**CHAPTER ONE**

**Gender and human sexuality**

1. **Introduction**

**Sex** is defined as the biological differences between males and females

* Universal (factors are the same around the world)
* Born with
* Generally unchanging (with the exception of surgery)
* Does not vary between or within cultures

**Gender** Socially constructed roles, responsibilities and behaviors (Masculine or feminine)

* Cultural
* Learned
* Changes over time
* Varies within and between cultures
  1. **Earlier Schools of Thought in Psychology and Gender Differences**

1. **Structuralism:**

Structuralisms were primarily interested in ***the structure of human mind***. Adult mental processes were studied by using introspection. Structuralism’s interest was in the investigation of **“*generalized adult mind*”** (Shields, 1975). They were not concerned with the effect of individual differences, including difference between ***men and women***. Ignoring individual differences did not mean that structuralisms treated men and women equally.The ***student subjects*** in structuralism experiments were ***males.*** The **“*generalized adult mind*”** therefore was a **“*male mind*”**. In the U.S, women were expressly prohibited from one of the early groups of experimental psychologists (Schultz & Schultz, 2004).

1. **Functionalism**

Psychology and the psychologists took a more pragmatic and practical turn in the U.S. Functionalism focused upon ***the functions of the mind rather than the structure of mind.*** Functionalist researches included a wider variety of ***subjects including women, children, and animals***. ***The structuralism had excluded groups like children, animals, the feebleminded and even women.***

**B.1. Impact of Studies on Intelligence and Adaptability:**

***Intelligence and adaptability*** were two major areas of functionalist interest. As a consequence they delved/investigate into intelligence test development and study of individual differences. ***Individual differences in mental ability, and personality traits, including sex differences were being compared now***. The Darwinian influence impacted the functionalists as well. One of the popular areas of study was the biologically determined differences which included ***biological basis of sex differences.*** That was perhaps the formal beginning of the empirical investigation of sex differences, although mostly quite biased. The findings usually tended to support the conventional male-female roles prevailing at that time. The impact of social influence in terms of sex differences was generally either ignored, not touched upon, or not considered worth investigation.

**B.2. some of the typical findings of such studies:**

* Women were less intelligent than men.
* As compared to men women benefited less from education.
* Women, as compared to men, had a strong maternal instinct.
* Women were unlikely to produce examples of success or eminence.
* The findings primarily suggested that females were intellectually deficient.

The functionalists were interested in **“nature” rather than “nurture**”. Study of sex roles and cultural concepts of “masculine” and “feminine” did not interest them. The gender-biased views or findings of the functionalists faced strong criticism. ***Female psychologists like Helen Thompson Woolley and Letta Stetter Holing worth*** *criticized,* they argued and took a stand against the functionalist view of women.Woolley in the early 1900s raised the point that the sex-difference research reflected the ***researchers’ personal bias, sentiment, and prejudice***.Holingworth believed that women’s potential can never be demonstrated unless they were given an opportunity to choose the life they would like, whether career or maternity, or both.

1. **Behaviorism**

This approach brought forth a new perspective. Behaviorism emerged almost as a reaction to the ***prevailing introspective, inner experience, and approach***. The subject matter of psychology for them was observable behavior alone, rather than inner experience or instinct.

The behaviorists emphasized **“*nurture*”.** Although their main emphasis was different from the functionalists, their approach towards sex differences was not much different. Their primary interest was in learning and memory. Sex differences and sex roles along with other social factors were ignored. These early psychologists created “***womanless” psychology*** (Crawford and Marecek, 1989). Their research negatively affected the attention required by the sex/gender difference issue in two ways: ***Their research did not include women as participants, or when both men and women were participants, gender related variables were not examined.***

1. **Psychoanalytic Psychology**

Psychoanalytic psychology, founded by Sigmund Freud, has been the most influential yet most criticized approach in psychology. Psychoanalytic psychology was the first to talk about sex differences, personality differences between men and women. Freud’s theory gave an understanding of the conceptualization of sex and gender.

**d.1. Freudian theory of personality**

Freud talked about the developmental stages of personality in terms of **“*Psycho-sexual Development*”**.Personality is guided and run by basic energy; **instincts** are the source of energy. The most significant factor in personality formation is a ***child’s perception of anatomical difference between boys and girls***.The child’s perception of bodily differences between males and females leads to a realization of what they do not have. The resultant ***feeling and attitude leads to a crucial conflict i.e., an attraction towards the opposite-sex parent, and hostility towards the same-sex parent develops.*** The child ultimately reaches a resolution of this conflict in the form of identification with the same-sex parent. The case of a male child is graver in nature. He undergoes a deeper conflict and trauma in personality development.The resolution comes in terms of complete identification with the father. From this, Freud drew the hypothesis for which he may still be criticized: As compared to women, men typically form a stronger conscience and a sense of social values. This issue was passionately contested and Freud criticized for what this thinking implied. ***Those who believed in this theory interpreted it to imply that women were inferior to men. Women were jealous of men’s achievements, were less ethical, more self-contemptuous/dislike, and more concerned with their appearance.*** Acceptance of a feminine role meant adopting low ranking opportunities and an inferior status. If any woman could not reconcile with this situation, she was considered to be a case requiring psychotherapy, since she was not accepting a role expected of her. This thinking not only hurt women but also touched men who thought otherwise. ***They felt that Freud was proposing and strengthening the idea of female subservience/less important/too eager to obey and a male dominated society.***

Freudian theory gained unmatched/supreme popularity all over the world especially in the West. This had implications interms of influence on popular thinking. ***For the development of masculinity, the psychoanalytic theory had very stringent/severe and inflexible standards***: The male child whose masculinity develops in a normal fashion undergoes very severe anxiety and conflict in early childhood, the child develops hatred for the father, fears him, and undergoes trauma.***Then he realizes that instead of breaking from father he should identify with him, become like him, break from mother, and experience the advantages of manhood.*** Now, can all boys completely break away from mothers and fully identify with the father? What about sons attached to mothers? Or fatherless sons?The boys who could not break fully from mother, and did not completely identify with father, lack abnormally developed masculinity and have feminine characteristics in their personality.

**d.2. Psychoanalytic Feminism:**

Psychoanalytic feminism roots in the work of Freud. Gender is not a biologically determined phenomenon. Psycho-sexual development leads to the gender role that we adopt and play.Childhood experiences are responsible for making the male believe that he is masculine and making a female believe that she is feminine. These experiences lead to gender inequality. This is a result of a male dominated society.

**1.3. Gender- related Research**

**Research focusing upon**

a) The socio-psychological, economical, biological, and cultural-societal impact of gender ***stratification and gender roles.***

b) It also explores the various aspects of ***gender relations and gender differences***.Gender research covers all sorts of issues pertaining to gender, especially the social and psychological life of women.

**Feminist Research:** Research exploring the social, psychological, economical, biological, and cultural-societal aspects of women’s life.

* The focus of research is the ***status and condition of women*** in the society.
* The basic premise/principle of gender research is the idea that women generally experience subordination. The objective of feminist research is to identify female’s problems so that resolutions can be found.
* The ultimate goal is the improvement in the condition and status of women in the society.

**Threats/challenges to Gender–related Research** Eichler (1988) identified threats to sound research pertaining to gender:

1. **Androcentricity**

Most gender research, especially the initial one, had been andocentric i.e., looking at issues from the male perspective. For example: for many years the researchers studying occupations concentrated upon men’s formal work and ignored female’s domestic work and childcare. The other extreme may be gynocentricity (female centered) i.e., evaluating things from women’s point of view alone.

1. **Over generalizing**

1. In this type of bias the researchers take data from one segment of the population i.e., men, and generalize it to the rest of the population, including women.

2. By doing so they are trying to support conclusions about both sexes.

3. In some cases it may be the right and the only feasible approach. But in many cases it becomes a source of bias.

4. Psychologists and sociologists, in many studies in the past, studied only male samples but generalized the findings to all mankind.

5. They have been claiming that their findings and conclusions stood true about “humanity”rather than just men alone.Similarly, at times researchers study certain phenomenon in just female subjects and then later on apply the conclusions to men as well, whereas the phenomenon was more relevant to women but not to men.For example a study of “mothering” practices may not represent a true picture of “parenting” practices, but the researcher will have a tendency to quote the findings to be true about all parents.

6. Overgeneralizing may also become a problem when findings about samples of all white, educated, and middle class females in a western society are applied to women from all over the world, belonging to different cultural backgrounds.

**C. Gender Blindness**

Many researchers fail to see that gender differences exist in almost all spheres of life. For example many studies on the life of elderly people tended to ignore the fact that most elderly women live without husbands, whereas most elderly men live with wives.

**E. Double Standards:**

Researchers’ personal attitudes, thinking, and prejudices lead to double standards. When they talk about acouple, in terms of a man and women, they tend to assume that the man is the head of the family, runs it, and the woman does only support work in the household.

**F. Interference**

At times the subject’s perception of the sex of the researcher interferes with the accurate fact finding process. Maureen Giovannini (1992) experienced this phenomenon while studying a small community in Sicily/Italy. The very fact that she was a single woman caused problems for her in having private conversations with men, besides the fact that she was denied access to many places.

Gender research uses the scientific methodology: Psychology is a science because it uses the scientific approach and methodology.

**1.3.1. Scientific methodology**

The procedure for data collection employs a systematic, predefined, series of steps for attaining optimal efficiency, accuracy, and objectivity in investigating the problem of interest.

**1.3.1.1. Steps in Scientific Method**

Identifying a research, Review of related, Formulation of a hypothesis, Designing & Conducting, Analysis of data, drawing conclusion.

**Feminist/ Gender Research Methods:-**uses Quantitative methods and Qualitative methods.

**Quantitative methods includes: -** Descriptive Methods, Experimental Methods and Ex Post Facto Studies

**Qualitative Research Methods: -**Case studies, Ethnography, Focus Group Discussion (FGD) and Interviews.

**1.3.2. Descriptive Research Methods commonly used in Gender Research**

Surveys, Correlational studies, Observation and Content Analysis

* **Surveys**

1. Surveys are the best approach when quick information is required from a large number of people in limited time e.g., survey of how female students choose their future career path.
2. In surveys the participants are presented with a series of questions or statements to which they have to respond.
3. Surveys are most appropriate when the goal of the study is to find out about opinions, attitudes, prejudices, preferences, values, lifestyles etc.
4. Surveys, at times, are the only resort for the researcher, especially when the phenomenon under study cannot be observed directly, either due to ethical constraints or because of procedural problems.
5. **Data/ Information Sources in Surveys**

* Questionnaires: given in person, mailed, or e- mailed.
* Interviews; face-to-face, personal, electronic, or Telephonic:
* Newspaper or magazine surveys
* **Essentials for surveys**:
* Trained, skillful, experienced interviewers.
* Careful and appropriate wording**.**

**Limitations of surveys:**

**•** In-depth study is not possible.

• Surveys ask questions rather than making direct measurement.

• Instead of direct observation we depend upon self-reports.

• Self-reports rely upon the respondents’ memory.

* **Co relational research**

Used for identifying predictive relation-ships among naturally occurring variables.

**Sources of Data in Co relational Research**

**Psychological tests: I**.Q, personality, aptitude etc.

**Questionnaires:** in person, mailed, e-mailed.

**Interviews:** personal, telephonic.

**Official Record**: statistics, archival data.

**Correlation:**

1. Basically a statistical concept.
2. We can say a correlation exists between two variables when two different measures of the same individuals, objects, or events vary together e.g. relationship between aggressiveness score and stressful life events in recent past, or age and the number miles a person can walk.
3. Pearson Product Moment Correlation Coefficient (r) is the most commonly used procedure.
4. It yields a value ranging between +1.00 and -1.00, showing the magnitude as well as the direction of the relationship.

**Nature of Correlation**: - Positive, negative, and zero correlation

**Remember!** Correlation is not “causation**”!!!**

* **Observation:**

1. Systematic observation is one of the popular research methods employed method by anthropologists, sociologists, and ethnologists.
2. The procedure involves observation, study, and careful recording of the phenomenon of interest.
3. The recorded observations are analyzed later on.
4. The analysis yields conclusions.

**Types of Observation:**

**Observation**

A. Observation without intervention: - refers to naturalistic observation

B. Observation with intervention includes: - Participant observation, structured observation, and field experiments.

* **Content Analysis**

Content analysis is one of the most commonly used methods for assessing the impact of electronic media, literature, art, textbooks, and oral discussions. Content analysis is done keeping specific goals, objectives, themes, and constructs in mind. It is a part of archival research. Concept is an approach for systematically categorizing and analyzing the content of the behavior or its related aspects or variables being studied. The analysis may cover contents of live human behavior, books, journals, magazines, poetry, drama, movies, folktales, TV programs, school textbooks and curricula, advertisements etc.

**The Procedure of Content Analysis:**

The content of the behavior or its related aspects/variables being studied is systematically categorized with reference to some theory .The analyst scans contents of live human behavior, books, journals, magazines, poetry, drama, movies , folk tales, TV programs, school curricula, advertisements etc. according to the categories under consideration. Once objective identification of specific characteristics of contents has been done, inferences are made and conclusions are drawn. For example, a number of researches have done content analysis of TV programs, or textbooks to see how the two genders have been portrayed and presented.

