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Gender Issues in Psychology

PSY512

Course Handouts

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Gender Issues in Psychology (PSY512)

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LESSON 01

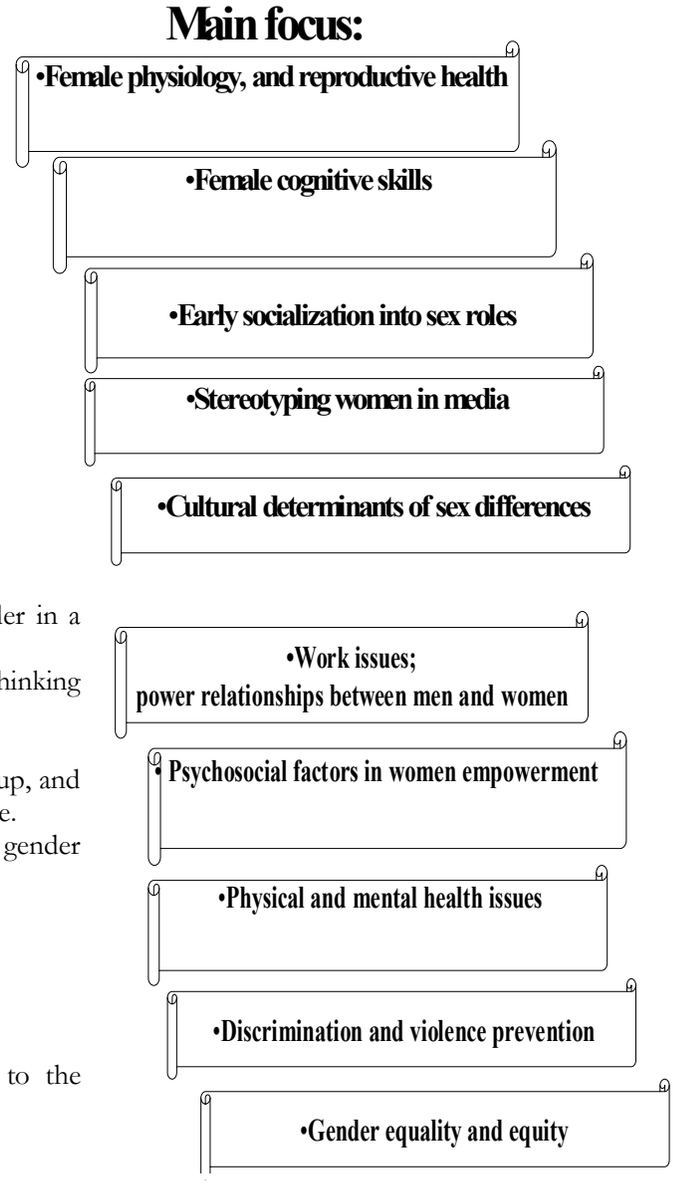
INTRODUCTION

Common misconception:
Gender psychology or psychology of gender issues pertains to only psychology of women. That is not the case. There is a difference between psychology of women and psychology of gender.
Focus of a course in gender issues:
What factors are responsible for the distinct masculine and feminine roles?
The factors may be biological. Social, cultural, or psychological!
Today we have loads of research evidence available that explains both masculinity, or male roles, and femininity, or female roles.

There are two Divisions of APA that directly deal with these issues:
Division 35: Society for the Psychology of Women, established 1973.
Division 51: Society for the Psychological Study of Men and Masculinity, established 1995.

About this course:

- This course will have a multi disciplinary approach.
- We will borrow and benefit from the knowledge and research evidence available in psychology as well as other disciplines.
- The primary focus of the course will be gender issues. However psychology of women will be touched upon more than issues specific to the psychology of men alone.



Goals of a course in Gender Issues in Psychology:
To develop an understanding of the difference between gender and sex.
To introduce a new approach to understanding human behavior and mental processes.
To give a flavor of the scope and content of study in other popular disciplines of the day, like Gender Studies or Women Studies.
To familiarize the students with the impact of socio-cultural and psychological factors on the gender roles and the status of gender in a given society.
To bring about a healthier and positive change in the students' thinking through knowledge of divergent ways of thinking.
To develop an understanding of gender relations in the society.
To create an awareness of abilities, capacities, psychological make up, and problems of women and research methods employed to study these.
To familiarize students with the social and political background of gender differences and the gender issues.

Gender:
The perception of being a male or a female.

"Gender" versus "Sex":
Gender refers to the psychological aspect whereas sex refers to the physiological/ physical aspect of the same phenomenon.

"Gender" refers to culturally constructed categorization of "maleness" and "femaleness" or masculinity and femininity.
Biologically based distinctions between males and females are referred to as "Sex" of the person.

Who makes us behave as males or females?
Human-beings are born as male or female babies, BUT they become masculine or feminine as a result of child rearing practices and socio-cultural variables.

Gender roles:
Expectations of appropriate behavior for males and females set by a society.
Gender role expectations are very similar across societies.

Gender differences:
Actual differences between males and females in terms of average capacity, ability, or typical behavior.

Gender stereotypes:
"Widely held beliefs about females 'and male's abilities, personality traits, and social behavior" (Weiten, 2001).

Some questions to ponder:

- Why are women more conscious about body weight than men?
- Why don't men wear make up as women do?
- Can men become good "mothers"?
- Why are women not hired as guards?
- Why no men sew clothes at home but most professional tailors are men?
- Why most chefs are men but very few men cook at home?
- Why are women considered talkative whereas on average men talk more?
- The answers to these questions pertain to societal role allocation and shaping.

Feminist Movement:
Christine de Pizan:
Generally considered the first feminist writer.

- Wrote in the medieval period
- In the 1700's women propagated the significance of women's education
- Lady Mary Wortley Montagu, Marquis de Condorcet
- 1785: The first scientific Society for Women established in Middle berg, Dutch, and Republic.
- 1791: " Declaration of the Rights of Women and the Female Citizen"
- The "Declaration of the Rights of Man and of the Citizen" (1789) was paraphrased.
- It was the French revolution's central document.
- 1792: Mary Wollstonecraft: "A Vindication of the Rights of Woman".

The modern feminist movement emerged from the west.
A member of men as well as women contributed to the cause of improving women's status in the society, in the political, economic, and social spheres.
All societies were patriarchal, male dominated, where women were generally oppressed and home bound.
Women were denied the right to franchise, to go for education, and profession. Woman was treated as a second rate citizen with limited or no ability, little or lower grade intelligence and non trustable skill.

19th century Reform Movement was a landmark in the history of women liberation.
1848: New York: The first Women's Rights Convention
J .S. Mill wrote "The Subjection of Women" in the mid 1800s. He was influenced by his wife Harriet Taylor.
Emmeline Pankhurst formed WSPU/Women's Social & Political Union.

- Emma Goldman, Elizabeth Cady Stanton, Dame Ethel Mary Smyth, and Margaret Sanger were among the 19th century feminists.
- In the East Qasim Amin an Egyptian jurist is known as the Father of Egyptian feminist movement.
- In 1899 he wrote " Women's Liberation" and proved to be a very influential writer (Tahrir ul Mar'a)
- Woman suffrage movement & its ultimate success brought about major changes in terms of women's status as well as their self- perceptions and vision.
- The First World War was also a turning point.
- Many women who never worked outside home started working.
- But the end of war meant joblessness for many women. In piece time, the jobs were to be left for the soldiers returning home.
- Still many women carried on with nursing, farming, blue collared jobs & other traditional occupations.
- At the same time during the world war many women entered occupations that used to be restricted to men alone e.g. mechanical work.
- In many communist & socialist countries women were bought at par with men in many regards.
- Feminist movement saw tough times and discouragement in countries like Germany or Italy, in the early 20th country.

WAVES OF THE FEMINIST MOVEMENT

First wave feminists:
The early feminists, who initiated the movement.

Second wave feminists:
By this time, women in most countries had been granted the right to franchise and to contest election for public office. These feminists were active after 1960.They were working for equality, both economic and social. They fought for the right to contraception, birth control and sexual liberation. Sexual liberation became a much debated issue and was criticized by many feminists.

Third wave feminists:
Third wave movement emerged in the 1990's.The earlier feminists failed to see and deal with variations within women. Third wave feminists try to see how different groups of women may be having different needs, and circumstances, and requiring different solutions. Womanism, Queer theory, and Post Modern Feminism are a part of this wave.

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LESSON 02

FEMINIST MOVEMENT

A movement or way of thinking that proposes, advocates, supports, and struggles for social equality of the two sexes. The difference between men and women should be looked into from a "**gender**" perspective rather than a "sexist" perspective. The difference between the sexes is learned and attained, not ascribed or inherent. Society is the seed bed of our gender roles, gender Identity, and gender stratification leading to social status and ranking of the genders.

Feminist movement had its roots in struggle for enlightenment, women's rights, and legal and political rights.

The feminists advocate:

a) The significance of change.
b) Reintegration of humanity: all human traits are found in all humans (French, 1985).
c) Equal rights and elimination of gender stratification.
d) Curbing and bringing to an end all forms of violence against women.
e) Promoting sexual autonomy.

Forms or Varieties of Feminism

Liberal Feminism :(1960s- 1970s)
Liberal feminism had roots in classic liberal thought; women should have the same rights as men.

Radical Feminism:

- Cultural notion of gender needs to be eliminated.
- Men are the oppressors and women oppressed.
- Racial or social class oppression follows the same model.
-

Socialist Feminism:
Rather than seeking liberation at individual level, men and women should be together in this pursuit.

Cultural Feminism:

- Social change is a must.
- Societies need to accept and appreciate traditionally feminine values.

Some important historical facts and events:

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Women's Movement in the Sub-continent:

- Began in the 1920s
- AIWC: Established in 1927: All India Women's Conference was the flag bearer
- The Women's Indian Association and the National Council for Women led to the developmental of AIWC
- The initial agenda was females' education
- The fullest developmental of an individual's latent capacities along with the ideals of motherhood was emphasized.
- Later on social transformation was also included in their agenda.

WOMEN'S SUFFRAGE:

It was a reform movement for attaining the goal of suffrage to women .The movement had political and social aims to achieve.

Suffragists: supporters and leaders of the suffrage movement. Any person, male or female, who supported suffrage for women.

Suffragettes: Female supporters of the movement.

Initially equal rather than universal suffrage was the demand.

Equal suffrage: Supporting the cause of abolishing the tradition and practice of graded votes.

Universal suffrage: Right to vote without any discrimination. In many countries and parts of world, women's suffrage was granted much before universal suffrage; so women in these parts of the world had the right to vote before the men and women of some other races in various parts of the world.

History of Women Suffrage:

Women got the suffrage right at different times in different parts of the world.

- 1776: New Jersey: first women suffrage & people were called, people, not men.
- It was rescinded in 1807.
- 1838: The Pitcairn Islands: Women were allowed suffrage. In South Australia, restricted women's suffrage was allowed.
- 1871: The Paris Commune allowed the right that was later cancelled.
- 1944: President de Gaulle reinstated the right.
- 1893: New Zealand: Voting rights were given to women.
- 1894: South Australia: Women were given universal suffrage and granted permission to stand for parliament.
- 1906: Finland: Women got universal and equal suffrage, and allowed to be candidates in election. Finland was the first European country to do so.
- 1907: Finland: The world's first female Member of Parliament. Finland had 19 women members of parliament after the election.
- 1913: Norway & Denmark: women got the right to vote. Remaining Australian state followed these countries.
- 1917: Soviet Union and Canada (except Quebec that allowed women suffrage in 1940) permitted suffrage.
- 1918: All German and Polish women and British women above 30 years of age got the right.
- 1920: American states where women previously did not have the right could now vote.
- 1928: All British women were granted suffrage
- 1926: the year of women suffrage in Turkey.
- 1984: Liechtenstein: In central Europe, one of the smallest independent states in the world was one of the last places to allow equal suffrage to women.

