

ACT for Youth Center of Excellence

RESEARCH



A collaboration of Cornell University, University of Rochester, and New York State Center for School Safety

*Gender & Sexual Health
Part One*

Understanding Gender and Gender Equality

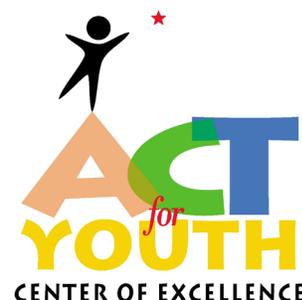
by Lori A. Rolleri, MSW, MPH

The association between gender norms and sexual behavior has been well documented. World-wide, educators are exploring ways to interrupt the negative effects that rigid gender norms have on relationships and sexual risk taking, especially in adolescence. This article, the first in a series on gender and sexual health, explores the common and operational definitions of gender and gender equality; two important determinants of adolescent reproductive and sexual health.

What is “gender”?

The word “gender” came into common use as an alternative to the word “sex” in the United States in the 1970s (Krieger, 2003). Using the word “gender” was a way for researchers and activists to counter the belief that our masculinity and femininity were biologically determined – a belief pervading the scientific and lay communities at the time (Krieger, 2003). The term “gender” distinguishes the set of learned expectations, behaviors, and attitudes about being a man or woman from our biologically determined traits – collectively termed our “sex.”

Historically, there have been three schools of thought influencing the definition of “gender.” These include evolutionary theory, social role theory, and social constructivist theory. Each is described briefly below.



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Evolutionary theory argues that the relative costs and benefits of certain sexual behaviors have produced differences in heterosexual mating practices resulting in distinct gender norms. For example, the reproductive success of women from pre-industrial society depended on investing time in her offspring and on a mate who would provide needed resources, while men's reproductive success would increase by having many sexual partners (Guo et al., 2007; Hatfield et al., 2011). This drive for reproductive success led to norms about expected and appropriate behavior for men and women. One critique of evolutionary theory is that gender norms can and do change over time.

Related to, but distinct from, evolutionary theory is research that discusses the importance of brain structure and hormones in the development and acquisition of certain masculine and feminine traits (Gurian & Henley, 2001; Brizendine, 2010). While this research certainly has merit, it should not be used to excuse anti-social and/or unhealthy behavior. For example, men and boys may have higher levels of testosterone, a hormone associated with sex drive and aggression, compared to women. However, higher testosterone levels do not explain or excuse having multiple concurrent sexual partners, forcing sex on a partner, or beating someone up to resolve a conflict. Using testosterone as an excuse for these behaviors belittles men's ability to control their behavior and to relate in healthy and respectful ways toward other human beings.

Social role theory explains gender as a fixed and static variable; one is either feminine or masculine. Social role theory denies that there are multiple ways to express femininity and masculinity (Courtenay, 2000). One critique of social role theory is that in practice, the expression of gender is quite varied, changes over time and between cultures, and can be represented along a continuum of behaviors, roles, and expectations (i.e., gender is not a binary variable).

From a **social constructivist** point of view, people learn masculine and feminine traits from the experiences they have with family, peers, community, etc. (Courtenay, 2000). Gender is not innate, but rather something one learns from watching and doing. Individuals are considered active agents in constructing (and deconstructing) norms of masculinity and femininity. The concept of agency, the part individuals play in exerting power and producing effects in their lives, is central to social constructivism (Courtenay, 2000).

In the study of human sexuality, a growing body of literature uses a social constructivist perspective on gender (Tolman et al., 2003), including publications from organizations such as the United Nations, the World Health Organization, U.S. federal funding agencies, and both U.S. and international non-governmental organizations. The social constructivist's understanding of gender is the paradigm applied in this article. Using a social constructivism perspective, gender can be defined in the following way:

The Gender and Sexual Health series by Lori A. Rolleri

Research fACTs and Findings: Understanding Gender and Gender Equality

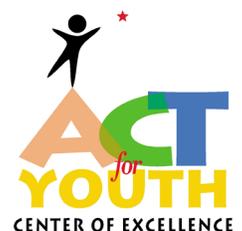
Research fACTs and Findings: Gender Norms and Sexual Health Behaviors

Research fACTs and Findings: Can Gender Norms Change?