**Some other descriptive methods:**

• Unobtrusive measures

• Archival data

**.** Experimental Research

**Unobtrusive measures**: - These are a form of indirect observation and indirect ways of data collection. The subjects under study may not be present at the time of investigation. Information is gathered about the lifestyles, behaviors, and habits of the people being studied through indicators present in the surroundings. Unobtrusive measures may be used as the sole source of evidence, or for supplementing or cross-checking information collected through direct observation. At times when direct observation is not possible, such measures may replace observation. Physical traces/signs are one of the sources of data in unobtrusive measures. Remains, remnants, fragments, objects, and products of past behavior are used as evidence. For example, information regarding the life style of the women of the Indus Valley civilization can be obtained by studying the dresses, pieces of jewelry, other bodily adornments, and objects found through excavations and kept in museums.

**Archival data or archival research:-**Already existing records, documents, different forms of literature, newspaper items, photographs, movies, documentaries, biographies, autobiographies etc. are used as evidence or information in this type of research e.g. using newspaper records to study the rate of crime during the past 20 years. Archival data may be used to supplement data gathered through other sources. Archives are places where data or Information is stored. Archives can be public or university libraries, government offices, computerized databases, TV or radio libraries etc.

* **Experimental Research**

Experimental Research is the type of research that brings scientific status topsychology. It employs experimental method for finding evidence.

**Experimental method: -**refers to using experimentation for studying a phenomenon. Experiments are designed carefully in order to have carefully tested findings.

**Experimental design: -**is the plan or structure or lay out of according to which an experiment is conducted.

**Experiment:** is the research procedure whereby the variable of interest (independent variable) is manipulated and the effect of this manipulation is studied. The main feature of experimentation is control.

**When do we need to conduct experiments?**

Experiments are needed: When we have to test hypotheses, or when we have to test the impact of a treatment, or program, on behavior. Experiments are primarily used for investigating cause and effect relationships.

**Main components of experimental research:** A hypothesis about the causal relationship,an independent variable, a dependent variable, manipulation of the independent variable and

Complete control over the dependent variable.

**Types of variable involved in an experiment:**

Three types of variables are involved in experimental research:

• Independent variable

• Dependent variable

• Control/Intervening or confounding or extraneous variable

**Independent: Variable: (IV)**

Independent variable is the variable that the researcher hypothesizes to be the causal variable. The impact of IV is investigated in the experiment. IV is manipulated in terms of kind or level.

**Dependent Variable: (DV):**

The variable thought to be the consequence or effect of IV. It is the measure of behavior on which the impact of independent variable is being studied.

**Control variable:**

A potential independent variable that can have an impact upon the dependent variable; it has to be controlled so that it does not interfere with findings about the impact of IV.

**The logic of Experimental Research:**

If there is a cause and effect relationship between the independent and dependent variables, then the manipulation of the independent variable will bring about a change in the value of the dependent variable. All other variables that can interfere with the findings have to be controlled in order to be sure of the findings.

**Example of experimental research on gender issues:**

Although experimental research is used for investigating gender issues, it is not a method commonly preferred by gender researchers.

**Example:** The study of the impact of viewing aggressive behavior in cartoons on male and female children: Two groups of children, one male and one female were allowed to watch a cartoon series containing frequent acts of aggression. Their baseline level of aggression and indulgence in aggressive behaviors was measured beforehand. The same were measured after the cartoon- viewing phase. Both groups showed an increase in the expression of aggression.

**Advantages of Experimental Research:**

• The element of control gives edge to this approach, strengthening the status of psychology a science. • We can be sure about the cause and effect relationship.

**Disadvantages of Experimental Research:**

• The subjects may exhibit artificial behavior instead of natural behavior.

• Subjects may experience stress or pressure that may affect their behavior or performance.

• Experiments are expensive, both in terms of time and money.

• Ethical issues: We cannot deceive and keep the subjects in dark about reality; but if we disclose the nature and purpose of the experiment it may seriously affect the experimental procedure as well as the findings.

**Ex Post Facto Research:**

It is a type of Quasi Experimentation, a form of Applied Research. Quasi Experimentation can be taken as “sort of experimentation”, not true experimentation. Quasi Experiments fit into the experimental framework, although not planned, initiated, or controlled by the experimenter. In such studies the independent variable occurs, or has occurred, naturally and the researcher studies its impact the way it is done in a laboratory experiment.

**The difference between the experimental design and ex post facto design:**

Experiments involve random assignment of the subjects to the treatment conditions, whereas in ex post facto research only those subjects are chosen who have already been exposed to theory variable under investigation.

**Groups in a Quasi- Experiment:**

Exposure group

Comparison group

**Ex Post Facto Studies**

Ex post facto research is used when the researchers are interested in studying causal relationship between two variables, but the nature of the phenomenon is such that experimentation is not possible. For example the impact of isolation for long durations, the behavior of boys brought up as girls, brain damage, impact of high doses of androgens taken accidentally by pregnant mothers, or exposure to harmful drugs or chemical substances. The subject variable is the characteristic of interest and the readings or scores on a chosen aspect of behavior will be the dependent variable.

**Ex post facto research can employ different formats:**

**Nonequivalent Control Group Design:** Two groups are compared, one exposed to the subject variable and the other taken as the control or no-exposure group.

**One-group pretest-posttest design: A** design in the before- after format i.e., readings or data before exposure are compared with those after exposure. It is a weak design involving problems of accuracy of the pretest data. But at times this is the only resort e.g. when we have to study changes in behavior of acid burn victims, after being burnt.

* **Qualitative research:**

In quantitative research the data are collected, dealt with, and presented/ reported in the form of numbers. The numbers can be in the form of simple frequencies, percentages, scores, measurements etc. If the phenomenon being explored cannot be recorded in quantities, it is not considered. The tools of data collection e.g. questionnaires are designed in a way that the researcher ends up with quantifiable Information.

In qualitative research the Information collected is in the form of analytical narratives rather than statistically treatable data. Qualitative methods basically belong to disciplines like Sociology, or Anthropology.

**Qualitative research primarily involves:**

• In-depth, detailed, case studies

• In-depth interviews

• Basic observational studies

* **Qualitative or Quantitative Research**

Which of the methods needs to be employed for a research, is not a simple to decide, since the answer to thisquestion may vary at various occasions?

The research method to be employed depends upon:

• The nature of the problem.

• The accessibility of Information.

**Using a qualitative- quantitative combination:**

Some researchers have used a combination of the two. Walker (1996) adopted this approach in a study. Walkerstudied if gender differences in the control of a TV remote control would affect the relationships of couples. She used semi-structured interviews as the main method (quantitative) and supplemented the Information with a qualitative analysis. This analysis was based upon a number of open-ended questions asked to the subjects, and quotes from the interviews. These were used to illustrate the conclusions. The conclusions of her study showed that when both partners are watching TV, it is men who usually control what is being watched. In general a leisure activity, watching TV, can become a source of conflict.

**Limitations of Quantitative Research:**

• In surveys, the researcher depends upon self-reports and not direct observation of phenomenon ofinterest. Therefore the respondents’ honesty, seriousness, accurate memory, and interest in the research determine the accuracy of the findings.

• Co relational research does indicate the existence of a relationship, but gives no clue to the causal relationship.

• Experimental research involves artificiality, and the researcher tends to ignore many behaviors that can be important because they are not thought to be related to the variable of interest.

* **Case studies**

A type of research in which the focus of investigation is a single case or a small sample. This approach is employed in rarely occurring cases, or when getting hold of a large sample is practically not possible.

**Rarely occurring condition:** Like cases of brain damage due to accidents, children lost in forests and grown up with animals.

**Situations where large samples are not possible:** Like it is difficult to get hold of a large sample of HIV/ AIDS patients, especially females, because doctors do not disclose the identity of their patients and most sufferers do not like to admit that their illness due to a fear of social stigma. Therefore it will be sufficient if one can get one case each of both genders.

**Cases that can be chosen for a case study:**

* People who are typical cases of a certain syndrome, treatment regimen, condition, or any otherphenomenon, and represent many other people.
* Cases that is unusual or rare.
* Cases that are interesting

**Interviews**

Interviews are used both in qualitative as well as quantitative research. In depth interviews reveal a lotabout the case being studied. Interviews have an edge over questionnaires because of the opportunity to observe non-verbal behavior and body language of the subjects. Willingness of the subjects is an essential requirement of interviews, besides the interviewer’s skill and training. When used as the sole source of data, interviews typically contain more open-ended than close-ended questions. For example, interviews of abandoned women, and female victims of domestic violence residing in a shelter home.

**Interviews can be conducted in order to:**

* Gather oral or life histories and have a broad orientation.
* Investigate specific, narrow, issues or subjects of interest.
* In-depth interviews can be used to supplement case studies.

**Conducting Interviews on Gender Issues:**

* The following points need to be considered before you decide to employ interviews as your preferredmethod:
* Sensitive issues need to be tackled carefully. Use carefully selected words, and carefully phrasedlanguage.
* Time and place of Interview are very important. Privacy and time suitable to the subjects is should begiven priority.
* The people around may matter a lot to the Information yielded by the Interview. Try interviewing inprivate, or make sure the people present do not interfere.
* For example when Interviewing women in a shelter home, one need to make sure that theadministration or other inmates are not listening without the consent of the interviewee.
* **Ethnography**

It is one of the methods most popularly used by anthropologists. It is gaining popularity among psychologists, especially those studying gender issues. The researchers spend time in the environment under study, in events of interest, or with people being observed in such a manner that they get immersed in to the situation. The researchers become a part of the situation e.g. a hospital, shelter home, prison, school, or orphanage, and gets the direct and real feel of the context. It is a naturalistic observation that can be supplemented by concealed audio/video recordings of behavior. The researchers record information soon after observations are made.

The researchers have to be particularly careful about not getting emotionally involved with the subjects, or in the situation or behavior. They should also be cautious that their own behavior should in no way alter or reinforce the subjects’ behavior or beliefs. Example of ethnography: Becoming a student to study gender differences in private language of male andfemale students in a university.

**Focus groups**

Focus groups are collective interviews conducted in a group setting. It is a discussion that revolves around aspecific issue. The researcher talks to the participants in order to learn about their opinions, attitudes, preferences, likes or dislikes, and tries to find out reasons/ causes of those. Focus groups are mostly used as a source of data collection in surveys but used otherwise as well.

**The nature of the subject group can be of one of these types:**

• The subjects belonging to different spheres of life are brought together at one location for discussion.

• Subjects with the same background are invited for discussion.The usual size of the group is 6-8 participants. More people can be added if required, but it rarely exceeds discussants. The procedure is the same as interview but focus groups have an advantage in terms of Interview participant/ within-group interaction. Example: We can conduct focus groups to assess gender differences in hurdles faced in choosing the preferred profession by male and female students.

**A caution against gender bias in research:**

• Researchers should be very careful in selecting the language and words in questionnaires, interview schedules, and other research tools.

• Stereotype about gender, race, color, or other sensitive issues may be perpetuated and reinforced by the careless use of language; it can also cause hurt to the party involved.

• APA Publication Manual provides guidelines on the use of gender- neutral language, and addresses the issue of language that is considered as sexist, because it implies inequalities between males and females.

• In 1977, APA for the first time developed guidelines for “gender- neutral” or nonsexist language.

**The use of gender –neutral language solves two problems:**

**The problem of designation:**Researchers often intend to refer to all humanity, but use words that imply men alone e.g. “man is curious by nature” or ‘man has to be aware of the health hazards”.Research shows that even when the researcher was totally nonsexist in approach and intention, the readerstook sentences including the word “man’ or “his” as referring to men alone 86% of the times (Kidd, 1971).Therefore **“they”** should be used instead of “**his”** or **“her”.**

**The problem of evaluation:**The terms chosen to describe males and females imply inequality e.g. men’s college and girls’ college, men’s team and girls’ team. Using “women” instead of “girls” can solve the problem.

* **Choosing an appropriate research design.**

The following factors need to be kept in mind while designing a research:

* The nature of the problem
* The expected form of Information.
* The preferred form of Information…. Qualitative or quantitative?
* Your skills with numbers and narratives.

**Chapter Two**

**2. Gender Socialization and Gender Stereotyping**

**2.1. What is Socialization?**

Socialization is a process of learning sex-roles from different agents of society. First parents and family are important agents that guide child in sex-typing and identification with same sex. Their different behavior with girl and boy develops gender identity. Secondly cultural sex-stereotypes also aid in identifying process. Gender role can vary according to the social group to which a person belongs or he/she identifies. For example in all over the world women share the stereotype of being coward and weepy. Sex-typing is very rigid in first 5 years of individual because girls and boys receive different treatments from the society. Sex-typing is flexible and with the passage of time when child acquire cognitive development sex-roles are learnt and changed.

**2.2. Socializing factors of gender**

Children learn gender stereotypes as part of the socialization process. Socialization is the process wherebyculture is transmitted from one generation to the other. They are taught, and they learn, the societal beliefs and values. A significant component of this process is the learning of gender roles, and stereotypes. Children are taught gender-appropriate behaviors for themselves, as well as ways of perceiving members of the opposite gender. Gender stereotypes and role one learnt are through various means:

**Family**: -Family is most important of agent of socialization and sex-typing. Family members are responsible for fulfilling physical and psychological needs. Child receives inheritance from family and it guides for social, emotional development. Family provides basic knowledge of sex-typing and teaches cultural sex-stereotypes. In cultures in developing countries extended family members (grandparents, uncle & aunts) also influence the process of sex-typing.