Today few countries exist where women do not have the right to franchise.

In Bhutan, one vote one property is the rule, which makes women suffrage difficult.

LESSON 03

HISTORICAL BACKGROUND

Two main viewpoints exist in psychology regarding gender differences:

1. Gender variation is biological and evolution-based in nature…..hence fixed and un alterable. Biological differences are there, BUT it is the society that shapes and nurtures gender roles. The biological approach has roots in evolutionary psychology and has an essentialist nature.

2. The biosocial approach has a broader perspective and benefits from knowledge and research in Sociology, Anthropology, Ethnology, and off course Biology.

The main issues are tackled in these theories:

Who made us what we are? Were we born like that or are we a product of the environment and the society that we exist in?

Nature versus Nurture?

There is no denying the fact that men and women are biologically different, but are the roles adopted by us also predetermined? Or, is it that we are made to learn roles that that suit our biological make-up?

We know that men are higher in physical strength and women in endurance and that may explain many of the roles that we play in life.

Minimalist and Maximalist views in Psychology:

Epstein, 1988 describes the two opposing viewpoints as **minimalist** and **maximalist.**

Maximalists believe in huge, fundamental, differences between men and women. A number of maximalists belong to the essentialist perspective.

Minimalist believes and proposes that there are few fundamental, deep, differences.

Earlier Schools of Thought in Psychology and Gender Differences:

Structuralism:

Structuralists were primarily interested in the structure of human mind. Adult mental processes were studied by using introspection. Structuralist'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 structuralists treated men and women equally. The student subjects in structuralist 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).

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 structuralists had excluded groups like children, animals, the feebleminded and even women.

Impact of Studies on Intelligence and Adaptability:

Intelligence and adaptability were two major areas of functionalist interest. As a consequence they delved 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.

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

(Brannon, 2004).

- 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 Hollingworth criticized, 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.

Hollingworth 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.

Behaviorism:

This approach brought forth a new perspective. Behaviorism emerged almost as a reaction to the prevailing introspective, inner experience, 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.

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.

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 hotly 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, 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 and a male dominated society.
Freudian theory gained unmatched popularity all over the world especially in the West. This had implications in terms of influence on popular thinking.
For the development of masculinity, the psychoanalytic theory had very stringent 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 a normally developed masculinity and have feminine characteristics in their personality.

Psychoanalytic Feminism:
Psychoanalytic feminism Roots in the work of Freud. Gender is not a biologically determined phenomenon.

Psychosexual 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.

LESSON 04

GENDER RELATED RESEARCH

Research focusing upon:

a) The socio-psychological, economic, 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, economic, 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 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 to Gender–related Research:

Margrit Eichler (1988) identified threats to sound research pertaining to gender:
a..Androcentricity
b.Over generalizing
c.Gender blindness
d.Double standards
e.Interference

Andocentricity:

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.

Overgeneralizing:

- 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.
- By doing so they are trying to support conclusions about both sexes.
- In some cases it may be the right and the only feasible approach. But in many cases it becomes a source of bias.
- Psychologists and sociologists, in many studies in the past, studied only male samples but generalized the findings to all mankind.
- 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.
- 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.

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.

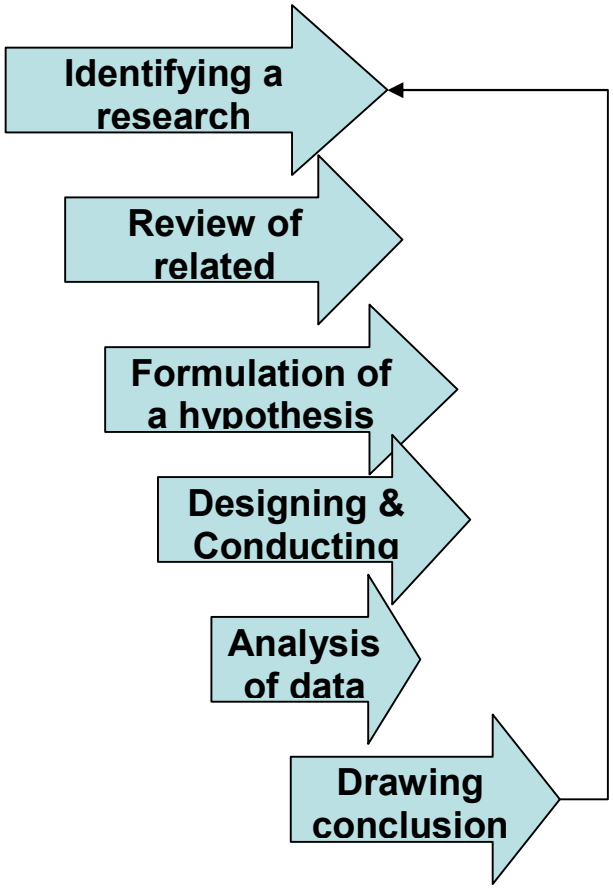
Double Standards:
Researchers' personal attitudes, thinking, and prejudices lead to double standards. When they talk about a couple, in terms of a man and women, they tend to assume that the man is the head of the family, runs it, and the woman does only support work in the household.

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. 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.

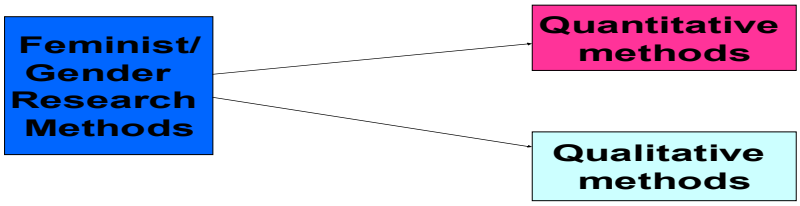
Scientific methodology:
The procedure for data collection employs a systematic, pre defined, series of steps for attaining optimal efficiency, accuracy, and objectivity in investigating the problem of interest

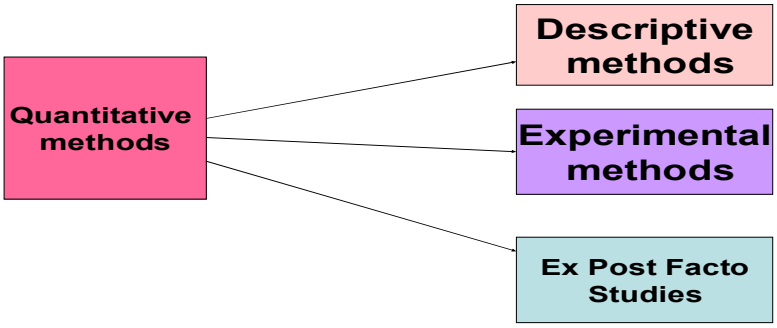
Steps in Scientific Method



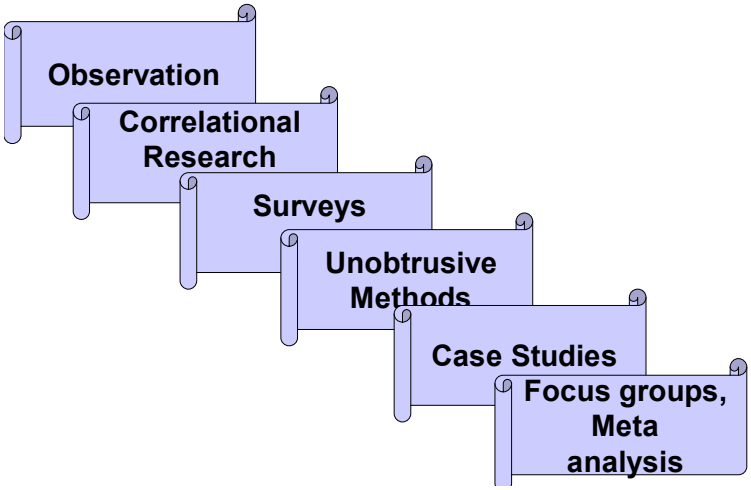
Identifying a Research Problem in Gender Research

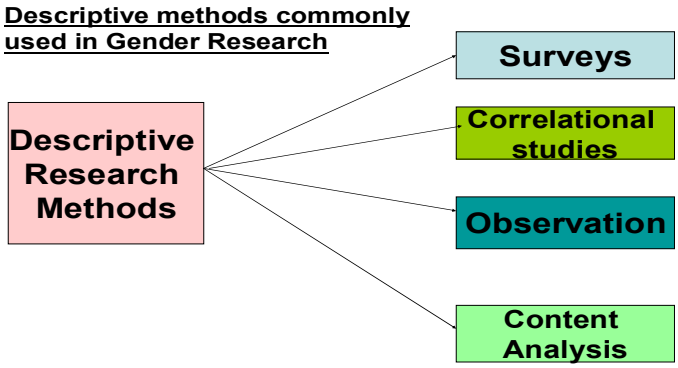
- Personal interest& observation
- Popular issues
- Newly emerging needs/ new projects
- Events
- Review of Related Literature





Descriptive Research Methods available to psychologists:







1. **SURVEYS:**

- 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.
- In surveys the participants are presented with a series of questions or statements to which they have to respond.
- Surveys are most appropriate when the goal of the study is to find out about opinions, attitudes, prejudices, preferences, values, lifestyles etc.
- Surveys, at times, are the only resort for the researcher, especially when the phenomenon under study can not be observed directly, either due to ethical constraints or because of procedural problems.

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:

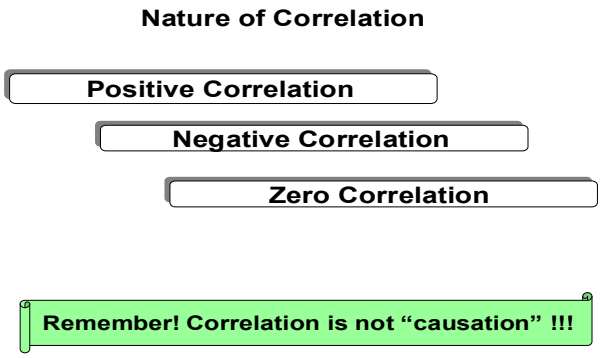
- In-depth study is not possible.
- Surveys ask questions rather than making direct measurement.
- Instead of direct observation we depend upon self-reports.
- Self-reports rely upon the respondents' memory.

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:

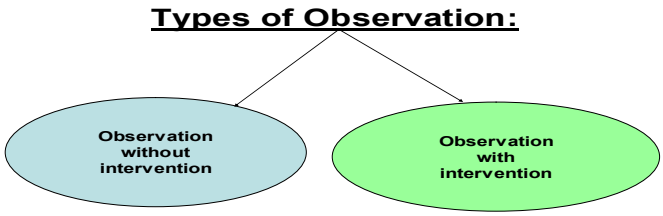
- Basically a statistical concept.
- We can say a correlation exists between two variables when two different measures of the same individuals, objects, or events vary together e.g. relationship between aggressiveness score and stressful life events in recent past, or age and the number miles a person can walk.

- Pearson Product Moment Correlation Coefficient (r) is the most commonly used procedure.
- It yields a value ranging between +1.00 and -1.00, showing the magnitude as well as the direction of the relationship.



3. Observation:

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



- Observation without intervention refers to naturalistic observation
- Observation with intervention includes: Participant observation, structured observation, and field experiments.

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LESSON 05

RESEARCH METHODS FOR GENDER ISSUES

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 tails, 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

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 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.

