

RESEARCH



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Gender & Sexual Health Part Two

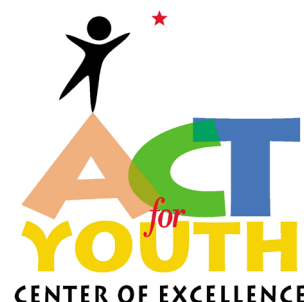
Gender Norms and Sexual Health Behaviors

by Lori A. Roller, MSW, MPH

Gender, our social conditioning as males and females, is an important determinant of sexual risk taking behaviors. Gendered attitudes and beliefs like “the more sex I have, the more manly I will be” or “sometimes you have to do what your boyfriend wants, even if you don’t want to, so that he doesn’t break up with you,” pressure many boys and girls into engaging in sexual behavior that they may not want, and as a consequence increase their risk for unintended pregnancy and sexually transmitted infections. The first article in this series on gender and sexual health explored definitions of gender and gender equality. In this article, we focus on how boys and girls are socialized to adopt gendered attitudes and behaviors and how traditional and rigid gender norms affect sexual risk taking behavior.

When does gender socialization begin?

Think about one of the baby announcements you received in the last few years. Usually the first question from family and friends to the new parents is: “Was it a boy or a girl?” At that point, the gender socialization of that baby begins. More often than not, girls will be given pink clothes and boys will be given blue clothes. As the baby turns into a toddler, girls often receive dolls and tea sets, and boys often receive sports equipment and toy cars. Later, as children are assigned chores around the house, it is usually the boys who do the outside work (e.g., take out the garbage and do yard work), while the girls do the inside work (e.g., clean



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house or look after younger siblings). This is not necessarily true of all American families, but these expectations and roles are more common than not.

Gender socialization continues into adolescent development with messages coming from multiple forces in a child's environment, including family, friends, school, community, the health care system, media (e.g., television, advertising, video games, the internet), etc. During this time of human development, adolescents go through the physical, social, and emotional changes of puberty, experiment with different identities, and learn about romantic relationships. They are especially primed to receive gender messages and adopt gendered behaviors that support them in fitting in with their peer groups.

Are all traditional gender norms “bad?”

While some gender norms, such as wearing a skirt or tie, have little impact on our health or well-being, other gender norms can have a major impact on human behaviors and the outcomes of those behaviors. Traditional male and female gender norms work as powerful determinants affecting sexual risk taking behavior.

Do traditional MALE gender norms lead to sexual risk taking behavior?

Yes! Several research studies conducted in the United States and in other countries demonstrate a clear association between adherence to traditional male gender norms and negative reproductive and sexual health outcomes. Studies also show that an adherence to rigid male gender norms has been associated with a variety of negative health outcomes for men, including alcoholism, heart disease, car accidents, death from unintentional injuries, suicide, and others (Courtenay, 2000). This is not to imply that gender norms alone are responsible for these outcomes, however gender norms do play an important role. The more boys and men subscribe to traditional norms of masculinity, the more likely they are to take sexual risks (Pleck et al., 1993).

Young men are often taught to be strong, tough, aggressive, competitive, self-reliant, and risk takers. Having and exercising power and control are considered critically important in demonstrating one's “manliness.” While these traits are not necessarily bad, it is the rigidity of these norms, and the pressure to abide by these norms *all the time*, that can be problematic. The manner in which boys are taught to express these traits is also important. For example, a young man can learn that “toughness” is shown by running in a marathon, or, alternatively, by dominating and being violent towards his girlfriend. Similarly, a young man can be taught that “courage” is shown by volunteering in his neighborhood after a natural disaster, or, alternatively, by using a gun to threaten others. In each case, the latter poses multiple health threats to the young man and his relationships.