**Parents:-**Parents are responsible for transmitting their own sex-roles and stereotypes to their child.Parents direct children how to behave and how not to e.g., “Don’t cry Boys! Don’t cry, Are you a girl?" “Don’t try to fix the switch daughter! Let your brother dot it! It is boy's job." Parents’ verbal and non-verbal gestures and selection of toys, colors and play activities for boyand girl develop concept of sex typing. Positive encouragement or extra support from parents can develop opposite sex stereotype in girl or boy, for example girl can be more assertive or boy can take more interest in cooking or household activities.

**Schools:-**Schools are significant institutions for sex-typing especially early perceptions about individuals and things influence the decisions of later life. Teacher’s behavior, style of punishment and different play activities with boys and girls facilitates sex-typing. Schooling is threat for the child at beginning as he/she has to leave mother. So, in most of the countries nursery teaching is associated with females that provides substitute of mother to the students.

Education and curricula also transmit stereotypical thinking. Teachers teach boys not to act like girls, as if behaving like a girl is something deplorable. Textbooks portray males as capable and professional. Females are depicted as non-professional, and usually home bound. Text books mostly show man as doctors, surgeons, pilots, scientists, lawyers or engineers. Females are shown to be doing less prestigious jobs like house work or nursing. Fifty percent of the work in fields in done by females in rural areas, but one hardly sees a woman depicted as a farmer.

**Childhood Play:-**Childhood play activities star in pre-school years and share stereotypes and sex-typing, socialized by parents and family. Role of childhood play in ex-typing depends on the school environments. Schools where boys are girls are stressed sex stereotypes, sex-typing is developed earlier but institutions where child are allowed to play according to their interest and cognitive abilities boys or girls can enjoy any kind of play (dolls house or boxing).

**Peers:-**Peer groups develop at the age of six or seven when schooling starts and generally same sex groups are formed. Peer influences style of conversation, play activities, ideas and religious activities. Peer approval force child to adopt sex-biased behaviors in case of same sex peer group.

**Social discrimination:-**In socialization process of in most developing cultures females are generally victim of sex discrimination. Socialization is affected by marriage practices. Lullabies are practices that promote cultural norms and values. Women are given inferior status and males are considered symbol of pride and power for the family. Women are thought to be custodian of family’s honor and they are sacrificed for ending family disputes or property matters, whereas males share the status of power and personal glory. These practices promote sex-discrimination, negative stereotypes and inferior concept of gender-identity. When girl or boy sees his/her mother and father singing these bad practices, negative sex-identities for females are developed.

**Mass media:-**Media is not only source of communication or entertainment; it also plays a vital role in projecting cultural norms and values, and sex-typed behavior. In in some countries like Pakistani media women are portrayed as passive, economically reliant on men and having no information about the world outside home or national progress and international affairs. Media has been depicted women concerning about family matters or house hold cores. After and during 90’s media has started projecting women in positive way showing their educational concerns and progress, female health issues and role of women in economic development. Media transmit sex-typed behaviors via novels, stories, and cartoon movies. Children learn sex biased roles and values.

**Community:-**Community greatly influences the decision making, achievement of goals or taking responsibilities. In the sameway when an individual try to violate norms values or prevailing sex-type behaviors community oppose his/her and force him/her to follow traditional patterns. When women get some higher status than prevailing sex biased stereotypes, because of her personal effort and individual abilities, she has to face certain obligations from community and keep herself on the way of success. The community’s reaction to individual’s action influences his/her sex-type behavior.

**Work environment:-**In choosing an occupation sex-typed behavior is very important. Male and female both think while selecting an occupation that it is according to his/her sex-role or not. Sex-typing also affect the behavior at working environment. When a woman wants to enter in professional life she has to take into consideration her sex typed behavior and needs of profession. Generally the same nature of work done by male and female worker is given different weightage and males are given privilege for promotion. Theories before feminism were based on physiological differences; believe that female personality characteristics are dependent, low in mechanical abilities and resultantly cause low achievement level of women in professional life. Feminist theories have influenced the sex-typing. In case when a woman wants to achieve higher professional status relying on her individual abilities she has to sacrifice her sex-role.

**2.3. Gender stereotypes**

Gender stereotypes are beliefs about the typical characteristics and behaviors of men and women (Worchelet.al. 2000). Stereotyping is universal. It is cultural phenomenon. Some stereotypes are culture specific, whereas most are universal. A stereotype can be thought of a schema about member of an identifiable group (Hamilton, 1979, 1981). Stereotypes are based upon, depict, and strengthen already held prejudices. When people hold stereotypes about others, they do not see them as individuals in their own sight, but in the light of pre-formed believes. When you see a person, a woman for example, about whom you hold a stereotype, your relevant stereotype schema is activated. This activation is automatic, like most other schema. Walter Lippmann (1992), a journalist, was the first one to use the term "stereotype" in the social sciences' context. He described stereotype as "pictures in our head". For Lippmann stereotypes are negative in nature that protects the relative social standing and interests of those who hold these."Racism" and “Sexism" are the two main contexts in which stereotypes are mostly held and applied.Stereotypes not only affects peoples' interpersonal and inter-group relations and networking; they also affect one's perception of one's own abilities as well as status as members of a society.

**2.3.1. Gender stereotypes across-cultures**

In a 25 nation study a core set of descriptions was identifies. These descriptions were consistently used todescribe men and women in their cultures (Williams & Bert, 1990).The male descriptions included: active, adventurous, ambitious, determined, disorderly, logical, stern, and wise and a number of others. The female descriptions included: affected, affectionate, charming, dreamy, gentle, mild, talkative, weak and others.

**2.3.1.1. Stereotypes of Warmth and Expressiveness versus Competence**

Members of western societies hold well-defined gender stereotypes. These prevail regardless of age, economic status, and social and educational background (Feldman, 2002). Western societies ' stereotypes are skewed in favor of men, than women. The socially preferred traits are attached more to men. These societies prefer competence over warmth and expressiveness .Competence related traits are associated with men: independence, objectivity, competence. Warmth and expressiveness traits, attached to females include gentlemen and awareness of others' feelings.

**2.3.1.2. Stereotyping of occupation**

Stereotypes are primarily negative in nature i.e. usually negative characteristics are attributed to certain sections of population. Negative stereotypes are attached to the "out group ", and positive attributes are associated with "in-group". Stereotypes are formed and held, as a result of cultural beliefs, practices, and traditions. If the society is male-dominated, then most positive attributes will be attached to males.Such attributes portray men as more capable, able, and strong as compared to women.

|  |  |  |
| --- | --- | --- |
| **Faculty** | **Male stereotypes** | **Female stereotypes** |
| ***Biology/Physiology*** | **Strong, powerful, never tired,**  **Energetic** | **Weak, frail, dainty, charming** |
| ***Emotions*** | **Stable, never cry, can hold emotions,**  **aggressive, serious, brave,**  **unemotional** | **Gentle, soft-hearted, cry soon, can not**  **hold emotion, sensitive, emotional,**  **sentimental, fearful** |
| ***Intelligence/ Cognition*** | **Intelligent, wise, makes decision,**  **clear thinking, logical** | **Dreamy, less capable** |
| ***Attitude*** | **Assertive, courageous, active,**  **adventurous, responsible** | **Dependent, submissive, superstitious,**  **talkative, curious, irresponsible** |

**Some sex stereotyped behaviors for males and females**

|  |  |
| --- | --- |
| **Males** | **Females** |
| Aggressive | Emotional |
| Brave | Sentimental |
| Autocrat | Fragile |
| Dominant | Dependent |
| Independent | Submissive |

***2.3.1.3. How are Gender Stereotypes formed?***

The formation of gender stereotypes can be understood and explained in the light of these approaches:

**i)** Psychoanalytic Approach

**ii)** Behaviorist Approach

**iii)** Authoritarian Model Approach

**iv)** Observational Learning Approach

**v)** Feminist or Patriarchal Approach

**Psychoanalytic Approach:** Gender stereotypes are formed as a result if a child's identification with the same sex parent.

**Behaviorist Approach:** Children learn gender stereotypes as a result of reinforcement from parents and significant others. They are rewarded for adopting the stereotypes held by parents, and punished for not adopting them, or for adopting beliefs contrary to the one, held by parents.

**Authoritarian Model Approach:** Authoritarian parents do make expression of their love for children, but at the same time make them behave they want them to. Children of such parents learn and adopt stereotypes held by parents almost automatically, since that is the only way they are expected to behave. Punishment or negative reinforcement is employed by parents for making children learn the desired behaviors.

**Observational Learning Approach:** Children learn gender stereotypes as a result of their observation parents, peers, and others. They see these people as holding and practicing strongly held beliefs, and being rewarded on respected for it.

**Feminist Approach:** Gender stereotypes are formed, held, and practiced as a result of male-dominance, and female-subservience in the society. Men have been oppressing women since they have been in dominant positions. It suits them, for maintaining their dominance that females are kept in second-rate citizen status. Traditional stereotypes imply that women are weak, less capable and dependent upon their male counterparts.

**2.3.2. Prejudices and stereotyping**

Prejudice is a negative evaluation of a group without judging or evaluating reality.Stereotypes not only leads to prejudices, but also strengthens the ones already existing. Prejudices entail feelings of worth for the in- group, and devaluation for the out- group. Prejudices in turn lead to discrimination, thus leading to more serious personal and social consequences. As a result of stereotypes, and the subsequent prejudices, people tend to hold positive biases towards the in- group and stick to the negative perceptions of the out- group. For example, if women are thought to be non- serious, foolish, and less capable of wise decision making, then they will not only be perceived like that but will also be kept out of major decision making even when it concerns their own life and welfare. But gender stereotypes do not always lead to prejudices that directly end up in negative behaviors.

• A Meta-analysis has shown that women received slightly more favorable ratings than men (Feingold, 1998).

• People generally have a positive feeling about the stereotypical characteristics of women, believing that these were fine examples of human qualities.Then how come women experience discrimination as a result of stereotyping?

• Focusing upon their conceptualization of sexism, Glick, Fiske, and colleagues (2002, 2001, 2000) have tackled this issue in their research.

• They propose that sexism has two aspects:

**Hostile sexism:** Negative in nature; i.e., having negative attitudes towards women.

**Benevolent sexism:** Having positive attitudes towards women, which in turn actually lead to belittling women, and to their subservience.

Therefore the traditional stereotypes imply that women deserve respect, a special treatment, and need to be set on a pedestal. As a consequence of this perception, women are seen as weak, less competent and more in need of protection than men (Fiske et al., 2002). Therefore it can be assumed that it is the favorable traits that are associated with women stereotypically, that perpetuate their lower status (Glick, & Fiske, 2001). For examplethink of the consequences of a young man offering his bus seat to a young woman about his age, who isperfectly healthy? In one study, the male participants were asked to engage in a task involving division of labor. They had to decide as to what type of tasks will they do, and what type will be done by their partners. Theparticipants tended to allocate more “feminine” tasks to their partners when they believed that their partners were females; the case was the opposite when they believed that their partner s were males (Stryphek, &Snyder, 1982).

**Chapter Three**

1. **Theories of Gender Development:**

Gender development is process of identifying oneself being male or female. Gender roles are expected to set thinking and behavior patterns for males and females. **Following approaches attempt to explain behavioral differences between male and female**. Before viewing the interpretations of various approaches we must take into account the importance of nature and nurture in development.

* 1. **Nature and Nurture**

**Nature:** Refers to hereditary influences, and **nurture** means environmental influences.Both influences are essential and are mutually influential. For example children’s response to parenting an (environmental influence) is determined by children’s temperament and other inherited characteristics e.g., physical condition. **Development and expression of hereditary characteristics is also affected by environmental influences**. In the last century there have been significant increases in **average height because of improved nutrition and medical care, in spite of the fact the height is a strongly inherited characteristic**. ***So, is it nature that influences nurture, or is it nurture that modifies nature? Psychologists have tried to explain the phenomenon of gender differences according to their respective theoretical approaches.***

**1. The Biological Approach:** Emphasize on biological processes and constitution that cause physical differences between men and women. Males and females have different sets of chromosomal make up. Human beings have 23 pairs of chromosomes. ***The 23rd pair of chromosomes is called sex chromosomes: in females it is XX and in males it is XY. Therefore men and women are born with different genetic patterns***. How this genetic pattern will express itself will depend upon the action of hormones. ***Certain hormones affect the development of physical sex characteristics.*** According to biological theory differences in chromosomes (X/Y) and hormones **(testosterone/estrogen)** determine the behavioral differences between **boys and girls.** Androgen hormones are related to male characteristics. The most important androgen is testosterone. The androgens have a very vital role in determining prenatal physical development. The absence of androgens means the fetus will develop female characteristics and the absence means the fetus will develop female characteristics.

* **Biological Differences in Brain**

***Men’s left side of brain*** is more developed that is responsible for conventionally ***logical thought, abstract and analytic thinking***. ***Women’s right side of brain*** is more developed that is responsible ***for imaginative, artistic activity, holistic & intuitive thinking, visual and spatial tasks***.This approach attributes the development of gender roles to biological processes but also acknowledge the importance of cultural differences, cognitive processes and sex-stereotypes.