Products and Use traces:
Cues to the use or nonuse of objects and items can also be used as evidence e.g. wall chalking, or graffiti on walls of educational institutions can be used as indicators of how the people at the concerned locations think about the opposite gender. The products used by people also reveal information about their habits and lifestyles e.g. cosmetic products used by men and women have been noted through a study of garbage cans. The researchers observed the contents of the area's garbage bins, instead of interviewing the residents.

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 are 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 to psychology. 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.
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.

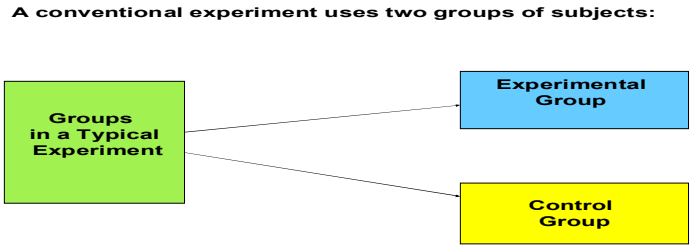
Control variable:

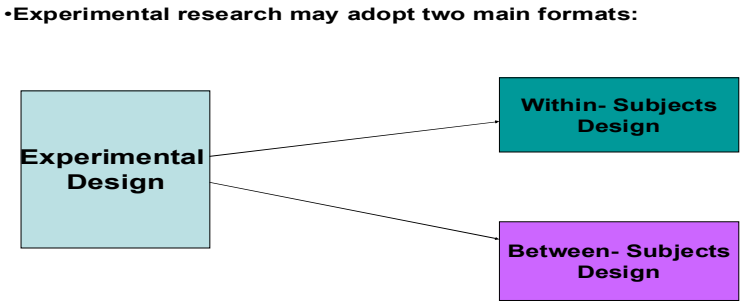
A potential independent variable that can have an impact upon the dependent variable; it has to be controlled so that it does not interfere with findings about the impact of IV.

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 before hand. 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 can not 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.

LESSON 06

QUALITATIVE RESEARCH

The type of research in which Information about behavior, in terms of quality rather than in quantity is being looked for. The evidence is also analyzed and reported in qualitative form.

Quantitative versus Qualitative Research:

Quantitative 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 can not 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.

Qualitative Research:

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 this question 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:

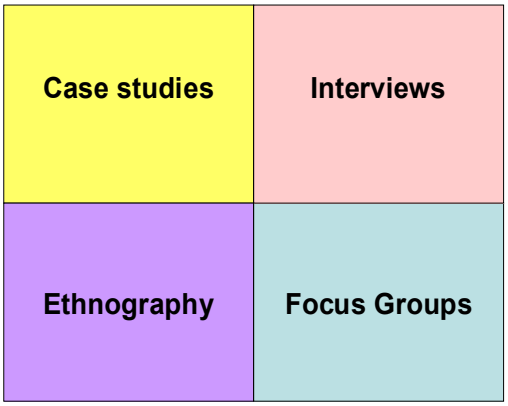
Some researches have used a combination of the two. Walker (1996) adopted this approach in a study. Walker studied if gender differences in the control of a TV remote control would affect the relationships of couples. She used semi-structured interviews as the main method (quantitative) and supplemented 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 of interest. 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.

Qualitative Research Methods



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 other phenomenon, 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 lot about 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 preferred method:
- Sensitive issues need to be tackled carefully. Use carefully selected words, and carefully phrased language.
- Time and place of Interview are very important. Privacy and time suitable to the subjects is should be given priority.
- The people around may matter a lot to the Information yielded by the Interview. Try interviewing in private, or make sure the people present do not interfere.
- For example when Interviewing women in a shelter home, one needs to make sure that the administration 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 and female students in a university.

FOCUS GROUPS:

Focus groups are collective interviews conducted in a group setting. It is a discussion that revolves around a specific 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 12 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 readers took 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.

How to plan a content analysis pertaining to gender issues?
Consider the following before you decide to employ content analysis as your preferred method:

- Variable that you are looking for?
- Coding procedure for analysis?
- Content to be analyzed?

LESSON 07

BIOLOGICAL DIFFERENCES BETWEEN GENDERS

Biological differences between males and females are found in three ways:

- In chromosomes
- In hormones
- In structure of the nervous system

Hormones and chromosomes are the:

- Bases of masculinity and femininity
- Structural units and carriers of heredity
- Play important role in various human behaviors

Endocrine system is a network of glands that produce and secrete chemical messengers (hormones), directly into the blood stream. This activity is controlled by hypothalamus: the important relay station and significant brain structure.

Hormones and Chromosomes:

Hormones and chromosomes are not only bases of masculinity and femininity and structural units of heredity, they play important role in various human behaviors. **Endocrine System** is a network of glands that produce and secrete chemical messengers that are called hormones, directly into the blood stream. Theses glands are controlled by hypothalamus that is important relay station and significant brain structure. **Pituitary glands** (also called master glands) stimulate or inhibit secretion of hormones from other glands. Sex and reproduction hormones are called, **Steroid hormones**. Reproductive organs ovaries (in females) and testes (in males) are called **gonads**.

Sexual Differentiation and role of Chromosomes:

Sexual dimorphism is existence of two sexes (male & female) in a species, including differences in genetics, gonads, hormones, internal genitalia and external genitalia. The process of sexual differentiation starts when conception takes place. Chromosomes are threadlike structures that are structural carriers of heredity, play very important role in sex differentiation. In human beings there are 23 pairs of chromosomes. At the time of conception half amount of chromosomes is received from mother side and half from father side. 23rd pair of chromosome is called sex chromosome in females it is XX and in males it is XY. Genes contain genetic information carried on chromosomes. Researchers claim that XY chromosomal makeup may not be as stable as XX and therefore play a role in higher mortality rates for men. XX chromosomal makeup and the hormone estrogen seem to make women less vulnerable to physical problems so women live longer lives.

Sex Chromosomal Abnormalities:

Sudden structural changes in the genes are called mutations. These mutations lead to negative consequences in individual's development. Some times deleted or duplicated number of chromosomes also causes abnormalities in an individual. Researches have found that disorders in sex chromosomes lead to problems in gender role development, intelligence, growth and hormone production.

Female Sex Chromosome Abnormalities:

Turner's syndrome:

This syndrome occurs when individual inherit only one X chromosome and their sex chromosomal structure is XO.

Such cases are females in sex with abnormal growth patterns. They are short in stature, averaging 4 foot 7 inches as adults, and often have distinctive webbed necks (i.e., extra folds of skin), small jaws, and high arched palates. They generally lack prominent female reproduction ability. They have

exceptionally small, widely spaced breasts, broad shield-shaped chests, and turned-out elbows. Their ovaries do not develop normally and they do not ovulate.
They also have a higher than average incidence of thyroid disease. In some individuals, there is slight mental retardation. Turner's syndrome is rare. Current estimates of its frequency range from 1 in 3,000 female infants to 1 in 5,000.

If diagnosed in early childhood, regular injections of human growth hormones can increase their stature by a few inches. Beginning around the normal age of puberty, **estrogen** replacement therapy can result in some breast development and menstruation. These treatments allow Turner's syndrome women to appear relatively normal.

Metafemales or **triple-X females**:
Such females inherit three X chromosomes. Their chromosomal structure is XXX. As adults, these "super-females" are usually an inch or so taller than average with unusually long body structure. They have normal development of sexual characteristics and are fertile. They may have slight learning difficulties and are usually in the low range of normal intelligence. They tend to be emotionally immature for their size during childhood. This type of chromosomal abnormality is less rare than Turner syndrome.

Male Sex Chromosome Abnormalities:

Klinefelter syndrome:
Individual with this syndrome inherit on extra X chromosome and their chromosomal structure is XXY. They characteristically have relatively high-pitched voices, feminine body contours as well as breast enlargement, and comparatively little facial and body hair.
They are sterile or nearly so, and their **testes** and prostate glands are small. As a result, they produce relatively small amounts of **testosterone** The feminizing effects of this hormonal imbalance can be significantly diminished if Klinefelter syndrome boys are regularly given testosterone from the age of puberty on. Klinefelter syndrome men are an inch or so above average height. They also are likely to be overweight. They usually have learning difficulties as children, especially with language and short-term memory.
If not given extra help in early childhood, this often leads to poor school grades and a subsequent low self esteem. Klinefelter syndrome is not diagnosed until they are tested for infertility. Klinefelter syndrome males with more than two X chromosomes usually have extreme symptoms and are often mentally retarded.

XYY syndrome:
The individual with this abnormality receive extra Y chromosome and their chromosomal structure is XYY. As adults, these "super-males" are usually tall (above 6 feet) and generally appear and act normal. However, they produce high levels of **testosterone**. During adolescence, they often are slim, have severe facial acne, and are poorly coordinated. They are usually fertile and lead ordinary lives as adults. Majority remain unaware that they have a chromosomal abnormality.
Early studies of XYY syndrome done in European prisons initially led to the erroneous conclusion that these men were genetically predisposed to antisocial, aggressive behavior, below average intelligence, and homosexuality. Contributing to the early view that XYY syndrome men have serious personality disorders. However, some researchers suggest that the high testosterone levels of XYY men can make them somewhat more prone to violence and that this may cause higher rates of wife beating.

Sex Differentiation in Reproductive System
X and Y chromosomes determine the sex of child being male of female. Both sexes have two sex-related internal systems:
Wolffian system: The system with a capacity to develop into the male internal reproductive system .

Mullerian system: The system with a capacity to develop into the female internal reproductive system.

Sex development is almost the same for both sexes during the first six weeks of prenatal development & both systems exist in both sexes.

External sex organ development starts after sex weeks of conception. But these organs are not differentiated at this stage and further external sex development depends upon the amount of **androgen** and **estrogen** hormones. Androgen & estrogen hormones are gonadal hormones. Both sexes produce these two hormones. But in males' **androgens** and in females **estrogens** are in greater proportions. Testosterone is androgen and estradiol is common estrogen. **Progesterone** is another gonadal hormone that play important role in females during pregnancy.
The production of **androgen** hormone is determined by **Y** chromosome in males that stimulates sexual reproductive system.

Production of Testosterone (androgen) stimulates **Wolffian system** and degenerates the **Mullerian system** that results in development of internal reproductive organs.

In female fetus **X** chromosome stimulate **estrogen** hormone that further leads to **Mullerian system** development and degeneration of **Wolffian system,** which results in the development of female internal reproductive organs. During prenatal development androgen & estrogen are very important for the development of sex characteristics in both sexes.

During infancy and childhood gonadal hormones are produce in low quantities but during puberty these hormones secretions increased and develop sexual maturity. Growth hormones are released from Pituitary in adolescence play important role in muscular and bones development. Pituitary glands also release follicle stimulating hormone (**FSH**) and luteninizing hormone (**LH**) that is involve in production of androgen and estrogen hormones. In males testosterone is released by testes that are endocrine glands. It stimulates the maturation of sex organs, production of sperms and prepare for reproduction. In females estrogen hormones play important role in **menarche;** beginning of menstruation and ovulation. **Progesterone** hormone secreted in females; controls menstrual cycle and significant during pregnancy.

Hormonal influences in both sexes:
Endocrine glands are the vital glands that release chemical substances, called hormones, into the bloodstream. Hormones thus circulate throughout the body. Different organs are sensitive to different hormones. The impact of hormones produces different actions at different locations.
Hormones directly related to sex differences and reproduction, are known as steroid hormones.

Gonads: The reproductive organs, glands , testes in males and ovaries in females, related to the steroid hormones. The hypothalamus and the pituitary gland are the main brain structures that regulate the production of sex hormones.