The Gender and Sexual Health series by Lori A. Rolleri

Research fACTs and Findings: Understanding Gender and Gender Equality

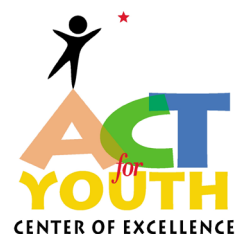
Research fACTs and Findings: Gender Norms and Sexual Health Behaviors

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.



Boys are also subtly (or not so subtly) taught to hold in their feelings and avoid asking for help for fear of looking weak. The open expression of emotions like joy, sadness, indecision, and self-doubt is seen as a feminine attribute to be avoided and actively rejected. Many boys also feel pressure to prove their heterosexuality and simultaneously reject any possibility of homosexuality, which is often associated with femininity (Tolman et al., 2003). The pressure to prove heterosexuality, and deny femininity, often lead to homophobic attitudes and behaviors that can be destructive to those to whom they are aimed, as well as those who are perpetrating them.

Data from the National Survey of Adolescent Males, a nationally representative sample of adolescent males aged 15-19 (Pleck & O'Donnell, 1985; Pleck et al., 1990; Pleck et al., 1993; Marcell et al., 2007), data from two university studies conducted with undergraduate men (Noar & Morokoff, 2002; Thompson et al., 1985), and other studies (Kandrack et al., 1991; Marsiglio, 1993) demonstrate that, compared to their less traditional counterparts, young men who abide by traditional norms about masculinity are:

- More likely to have more sexual partners in the last year
- More likely to hold negative attitudes about condoms (associated with low condom use)
- Less likely to report readiness to use condoms consistently
- Less likely to use condoms consistently
- Less likely to access health care
- Less likely to have had a physical examination in the last year
- Less likely to believe in male responsibility to prevent pregnancy
- More likely to believe that pregnancy validates masculinity
- More likely to approve asymmetrical decision-making power with intimate partners
- More likely to have a less intimate relationship at last intercourse
- More likely to have a greater belief that relationships between women and men are adversarial
- More likely to have homophobic attitudes

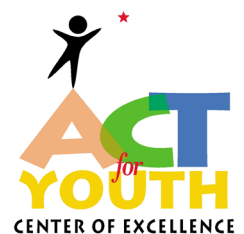
The perception of male sexuality often does not match reality. For more on this topic, see Andrew Smiler's articles:

*Research fACTs and Findings:
Young Men's Sexuality*
[www.actforyouth.net/
resources/rf/rf_young-
men_0913.pdf](http://www.actforyouth.net/resources/rf/rf_young-men_0913.pdf)

*PrACTice Matters:
Challenging Casanova*
[www.actforyouth.net/
resources/pm/pm_
casanova_0913.pdf](http://www.actforyouth.net/resources/pm/pm_casanova_0913.pdf)

These beliefs, attitudes, and behaviors have all been well documented as determinants of sexual risk taking behavior and negative sexual and reproductive health outcomes (Kirby & Lepore, 2007).

It is important to note that not all boys in the United States necessarily buy into these harmful gender norms (Smiler, 2013). The important implication for practice here is that the *perceived* norm about how a young man should behave is often quite different from the *actual* norm.



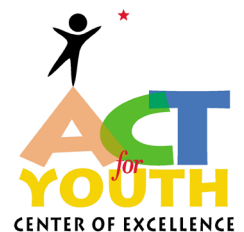
Do traditional FEMALE gender norms lead to sexual risk taking behavior?

Yes! Multiple U.S. and international research studies demonstrate that young women who abide by traditional female gender norms are more likely to engage in sexual risk taking behavior compared to their counterparts. In many U.S. communities, female gender norms are less rigid compared to male gender norms (i.e., multiple versions of femininity are accepted), however many women are still limited by a learned need to accommodate the interests and desires of men (Connel, 1987). In addition, young women are often taught to be nurturing, attend to others' needs, avoid conflict, and be hyper-attentive to their physical appearance. Like male gender norms, these traits are not necessarily bad; it is the rigidity of these norms and the expectation that women and girls must behave in this way *all the time* that makes them problematic.