**2. The Behaviorist or Learning Approach:** According to this approach ***all behavior and personality is a result of learning.*** Where the biological approach emphasizes ***“nature”,*** the behavioral approach stresses upon ***“nurture***” .Early behaviorists, like Skinner, emphasized the importance of reinforcement. Later on, in addition to reward and punishment, the significance of other variables like the ***social context, observation, modeling, and imitation were also included in behaviorism,*** which led to the social learning approach. According to the behavioral approach, learning of gender roles can be explained in terms of a result of:

**Learning by observation:-**The behaviorists maintain that gender –role associated behaviors are learnt and not innate, just like any other cultural patterns. They are shaped by reinforcement (Guerin, 1992). Children’s upbringing is designed in such a way that they are steered toward learning specific, socially desired gender roles.***Children, right from birth, receive different treatment (Pomerlau et al, 1990).***

This difference may increase in later years in childhood and can be seen in childcare settings, as well as in home (Chick et al, 2002).

The very fact that we can find variations in gender roles across cultures indicates the existence of different treatments (Gibbons, 2000). But if different treatments are the cause of gender differences then ***how did this difference start in first place?*** ***Can it be that there were small innate differences that were amplified after different treatment?***

**Classical Conditioning:-**Every time a child sees the parent of the same sex as his/her own, he/she is seen as wearing a particular type of clothes, using fixed type of gestures, and using a particular style of communication. This forms a type of association which leads to adoption of gender roles. But a stronger and more plausible explanation is the one based upon operant conditioning.

**Operant Conditioning:-**The type of learning in which a voluntary response becomes stronger or weaker depending on its positive or negative consequences.The organism plays an active role and ‘operates’ on environment to produce the desired outcome. Now why would an organism operate on the environment? To meet, as well as avoid, certain consequences reinforcement in other words.

**3. The Cognitive Approach:** This approach focuses upon the ***thought processes underlying learning.*** This approach gives importance to cognition when understanding and explaining behavior. This theory gives importance to the internal states of the person as well as the environmental events; however it is ***the thinking and perception that is the key factor.*** The term cognition ***refers to “knowledge” as well as “the process of knowing”*** Cognitive approach emphasizes:

***o Thoughts o Feelings o Thinking***

***o Values o Expectations etc.***

The core of the cognitive approach is the idea that people’s thinking determines how they will

Perceive the world, and how these perceptions will be acted upon.

**4. The Psychodynamic Approach:** Psychodynamic approach is based on Freud’s theory of psycho sexual development. Family dynamics influence individuals at a subconscious level and this leads to the development of internal gender identities.

Freudian Perspective of Psychosexual stages of development take place with possibility of particular conflicts at different stages. Gender roles develop as a result of resolution process of conflict at phallic stage ***Feelings of rivalry and hatred develop against the father at this stage.*** ***The father is seen as stronger and unconquerable; this leads to a conflict.*** The defense mechanism of identification is used for resolving the conflict. This gender identification leads to ***sex-typed behavior and development of gender roles***. Absence of a parent, particularly, the same-sex parent affects the normal process of gender development. Stevenson & Black (1988): ***boys with absent fathers around the oedipal stage show less sex-typed behavior.***

**5. The Humanistic Approach:** This approach is based on ***Roger’s theory that does not directly explain the process of gender role development.*** ***Ideal self and conditional positive regard are the main concepts in this regard.*** Roger’s theory in the process of gender development conditional positive regard can be seen as a set of expectations for gender roles, and ideal self can be understood as gender appropriate behavior. To achieve positive regard gender appropriate behavior becomes an ideal self for an individual like ***boys are told that cooking is for girls***, in the same way we can portray cultural stereotype as conditional positive regard for individuals and to achieve this regard he/she develop concept of ideal self that results in his/her gender appropriate behavior. ***This approach not directly explains the process of gender development so no research data is found from this perspective.***

**6. Cultural Influences:** Technological advancement affecte the societies in the following ways: ***Women are transferred to the less influential social sphere of home. Men are associated with the public sphere of politics, economy, etc.*** Men are fighting for becoming independent Archeology. Feminine role is defined as subordinate to the masculine role in non-industrialized countries and males are considered self-reliant and achievers. ***Women are regarded as nurturing, responsible, and obedient.*** The ***Western stereotypes for men and women are: Men to be instrumental (assertive, competitive, independent) Women to be expressive (co-operative, supportive, and sensitive).***

* 1. **The relationship between gender and behavior**

Infants do not have a sense of gender identity; however parents usually set up the environment in such amanner that children, as they grow in age, are automatically steered toward developing accurate gender identity. Some research evidence suggests that even infants have some sense of gender typical or atypical behaviors. ***In one study 7, 9, and 12 month old infants could distinguish between male and female faces when showed their photographs.*** The distinguishing cue was the length of hair of the person (Fagot, 1993).Another study yielded some clues to suggest that 24 months old infants have some knowledge of the gender typical or gender-at typical activities. Infants attended to those photographs for longer durations where people were performing gender-atypical activities (Poulin-Dubois, and Eichstedt, 2002). 12 and 24 months old children were studied in another research that investigated their knowledge of gender typical toys. It was revealed that girls demonstrated some such knowledge but not the boys.

* 1. **Cognitive abilities and gender**

It is stereotypically believed that men and women are intellectually very different. Men are thought to be more intelligent, and capable of wise and quick decision making.

Women, it is thought, are overwhelmed/weight down by their ***emotion,*** rather than logic or intellect. ***Even when a man and a woman have the same I.Q level,*** the man is considered to be more reliable for entrusting a job involving responsibility. ***Empirical research findings, however, do not indicate the existence of any significant gender differences in terms of intelligence and cognitive ability.*** Some gender differences have been noted in certain cognitive areas, but there seem to be not rue differences in the overall performance or ability (Hedges, and Nowell, 1995). In one analysis (Hedges, and Nowell, 1995***), the performance of male and female teenagers on tests of mental ability over the past 30 years was investigated***. The analysis yielded very minute ‘average difference’. But in case of some tests the member of boys performing very high or very poor was disproportionately large. ***In case of science tests the number of boys scoring in the top 5 percent was seven times more than that of the girls who scored that high.*** ***On mathtests twice as many boys than girls scored in the top 5 percent.In tests of perceptual speed and reading comprehension, boys were much more likely than girls to score the lower on the test of writing skills. A significantly little change was seen between the findings of 1960, 1992, the years when testing session used in the study were held.***

* 1. **Gender Differences in I.Q**

There is no strong evidence suggesting any real gender difference in I.Q scores. There are only very few studies that showed gender differences in I.Q scores, the differences indicated by these researches are pretty small. However these small differences have become even smaller in the recent past (Aiken, 1984).

***Females have generally been found to be out performing males in verbal skills, whereas males have been noted to be performing better on tasks involving spatial ability, or mathematical ability.*** In one of the earlier studies, Maccoby and Jacklin (1974) reported that ***boys possessed superior quantitative and spatial abilities; however they were out performed by girls in verbal abilities.*** This evidence strengthens the stereotypically held views about gender differences in cognitive abilities. However the later and more recent research, that casts doubts on the research suggesting cognitive and gender differences. In this regard the Meta analysis done by Hyde and associates (1990) has yielded significant findings based upon sophisticated analysis of 100 studies. ***This analysis covered the testing of a total of 3, 175, 188 participants in all (Gerow, 1997). The Meta analysis showed that ‘on average’ males and females are not much different in*** ***termsof their mathematical performance.*** In elementary and middle school females were slightly better than male’s incomputational skills.

At high school, or college level males did slightly better than females in mathematical problem solving; this was seen particularly in case of the tests of advanced mathematics. When all age groups were considered, the differences were almost insignificant (Lamon, 1990). Research shows that the stereotypically perceived gender differences in mathematical performance are pretty insignificant, and in fact moving towards a decline (Hyde, 1997).

* 1. **Gender and Verbal Ability**

Similar trends are found in terms of verbal ability, but in favor of the females. Females in all age groups exhibit **better verbal ability and skills than males on average**. ***Female children start speaking a little earlier than boys do; in their school years,*** girls have better reading scores and high vocabularies (Halpern, 1997). Literature review done by a number of researchers indicates that females have an advantage, over males, in performance over verbal tasks. In terms of acquisition of language girls exhibit an advantage in their rapidity and proficiency incomparison to boys. This trend is maintained all the way through elementary school years (Halpern, 1994, and Maccoby).

* 1. **Gender Constancy, Stability, Consistency, and gender Discrimination**

***Gender-stability and gender-consistency are two cognitive ingredients of gender constancy***.

***Gender constancy refers to the knowledge that gender is a permanent an unchangeable feature of one’s self.*** It is the beliefs that gender is an unchangeable characteristic that remains fixed and unalterable even when appearances or actions change.

Gender stability refers to the awareness and knowledge that gender is a stable personal characteristic. Gender stability can be observed in children even in the absence of gender-consistency, but the latter cannot be in the absence of the former (Martin, and Little, 1990).Most children, by years of age are successful in tests of gender-discrimination and gender-stability; they also have developed an understanding of gender-typical clothes and toys that is closer to the stereotype (Martin, and Little, 1990; Ruble, and Martin, 1998).But this cannot be taken as a rule.

* 1. **Gender, affiliation and friendship**

Some gender differences have been found in ***affiliation and friendship patterns.*** Robert Hays and Diana Oxley (1986) report that first-year university resident students’ social networks were different in some respects. ***The exchange of informational and emotional support with friends was higher in females***. In terms of interactions with family members, males and females were alike, but within their networks, females interacted more. The friendship pattern also varies with gender. ***Verbal communication is an important element in female friendships; female friendships depend more on verbal exchange.*** In case of male friendships, these evolve from shared activities (Hays, 1985). Some studies have revealed that in interpersonal communication, males use less touching than females.

* 1. **Affiliation, Love, Jealousy**

People, both men and women do feel a need for affiliation do fall in love, and like to be loved. One aspect of love is jealousy. Researchers have found gender similarities and differences in all there facets of human emotion. Research shows that in love relationships, as well as marriages, trust is an element considered important for both men and women. Trust involves three separate ways in which a person views his or her partner (Rempel, Holmes, &Zanna, 1985). **Trust implies:**

• Predictability

• Dependability, and

• Faith

People want their partners to be ***predictable;*** one likes to be able to ***assess and estimate*** what the other person will behave like i.e., the partner should be predictable. People want their partner to be someone who can be depended upon; during a relationship people form ideas and assumptions about the personality attributes oftheir partner and from those assumption they develop a feeling of how dependable the other person is. Faith is another essential ingredient of a close relationship marked by attachment, love and happiness. When people have faith they are hopeful of the positive consequences.

* 1. **Gender and altruism**

***Altruism is “a special form of helping behavior that is voluntary, costly, and motivated by a desire to improve another person’s welfare, rather than by the anticipation of reward”*** (Dane, and Wrightsman, 1993). It is the “helping behavior that is beneficial to others but clearly requires self-sacrifice” (Feldman, 2002). As far as willingness to indulge into altruistic behavior or self-sacrifice, for others’ welfare is concerned, more ***females than males report this willingness.*** However, there is no clear cut empirical evidence to suggest if there are any differences in the actual performance of altruistic behavior (Rushton 1983). ***Women are more likely to provide help and emotional support in connection with their traditional role as nurturers*** (Brody, 1990). ***However in situations involving dangerous emergencies, men are more likely to intervene.*** In a study reported by Huston and others (1981), all people in their sample, who intervene to stop criminals, were men. ***As part of their traditional role, males are expected to behave heroically in dangerous situations.*** Men and woman both may consider the consequences of their behaviors in risky situations, but their perceptions and patterns may be different. Men may perceive the costs of intervening in risky situations to be lower than women do, since men are physically stronger and more likely to have relevant skills such as self-defense training (Huston et al., 1981).

* 1. **Gender self-confidence and self esteem**

***When asked to perform a task, especially a new one, females hesitate more than men.*** If woman are given a task particularly the one usually associated with a male role, women tend to be less self-confidence than men; whereas actually they may perform the same way as men did (Beyer, 1990; Lenney, 1977). ***Although the gender difference in self-esteem may not be huge, men generally score higher than women;*** a number of factors contribute to this difference. ***Women’s perception of their sense of interdependence and connection withothers largely influences their self-esteem. Men’s self-esteem on the other hand has roots in their assessment oftheir unique characteristics and abilities, traits that help them distinguish themselves from other people*** (Feingold, 1994; King et al., 1999). Some studies have reported gender differences in terms of how people make positive assessments of their abilities, and their potential for future success. ***Women generally evaluate themselves more harshly than men.***

* 1. **Gender and aggression**

Empirical research has yielded that gender differences do exist in aggression, especially the expression of anger/ aggression. Aggression is the behavioral manifestation of the emotion of anger. ***Aggression can be direct, physical; and it can also be indirect, social, or relational.*** Usually anger and aggression come together; however one may occurs even the absence of the others. A person may be angry, but may not indulge into an aggressive act i.e., the person does not take any action; on the other hand the person may not be undergoing the emotion of anger, but may indulge into an aggressive act e.g., careful planning to harm others in order to attain personal gains (Anderson, & Bushman, 2002).

***As previously discussed in detail, in some situations males and females differ in their expression of emotion; in many other they are not much different. There are some gender differences in the type of aggression that people adopt. Men use more of physical aggression, women social or relational aggression.***

* + 1. **The biological explanation:**

This difference is innate and biologically based in hormones (Maccoby, and Jacklin, 1980).

**Learning and Social factors explanation:** Gender differences in aggression are not biological; learning and socialization are the responsible factors. This approach argues that if aggressiveness is biologically disposed then it should be the same in children and adults; but if the tendency develops in adulthood, or increases with age, then the social factors are responsible for it.Some research, though not conclusive, suggests that aggression tends to increase with the age of the child.