Hypothalamus causes the production of **Releasing hormones**. Gonadotropin- releasing hormone is one of these hormones.

Gonadotropin- releasing hormone has active influence on the pituitary; as a result of this action, the pituitary releases a number of other hormone.

The release of Tropic hormones results from this action.

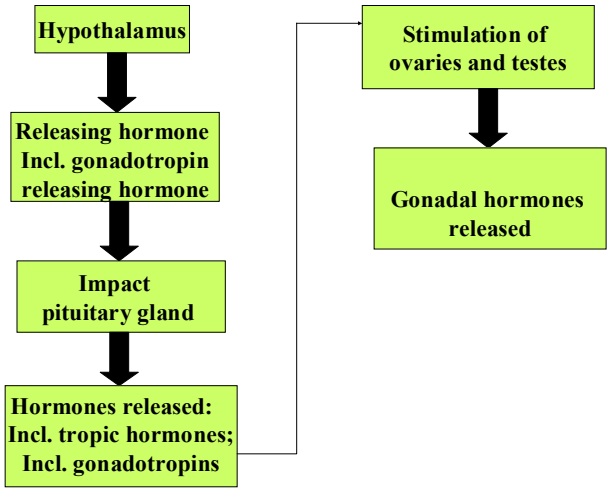
Gonadotropins are one of these. Circulating through the bloodstream these hormones impact the testes and ovaries, which are subsequently stimulated to produce their respective hormones. In males' **androgens,** and in females' **estrogens**, are in greater proportions.
Testosterone is an androgen and **estradiol** is a common estrogen.

Progesterone is another gonadal hormone that plays an important role in females during pregnancy
A number of hormones other than steroid hormones are also involved, directly or indirectly, in reproduction and related processes. Smaller and larger quantities of hormones affect several behaviors. For example **testosterone** levels can affect performance on some tests. Women with high levels of testosterone perform better on spatial tasks than women with low levels do, but men with low levels outperform men with high levels. Females exposed to more quantities of androgen are tending to have behavioral characteristic like males. University of California at Los Angeles observed the play behavior of such females with other female siblings. Given a choice of transportation and construction toys, dolls and kitchen supplies, or books and board games, these females preferred the more typically masculine toys--for example, they played with cars for the same amount of time that boys did.

Study (Dabbs, 2000) revealed that individuals with high testosterone levels are associated with lower status professions as high testosterone levels are related to impulsiveness and antisocial behavior. Comparative study of college students and young men delinquents revealed that they have higher levels of testosterone.

Another study of male prisoners also revealed that high testosterone levels are associated with deferent types of violence including sex and rule violations. As female also produce testosterones so, various studies have conducted to find out relationship between testosterone and female behaviors. Results support hypothesis that high testosterone is related to aggressive behaviors.

The Hormonal Cycle



LESSON 08

BIOLOGICAL DIFFERENCES BETWEEN GENDERS: HORMONES AND NERVOUS SYSTEM

Hormonal Abnormalities:

Adrenogenital Syndrome

Excessive prenatal production of **androgen** from adrenal glands causes this syndrome. In male fetus it doesn't cause major problems. But in female fetus this results in birth of female with physical structure resembling boys. Increased androgen levels not only affect physical characteristics behavior is also affected. Sometimes surgeons recommend surgery for correction of external genitalia. This syndrome also influence play activities of girl child. Berenbaum & Snyder, (1995) stated that girls with such syndrome are more likely to be "**tomboys".**

Androgen Insensitivity Syndrome:

Found in normal XY male fetus with body cells insensitive to androgens.
Cause: abnormal functioning of androgen receptors
Individuals with this syndrome have XY chromosomal structure.
But inability of androgen receptors does not allow the proper development masculine characteristics. At the same time they have internal male reproductive organs as the Mullerian- inhibiting substance is present. Inability of androgen receptors does not allow the proper development of male reproductive structures, that requires a degeneration of the Mullerian system and the development of Wolffian system.
Such babies appear to be girls at the time of birth. Such individuals have been found to have gender identity, behavior and appearance of females (Hines, Ahmed & Hughes, 2003).

Sex Differentiation in Nervous System:

Men and women differ not only in their physical attributes and reproductive function but also in many other characteristics, including the way they solve intellectual problems. Studies reflect that the effect of sex hormones on brain organization starts parentally. Sex differentiation of human brain is mostly dependent on the prenatal exposure to androgen (testosterone). First gender difference exists in size of the brain. Males have larger brain size than females. The area in the brain that regulates female and male reproductive behavior is the hypothalamus. This tiny structure at the base of the brain connects to the pituitary, the master endocrine gland. It has been shown that a region of the hypothalamus is visibly larger in male rats than in females and that this size difference is under hormonal control.

Researches have shown that 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. Studies have also revealed that women have superiority on tasks needed memory. These differences can be revealed form following studies examples:

Average men perform better than women at certain spatial tasks. They also outperform women in mathematical reasoning tests. Men exhibit more accuracy in tests of target-directed motor skills.
Average women excel on tests that measure recall of words and on tests that challenge the person to find words that begin with a specific. They also tend to be better than men at rapidly identifying matching items and performing certain precision manual tasks, such as placing pegs in designated holes on a board etc.

The Psychological Perspectives about Gender Development and Gender Differences
Gender development refers to the process of identifying oneself as being male or female, and

gender roles are expected, and set, thinking and behavior patterns for males and females.

Theories of Gender Development:
Psychological theories that study, describe, understand, explain, and predict the development of gender roles, stereotypes, gender differentiation and other related issues.

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.

There are at least eight different theories in psychology that explain gender development:

1. The Biological Approach
2. The Behavior Approach
3. Observational Learning Approach
4. The Cognition Approach
5. The Psychoanalytic Approach
6. Humanistic Approach
7. The Socio cultural Approach
8. The Epigenetic Approach

The Biological Approach:

Emphasizes 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 male characteristics

LESSON 09

THEORIES OF GENDER DEVELOPMENT

Gender development is process of identifying oneself being male or female. Gender roles are expected 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.

Nature and Nurture

Nature is hereditary influences and nurture is environmental influences. Today developmental scientists recognize that both influences are essential and are mutually influential. E.g. child's response to parenting an (environmental influence) is determined by child's temperament and other inherited characteristics. Development and expression of heredity characteristics is also effected by environmental influences. Like in past century there have been significant increases in average height because of improved nutrition and medical care, in spite of the fact the height is 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.

Psychological approaches to explaining gender differences:

The Biological Approach

The Behaviorist/ Social Learning Approach

The Biological Approach

The approach emphasizes the gender role differences are the result of biological processes. In human beings there are 23 pairs of chromosomes. 23rd pair of chromosome is called sex chromosome in females it is XX and in males it is XY. According to biological theory differences in chromosomes (X/Y) and hormones (testosterone/estrogen) determine the behavioral differences between boys and girls. Males are more aggressive in almost all cultures and male child has higher mortality rate than female child. Biological view explains this phenomenon with the findings that Androgen hormones are linked to disruptive and aggressive behaviors in males. Androgens hormones are related to male characteristics; most important androgen is testosterone. XY chromosomal makeup may not be as stable as XX and therefore play a role in higher mortality rates for men. XX chromosomal makeup and the hormone estrogen seem to make women less vulnerable to physical problems so women live longer.

The study of Money and Ehrhardt (1972) found that females exposed to high levels of androgens prenatally are tend to be more physically active like boys than their peers. Whereas, absence or low levels of androgens leads to development of female characteristics. The British fraternal study found that girls with twin brothers are more active and adventurous than girls with twin sisters; researcher attributed this to the presence of higher androgens.

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.

LESSON 10

THEORIES OF GENDER DEVELOPMENT (2)

The Behavioral Approach

Recap

The Biological approach

Strong and weak points

The Behaviorist or Learning Approach

Background

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, that led to the social learning approach

According to the behavioral approach, learning of gender roles can be explained in terms of a result of:

- Classical conditioning
- Operant Conditioning or the use of reinforcement: positive, negative, punishment, or no reinforcement
- 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 (Maccoby & Jacklin, 1974; 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; Huston, 1986).

The very fact that we can find variations in gender roles across cultures indicates the existence of different treatments (Gibbons, 2000).

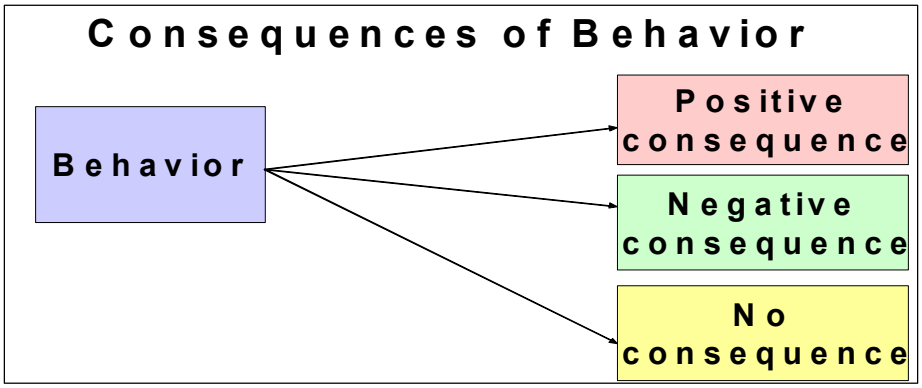
But if different treatments are the cause of gender differences then how did this difference start in first place? Can it be that there were small innate differences that were amplified after different treatment?

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.



The various consequences of behavior have different impacts on the behavior under question.

Consequences of Behavior and their impact

Figure: 1

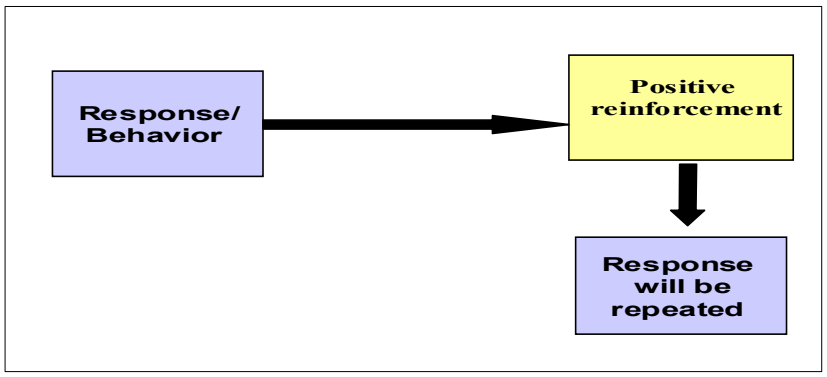


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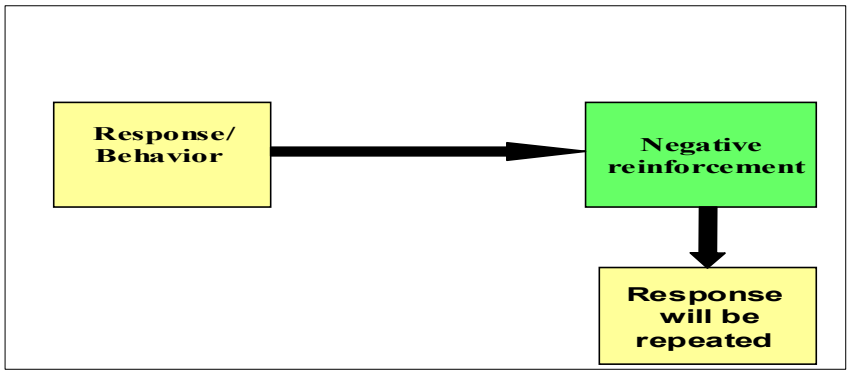