Jewkes and Morrell (2010) termed the feminine gender norm of accommodating the interests and desires of men "acquiescent femininity." Acquiescent femininity works in tandem with traditional norms of masculinity to promote resonance with, rather than dissonance from, traditional male norms. Data from multiple studies (Jewkes & Morrell, 2010; Connel, 1987; Heise et al., 1999; Stewart, 2003; Ickovics & Rodin, 1992; Nahom et al., 2001; Ott et al., 2011; Wingood & DiClemente, 2000) indicate that women who ascribe to a more acquiescent form of femininity compared to other women are:

- Less likely to become educated on sexual health issues
- Less likely to plan for sex
- More likely to give birth at a young age
- More likely to have an unintended pregnancy
- More likely to use condoms inconsistently
- More likely to have poor condom use skills
- Less able to negotiate safer sex
- More likely to have poor assertive communication skills
- More likely to have a partner that disapproves of safer sex practices
- More likely to experience power imbalances in her romantic relationships
- More likely to leave the decision making, timing, and condition for having sex up to her male partner
- Less likely to have self-efficacy to avoid HIV
- Less likely to enjoy first sexual encounter
- More likely to experience physical and/or sexual abuse in her relationship

In some cultures where virginity is highly valued, young women learn that they are not supposed to talk about sex, much less plan for it. These women, when



The assignment of pink for girls and blue for boys started in the 1940s. Prior to this, girls and boys traditionally wore white gowns until the age of 5 or 6. As pastel colors came to market, pink was initially assigned to boys and blue for girls (Maglaty, 2011)

they do decide to have sex, are less likely to have the information they need to make informed decisions. They may also practice oral or anal sex in order to preserve their virginity; however, these alternative behaviors – particularly anal sex – also put their health at risk (Rao Gupta, 2000). Societal pressure for girls to delay intercourse implies that it is inappropriate for girls, but not for boys, to desire sexual experience. This norm makes it more challenging for girls to be prepared for sex and negotiate condom use.

Like male gender norms, the female gender norms listed above have all been well documented as determinants of sexual risk taking behavior and negative sexual and reproductive health outcomes (Kirby & Lepore, 2007).

How do male and female gender norms work together to affect adolescent reproductive and sexual outcomes?

When traditional male and female gender norms work together, they compound and reinforce each other, making their effect on sexual risk taking behavior even greater. For example, consider a young man who believes he should be the one to decide whether or not the couple uses condoms, *and* his female partner believes she should let the boyfriend make the condom decision – doing otherwise would cause conflict, which is in direct contradiction to the traditional feminine gender role of “smoothing things over” to create a harmonious relationship. In the case of this couple, perfect conditions have been created for avoiding condoms, resulting in higher risk for sexually transmitted infections and unintended pregnancy.

Program developers run into examples of this mutual reinforcement of traditional norms as well. For example, a program designed to train teen fathers on the basics of infant care created tension between the participating teen fathers and the teen mothers of their babies. When the fathers began to take initiative to bathe or feed the baby, some of the mothers expressed annoyance or anger as they began to feel their own caretaker role being threatened. Developers of this program learned that when designing an intervention that aims to change gendered attitudes, one needs to work with both men and women to create new norms that allow the desired changes to be perceived as positive and therefore to take hold. Addressing corresponding, unhealthy masculine/feminine gender norms simultaneously as part of intervention design is called “gender synchronization” (Greene & Levack, 2010).

Conclusion

As we’ve seen, boys and girls often begin their understanding about gender starting at birth, and their gender conditioning continues through childhood, especially during adolescence. There is clear evidence that boys and girls who adhere to harmful and inequitable gender norms are at higher risk for engaging in behaviors that can lead to unintended pregnancy, sexually transmitted infections, and violence. In Part Three of the *Gender and Sexual Health* series, we will examine how program developers can change gender norms. ★



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