* 1. **Gender differences in communication**

Gender differences are found in non-verbal as well as verbal communication styles (Mc. Millan et al., 1977; Feingold, 1994). ***The nature of the content of speech used by women is different from that used by men***.Women use a more speech pattern. But the way women talk, leads others to evaluate them as less assertive and tentative. Women have tendency to add tags at the end of an opinion instead of a straight opinion statement.They tend to raise the pitch at the end of a sentence. When they add tags at the end of an opinion, womenappear to be less certain about the statement they are making. As a result of their use of tentative language, women are viewed as less competent and knowledgeable; this opinion is not made in case of those using asassertive style of speech (Martin, 1987). ***Women although stereotypically considered talkative***, talk less than men. Men are more talkative in a variety of settings. As compared to women, men are more likely to interrupt others (Key, 1975).According to Davidson and Duberman in a study of communication between pairs of best friends (1982), ***there are no differences between men and women interms of talking about topical issue like politics, current events, movies, or work.*** However they differ in their discussion of relational and personal topics. ***Women are more likely to make specific talk about:***

􀂃 Personal aspects of their life, and

􀂃 Their relationship with the friend

Men and women are not different, and are similar, in reciprocity in self-disclosure; if the intimacy of the disclosure is increased by one person, the other person will be likely to respond similarly (Cozby, 1973).

* 1. **Gender differences in non-verbal communication and behaviors**

Men and women differ in terms of non-verbal communication and behaviors. ***Females are more sensitive to subtle non-verbal cues than men*** (Hall, 1990). ***Women may be better at decoding or interpreting others’ body language*** (Eagly, 1987). But there are no differences in the display of postures or gestures associated with dominance in non-verbal social situations. ***Women have a tendency of gaze when someone is talking, especially a man.*** Men typically do no look at women talking. Women are generally more formal and tense in their posture and demeanor. ***Men are generally informal and relaxed*** (Henley, 1977).

Also women are more likely to smile than men. According to Henley, these differences reflect the power position of men, and submission of women. It also indicates that men have a higher and women a lower status in society. The gestures used by men are the ones used by people with a high and powerful position; the case is the opposite with women.

* + 1. **Touching**

Men and women also differ in terms of the use of touching as part of their non-verbal communication. Men touch, but do not generally like being touched. Women generally give a positive response to touching, but do not usually take initiative in touching (Fisher, 1979).

* + 1. **Expressiveness and sensitivity**

***Men and women also vary in their expressiveness and sensitivity*** to what the other person is conveying, doing or communicating in general. ***Women have been found to be superior both in accurately sending, and in understanding non-verbal communication*** (Hall, 1984; Mayo, and Henley, 1981***). Women have an ability to identify negative feeling***, except anger in many cases. According to Brown (1986), this heightened ability may be a function of women’s’ less powerful position, and they may have to develop sensitivity to the leakage of negative feelings.

* + 1. **Gender difference in communication style**

Although women are stereotypically thought to be talkative, it is the men who are more talkative and likely to interrupt others (Key, 1975).

**Self-disclosure**

Females are more likely to indulge in self-disclosure. They are more likely to “self-disclose” and share their inner ideas and feelings (Cozby, 1973). ***Men and women consistently differ both in degree of disclosure, and what they actually reveal.*** ***As compared to men, women generally disclose more, especially about emotions, relationships, and other personal matters*** (Davidson, 1982). ***Men, especially highly masculine men, disclose more in one context, they disclose more with women with who they anticipate future interaction. In disclosing more to women in such a context these men, seem to want to take the lead in exploring possibilities for a future romantic relationship with the women.***  According to Henley, men disclose only to women with whom they are intimate, or wish to become intimate. Self-disclosure is also influenced by gender-role stereotypes. People, both men and women, if insecure and socially anxious, are likely to disclose themselves in a way that is consistent with gender-role stereotypes; in doing so they may reinforce and perpetuate those stereotypes (Snell, 1989).

* 1. **GENDER AND HEALTH**

**Health is the other name of wellbeing. It is a state in which a person enjoys well-being not just in the physical sense but also psychologically and socially. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO,** 1946).***Health is another major issue widely researched, debated, discussed and pondered upon by not just health researchers but also those striving for the attainment of gender equality***. Health or a state of complete well-being is one of the basic human rights; in other words it is the right to enjoy a worthwhile existence***. All humans deserve perfect health, access to health facilities, prevention of disease, and provision of healthcare when required.*** But do all human beings have these rights? .People belonging to different parts of the world have different amounts, levels and degrees of these rights and facilities. Some countries are highly privileged in terms of health care and health status, whereas some areextremely under privileged. The same applies to the case of women. The health-related needs, health status, health care facilities and access to these all reflect gender differences.

* + 1. **The Significance of Women’s Health**

Although the health and well-being of both gender is important, females’ health needs to be given more attention because of various reasons:

**The responsibility of reproduction:**

***\_ Females give birth to children***

***\_ An expecting mothers’ needs to be taken good care of in order to ensure a problem-free pregnancy, good health status of the fetus, and a safe delivery.***

***\_ In case of young unmarried females, their body needs proper care and nourishment in order to be strong enough and ready for the reproductive responsibility that they have to carry in future.***

***\_ Besides childbirth, many other health conditions and problems are unique to women; menstruation, menopause, infertility, postpartum depression, birth control, surgeries, abortions etc.***

1. **Risk of Disease**

Research evidence shows that females are at a high risk of certain diseases that are preventable or treatable if diagnosed at an early stage e.g. certain cancers or HIV/AIDS. Proper health care and screening facilities can help preventing many health conditions.

**ii. Females’ Domestic Responsibilities**

It is usually the female who takes care of the household and is responsible for the care and upbringing of the children. Only a woman with good health status can fulfill these responsibilities. Besides, women involved in dual responsibilities, i.e., household and profession, are usually over burdened and more prone to stress-related disorders.

**iii. Stereotypical Beliefs about women’s health**

**In many cultures, females’ health is not considered as important as men’s health.** This becomes an even serious problem when it concerns the dietary habits and poor nutrition provide to the girl child. In case of disease, women usually postpone consulting a doctor.

**Gender and Health: Some facts**

***Life expectancy of women is generally higher than that of men. In most parts of the world, the expected life span of an average woman is a few years longer than that of a male (WHO, 2004).*** Throughout life, women have lower death rates (Hoyert et. al., 1999). But ***over the past few decades the gender gap in longevity has not been a broad as it used to be***. One of the major reasons for this ***shrinking gap is the increase of women’s indulgence in many health-compromising behaviors.*** Between 1979 and 1986, there was a significant increase in the rate of lung cancer in women. During this period the rate of death by lung cancer rose by 44 % in females, and only 7% in males. ***In U.S the leading cause of death resulting from cancer is lung cancer, and not breast cancer as generally believed*** (Rodin and Ickovics, 1990). ***The women who smoke as well as using contraceptive pills are at a higher risk of cardiovascular disease and stroke.*** The risk of acquiring HIV is also higher in women than in men (Rodin and Ickovics, 1990). ***The gender gap in longevity is present in most countries, though not of uniform size. The gap is wider in the developed countries than in the underdeveloped countries.***

* + 1. **GENDER, HEALTH, AND AGING**

**Why Women Live Longer?**

There are various explanations of women’s higher life expectancy. Different factors are ***considered to be responsible for their longevity.***

1. **Genetic Protection**

Females are genetically protected becomes of two unique attributes that men do not have i.e., the **extra X chromosome** and the beneficial effects of **estrogen** in the female hormone. Women benefit from the protective effects of estrogen till before menopause (Rodin and Ickovics, 1990; 1992). This genetic protection is also considered to be a factor responsible for the higher rate of male infant mortality.

1. **Behavioral Factors**

There is a lot of research findings suggesting that on average men are engaged into ***health compromising and risky behaviors than women.*** More men, than women, smoke and use alcohol and in higher quantities; these behaviors are linked to the development of diseases like some **cancers, cardiovascular disease, respiratory problems, and liver cirrhosis.** ***The rate of deaths by motor vehicle accidents is also higher in men.*** The influence of alcohol is a contributory factor in this regard. Men, especially in adolescence and early adulthood fall victims to accidents resulting from behaviors not commonly practiced by females e.g. wheeling, jumping from high places, street fights, drowning or pedestrian accidents.

“**Aging”** refers to the biological changes that take place with the passage of time. ***These changes are inevitableand irreversible.*** The pace of these changes may take place due to many reasons. There are individual differences in the pace and extent to which people may age and feel aged. Regular exercise and wise eating i.e., getting the required nutrients and avoiding damaging substances have been seen to slow down the process of aging. The concept of the age at which people may feel or look aged has changed over the past decades. In the early 1900’s, in most parts of the world, the average life expectancy used to be somewhere 35-45. Today more and more people can expect to enter their 80s and 90s therefore, on average people do live 70-75 years of age. The average life span of an American today is 75 years. In Ethiopia the average life longetivity is expected to 60 years of age.. With a prolonged life expectancy, scientists are also focusing upon improving the quality of life and preventing and as well as managing the effects of aging.

**The Effects of Aging**

***The major characteristic of aging is a decreased efficiency of the function of the bodily organs. The speed at which one could walk or jog 15 years, or even 5-10, years ago is not the same at age 70. One cannot carry the weight that one could carry some time back.***

At age 85 the average human heart pumps 3.5 liters per minute; whereas it used to pump 6.9 liters per minute. At age 20, the average amount of blood flowing through the kidneys was 0.6 liters per minute, while it goes down to only 0.3 liters per minute at age 85. The amount and the type of food that one could eat and digest also changes with age. However regular exercise can delay these changes. Considering individual differences, one can see that there are cases when people aged 70 are better than people aged 50 in terms of the functioning of their heart and other organs. ***Aging has two types of effects:***

i. Physiological effects

ii. Psychological effects

**Physiological /Biological Effects**

**a) Effects on the sensory process:**

**\_** The efficiency of the sense organs is reduced, resulting into poor visual acuity, hearing impairment or loss, less effective kinesthetic sense, and less sensitive olfaction/smelling sense and gestation. Besides problems like cataract may also develop.***The problems of vision and hearing are however correctable.***

**b)** Manual dexterity and muscular movement is affected.

**c)** The immune system gets weaker and the body gets attacked by disease and infection easily; besides, it takes longer to recover.

**d)** The endocrine activity also solves down and the release of many hormones is either inhibited or stopped, or the hormones are released in insufficient amounts. In females, menopause is a major milestone.

**e)** Many diseases like ***arthritis, Multi-infarct Dementia, Alzheimer’s disease and Parkinson’s disease are possible to develop in old age.***

**f)** Hypertension and Cardiovascular disease are common in old person.

**g)** Some cancers are more prevalent in older person’s e.g. cervical, breast or prostate cancer.

**h)** Bone fractures are also a common happening in old age, especially old women.

**Psychological effects of Aging**

**Learning:**

Most old people can learn new things but not as readily and as fast as a young person.

However there may be limitations in terms of what they can learn. An involving fine dexterity and eye hand coordination may take longer.

**Attention and Concentration**

Some research evidence shows that the old people cannot concentrate on a task for as long as young person can do.

**Memory**

Old people may experience weakened memory especially short-term memory. In case of certain diseases like Alzheimer’s the loss may be sever.

**Intelligence**

There is some evidence that old people cannot perform as good as a young person on I.Q tests, suggesting that old people are less intelligent. However it is a debatable issue, because there is some other evidence too that suggests that younger people can perform better on these test because these tests involve skills that they are, or have been learning at school.

**Self-esteem, Personality and self-concept**

There is a likelihood that as a consequence of inability to perform certain tasks that one could do earlier and as a result of other people’s negative attitude an old person may begin to feel worthless, feeling “not needed”, and/or become cynical or cranky. But there is research evidence available suggesting quite the opposite. In one study (Field, and Millsap, 1991) it was seen that older adults over a period of 14 years, had become more cheerful, open-minded, and frank. There was no change in the self-esteem or satisfaction with life of more than 50 % of these as they entered late adulthood. Significant increases were found in nearly one third of the subjects. Some other studies have shown that older and younger people have equally high self-esteem; some studies even suggest that older people have higher self-esteem than younger people (Bengston, Reedy and Gordon, 1985).

These findings appear to be in quite a contradiction with what people generally believe about older people. Research suggests that this attitude has to do with the person’s perception of own age, and many old people perceive their age to be less than what it actually is. Also if they have lived fulfilling, satisfying, and successful lives, and are independent too, there is no reason why they should have a low self-esteem.

**Empty-nest Syndrome**

**Old people may experience the empty-nest syndrome. Empty nest feeling is what one feels when the children have left home forever, for their careers, marriage, or freedom. The old parents may feel lonely, bored, depressed, and emotionally robbed. But all parents do not feel the same. A number of variables determine their reaction to the empty nest; e.g. their own career and occupation, their financial position, social support, health and fitness, presence of the spouse, and proximity of children.**

**Losing the spouse**

Loss of a spouse in old age is a trauma. Besides feeling lonely, it involves a variety of other practical problems too.

**Gender differences in aging**

Before moving on to a discussion of gender differences in aging, let’s have a look at some other psychologicalaspects of aging.Old age is the period of “Ego integrity versus despair”, as in Erikson’s theory of psychosocial development.