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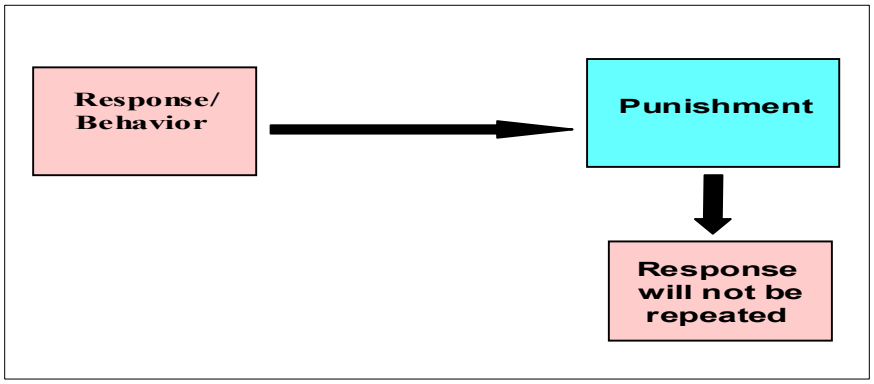
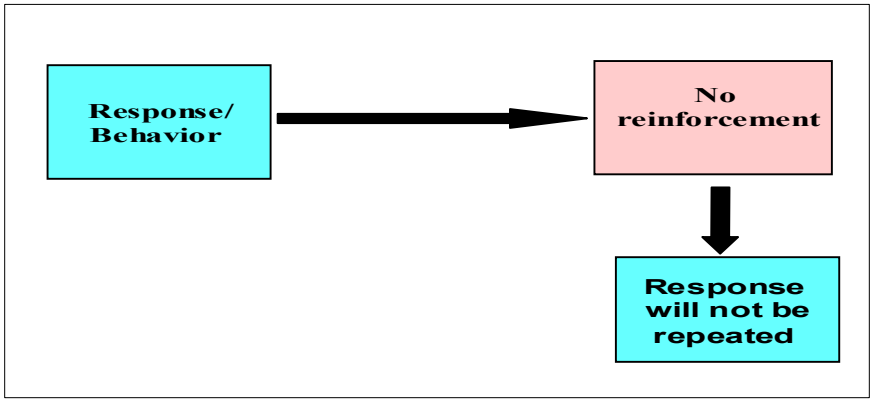


Figure: 4



Consequences of behavior and learning gender roles:

Figure: 1

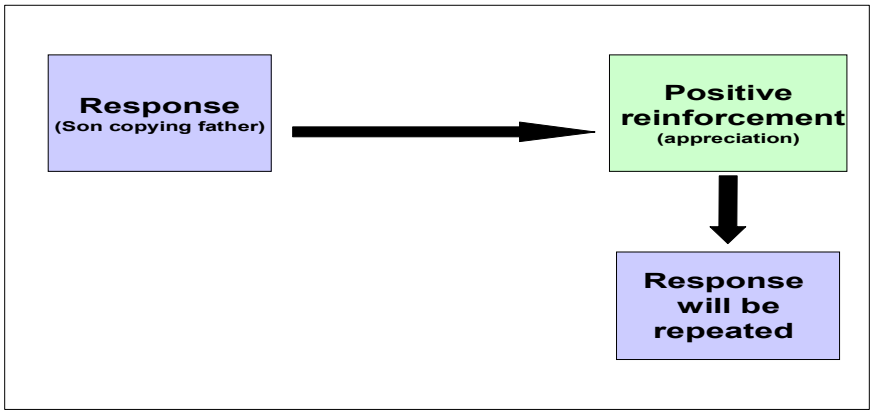


Figure: 2

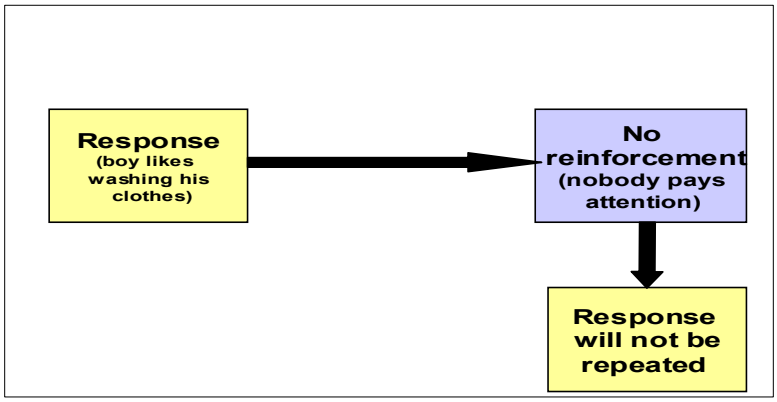


Figure: 3

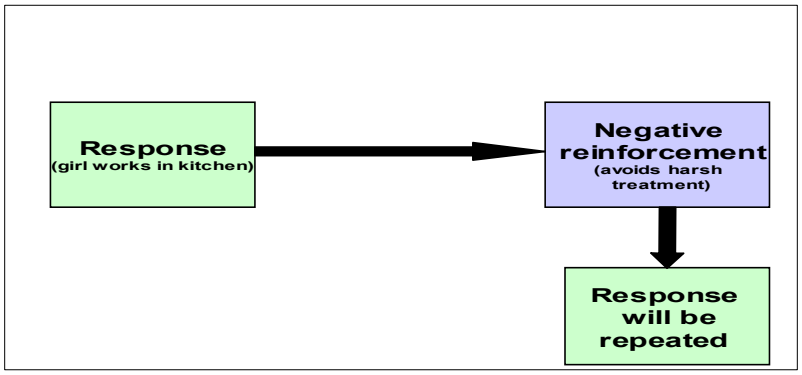
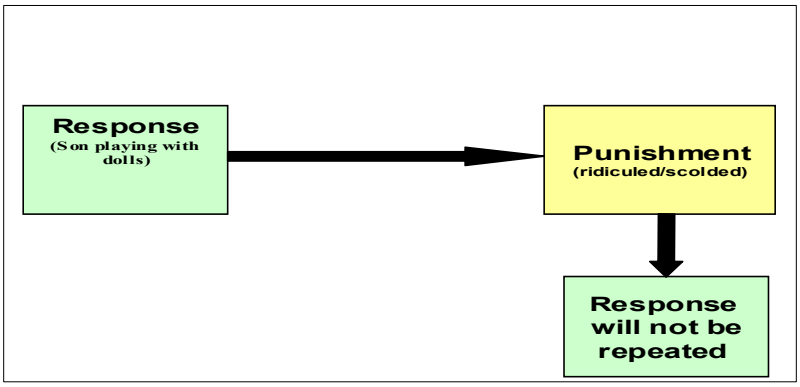


Figure: 4



LESSON 11

THEORIES OF GENDER DEVELOPMENT (3)

The Cognitive Approach

Recap:

- The Behaviorist/ learning approach
- The consequences of behavior and their impact
- Shaping and the learning of gender roles
- Observational Learning approach

The Cognitive Approach

The approach that focuses upon the thought processes underlying learning.
The approach that 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:

- Thoughts
- Feelings
- Thinking
- Values
- 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.

The Cognitive Approach to Gender Roles

The theory proposes the interaction of mental schema and social experience in directing gender role behavior. The cognitive approach focuses upon the child's "understanding". A child's understanding refers to the way he/she perceives and tackles a phenomenon. Information about gender is organized into sets of beliefs about the sexes i.e. gender schema Gender schema (plural schemata or schemas) is a mental framework that organizes and guides a child understands of information relevant to gender. Example: information about which toys are for girls and which toys are for boys forms schema that guides behavior.
Example: If a child has seen women being respected n his family, he will perceive women as a respectable being; and if he has seen women being battered and maltreated he will perceive them as some low grade creature.

Lawrence Kohlberg's Cognitive Development Theory: The concept of Gender Constancy:
Children understand gender just as they understand anything else. Children have experiences with people of both genders, they think about their experiences, having made sort of mental notes of what males and females do, and adopt behaviors performed by people of their own sex. Children do their own gender typing themselves. They make classifications of themselves and of others as male or female, and organize their behaviors around that classification. The gender roles that children adopt are organized around this classification. Behaviors consistent with their own gender are adopted. This is reflected in their use of language, clothes, toys etc. According to Kohlberg, acquisition of gender roles results from gender constancy i.e., a child's understanding and awareness that his/ her sex is permanent, constant, and will never change. Gender constancy is also known as sex category Constancy in modern literature. Gender appropriate behaviors are adopted after the realization that sex is a permanent feature of personality. Gender constancy emerges somewhere between 3-7 years of age. Gender constancy is the key to gender typing, according to Kohlberg.

Gender constancy is not a phenomenon that occurs at once, at one point in time. It takes place in three stages (Ruble & Martin, 1998; Szkrybalo & Ruble):
Gender identity: Age 2-3 years; Becoming aware of one's own gender, and that of others.

Gender stability: Realization of boys and girls that they will grow up as men or women respectively, i.e., gender is a fixed, permanent, quality and an integral feature of their personality.
But at this stage they understand this on the basis of superficial, external appearances, and stereotyped behaviors.

Gender Consistency: The awareness that gender remains the same no matter what one wears, how one behaves, whatever hairstyle one has.
Although Kohlberg put forth the concept of gender constancy as a significant theme, there is not much solid research evidence supporting it. Different researches have yielded findings quite different from, and even contrary to, Kohlberg's hypothesis that gender constancy stage is the point where children actually learn gender roles and relevant appropriate behaviors. It has been seen that at 2 ½ years of age children begin to prefer the company of children of their own sex. Also, girls are more interested in dolls and boys in cars (Ruble & martin, 1998). Long before attaining the stage of gender constancy, children exhibit gender- typed preferences (Bussey & Bandura, 1992; Ruble & Martin 1998). Children can categorize activities and objects by gender, know a lot about what males and females do, and often acquire gender appropriate behaviors (G. D. Levy & Carter, 1989; Leucke Aleksa, Anderson, Collins, & Schmitt, 1995). Five- year old boys having reached gender constancy, or almost there, pay more attention to male characters on TV and watch more sports and action programs in comparison to other age mates (Leucke- Aleksa et al., 1995). Children tend to develop more complex beliefs about gender later on; also they tend to become more flexible in their views about gender roles (Ruble & Martin 1998; M. G. Taylor.1996).

Gender Schema Theory:
"A schema is a mentally organized network of gender- related Information that influences behavior" (Papalia et al. 2001).
Gender schema is a mental framework that organizes and guides a child's understanding of information relevant to gender.
For example information about which toys are for girls and which toys are for boys form schema that guides behavior.
According to gender schema theory, children first develop a simplified concept of male –female distinctions and later on apply it universally (Bem, 1989, 1993).
First of all children learn what sex they are.
Then they develop a concept of what it means to be male or female in their culture, and on the basis of the development of this concept they begin to take on gender roles
Whatever observations they have of men and women, they organize those around the gender schema that they have formed as a result of their observation of how their society classifies behaviors as male and female including clothes and toys etc.
For example a child observes that it is always the mother who cooks, and the father is always the on who fixes electrical appliances and faults. Gradually he develops the concept that household chores are meant to be done by the mother (woman), and tougher tasks are handled by the father (man).
This leads to the assimilation of other similar ideas and perceptions, a realization that men are strong and women weak.
If the father has to cook on a rare occasion, it doesn't match with the "all in control schema of the father" and the child notes this discrepancy.
Gender schemata influence judgments about behavior thus promoting gender stereotypes.

