspective that acknowledges the oppression of women within a patriarchal society, and struggles toward the elimination of sexist oppression and domination for all human beings. Acknowledging the oppression of women is increasingly difficult because affluence and increased opportunities within some sectors of employment and education are construed as equal access or equity in opportunity for all women. Hooks, however, defines oppression as "not having a choice." With this definition, many more individuals are able to recognize constraints in their personal experiences. Examples of such practices include unjust labor practices, lower wages for equal work, lack of maternity leave policies, limited access to a range of contraceptive options, and inability to access desired healthcare providers. These examples indicate the breadth of experiences within the context of a patriarchal society that denies women equal access to power, resources, and opportunities.

Characteristics of a feminist perspective include the use of critical analysis to question assumptions about societal expectations and the value of various roles on both sociopolitical and individual levels. The process of critical analysis is accomplished by rejecting conceptualizations of women as homogeneous. It acknowledges power imbalances, and uses the influence of gender as the foremost consideration in the analysis. Using a gender lens that is informed by feminism permits areas

BOX 1-1 Glossary of Key Terms

Cis-sex/gender: An individual whose gender identity coincides with that individual's birth-assigned sex/gender (e.g., a cis-man is often referred to as simply "man," a cis-woman is often referred to as simply "woman")

Classism: Discrimination or prejudice on the basis of social class

Discrimination: The prejudicial treatment of an individual based on that person's actual or perceived membership in a certain group or category (e.g., race, ethnicity, sexual orientation, national origin)

Feminism: A movement to end sexism, sexist exploitation, and oppression (hooks, 2000)

Gender: A socially constructed category addressing how people identify and act based on sex (e.g., men and women)

Homophobia: Prejudice against individuals with same-sex attraction

Intersectionality: The unique combination of multiple identities based on race, class, gender, and other characteristics, and the compounded experience of oppression based on these identities

Medicalization: Defining or treating a physiologic process or behavior as a medical condition or disease

Oppression: Exercise of authority or power in an unjust manner; according to bell hooks, "not having a choice"

Patriarchy: A social system of institutions that privileges men, resulting in male domination over access to power, roles, and positions within society

Power: The ability to do something, act in a particular way, or direct/influence others' behavior or a course of events

Race/ethnicity: Socially constructed categorization of individuals and communities based on a combination of physical attributes and cultural heritage

Racism: Individual and structural practices that create and reinforce oppressive systems of race relations

Sex: Biological classification as female or male based on chromosomes, genitalia, and reproductive organs

Sex/gender: Combined term of sex and gender acknowledging that the discreet meanings of these terms are not easily separated in research and practice

Sexism: Individual and institutional practices that privilege men over women

Social construction: The process by which societal expectations of behavior become interpreted as innate, biologically determined characteristics

Socioeconomic status (SES): An indicator that encompasses income, education, and occupation

Trans*: Represents multiple identities in transgender communities; read as "trans star" (Erickson-Schroth, 2014)

Transgender or trans: An individual whose gender identity does not coincide with that individual's assigned gender at birth

of disparity to be identified both between groups, based on gender, and within groups, based on the recognition of heterogeneity among women.

Feminist women's health explores the context of how women live their lives both collectively

and individually within a patriarchal society. The various social, environmental, and economic aspects become integral to understanding the context in which women are able to achieve health and well-being. Furthermore, feminism requires

BOX 1-2 Components of a Feminist Perspective in Women's Health

- Works *with* women as opposed to *for* women
- Uses heterogeneity as an assumption, not homogeneity
- Minimizes or exposes power imbalances
- Rejects androcentric models as normative
- Challenges the medicalization and pathologizing of normal physiologic processes
- Seeks social and political change to address women's health issues

consideration of health, as influenced by the intersection of sexism, racism, class, nation, and gender, within a framework that acknowledges the role of oppression as it affects women and their health as individuals and as a group. **Box 1-2** summarizes the components of a feminist perspective when considering women's health issues or models of care, which can help to reframe one's view of women's health in a feminist perspective.

GENDER

What does gender have to do with women's health? Although women's health is focused on the female sex (as determined by chromosomes, genitalia, and sexual organs), its priorities are shaped by what are considered socially important attributes of being a woman (such as reproductive capacity and feminine appearance). Gender is defined as a person's self-representation as man or woman and the way in which social institutions respond to that person based on the individual's gender presentation. Gender is often congruent with sex (a person with female genitalia identifies as being a woman "cis-woman"), but can also be incongruent (a person with female chromosomes may identify as being a man "trans-man"). Sex and gender are ultimately "irreducibly entangled" from both the research and the practice perspectives, however, and are better referred to by the combined term

"sex/gender"—a term that acknowledges the combined contribution of both the biologic and socially constructed aspects (Springer, Stellman, & Jordan-Young, 2012).

Sex/gender is a socially constructed attribute that is shaped by biology, environment, and experience and is expressed through appearance and behavior (Fausto-Sterling, 2012). Social construction is the process by which societal expectations of behavior become interpreted as innate characteristics that are biologically determined. Thus, behaviors associated with femininity become confused with innately determined behaviors rather than being recognized as socially constructed behaviors. As a result, health risks, treatments, and approaches to care are not necessarily biologically based aspects of women's health, but rather are determined by social expectations rooted in assumptions about sex/gender differences. In addition, diagnoses can be influenced by sex/gendered assumptions regarding behavior or what is socially constructed as feminine behavior. A significant body of literature has documented such influences on the manner of diagnosis and treatment in mental health (Neitzke, 2016) and obesity (Wray, 2008), as well as in the misdiagnosis of women's cardiovascular risks (Worrall-Carter, Ski, Scruth, Campbell, & Page, 2011).

Three primary aspects must be considered when examining the impact of sex/gender on women's health. The first is the priorities assigned to research, treatment, and outcomes in women's health as compared to men's health. The second is the context of sex/gender, including how it affects the process of providing healthcare services, which encompasses an acknowledgment of power differentials. The third aspect is the social construction of sex/gender, including how it affects women's health. Each aspect has implications for the manner in which women access, receive, and respond to health care. Collectively, these three aspects provide opportunities for us to better understand women's healthcare experiences and assist in the identification of underlying factors that influence the healthcare disparities experienced by women.

Sex/gender-based social role expectations can create undue burdens for women and may subsequently lead to increased health risks. For example, limited access to all contraceptive options may create reproductive health risks for some women.