This is the last stage in Erikson’s eight-stage model. People may be happy and satisfied with the way they spent their life. They are content with their achievements, and indulge into productive work. On the other hand they may be experiencing frustration and depression over the way their life was spent.

**Work:-**Research shows that older people can perform as good as young people; they can even perform better than them. Older people work with better precision and care. However they are slower than the youth. But then they make fewer mistakes too.

**Gender differences in aging:**

Since women have a higher longevity than men, more women than men experience problems associated with aging. More women than men enter the category of the “oldest of the old”.

More women than men have arthritis, and the subsequent restricted mobility, pain, and dependence***. Menopause and Osteoporosis cause problems to many women.*** Also women are at a much higher risk of Osteoporosis i.e., **brittle bones.** The presence of Osteoporosis causes bone fractures in many women which mean prolonged bed rest and lack of physical activity. The risk of Coronary Heart Disease (CHD) is about the same in **older men and women**, which used to be much less in pre-menopausal age. However the rate of female CHD patients is less than male patients.

**Marriage and Loneliness**

Usually more women than men face loneliness in late adulthood; the primary reason being the gender difference in longevity i.e**., men die before women do.** Also in societies like ours, wives are generally much younger than their husbands and they live in widowhood for many years. Fewer men than women experience widowhood and its impact.

**Marriage**

***Being married and the type of marriage one has is linked with health.*** People who have had a happy marriage enjoy better health. There are gender differences in this regard. For men being married and having a companion may be sufficient even if the marriage had been turbulent. In ***case of females the quality of marriage matters a lot***. If the marriage is and has been turbulent, then it has serious effects on their health

**Empty Nest Syndrome**

Men and women may react differently to their empty nest i.e., life after the children have left home. However a number of variables determine a person’s reaction to this phase of life.

If all the children leave home within a span of one or two years, the impact is deeper; and if takes 5-10 years parents adjust better and less distress is felt. Also, if they leave at the right time, then the parents are better prepared for it.

A number of studies have consistently revealed that midlife women whose children had left were more satisfied and happier than the midlife women shoes children were still with them (Neugarten, 1970; Turner, 1982). If the husband and wife have a caring attitude towards each other than the Empty nest does not cause any distress.

* 1. **GENDER AND HEART DISEASE**

***Health, as defined and accepted internationally, is a state of complete physical, psychological/mental, and social well-being, rather than mere absences of disease.*** The emphasis of health psychology and other health related disciplines today is on health enhancement and disease prevention. **The main objective behind this emphasis is at least twofold:**

**a)** To improve quality of life, and in turn longevity, and

**c)** To reduce cost of health care. ***But interest and research in this area cannot be restricted to these two areas alone.*** We know that many people, even when following perfectly healthy life styles, may develop serious illnesses. These illnesses or diseases develop as a result of variables, or risk factors, over which people have very little control. ***In the next few lectures we will be focusing upon health problems that can have serious consequences, and can be life threatening. We will be discussing some of the major killers of today***. Although we will be talking about these diseases in general too, our main emphasis will be upon the risk factors for females, as well as how these diseases may affect a ***females’ physical, mental, and social well-being.***

we will be discussing about the following :

**• Gender and Heart Disease**

**• Gender and Cancer**

**• Eating Disorders**

**• HIV/AIDS**

**• Problems of females’ reproductive health**

**• Gender and mental illness**

Some of these disorders are specific to women, or found more commonly in women. Whereas some occur in both men and women, but little attention is paid to the risk for women. In our discussion of these problems we will primarily focus upon data about females, and will discuss the general nature of the disease very little, assuming that this has been covered in health psychology.

**Heart Disease**

When we talk about heart disease in the present context, we are primarily referring to Coronary Heart Disease or CHD***. CHD refers to problems, or diseases, affecting the circulatory system and hence the blood supply tovarious parts of our body are including our heart***. The main or root cause of CHD is **atherosclerosis.**Atherosclerosis refers to the thickening of the coronary arteries. Coronary arteries are the vessels, or the pipelines, that supply blood to the heart. Buildup of plaques is the primary cause of this condition. When the blood vessels are thickened, they are less flexible, hardened narrowed and less capable of sustaining fluctuations in the pressure with which blood passes through these vessels. In common, every day, vocabulary ***atherosclerosis may lead to a variety of problems:***

• Difficulty in blood flow

• Blockade in blood flow

• Restricted blood flow and restricted blood supply to the heart and other organs, muscles and tissues

• A lack or poor supply of oxygen to various organs and muscles

• A resulting pain especially in the chest region

• A resulting difficulty in breathing

**The Risk factors in CHD**

***• Some risk factors in CHD that is inherent and fixed, over which one has no control e.g. family history, diabetes, congenital defects or gender; men being at a higher risk.***

• The physiological conditions that may be associated with CHD including hypertension, obesity, and high serum cholesterol.

• A number of CHD risk factors are lifestyle related e.g., smoking, high cholesterol diet, sedentary lifestyle, and a stressful routine.

• Type **A** personality pattern has been known to have a positive correlation with CHD.

**Gender and Coronary Heart Disease**

Heart disease is the major killer in the modern world. Men, or women, both can develop CHD, at any stage of life. However men have been found to be at higher risk of developing CHD. Most of the research findings available on CHD focus primarily on men. Most of the data available on CHD in women has been yielded by studies involving mixed subjects. Very few studies are available that have investigated heart disease specifically in women. Most of the broad based data available has been taken from American samples. Men and women of all age groups may develop CHD, but more men than women die of CHD. It has been found out that in the U.S., men at all age levels are at a higher risk of dying of cardiovascular disease (CVD). The difference between men and women for death by CVD is the greatest in the middle age years. In people aged 35-74 years, men have an almost double rate of death by CVD. Yet the rate of female deaths by CVD becomes pretty high in age groups 75-85 (Brannon, and Fiest, 2000).

***Gender or sex of a person has been found to be one of the significant risk factors in heart disease.***

**GENDER AND CANCER**

Cancer is another major killer of today. It is the second biggest cause of death. It is a disease, that frightens everyone, and that is considered to be a deadly condition. The very idea of developing cancer scares people because of the **poor prognosis in most cases, the painful conditions in cancer, and the painful and complicated treatment.** In our discussion on cancer, we will not go into the extensive details of what cancer is and how it is caused and treated. We will go through the general nature and risk factors involved very briefly. Our major focus will be the cancers specific to either men or women***. Some cancers may attack just any one, but some occur in men alone, or in women only.***

**What is Cancer??**

**Cancer is not one disease if one were to look into its development, symptoms or impact. It is a set of a number of diseases, more than 100 may be, that share a number of factors. No matter what type, all cancers are a result of a dysfunction in DNA.** In simplest terms cancer can be defined as an uncontrollable growth and spread of abnormal cells that turn into tumors (Brownson, Reif, Alavanja, and Bal, 1993). The presence of **neoplastic** cells characterizes cancer. These cells form **colonies** at various sites in the body. These colonies or tumors may be of either of two types:

􀂃 **Benign**:-Benign neoplasms are not harmful, or cancerous. **Malignant neoplasm** or tumors are the cancer growths.

􀂃 Malignant:-Malignant cells damage and destroy the neighboring cells and may metastasize or travel to other locations in the body **through blood or lymph**.

Types of Cancer

**The types of cancer are determined on the basis of the site where the neoplastic tissues develop:**

**The common types of cancer are:**

Type Site

Breast cancer Breast

Cervical and uterine cancer Cervix and uterus

Prostate cancer the prostate gland

Skin cancer Skin

Lung cancer Lungs

Colorectal cancer Colon or rectum

Leukemia Blood

**Cancers found most commonly in men: Cancers found most commonly in women:**

i. Prostate i. Breast

ii. Lung ii. Lung

iii. Colon iii. Colon

iv. Urinary and bladder IV. Uterine

v. Non-Hodgkin’s v. Ovarian

VI. Non-Hodgkin’s Lymphoma

vi. Rectal vii. Rectal

vii. Oral cavity Viii. Cervical

viii. Leukemia IX Skin Melanoma

ix. Pancreatic

x. Stomachx. Pancreatic

**Smoking: a major risk factor**

***There is no dearth of evidence suggesting that cigarette smoking is one of the confirmed major risk factors in cancer, for both men and women.*** Cigarette smoking has been found to be directly linked with lung cancer in both sexes. This habit has such a serious impact that researchers are now concentrating upon the risk to the well-being of **passive smokers.**

Cigarette smoking is a significant risk factor in breast cancer too. It is not only hazardous to the female smoker but also those women who **live with smokers**. The risk for breast cancer incidence and breast cancer mortality is dose- related. Research has revealed that a 75% increase in breast cancer was noted in women who smoked 40 or more cigarettes a day. The increase was only 20% for women who smoked 10-19 cigarettes a day ( Calle, Miracle- McMahill, Thun, & Heath, 1994).Research also suggests that the age of initiating smoking, as well as the number of years smoked, is also significant contributory factors.

**The Significance of Early Detection:**

***Modern medical research and practice have shown that in many cancers, an early detection is possible that ensures a very good prognosis and survival rate.*** In case of at least two cancers i.e., breast and of testes, a self- examination can help in a very good, first stage, early detection.

***Females all over the world are advised to perform breast Self-examination (BSE) once every month so that any change or growth is promptly detected.*** Similarly men are advised to self-examine testes regularly, to detect any change or growth. In most early –detected cancers, the patients have detected, noticed, or suspected the change themselves. ***Effective screening facilities are also available for a number of cancers***. These can identify any growth at a very initial stage.

**Mammography or mammogram** is the x- ray performed for detecting breast cancer. Women, especially those above 40 years of age are recommended to have a yearly mammogram. For the detection of cervical cancer, a small, easy and painless i.e. **Pap test or Papsmear** is highly effective. An early detection in this case can ensure total cure. Women, 35 or above are recommended to have a pap test yearly, and at times even six monthly.

**Ultrasound** is also used for detecting any growth in the breasts. Screening facilities, some **diagnostic tests**, are also available in most well equipped pathological labs for detecting prostate cancer.Colorectal cancer can be detected early through various screening techniques, including **endoscopy.** In case of lung cancer it can be detected early if changes in voice, cough pattern, or breathing are noticed and reported to a physician in time.The purpose of this description of screening approaches is to make you realize that an early detection of cancer can be made, and this is not something impossible that many people believe it to be. What is required is a regular practice of self- examination, and a prompt medical consultation in case of any lingering changes in the body.

**What needs to be done???**

**Efforts at broad community level are required for sensitizing people about the nature of cancer, the risk factors involved, the symptoms, the significance of early detection and prompt medical advice. Awareness campaigns involving electronic media can prove to be helpful. The female segment of the population deserves special attention because a majority of women in our culture are not educated and cannot benefit from the available health education literature.**

**Also, many women hesitate, and feel embarrassment, in disclosing any changes in their body to others, which is one of the causes of delayed diagnosis. Men on the other hand tend to postpone doctor’s consultation. Therefore involving TV and radio in health education campaigns may be a good approach for reaching the unrelated people at risk**

**GENDER AND HIV/AIDS**

**HIV/AIDS**

HIV/AIDS is another major cause of death in many parts of the globe, affecting both men and women. It involves both genders in terms of its impact. HIV/AIDS is another health condition that is lifestyle related and in which gender differences are found. This is a health condition in which a very significant majority of the sufferers develop it due to the ***habits and behaviors that they indulge into.*** Off course in some cases the person becomes a victim without any fault of his/her own. In our discussion on HIV/AIDS, we will be focusing upon the gender differences in risk. However we will also be looking into the nature of the disease, and its mode of transmission.

**What is HIV/AIDS?**

Although most people are familiar with the two terms, in fact abbreviations, HIV and AIDS, most lack accurate knowledge of the two. HIV or Human Immunodeficiency Virus is the viral agent, a retrovirus. AIDS refers to Acquired Immune Deficiency Syndrome.AIDS is a disease, infectious in nature that is caused by HIV. It is not necessary that everybody who is HIV positive (HIV+) will develop AIDS. In other words, an HIV+ person may die due to some other cause e.g., an accident, without having developed AIDS. The person may not even be aware of the fact that he/she is HIV+. People do not develop AIDS at the time when they contract HIV. It may take an HIV+ person five, or even ten years, to turn into a PWA or person with AIDS. AIDS is a syndrome i.e., a collection of symptoms. Therefore there is no ‘single’ symptom, or condition that characterizes AIDS. A PWA may develop any number of symptoms of a variety of conditions.

Till the early 1980s, AIDS was almost unknown. But in the following years the incidence and mortality rates have been on a rise. It is a disease that has become a matter of international concern. The major reason for this concern is its deadly, incurable nature. Besides, it is a condition that is preventable almost hundred percent.

**What is HIV?**

As said earlier, HIV is the virus that leads to AIDS. It is a retrovirus. “Retroviruses replicate by injecting themselves into host cells and literally taking over the genetic workings of these cells. They can then produce virus particles that infect new cells. After HIV enters the bloodstream it invades the T cells, incorporates its genetic material into the cells, and then starts destroying cells’ ability to function” (Sanderson, 2004, P; 408). “T cells are responsible for recognizing harmful substances in the body and for attacking such cells, in part by releasing NK cells. Although HIV is able to stay in the body in a latent and dormant state, it gradually starts replicating itself, and in the process begins destroying the T cells” (Sanderson, 2004, P; 408-9).