The gradual process of development of gender schema:

Stage	Age	Description
Gender identification	2-3.5 years	Children believe it is possible to change sex by wearing clothes of opposite sex. Can identify household gender stereotypes: (mechanical tools used by father and the mother works in kitchen). Gender labeling is learned.
Gender stability	3.5-4.5 years	Sex is stable over time, not situations. Older peers and siblings are models for social learning of gender roles. Boys may play with the toys socially labeled as girl's toys but do not own them ultimately. Child applies labels to self and others, but they may be inconsistent
Gender consistency	4.5-7 years	Sex is stable. Children value and imitate same sex behaviors. This leads to development of gender appropriate attributes

Slaby and Frey (1975): children with gender consistency attend more to the same-sex model
Children use cognitive processes to choose appropriate gender-related behaviors. Cognitive theory argues that gender behavior is learnt by viewing others' behavior through social learning process

Learning of Gender Roles by Preschoolers

Preschoolers do have an idea of gender roles, but their cognitive experiences are simple, not complex. They see things in simpler terms i.e., at concrete level. They see males and females as total opposites, as they judge things on their appearance and face value; for example, thinking that the volume of water changes when poured into differently shaped glasses; or the volume of plasticine changes when its shape is changed. Past experiences have not yet assimilated into their existing schema. Preschoolers' cognitive patterns are egocentric and static. Children develop a simplified concept of male- female distinctions and then apply it universally (Bem, 1989, 1993).
Children form a script describing what the various gender roles should be, and then intellectually follow that script (Levy, & Fivush, 1993; Martin, 1993).
Children fit their cognitive experiences into the script they have. If their experiences are vague, ambiguous, or contradictory, then preschoolers look for the script. In a study children were given gender –neutral, unfamiliar toys. Initially they tried to find out and decide if they were meant for boys or girls. Then they made a decision considering which ones they wanted to play with or not (Martin et al., 1995).

The Concept of Self- socialization

Children are the protagonists in their own gender role socialization, and act as active agents.
Self- socialization is a three- step process:
Around ages 5-6, children learn to classify themselves as males or females, and sex as a permanent quality is recognized
Children are motivated by this self- categorization to value characteristics and behaviors associated with their sex
They try to bring their own behavior at participant with the behaviors considered gender appropriate in their culture. (Geis, 1993).

So children identify and note gender behaviors, identify and note their gender identity, and make effort to remove disparities between the two.

Piaget's stages of cognitive development and development of gender roles

Stage	Age	Description
Preoperational Stage	2-4 years	Thinking is concrete, not logical, judges on appearance. Gender labeling Uses cues such as dress, hair, Can change sex if appearance is made different. Develop categories associated with sex/gender. Identify them as male or female. Use stereotypes as rules
Concrete operational Stage	7-12 years	Thinking is logical, but limited to concrete Cognitive understanding of permanence of gender develops
Formal Operational stage	12 year-adulthood	Thinking is scientifically logical, can be applied to abstract concepts. Adolescents become more rigid in sex-typing

Is the Cognitive Approach the Only Best approach?

This approach has ignored the role of biological factors that are involved in developing cognitive schema. Cultural differences in forming gender roles are not addressed

LESSON 12

THEORIES OF GENDER DEVELOPMENT (3)

The Psychodynamic Approach

Psychodynamic approach is based on Freud's theory of psychosexual development
Family dynamics influence individuals at a subconscious level and this leads to the development of internal gender identities

Gender Development:

Freudian Perspective 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.

Gender Development Karen Horney's Perspective

Karen Horney reexamined some of Freud's basic concepts. Although she remained within the psychoanalytic paradigm, and accepted the role of unconscious as a driving force, she digressed from Freud on gender differences in personality development.

She differed from Freud on the concept of envy in females, their feelings of inferiority, and masculinity complex; whereby females express masculine attitudes and behavior.
She also differed on Freud's emphasis on early childhood experiences, and the significance that he attached to the role of biological forces.

She argued that the envy that females have against males, was symbolic, and did not emerge out of a desire to physically match them; instead it represented a desire to attain the social prestige and position that men enjoy. Horney emphasized upon the significance of social forces.

She hypothesized that men envy women's ability to reproduce i.e., womb envy. According to Horney, men seek and struggle for, achievement because they are trying to overcompensate for the lack of ability to reproduce. In comparison to women, men feel inadequate, and as a result they attribute evil to women.

In order to deal with their feeling of inferiority, men need to feel more adequate, for which they see women as inferior.

Men's feelings of resentment result in attempts to weaken women and leave women with feelings of inferiority and insecurity

Unlike Freud, Horney believed that females' inferiority had origin in male insecurity; she disagreed from Freud over the idea that females feel inferior because of a perceived physical inferiority.
It is men's behavior, and a society with masculine bias that generates females' inferiority.

Contemporary Psychodynamic Theories

The feminist thought affected the Freudian school of thought as well.

Psychoanalytic Feminism

It has roots in the work of Freud Gender is not a biologically determined phenomenon. Psychosexual 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 a female believe that she is feminine. These experiences lead to gender inequality. This situation is a result of a male dominated society.

Nancy Chodorow (1979), a sociologist, and Ellyn Kaschak (1992), a psychologist, developed their versions of the psychodynamic thought, which is quite different from the traditional Freudian approach.

Nancy Chodorow's Theory:
Chodorow (1979) focuses on early childhood experiences with mothers. She described pre-oedipal stage where children identify with their mothers. Girl child keeps association with mother to become feminine. Chodorow (1979), shared with Freud, pessimism about gender equality. She, like Freud, was pessimistic about any potential equality between men and women. However she departed from him on the root cause of inequality. As opposed to the Freudian emphasis on males' and females' perception of anatomical differences, she believed in the impact of children's early experiences with their mothers. She proposed the idea of the significance of the pre- oedipal period that occurs in early childhood, prior to the onset of Oedipus complex. She proposed that the course of personality development for males and females was different. What is significant is the fact that most, if not all, children are mothered by a woman. Women alone do not have the ability of infant-care; however most nurturing is provided by mothers/women, whereas little caring is done by fathers/ men. The bonding between mothers and children in early childhood has a deep imprinted effect on the children. This effect, however, is different for the male and the female child. An infant's world is centered on the mother. The mother- son relationship is not as close as the mother- daughter relationship; mothers and daughters are closer since they are of the same sex.

The infants are unaware of the sex differences, but the mother is; and she is the one who treats the male and female children differently. A perception of gender differences starts emerging when children begin to develop a sense of self. This process is easier for the female child, since she has already identified with the mother, and now this identification has to get only stronger. However the boys have a tougher task at hand.

Having lived in a mother- centered world, and having already identified with her, they have to develop an identity separate from the mother. The male child has to face separation from mother in order to develop his gender identity and to become masculine. The development of self or identity in boys involves separation from the mother; and a rejection of their mother's femininity. The gender similarity between mothers and daughters, and their difference from sons affects emotional closeness. Research has confirmed that sons and daughters are different in emotional closeness (Benenson, Morash, & Petrakos, 1998).

When the boys have to separate themselves from mothers in order to develop an identity of their own, it has deep effects on their personality. They tend to reject all femininity, and develop a fear and mistrust of the feminine (Chodorow, 1978). The development of a sense of self in girls, and growing into womanhood, is smooth and non- turbulent; they have a close relationship with their mothers. Their early relationship with the mothers is reproduced when they themselves are mothering their children. According to Chodorow, the effort on part of boys to distinguish and separate themselves from mothers, results into the worldwide denigration of women by men (Brannon, 2004).

Antigone Phase: Kaschak's Theory
Kaschak has borrowed the character of Antigone from Sophocles' Greek plays, just like Freud borrowed the character of Oedipus. Antigone was Jocasta's and Oedipus's daughter. Antigone was Oedipus's care taker, companion, and guide, after Oedipus destroyed his eyes. Antigone devoted her life and freedom to the care of her father, and sacrificed for him; Oedipus the height of her devotion

as his right. Kaschak used the same scenario to explain the personality development and male up of men and women.

Kaschak acknowledges the usefulness of the application of the legend of Oedipus in Freudian theory, but disagrees with the way he treated women in his concept of female Oedipus complex.

Antigone represents a typical good daughter in a patriarchal family. Societies, in which men are born, grown, and developed, grant power to them in the society as well as in their families.

As part of this system and process, men take women as their possession. Women on the other hand are born and developed in such a manner that they consider themselves as men's possession.

Their position is always that of subservience to men; and this is reflected in their personality make up and life. "As Oedipus' dilemma became a symbol for the dilemma of the son, so might that of Antigone be considered representative of the inevitable fate of the good daughter in the patriarchal family" (Kaschak, 1992).It is not possible for many men and women to resolve these conflicts because the societies are formed and structured in such a manner that they maintain a constant state of male power and autonomy on one hand, and female subservience on the other.

As a consequence, men treat women not as independent people, but as extensions of themselves. Men want to gain power, and they do it in a self- centered manner; this may end up in causing harm to others, especially women, by means of family violence and other such behaviors. In a research on family violence, Johnson (1995) concluded that the cause underlying indulgence of some men in family violence is the feeling that they have a right to do so. For a normal course of personality development, women should resolve the Antigone phase. But if they fail in doing so, then they "allow themselves to be extensions of others rather than striving for independence". When women start believing like this, then they are also learning that their own wishes are not important; it is only men who are important. This belief makes them impose limitations on themselves, thus living a limited life. They deny their physicality, and try to make their bodies invisible; this may be observed in the development of eating disorders. This situation may result into the development of self-hatred, or shame. In such cases women may develop a need to establish form relationships with others so that a feeling of self- worth is attained.

LESSON 13

OTHER APPROACHES

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

Cultural Influences

Technological advanced have affected the societies in following ways: Women are transferred to the less influential social sphere of home Men are associated with the public sphere of politics, economy, etc. Women are fighting for becoming independent Archeology. Feminine role is defined as subordinate to the masculine role In non-industrialized countries 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, sensitive)

Some Gender Role Stereotypes

Male Attributes

Acts as a leader
Aggressive
Ambitious
Dominant
Forceful
Independent

Female Attributes

Compassionate
Gentle
Loves children
Sensitive to needs of others
Tender
Understanding

Understanding Gender Relations With Reference to Maslow's Hierarchy of Needs

- Maslow's theory can be seen basically as a stage theory.
- Each stage is marked by a particular class of needs.
- The needs at one level have to be met before one moves on to the fulfillment of needs at a higher level.

- Self Actualization is the most advanced human need marked by the desire to grow and utilize one's potential up to the optimal level.
- Gender roles and relationship in a society affect the fulfillment of a person's needs.

The Socio -cultural Approach

- The Socio-cultural Approach proposes that social factors, societal expectations, cultural practices, norms, and values, all affect development of gender roles.
- The gender patterns adopted by children reflect the cultural emphasis on gender distinctions.
- Some societies make sure that gender distinctions are firm, and practiced, whereas others are less concerned about this.
- In such societies skills taught to girls are different from those taught to boys.
- Throughout the world, young children and chicken are looked after by girls, whereas the larger animals like sheep, cattle, or pigs are tended by boys (Whiting & Edwards, 1988).
- When these distinctions are so seriously practiced, they get engrained in the minds and behaviors of children as well as adults in the form of clear-cut and inflexible distinctions.
- In most segregated cultures, the boys are encouraged to be educated and to learn skills that can get them a good source of earning.
- Girl's education at higher levels is generally discouraged, and they usually get married early.
- In a study of Khmer refugees in the US, it was revealed that boys are urged to continue their education; the girls are urged to get married and have children before passing out from high school, in order to get protected against the corruptive effects of sexual permissiveness in that society (Smith- Hefner, 1993).
- In most cross-cultural studies on preschoolers, it has been found that boys are encouraged to take on different roles than girls.
- All societies and cultures have values and attitudes for desirable or preferred behaviors for males and females, and these begin to be taught in early childhood.
- The variations in how different societies promote and teach gender roles, depend upon the following:
- The region (we see regional similarities)
- The flexibility or inflexibility of cultures
- The socio-economic status of the person, group, or society in question.
- The historical period.
- The belief system, particularly the religious values.