PrACTice Matters: Gender Transformative Programing in Adolescent Reproductive and Sexual Health

www.actforyouth.net/gender

This series is dedicated to the memory of Douglas B. Kirby, PhD.



Gender is a socially determined construct describing the characteristics, behaviors, and roles deemed appropriate and expected of men and women (and boys and girls) by a given society. These characteristics, behaviors, and roles are learned and reinforced through a socialization process that begins early in life and continues throughout the life cycle (Rolleri, 2012a).

What is the difference between “gender” and “sex?”

While many people use the terms interchangeably, there is a very important difference between “gender” and “sex.” The terms are not synonyms. “Sex” defines whether we are female or male based on our biology (i.e., chromosomes, internal and external reproductive organs, hormones, and certain physical characteristics). People are born male or female (or with a combination of male and female biological markers), but learn to be, are conditioned to be, or feel themselves to be “feminine” or “masculine.” Thus, there is a critical difference between “sex” and “gender”: one is biologically determined and the other is socially determined.

While our biological sex defines whether we are male or female, our gender identity and gender expression do not necessarily have to conform to what is typically associated with the sex we are assigned at birth. According to the American Psychological Association, gender identity “refers to a person’s internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.” Gender is not a binary concept; rather, it is fluid and can take on many variations. Individuals whose gender identity and gender expression are not consistent with society’s expectation for their biological sex may identify as “transgender”; however, it is important to be sensitive to how the individual chooses to identify.

Finally, gender, sex, gender identity, and gender expression should be distinguished from the term “sexual orientation.” Sexual orientation describes an individual’s enduring physical, romantic, and emotional attraction to another person. Individuals can be attracted to the opposite sex (heterosexuality), the same sex (homosexuality), both sexes (bisexuality), or neither sex (asexuality). One’s gender identity and gender expression are independent from one’s sexual orientation.

What is “gender equality?”

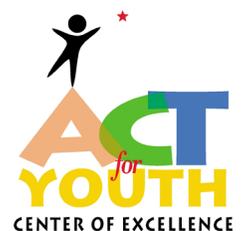
Most of us working in the field of adolescent sexual and reproductive health would agree that the discussion about gender and gender norms is interesting from evolutionary, sociological, psychological, and sexual points of view. However, the question of “gender equality,” a more political topic, is what ultimately matters in improving sexual and reproductive outcomes for adolescents, men, and women.

For an introduction to transgender identity, see these Research fACTs and Findings articles:

Growing Up Transgender: Research and Theory

Growing Up Transgender: Safety and Resilience

www.actforyouth.net/publications/results.cfm?t=pardo



Unfortunately, in many communities throughout the United States and in many (if not most) societies throughout the world, a condition of gender inequality exists where women and “the feminine” are often devalued, and men and masculine traits are favored. Often, men possess more power to control decision making in personal, community, and political arenas and women’s needs and interests are under acknowledged or not adequately addressed. In such societies, the learned belief that men should maintain control at all times puts women in situations that threaten their health and well-being. When a drive to maintain power over others is instilled in men, it puts them at risk for a variety of negative health outcomes (Courtenay, 2000). These dynamics are explored in Part Two of this series.

Societies that have reduced the power gap between men and women experience better social, health, and economic outcomes compared to those that do not (United Nations, 1995). But what does gender equality look like? An operationalized definition for gender equality is presented below.

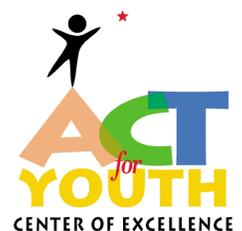
Gender equality is a social condition whereby women and men share equal rights and a balance of power, status, opportunities, and rewards. Gender equality can be broadly operationalized by men and women having 1) equitable access and use of resources, 2) equitable participation in relationships, the household, the community, and political arenas, and 3) safety or freedom from violence (Rolleri, 2012a).

Each of these components of the condition of gender equality is described below.