In simple terms, HIV damages and destroys the cells responsible for the body’s immune system, robbing it off the defense against infections. As a consequence even the least serious infections can do a great harm to the victim. And that is the stage when the person is said to have developed AIDS.

**Symptoms of AIDS**

Full blown AIDS is marked by a variety of opportunistic infections that may attack the sufferer. Theseinfections may involve the gastrointestinal tract, lungs, liver, bones, nervous system and brain. Symptoms may include general fatigue, greater weight loss, dry cough, shortness of breath, fever, purplish bumps on the skin (e.g. Kaposi’s sarcoma) and AIDS related dementia.

The symptoms can be divided into three categories:

**a)** Opportunistic infections

**b)** Opportunistic tumors

**c)** HIV related EncephalopathyThere is no known cause of AIDS that recovered from this stage.

**Mode of Transmission**

**i)** Homosexual or Heterosexual contact

**ii)** Blood transfusion

**iii)** IV (intravenous) drug use when infected syringes are used

**iv)** From HIV+ mother to baby during the birth process

**v)** In rare cases, through infected mother’s mild to infant

**Gender and HIV/AIDS Risk**

Although many segments of the population are at a higher risk than other, we will be discussing only gender differences in this regard. However research shows that three variables are important in the likelihood of HIV infection and developing AIDS: age, gender, and socioeconomic background. The Centers for Disease Control (2003) in the US describe common routes of transmission of HIV for men and women. Looking at their data one can see how modes of transmission vary for men and for women.

**The Case of HIV/AIDS, Some facts**

There are 38 million people living with HIV/AIDS worldwide. 5 million people are newly infected every years; of these 800,000 are children (UNAIDS, 2004). The rate of HIV infection is the highest in the 20-45 years olds than any other age group. The HIV infection rate is three times higher in men than in women. Even since the beginning of the epidemic, males constituted more than 80 % of all AIDS Cases (CDC, 2004).

**What needs to be done???**

Health education and awareness campaigns about the nature, risk factors, causes and symptoms of HIV/AIDS (e.g. use of syringes, blood transfusion).

• Education for avoiding risky and harmful behaviors

• Encouraging people to adopt careful lifestyles and safer sexual practices

• Educating infected women about the significance of avoiding pregnancy

• Providing easily accessible screening facilities

• Health education programs for young adults

**Eating Disorders**

While the number of overweight and obese people is on the increase, a number of people are adopting eve highly harmful ways of losing weight. This segment of the population who is almost observed with the idea of losing weight primarily consists of females. Most women, who want to lose weight, try and adopt varieties of diet plans; others develop eating disorders: Anorexia Nervosa, and Bulimia.

**Anorexia Nervosa**

Anorexia nervosa is marked by a drastically curtailed food intake with an intention to lose weight. The anorexic on average tries to maintain body weight 15% below what should have been that persons’ weight. They tend to have a BMI of 17.5.

**Diagnostic Criteria for Anorexia Nervosa**

American Psychiatric Association (1994) has given the following diagnostic criteria for Anorexia Nervosa:

**1.** Refusal to maintain body weight at or above a minimally normal weight for age and height.

**2.** Intense fear of gaining weight or becoming fat, even though underweight.

**3.** Disturbance in the way in which ones’ body weight or shape is experienced, under influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

**4.** Amenorrhea (the absence of at least three consecutive menstrual cycles). The incidence of anorexia worldwide in not exactly known. In the US, about 0.5% of all women have this problem (Becker et al., 1994). In case of women attending professional schools for modeling and dance, 6-7% can be classified as having anorexia nervosa (Garver&Garfinkle, 1980). In one society, we can see that the number of underweight females is on the increase.

**Bulimia Nervosa**

This problem is an opposite of Anorexia Nervosa in terms of eating pattern. The bulimic binge eats, but then purges. The main intention is the same i.e., not letting body weight increase. The main characteristic of bulimia nervosa is binge eating followed by purging.

**Diagnostic Criteria for Bulimia Nervosa**

American Psychiatric Association (1994) has given the following criteria for diagnosing bulimia nervosa:

**1.** Recurrent episodes of binge eating, namely, eating in a discrete period of time (e.g., within any 2-hour period) and amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances, and feeling that one cannot stop eating or control what or how much one is eating.

**2.** Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-inducedvomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

**3.** The binge eating and inappropriate compensatory behaviors both occur on average, at least twice a week for 3 months.

**4.** Self-evaluation is unduly influenced by body shape and weight. In the Pakistan society we rarely come across a bulimic person. The exact prevalence of Anorexia and Bulimia Nervosa, in Ethiopia is not known. In North America the prevalence rate of bulimia is 1-3%, some surveys suggest that around 10% of women in college show symptoms of bulimia (Becker et al., 1999).

**Menopause:-**Menopause is a condition, or change that every women beyond the age of 45-55 years experiences. Menopause refers to the cessation of menstruation. In turn it means the end of fertility. At menopause ovulation stops permanently. The average age of menopause is about 51 years; in 4 out of 5 women menopause takes placebetween 45 and 55 years (Avis, 1999; Messill, and Verbrugge, 1999). Some women may have this experience asearly as in their thirties, whereas some as late as in their sixties.

**Symptoms of Menopause**

Besides being a major life change with reference to fertility, menopause is considered a significant period because of the accompanying symptoms. Little or no physical discomfort is experienced by most women during premenopausal phase (NIA, 1993). Premenopausal or climacteric, or “change in life”, refers to the period during which the changes that lead to menopause are experienced. This period may be stretched over many years, beginning usually in the 30s. The

**Commonly known symptoms include:**

**\_** Hot flashes or hot flushes **\_** Increased body weight

**\_** Headaches **\_** profuse sweating

**\_** Sleep problems/insomnia **\_** Depression

**\_** Dizziness **\_** Sensation of cold in hands and feet

**\_** Irritability, and arthrosclerosis, among many others

**\_** Osteoporosis (brittle bones)

The most common symptoms are hot flashes i.e., sudden sensations of heat that flash through the body due to expansion and contraction of blood vessels. Many women do not experience these at all, and many have these continually (Avis, 1999). There are many diverse views about these symptoms. Some viewpoints see these symptoms as purely psychological in nature, resulting from the menopausal women’s perception of her changed physical ability. Others regard these symptoms as clearly physical in nature, resulting from hormonal changes. A third view point considers these symptoms as resulting from both psychological and physical factors.

However what needs to be kept in mind is the fact that not all women experience these symptoms, and not all women experience the same intensity and frequency of these symptoms if they experience any. The supportersof the psychological viewpoint use this fact as their mainsupporting argument. They propose that had themenopausal symptoms been purely physical in nature, then all women would have experienced the same symptoms.

**The Sociopsycho biological approach**

According to this approach, two factors determine the experience of menopause:

**a)** The woman’s perception of a major life change, and the end to fertility

**b)** The societal stereotypes about menopause. This includes especially the attitudes, awareness, and behavior of the husband and near relatives.

If the research on menopause is scrutinized, it will show that “so-called menopausal syndrome may be related more too personal characteristics or past experiences than to menopause per se” (Avis, 1999, P. 129). At the same time cultural and societal factors play a very important role. The typical menopausal symptoms are experienced more, and felt more seriously, in societies (e.g. western societies) where a woman feels she is important primarily because of her body. Few problems are associated with menopause in societies and cultures where social, religious, or political power is acquired by older women after menopause (Avis, 1999;

**Treatment of Menopausal Symptoms**

A number of treatments have been found effective in alleviating, controlling, and managing symptoms of menopause. Some of the more commonly used ones are mentioned here:

**1. Hormone Replacement Therapy:** Estrogen alone, or in combination with progesterone is used.

**2. Evening Primrose Oil:** Of the herbal remedies, evening primrose oil is claimed to have very positive effects.

**3. Exercise:** Regular aerobic exercise helps prevent, control and alleviate the symptoms.

**4. Cognitive Therapy:** Cognitive therapy for menopausal woman focuses upon the wrong perceptions about the end of fertility. The menopausal women are made to realize that this is an age of more freedom when they are free of children’s responsibilities, have more money, more leisure time, and more time for using their creative or intellectual potentials.

**What Needs To Be Done???**

• Health education for females

• Changes and additions in school curriculum pertaining to reproductive health.

• Encouraging girls to express their health concerns with mothers, teachers, or with health professionals**.**

**Chapter Four**

1. **Theoretical perspectives of human sexuality**
   1. **What is human sexuality?**

Human sexuality is the capacity to have [**erotic**](http://en.wikipedia.org/wiki/Eroticism) experiences and responses. A person's [sexual orientation](http://en.wikipedia.org/wiki/Sexual_orientation) may influence their sexual interest and attraction for another person.Sexuality may be experienced and expressed in a variety of ways, **including through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships, which may manifest by way of biological,**[**physical**](http://en.wikipedia.org/wiki/Physical_intimacy)**,**[**emotional**](http://en.wikipedia.org/wiki/Emotional_intimacy)**, or**[**spiritual**](http://en.wikipedia.org/wiki/Spirituality)**aspects.** The **biological and physical** aspects of sexuality largely concern the[**reproductive functions**](http://en.wikipedia.org/wiki/Human_reproduction) of the [**sexes**](http://en.wikipedia.org/wiki/Sex)(including the[**human sexual response cycle**](http://en.wikipedia.org/wiki/Human_sexual_response_cycle)) and the basic **biological drive** that exists in all species. Physical, as well as emotional, aspects of sexuality also include the bond that exists between individuals, and is expressed through profound feelings or physical manifestations of emotions of [**love**](http://en.wikipedia.org/wiki/Romance_(love))**, trust, and caring.** Spiritual aspects of sexuality concern an individual's spiritual connection with others. Sexuality additionally impacts and is impacted by **cultural, political, legal, and philosophical aspects of life. It can refer to issues of morality, ethics and**[**theology**](http://en.wikipedia.org/wiki/Theology)**, or religion.**

[**Sexual activity**](http://en.wikipedia.org/wiki/Sexual_activity) is a [vital principle](http://en.wikipedia.org/wiki/Vitality) of human living that connects the [desire](http://en.wikipedia.org/wiki/Sexual_desire), energy, and [pleasure](http://en.wikipedia.org/wiki/Sexual_pleasure) of [the body](http://en.wikipedia.org/wiki/Human_body) to a knowledge of human intimacy, for sake of [erotic love](http://en.wikipedia.org/wiki/Erotic_love), intimate [friendship](http://en.wikipedia.org/wiki/Friendship), [human mating](http://en.wikipedia.org/wiki/Human_mating), and [procreation](http://en.wikipedia.org/wiki/Procreation). Interest in sexual activity typically increases when an individual reaches [**puberty**](http://en.wikipedia.org/wiki/Puberty). Some researchers assume that sexual orientation or sexual behavior is determined by [**genetics**](http://en.wikipedia.org/wiki/Genetics)**,** some argue that it is molded by the **environment**, and others argue that neither genetics nor environment are exclusive of the other, but rather both mold one another and form sexual orientation. This pertains to the [nature versus nurture](http://en.wikipedia.org/wiki/Nature_versus_nurture) debate, in which one assumes the features of a person innately correspond to their natural inheritance, as in the case of drives and instincts, or in which one assumes the features of a person continue to change throughout their development and nurturing, as in the case of ego ideals and formative identifications. Contrary to popular opinion, genes are studied not on the premise that they stand for a trait but rather on the premise that only a difference in alleles corresponds to a variation in traits among persons.  **In the case of human sexuality, this means: "Ten percent of the population has chromosomal variations that do not fit neatly into the XX-female and XY-male set of categories**.

Evolutionary perspectives on human coupling and/or reproduction, including the sexual strategies theory, provide another perspective on sexuality as doe’s [social learning theory](http://en.wikipedia.org/wiki/Social_learning_theory). Socio-cultural aspects of sexuality include historical developments and religious beliefs, including Jewish views on sexual pleasure within the marriage and certain Christian or other religious views on avoidance of sexual pleasures. Some cultures have been described as [sexually repressive](http://en.wikipedia.org/wiki/Sexually_repressive). The study of sexuality also includes human identity within social groups, [sexually transmitted infections](http://en.wikipedia.org/wiki/Sexually_transmitted_diseases) (STIs/STDs) and [birth control](http://en.wikipedia.org/wiki/Birth_control) methods.

* 1. **Perspectives of human sexuality**

Human sexuality can be studied by many different modes of inquiry, since it affects so many different aspects of our lives

A. Practitioners of these different disciplines make different assumptions about the purpose, mechanisms, & development of sexual feelings & behaviors

B. In recent years, study of human sexuality has accelerated. This reflects the increasing acceptance of sex & sexuality as a topic of discourse by society in general

* + 1. **Understanding the impact of religion and science on sexuality**
  1. Regardless of an individual’s religious affiliation or beliefs, the dominant religion of the society affects the sexual norms of the prevailing culture.
  2. The scientific study of sex began, ironically, during the repressive Victorian era.
     1. **The sexual health perspective**

Sexual health is an all-encompassing term referring to sexually transmitted infections as well as social and political issues related to sexual health across countries. A new focus on positive sexual health has emerged. Basic human sexual rights have taken a new focus in discussions around the world. Ideas presented on sexual health and sexual rights offer another area of exploration of sexuality.