The Epigenetic Systems Theory

- Emphasis is upon the interaction between the genetic endowment and early experiences.
- All aspects of behavior including gender related behaviors, beliefs, and attitudes are a result of this interaction.
- The biological differences between males and females are given due importance and are considered to be the origin of gender differences.
- Yet at the same time it is emphasized that environmental factors shape, enhance, or halt the manifestations of the innate differences.

The Gender Script Theory

- This theory is a variation of the gender schema theory that includes an additional ingredient of sequential order of events.
- Social knowledge regarding gender is organized in sequential form.
- As compared to gender schema, gender scripts contain events as an organized sequence.
- It is "an ordered sequence of actions appropriate to a particular spatial-temporal context, organized around a goal" (Nelson, 1981).

- Children, thus, learn the particular sequence of behaviors performed by individuals with a particular gender.

Conclusion

Development of gender-roles is a positive factor for socialization and adjustment process of an individual. There are also some cultural differences, though the stereotypes of females being nurturing and males being instrumental are very widespread across culture. Gender differences may be accounted for by a range of biological, social, and cognitive factors.

LESSON 14

GENDER TYPING AND STEREOTYPING

Sex-Typing

Sex-typing is process of categorizing men and women on the bases of some traits. Despite of cultural differences we find some similarities in traits. For example women are thought to be sensitive, weak, dependent and men are associated with the traits of adventurous and determined in most of the cultures.

The term gender and sex are used interchangeably. The word sex gives biological affect whereas social scientists prefer to use term gender because of its socio-psychological connotation.

DEVELOPMENT OF SEX-TYPING

Development of sex-typing starts with sex-identity that is sense of being male or female, mostly children acquire this identity at the age of 3 years. Researches have found that sex-identity changes with the age and experiences; according to socio-psychological phenomenon development of sex-typing takes place during late childhood. In early childhood differences in hair styles, clothes and toys aid in child's concept of sex-identity, whereas in later childhood sex stereotypes are learned through imitation and observational learning; what other people act, feel, behave or think. Mostly at the age of five children can associate certain traits like brave or weak with man and women or they are able to separate tools or things used by both sexes.

Social scientists present two models about development of gender-typed stereotypes. According to first model gender characteristics like physical appearance or gender biased activities are learnt in earlier childhood as they do not involve abstract concepts and personality traits about activities and occupations developed in later childhood because of need perceptual variations.

Second model emphasize the presence of cues and gender biased activities that aids understanding of personality traits stereotypes in earlier childhood. Gender stereotypes are broad categories that reflect our beliefs about males and females. Parents, peer group, schools and cultural norms are important factors that plays important role in development of sex-typing.

SEX-ROLES

Sex-roles are expected set of thinking and behavior patterns for males and females. A group of social scientists take development of gender-roles as positive factor for socialization and adjustment process of individual. Others opine that gender-identity minimize the use of individual potential and abilities considering not suitable for their sex. They view that sex-typing stereotypes also affect the process of self-exploration, especially in case of women.

Theorists concerned with women issues consider same sex-type stereotypes for females throughout the world and consider gender-roles natural and inflexible. In 1930's Mead studied three cultures in New Guinea and found out different sex-typed behaviors for women and supported hypothesis that human nature is flexible and changeable. But biological bases of behavior cannot be ignored.

SOME SEX STEREOTYPED BEHAVIORS FOR MALES AND FEMALES

MALES

Aggressive
Brave
Autocrat
Dominant
Independent

Females

Emotional
Sentimental

Fragile
Dependent
Submissive

THEORIES OF SEX-TYPING

Several theories are presented to find out the cause of sex-role development.

Psycho-analytical Theories: Freud view that sex-typing is natural process due to biological differences of male and female. This approach explains that child identifies with the parent of same sex. Psycho-analytical approach focus on biological differences and view first five years of and individual important for personality development. Freud gave psycho-sexual stages of development and proposed that healthy resolution of tensions at each stage result in healthy personality and identification with the parent of same sex; in this way gender-roles are learnt as process of socialization.

Social Learning Theory emphasizes that individual's gender development is process of observational learning and imitation, modeling and reward and punishment guide a child towards gender appropriate and inappropriate behavior. Social stereotypes, cultural norms and agents of socialization (parents, peer, teacher and institutions) play important role in development of gender identity and sex-typing. But this approach ignores the importance of individual cognitive abilities, inheritance and development stages and treat individual a passive object to respond for environment.

Cognitive Development Theory explains that child develops the concept of being male or female first and then gender behaviors are learnt. They view that sex identity is facilitated by people around child but it is not imitation. This model believes that child develops permanent cognitive category for his/herself as being male or female at the age of 4 to 6 years, after that sex-roles are adopted. This theory is criticized because it ignores cultural aspects.

Cerebral Lateralization Theory explains the there is difference in the cerebral hemispheres of both male and female. In females left hemisphere is developed earlier that is responsible for their active language faculties and males acquire mathematical and analytical abilities earlier due to early development of right hemisphere.

FACTORS INFLUENCING SEX-TYPING

Sex-typing occurs at both intentional and unintentional level. At unintentional level biological determinants play role and intentional level is affected by psycho-Social determinants.

Biological Determinant of Sex-Typing

The first determinant of being male or female is biological. Chromosomes are structural units of heredity and carry genetic information. In human beings there are 23 pairs of chromosomes. 23rd pair of chromosome is called sex chromosome in females it is XX and in males it is XY. Only females can bear child, and these biological differences lead towards different sex-type stereotypes.

Psycho-social determinants of sex-typing

Socialization

Socialization is a process of learning sex-roles from different agents of society. Firstly 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.

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 like Pakistan 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' verbal and non-verbal gestures and selection of toys, colors and play activities for by and 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.

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).

Language

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 Pakistani culture females are generally victim of sex discrimination. Socialization is affected by Lullabies and marriage practices. Lullabies are practices that promote cultural norms and values. In Pakistani culture these lullabies promote negative or weaker position of females than males. 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 in Hindko, Brahvi, Pashto and Bloch lullabies, 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 lullabies, 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 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 same way 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.

Problems for working women in community*:* Harassment at workplace, Discriminative behavior of male colleagues, Obstacles in the way of progress etc. these are all due to negative sex-biased stereotypes prevailing in the society.

CONCLUSION

Sex-roles are important for the development of any society, but these roles should give equal opportunities of development for both sexes. Specific sex-roles should not be perceived superior or inferior as it causes rigidity in behavior patterns and affect the process of social development.

LESSON 15

GENDER STEREOTYPES

Gender stereotypes are beliefs about the typical characteristics and behaviors of men and women (Worchel et.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 affect 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.

Some commonly held Gender Stereotypes

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

Similarities in Stereotypes across-cultures

In a 25 nation study a core set of descriptions was identifies. These descriptions were consistently used to describe men and women in there 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.

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.

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.

The Socialization Process and Learning of Gender Stereotypes

Children learn gender stereotypes as part of the socialization process. Socialization is the process whereby culture 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:

Direct instructions:
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 intentionally playing the role models:
At times parents act as models of certain behaviors intentionally, deriving the child to watch them and copy them.
E.g. the father tells mother that she is not capable and wise enough, in front of the son.
The purpose of this behavior is twofold: the boy learns a socially practiced norm as well as learning to respect the father as the most capable member of the family.

Games Children Play:
Children are taught gender stereotypes by providing the opportunities to play particular types of games involving specific categories of toys. Girls are given dolls to play with, and discouraged from playing with "boys' toys". Boys are allowed to play with toys considered to be "boys' toys", and usually strictly discouraged form playing with dolls, or utensils. Boys are even ridiculed at their interests in "girlish games" or toys. Involvement in household Chores: Girls are encouraged to indulge into domestic chores, like cooking, washing, or cleaning. Boys are usually not involved in such chores. This results in learning the concept of "girls' work" and "boys' work". The family structure and operation: The very nature of the way families operate in socialization, itself, teaches stereotypes. The treatment of the mother by the father, the behavior of the mother and the responsibilities carried out by the father reinforce stereotypes.

Education
School 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.

Media
Media, especially electronic media play an important role in strengthening stereotypes.
Females are mostly portrayed as mere show pieces, articles of attraction less intelligent (in fact stupid), talkative, quarrelsome, and cowardly.
Men are shown as brave, intelligent and saviors of women.
Gender roles play a very significant part in Stereotyping

Gender Stereotypes and Reality

Gender stereotypes are a universal phenomenon. If these stereotypes have no religion in inherent, biological, and structural differences between genders, then how did stereotypes emerge in first place?

Also, how come stereotypes existing in different parts of the world are identical, or at least similar?
Research evidence suggests that a number of stereotypes are reality-based e.g. men are strong; but many may not have anything to do with reality e.g. women are not wise or intelligent. There is no dearth of evidence that men and women share much more similarities, than they have differences.
Most personality traits, physical and mental capabilities, emotions, hopes, fears and wishes are equally manifested by all human, male and female (Worchel, 2000). The gender difference are enlarged, used and emphasized by the dominant group i.e. males, in order to strengthen their position in the society.
Stereotypes that reflect negative attitudes of the dominant group are less emphasized, and their connotation rationalized.

Aggressiveness as a Stereotype

Research shows that men are more aggressive than women; especially in terms of aggressiveness causing pain or physical injury (Eagly & Steffen, 1986). In case of adult phenomenon like spousal abuse, men are typically involved as the aggressors and women as victims (Strauss & Gelles, 1986). However there is some evidence suggesting that sex differences in aggression diminish with age (Hyde, 1984).

Leadership

There is a greater likelihood for men, than women, to emerge as leaders in initially leaderless groups. This is truer when the groups are short-term, and when they involve tasks not requiring complex social interaction (Eagly & Karan, 1991). A review of leadership literature revealed that female leaders as compared to men are:

- More likely to adopt a democratic or participative style
- Less likely to adopt an autocratic or directive style (Eagly & Johnson, 1990)

The review also provided some indication that women are more likely t use an interpersonally oriented style, and men are more likely to adopt a task-oriented style.

LESSON 16

DEVELOPMENTAL STAGES OF GENDER STEREOTYPES

The development of gender stereotypes takes place in three stages. Children as young as three years of age tend to learn stereotypes.

Stage 1:

- About 3 years of age.
- Characteristics and behaviors directly associated with males and females have been learnt.
- However indirect associations with gender that are essential requirements for the formation of gender stereotypes are not learnt yet.

Stage 2:

- About 6 years of age.
- The development of indirect associations for behavior associated with gender begins to develop.
- However at this stage associations with only children's own gender develop and not those associated with others'.

Stage 3:

- About 8-10 years of age.
- Indirect associations with not only own, but the other gender have been learnt.
- An 8-10 year old is capable of stereotypical judgments concerning men as well as women. (Martin, hood, and Little, 1990)

Approaches to the Formation of Gender Stereotypes

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

- **Psychoanalytic Approach**
- **Behaviorist Approach**
- **Authoritarian Model Approach**
- **Observational Learning Approach**
- **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 ones, held by parents.