It is important to note that in order for gender equality to exist, gender equitable practices need to be in place. Gender equity is defined by the Interagency Gender Working Group (IGWG) as “the process of being fair” to people of different genders. Without equity, people do not have fair access to resources and opportunities that allow them to operate in society as equals. IGWG also makes the point that “To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.” Gender equity is the means to reaching the goal of gender equality. An example of a gender equitable policy in the United States is Title IX funding supporting girls participation in school sports, which has historically been dominated by boys.

Gender equality does not mean that women and men should become the same, but that women’s and men’s rights, responsibilities, and opportunities will not depend on whether or not they are born male or female. When gender equality exists, a society equally values men’s and women’s similarities and differences.

Because our beliefs about gender are shaped by multiple forces and varied experiences in our environment (e.g., peers, dating relationships, family, school, community, media, business/industry, government, etc.), using an ecological approach to design interventions to support gender equality in our community is most appropriate (ACQUIRE Project, 2008). We talk more about designing ecological interventions to support gender equality in *Practice Matters: Gender Transformative Programming*.



How are the components of gender equality defined?

The three components of the condition of gender equality are defined below. Figure 1 depicts the links between interventions, gender equality, and reproductive and sexual outcomes.

Equitable Access and Use of Resources. When there is a gender equitable community, men and women are aware of the resources available to them and have the knowledge they need to use them (Rolleri, 2012b). Examples of resources might be health care services, education, employment opportunities, social services, bank loans, etc. In addition to awareness of these resources, resources must be acceptable and available to both men and women. Men and women must have the time and mobility to obtain those resources.

Equitable Participation. When a community is gender equitable, men and women value and accept shared decision making, shared roles in personal relationships, household, community, and political arenas, and shared and free expression of ideas, opinions, and needs (Rolleri, 2012b). They also have opportunities to develop decision-making and other relevant skills. An example of equitable participation is men and women sharing responsibility for preventing unintended pregnancy and sexually transmitted infections.