* + 1. **Psycho-Biological perspective**
       1. **Biological perspective**

Biomedical research focuses on underlying mechanisms of sex over time. medical science has gathered info about physical basis of sexuality in particular, structure, function & development of the systems

A. **Starting at the time of the Renaissance, anatomists** made detailed studies of the internal reproductive tracts of men & women

B**. In 20th century, endocrinologists & reproductive physiologists** explored the hormonal systems that make men's & women's bodies so different from each other. They also give women something men don't have, a menstrual cycle & the capacity to nurture a fetus.

C**. Physiological observation of sexual responses** has also been valuable, especially the contribution of William Masters (1915 – 2001) & his collaborator & later his wife Virginia Johnson (born 1925). They worked at the Washington University School of Medicine; starting in the late 1950s, they recruited volunteers to engage in sexual behavior (solitary or partnered in their lab

D. **The study of the body's chemical messengers (endocrinology, neuropharmacology**) has had a great impact on sexuality

1. Discovery of sex hormones in the middle of the 20th century led to:

a. Oral contraceptives

b. *In vitro* fertilization

F. **Psychiatry is concerned with mental "health**" & "**sickness**" psychiatry is the branch of medicine concerned with mental & behavioral disorders

1. It has had a lot to say about sex, but its contributions have been more controversial than those of the other branches of medicine for several reasons. We still have only a very limited understanding of how the brain generates mental states.
   * + 1. **Psychological perspectives**

Psychologists have taken diverse approaches to sexuality. Psychology (the study of mental processes & behaviors) has splintered into many kinds of overlapping subdisciplines, several of which offer unique perspectives on sexuality. Probably, the most significant branch in the study of sexuality is social psychology (the study of how we think about, influence & relate to other people).**Social psychologists concern themselves with all kinds of sexual matters like:**

A, Sexual attraction & relationships, gender differences, homosexuality, sexual assault, intimate-partner violence & anti-gay prejudice)

B, Example of experimental psychologists study; do portrayals of sexual violence in media &pornography make men more accepting of such violence, as has been asserted by many feminists.

- From group of male college students, half were assigned randomly to watch moves that portrayed sexual violence against women

-The controls (the other students) watched movies that contained no sexual violence

- Psychobiologists (biological psychologists) occupy the interface between psychology & the biological sciences, especially neuroscience & endocrinology

- Psychobiologists interested in sexual behaviors often study these behaviors in lab animals rather than in humans, because their experiments may involve risk to their subjects.

- Recent advances in brain imaging technology have allowed them to study the brain basis of sexuality in living humans

**C. Clinical psychologists** deal with emotional, behavioral & personality problems that often have a sexual element

1. A related subgroup is sex therapists, who deal specifically with problems that interfere with the enjoyment of sex (premature ejaculation, lack of sexual desire)

2. In the US, sex therapists may be certified by the Society for Sex Therapy & Research (SSTAR) or by the American Association of Sex Educators, Counselors & Therapists (AASECT)

**D. Health psychologists** focus on the influence that illnesses such as diabetes & arthritis, or symptoms such as fatigue & pain, may have on sexuality

**F. Evolutionary psychologists** seek to explain how evolution has molded our genetic endowment to favor certain patterns of sexual feelings & behaviors. An idea in evolutionary psychology is that, since reproduction is so much more demanding for females than males, genes have evolved that cause females to be very picky in choice of sex partners.

**4.2.4. Psychosocial perspective**

**4.2.4.1. Freud's Psychosocial Theory/ perspective**

There is a fine balance between over emphasizing sexual behavior or removing aspects of sexual development from human behavior and development. Freud believed that the driving force for most behaviors in humans was emphasized by the sex drive. Freud's psychoanalytic theory has influenced cultures in the West for decades. As when it was introduced, Freud's psychoanalytic theory is still considered controversial. According to Freud, everything that a human does is related to struggles to fulfill needs and desires that may or may not be opposed by societal constraints or conflicts.

According to Freud, the sex drive, or libido as he called it, is the main force behind personality development that begins to occur in children. According to Freud, every human being takes a journey along "psychosexual stages":

* Oral stage
* Anal stage
* Phallic stage
* Latency period
* Genital stage

For example, the **oral stage**, which Freud defined as lasting from birth through the first year, focuses on an infant’s ability to explore his or her world through the mouth. Infants require a balance of stimulation that explores his or her ability to **chew, suck, and bite.** Freud believed that if infants were not adequately stimulated during this stage, they would not enter the next stage, known as the anal stage.

Lasting from one to three years, the **anal stage** was the period of time in which a child masters toilet training. During this time frame, toddlers develop control over urinating and elimination. Toddlers in this age group recognize that parents or other adults placed limits and expectations on his or her behavior. Again according to Freud, if toilet training techniques or methods are either too permissive or too harsh, a child may develop lasting believes that may affect his or her behavior throughout life.

The period of three to six years is known as the **phallic stage** and focuses on a child's excessive and never-ending curiosity, both of his or her body and surrounding environment. Freud believed that this stage provides children the opportunity to identify with opposite sex parents. This phallic stage is also one of Freud's most controversial because he professed that boys develop attractions to their mother while experiencing jealousy or fear of what may be considered their chief rival for that affection, the father. Freud believed that a boy who suppresses such desires and identify with a father is what lies behind male attitudes, appearance, sex roles, and behaviors.

The "Oedipus complex" in males is relatively comparative to the "Electra complex" that is experienced by females who naturally show affection for fathers and secretly blame their mothers for a lack of male genital organs. However, these small children eventually accept they will never belong to their fathers, and therefore identify with their mothers.

The fourth stage of sexual development is called the **latency period**, and ranges from six to 12 years for both boys and girls. This period is known as a relatively asexual stage of development and one in which children are more focused and attentive on social activities and personal achievements. During this stage, Freud believed that the ego and super ego of each individual is strengthened and offers a great influence on the next stage of development.

The last stage of sexual development, according to Freud, is the **genital stage**, which incorporates those 12 years of age and older. Freud believed that this stage focuses the libido on sexual pleasure with partners growing interest in dating and those of this age group express sexual behavior.

Again, many of the aspects of Freud's theories of sexual development offer little scientific support. While toddlers may often express curiosity regarding genitalia of males and females, it certainly doesn't suggest incestuous feelings. While it is understood in the knowledge that sexuality is a part of the human psyche, today's theories of human development do not rely solely on the human sex drive.

* + - 1. **Erikson's Psychosocial Theory/perspective**

These days, such views of male and female development, attitudes, and beliefs are often scoffed at by researchers, and have brought forth alternative psychosocial theories, among those presented by Erik Erikson. Erikson believed that social and cultural motives were more prevalent in the development of human behavior than the sex drive. Basically, he believed that social environments shape children. During various developmental stages, Erikson believes that children are offered and face various challenges for emotional growth and development.

Erikson developed eight major psychosocial challenges or stages of development that may be compared to Freud's corresponding development. As with Freud's psychosocial theory, Erikson's psychosocial theory also believed that individuals must master each stage of development in order to adjust successfully to life's challenges. Erikson did believe that sexual development plays a role in shaping sexual behavior, but that it is not the driving factor for success.

Erikson's stages of development, like those of Freud, have been criticized because it does not offer why such challenges or stages of development occur in the first place. However, it may be forever impossible to determine answers to those questions. Nevertheless, many Western and Eastern cultures experience similar social challenges, and the development of such psychosocial theories provides somewhat of an understanding of human nature.

For example, take a look at Erikson's various stages of development. According to Erikson, psychosocial development occurs with special challenges. For example, Erikson believes such challenges may be classified as follows:

* Birth to one year - basic trust versus mistrust
* One to three years - autonomy versus shame in doubt
* Three to six years - initiative versus guilt
* Six to 12 years - industry versus inferiority
* 12 to 20 years - identity versus role confusion

These classifications are broken down into a variety of influences and events. For example, basic trust in mistrust is the point in time when infants learn to trust others and rely on others to care for their needs. Parents or other caregivers who are inconsistent or reject such responsibilities of care encourage infants to become wary or mistrusting of people. At this stage, the primary caregiver parent is the key to attachment and social development.

The development of one to three-year-olds incorporates economy versus shame in doubt. At this stage, Erikson believed the children need to learn to be autonomous, such as feeding and dressing themselves, taking care of toileting habits brushing their teeth, and so forth. Erikson firmly believed that children who fail to gain this type of independence encourage children to doubt their abilities, which generates shame and embarrassment. As with the first stage of development, parents or a primary caregiver plays a major part of the toddler’s ability to learn to socialize.

During third to sixth year of life, Erikson believed that children begin to accept responsibilities, many of which are beyond their capacity to manage. Children enjoy acting and playing grown-up, and also experience a certain degree of independence that produces conflicts with parents as well as siblings or other family members. Such conflicts initiate guilt. It's at this stage Erikson believes that children learn how to balance their curiosity with their privileges, as well as the rights and wishes of others. At this stage, social development spreads to other family members and not just the parents.

Six to 12-year-old children are learning how to socialize in outside environments as well as learned skills and knowledge at school. During this stage, children are continually comparing themselves with their peers as well as other members of society. Children at this stage typically develop self-assurance and confidence in them, but feelings of inferiority are often common. At this stage, a child's reliance on social development ventures beyond parental or family boundaries and also incorporates friends, peers, and teachers.

The growth of an individual between 12 and 20 years old is a constant journey toward maturity and self-awareness. During this stage, most adolescents have established their identities within social groups and school situations, but often remain uncertain or confused about how they should behave on an adult level, as well as what to achieve as adults. Their peers have a major influence on behaviors as well as attitudes, with less emphasis placed on family and parental guidance.

* + - 1. **The Importance of Observational Learning**

Observational learning is defined as patterns of behavior that are learned by imitation. In the field of psychology, observational learning is one of the most important forms or methods of learning engaged by others. Life experiences serve to shape and develop human behavior in a multitude of situations and circumstances and experiences among families, friends, neighborhoods, and cultures play a large role in how beliefs and attitudes developed.

Sexual development relies a great deal on how various individuals perceive role models in his or her environment. Role models can include parents, peers, celebrities, siblings, and other acquaintances. Listening to and watching friends, television, books and movies generally develop sexual skills. Different cultures view the sexual development of adolescents in different ways. In some South American societies, sexual experimentation and curiosity is encouraged to promote close-knit communities. In the United States, sexual experimentation among teens is generally discouraged.

Attitudes, values and beliefs also have a great impact on how sexuality is developed. Many psychologists believe that values and morals influence reactions to the development of sexual relationships. Attitude also plays a great deal in the success or failure of dating relationships and decisions that individuals make about their own sexuality. It is during the adolescent stage that most individuals develop tolerances and intolerances of certain behaviors, and that includes human sexuality.

* + 1. **Cross-cultural perspectives on sexuality**

A. Culture: Ideas and values that are transmitted across generations and form basis for expected behaviors.

B Variations in sexual techniques: Kissing, the practice of cunnilingus, and the “appropriate” frequency of marital sex all vary by culture.

C Masturbation: The endorsement or condemnation of this practice also varies by culture, with this act being approved in some societies for persons of certain ages and genders and perhaps not others.

D Premarital and extramarital sex: Both behaviors are regulated in all societies, with a greater degree of restriction on extramarital sex.

E Same-gender partners: Attitudes vary widely by culture. Three observations noted:

* + 1. Some degree of this behavior in all societies
    2. More common among males
    3. Never represents the prevailing norm of sexual interaction

G Standards of attractiveness: Although the standards vary across culture, physical characteristics influence mate selection in all societies.

H Variation in United States by social class and ethnicity: In general, socioeconomic status correlates positively with variety of sexual techniques. Ethic variation is difficult to compartmentalize.

* + 1. **Cross-species perspectives on sexuality**

The study of sexuality among other species affords an opportunity to place human behavior in perspective.

A Masturbation, same-gender sexual contact and sexual signaling are common among other species, particularly primates.

B Human is unique from other species, except primates, in requiring social interaction for adequate shaping of sexual behavior. Otherwise, human behavior is on a continuum with that of other species.

C Research indicates that, like humans, some animals are capable of using sexual behavior for nonsexual purposes, such as to display dominance.

D Cultural (or cross-cultural) psychologists concern themselves with the influence of ethnic & cultural diversity on thought, behavior & interpersonal relationships

**Chapter five**

**Sexual response and sexual pleasuring**

**Patterns of sexual response**

Sexual health is defined by the World Health Organization as the integrationof somatic, emotional, intellectual, and social aspects in ways that are positively enriching and that will enhance personality, communication, and love. This article identifies models of sexual function, defines and categorizes sexual dysfunction, identifies therapeutic modalities for patients who have sexual dysfunction, and discusses some of the questionnaires used to evaluate sexual function.

**Sexual function**

Masters and Johnson [1] were the first to study and report on bothhealthy sexual function and sexual dysfunction in the 1960s. In the seminal ‘‘Human Sexual Response,’’ they described four phases of the human sexualresponse cycle: excitement, plateau, orgasm, and resolution (Fig. 1). This is the traditional, linear model of sexual function for both males and females, and was based on observations of 100, white middle class couples. This linear model probably more accurately depicts the male than the female sexual cycle. A more contemporary, intimacy-based model of sexual response and function has been proposed that is more female-specific [2]. This newer model of female sexual function describes a circular relationship between sexuality and satisfaction, and is not linear. In 2002, Basson described a ‘‘Sexual Response Circle’’ that incorporates psychological and social aspects into female sexual function, such as emotional intimacy and emotional

-------------------------------------THE END-------------------------------------------------