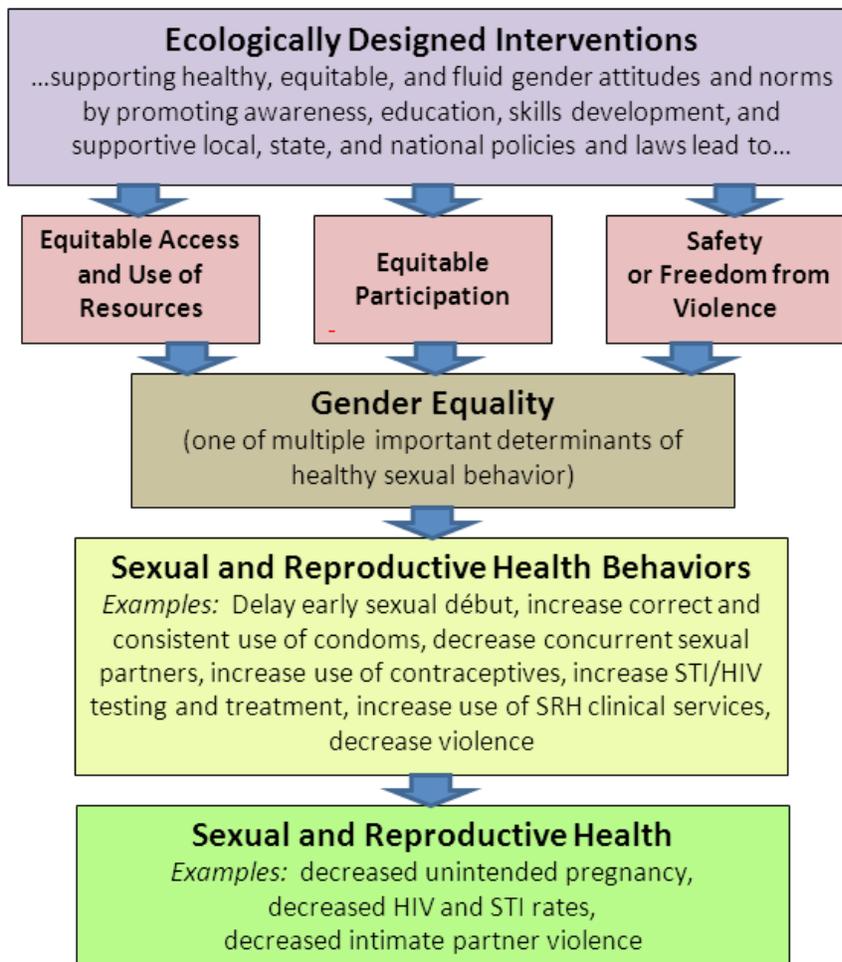


Figure 1



Safety or Freedom from Violence. When a community is gender equitable, men and women are able to go about daily life without the presence or threat of physical, sexual, or emotional violence, discrimination, harassment, domination, or coercion (Rolleri, 2012b). For example, women would not have to fear the possibility of rape, and men would not have to fear being mocked or assaulted for acting in ways traditionally deemed feminine.

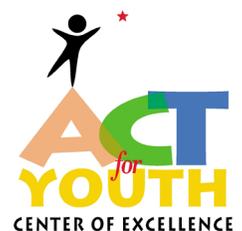
Conclusion

Gender norms vary across time and culture. Because gender is learned, it can also be unlearned. Over the last few decades, our understanding of gender has deepened through the work of scholars in the fields of sexuality, psychology, and anthropology, among others. While this work has great value, our understanding of gender and gender quality from a political point of view is equally important. As we will see in Part Two of this series, creating greater gender equality in our society can contribute to better reproductive and sexual health outcomes for men/boys and women/girls. We'll discuss program interventions that help change gender norms in Part Three, and in a related PrACTice Matters we will explore ways that practitioners can take a gender-transformative approach to programs. ★

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References

- ACQUIRE Project. (2008). *Engaging boys and men in gender transformation: The group education manual*. New York, NY: EngenderHealth.
- American Psychological Association. (n.d.). *Answers to your questions about transgender people, gender identity, and gender expression*. Retrieved from <http://www.apa.org/topics/sexuality/transgender.aspx>
- Brizendine, L. (2010). *The male brain: A breakthrough understanding of how men and boys think*. New York: Broadway Books.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's wellbeing: A theory of gender and health. *Social Science & Medicine*, 50, 1385-1401.
- Guo, G., Tong, Y., Xie, C., & Lange, L. A. (2007). Dopamine transporter, gender and number of partners among young adults. *European Journal of Human Genetics*, 15, 279-287.
- Gurian, M., & Henley, P. (2001). *Boys and girls learn differently: A guide for teachers and parents*. San Francisco: Jossey-Bass.
- Hatfield, E., Luckhurst, C., & Rapson, R. L. (2011). Sexual motives: The impact of gender, personality and social context on sexual motives and sexual behavior – especially risky sexual behavior. *Sexuality and Culture*, 14, 173-190.



Interagency Gender Working Group. (n.d.) *Handout: Gender-related terms and definitions*. Retrieved from http://www.igwg.org/igwg_media/Training/HandoutGenderTerms.pdf

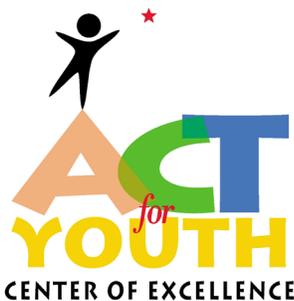
Krieger, N. (2003). Gender, sexes and health: What are the connections – and why does it matter? *International Journal of Epidemiology*, 32(6), 652-657.

Rolleri, L. (2012a). *Gender-related definitions*. New York: EngenderHealth.

Rolleri, L. (2012b). *Operationalizing gender equality: An important determinant of sexual and reproductive health (SRH) outcomes*. New York: EngenderHealth

Tolman, D. L., Striepe, M. I., & Harmon, T. (2003). Gender matters: Constructing a model of adolescent health. *The Journal of Sex Research*, 40(1): 4-13.

United Nations. (1995, September 15). *Beijing declaration and platform for action*. Fourth World Conference on Women.



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