Authoritarian Model Approach:

Authoritarian parents do make expression of their love for children, but at the same time make them behave the way 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 of parents, peers, and others. They see these people as holding and practicing strongly held beliefs, and being rewarded or 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.

Implications and Consequences of Stereotyping
Gender stereotypes whether positive or negative in nature can have a deep and serious impact.
Stereotypes can influence the way one perceives, interprets, and recalls gender- related information Worchel, 2000).

The major implication of stereotypes is in the form of:

1. Prejudices
2. Discrimination
3. Faulty perceptions and interpretations of gender related behavior

Prejudices and stereotyping
Prejudice is a negative evaluation of a group without judging or evaluating reality.
Stereotypes not only lead to prejudices, but also strengthen 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 example think of the consequences of a young man offering his bus seat to a young woman about his age, who is perfectly 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. The participants 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).

Sadkar & Sadkar (1994) have reported a study which revealed how teachers' behavior can be influenced by their expectancies about male and female students.

Gender Stereotypes and Self Perceptions

Gender stereotypes have an impact upon people's expectancies for themselves. Gender stereotypes form sort of a social pressure to behave in a certain manner. For example if it is generally believed in a family and a society that girls can not be good in science subjects, then girls start feeling like that and do not feel confident about their possible achievement and success in studying science subjects. People in general have a tendency to confirm the stereotypes held about their gender. As opposed to racism, or other stereotypes, gender stereotypes are also strengthened by the people about whom these are held. Men tend to try to be more 'masculine" and women try to be more "feminine". In most societies men displaying "manly traits" and women displaying "womanly traits" are evaluated more positively and viewed as more psychologically healthy than those who do not (Brown, & Geis, 1984). Striving to meet such strictly set standards may cause problems for them.

Stereotypes and self fulfilling prophecies:

"Self fulfilling prophecy is the process whereby perceivers' beliefs, about a target person can elicit behavior from the target person that will confirm the expectancy" (Deaux, Dane, & Wrightsman, 1993).

Stereotypes entail expectancies, which in turn lead to self fulfilling prophecies.
Therefore stereotypes and prejudices lead to self fulfilling prophecies at one hand, and discrimination on the other.

Faulty perceptions and interpretations of gender related behavior

When people have stereotyped beliefs about others, then they tend to perceive them accordingly, and try to fit even their ambiguous behaviors into the biased schema.
For example if women are considered to be impulsive then when a woman takes a just but quick decision, it will be perceived as an impulsive act without any evaluation of its aptness; and when she is in a hurry about something else, it will be taken as a manifestation of impulsiveness regarding the issue in question.

When girls, in our society, are told that they are weak, and only men can protect them, then they do not develop a courage to go out on their own; some body has to escort them, and that can be a 6 year old brother. And we can well imagine the pressure of responsibility on the young boy? But this is how boys are taught to feel strong, and girls made dependent.
Research has shown that when males and females perform similarly on a task, people interpret their success differently; males' success is attributed to their ability, whereas females' success is more likely to be attributed to their luck Burgner, &Hewstone, 1993; Eagly, 1987).

Illusory correlation
People, both children and adults, have a tendency to maintain the stereotypes they have formed, as a result of a cognitive process called illusory correlation (Meehan, & Janik, 1990).

It is "the erroneous perception of co variation between two events when no correlation exists, or the perception of a correlation as stronger than it actually is" (Meehan, & Janik, 1990). As a result of this process people see relationship between gender and different behaviors when there is no relationship; they also perceive the relationship, if any, as a strong one when it is actually not.

Research has shown that this correlation operates in 2nd and 4th grade children; the way it operates is consistent with developing gender stereotypes. Distortions in children's memory for gender related information may be created as a result of children's tendency to gender stereotype (Meehan, & Janik, 1990; Susskind, 2003). However other research suggests that counter stereotypical information is not ignored by children (Susskind, 2003).

Sex role Strain:
The traditional standards set for ideal manhood are so stringent, demanding, and hard to achieve that many men find it tough to meet these.

Many men try to escape the expectations and prohibitions associated with their traditional role. For many men, adherence to the traditional male role identity is a strain. In the 1960s and 1970s, a new trend emerged whereby men and women started departing from the conventional gender role identities. Many men deviated from the traditional masculine norms (Pleck, 1981, 1995). The Sex Role Strain model presented by Pleck (1981, 1995) describes and explains the strain experienced by men. The strain is also known as Gender Role Strain now. According to this model, the strain is felt by those males who adhere to the traditional expectations and are successful n doing so.

LESSON 17

CULTURAL INFLUENCE & GENDER ROLES

Although gender stereotypes are almost universal, and gender roles too are similar across the globe, still there is evidence that cultural practices and norms have an influence on how different societies form gender identities. Therefore one can expect to find gender roles and identities totally different from those traditionally held. Some cultures are exceptional models of how a culture allocates, and cultivates gender roles. This is an evidence of the fact that gender differences are a cultural thing and has no solid biological origin.

Israeli Kibbutzim

The Kibbutzim are collective settlements in Israel. These settlements are an example of a society practicing social and gender equality in all respects.

There is no distinction of male and female tasks. Sex of a Kibbutzim member is almost irrelevant in most situations. Both men and women perform all sorts of tasks. They have an equal share and say in work as well as decision making. Tasks like cooking cleaning, child care and maintenance of buildings are performed by both men and women.

Child rearing practices are used same for male and female children. Advocates of the socio-cultural viewpoint use this case as a support evidence for their case. However the supporters of the biological perspective quote the case of women in the Kibbutzim who did not like the idea of staying away from their children for longer durations during the day; this gives a clue to the existence of innate female or motherly instincts (Tiger, and Shepher, 1975).

Margaret Mead's "Sex and Temperament in Three Primitive Societies"

One of the classic investigations of gender and cultural influences was made by Margaret Mead, which has been reported in her Sex and Temperament in Three Primitive Societies (1935, 1963).
She studied three primitive societies in New Guinea: Arapesh, Mundugumor, and Tchambuli.
Her observations reveal how cultures form and shape gender roles; males and females become what their cultures make them.

Arapesh

- From the conventional western viewpoint, the Arapesh were "feminine" in their attitudes and behaviors that were extremely similar.
- Both men and women were gentle, sensitive to others and cooperative.

Mundugumor

- The members of the Mundugumor society were cannibals and head hunters.
- Men and women had similar roles like the Arapesh.
- However the Mundugumor were, as opposed to the Arapesh, typically selfish and aggressive.
- If the Arapesh were "feminine" from one traditional perspective, then the Mundugumors were "masculine" in approach, both men and women.

Tchambuli

- Gender differentiation was found in Tchambuli.
- Males and females had clearly defined gender roles.
- Men in Tchambuli performed the roles traditionally performed by females in other societies.
- Tchambuli men were submissive, emotional, and nurturing towards children; women on the other hand tended to be dominant, and rational (Macionis, 1995).

These three cases show how any person, man or woman can be taught to be masculine or feminine.

Agents of Socialization and Gender-Roles

Family

Research shows that although parents may not treat male and female children much differently, the nature of their interaction is different.

Even in infancy fathers may indulge into more "rough-housing" play with boys than with girls (Mc Bride-Chang, and Jacklin, 1993). Children are encouraged to play with different types of toys (Etaugh, and Liss, 1992). In case of grown up children, they are assigned household chores depending upon their sex (Mc Hale et al., 1990).

School

The educational system, the school Curricula, the textbooks, and the teachers' attitudes contribute very significantly to gender-role socialization. Teachers reward and encourage sex-appropriate behaviors (Fagot et al., 1985; Ruble, and Martin, 1998). Teachers have a tendency to pay more attention to male students; they help them, praise them and also scold them more often than females (Sadker, and Sadker, 1994). Similarly in textbooks men are usually portrayed as more capable, able, heroic, professional, wiser and adventurous. Females are usually shown as indulging into household chores or doing a second rate job, or assisting men.

Media

Media generally portrays women as attractive well mad-up, good looking, but not much competent, wise, or professional. Men may not be as good looking as females, but are shown to be more competent, self-reliant, courageous, independent, and professional.

LESSON 18

DEVELOPMENT OF GENDER ROLE IDENTIFICATION

The process of the development of gender role identification involves three aspects:

1. Gender Role Preference
2. Gender Role Adoption, and
3. Gender Role identification (Lynn, 1959)

The child prefers attributes and objects associated with his\her sex, adopt these, and identifies one's self as a member of that sex and sees others as different.

Gender Role Preference

It is the perception that the role of one sex is more desirable in comparison to the other. This preference begins at around 3 years of age and is quite firm and established by 5 years of age. This preference is commonly manifested in children's preference for toys considered to be associated with the sex of the ones going to play with them; toys are seen as "boys' toys" and "girls' toys".

Around 3 years of age girls prefer to play with dolls, doll's house, playing house, tea cups etc. usually indoors. Boys on the other hand prefer to play more outdoors than indoors, and show preference for cars, trucks, and airplanes. Children younger than these do not seem to be bothered about the gender association of toys. In a study reported by Jacklin et al. (1973), a variety of toys were presented to one year old boys and girls, in the presence of their mothers. The toys included robots, stuffed animals, and a ferries wheel that was decorated with pink ribbons. No significant sex differences were found in the children's preference for toys except that boys preferred robots; nor were the mothers' selection of toys for boys and girls.

Gender Role Adoption

Displaying sex-typed or sex-related behaviors In this aspect children adopt observable, sex-related behaviors performed by members of their own sex. There are difference in gender role adoption by boys and girls. In case of girls, gender role adoption and gender role identification develops simultaneously with gender role identification. For boys the processes follow a sequence. In case of girls when they start exhibiting sex-typed behavior, at the same time they begin internalization of the female role and its related attributes (Williams, 1987). In a study reported by Ward, 1969, girls, 57 years of age, could perceive similarities between their mothers and themselves; same aged boys could not do so with reference their fathers.

Gender Role identification

Gender role identification incorporates the response characteristics of a gender role into one's personality. In early childhood both boys and girls are closely attached to the mother, but development of gender identity requires boys to detach from the existing behavioral pattern.

Gender role identification is easier for girls, since all they have to do is to elaborate the early parented identification. The boy has to step out of the early parental identification, learn and adopt the "masculine" role.

Gender Identity, Gender Roles and Socialization

Gender identity refers to children's identification and acceptance of themselves as male or female. It is the "awareness developed in early childhood that one is male or female" (Papalia, Olds, and Feldman, 2001).

Although used interchangeably, the terms "gender identity" and "gender roles" have a different connotation. Gender identity is more of an internal phenomenon, whereas gender roles pertain to observable behaviors typically associated with the two genders. Children may have developed gender identity but may not behave in a gender typical way.

Basic ingredients of gender identity

Certain elements have to be present, in order for a child to develop gender identity:

a. The awareness that human beings exist in two categories with separate labels i.e. males and females.
b. Males and females are different from each other in terms of their characteristics.
c. What behaviors or activities are undertaken by men and women?
d. The basic cognitive data or information about the basis on which the child fits into one category or the other.

Gender Identity in Early Infancy

Infants do not have a sense of gender identity; however parents usually set up the environment in such a manner 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, and Leinbach, 1994; Leinbach and Fagot, 1993).

Another study yielded some clues to suggest that 24 months old infants have some knowledge of the gender-typical or gender-atypical activities. Infants attended to those photographs for longer durations where people were performing gender-atypical activities (Serbin, 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 reveled that girls demonstrated some such knowledge but not the boys (Serbin, Poulin-Dubois, Colburne, Sen and Eichstedt, 2001).

Beginning of the use of gender labels

When children start talking, they start using different words denoting gender.This is the beginning of gender-labeling. Children may make errors in their use of gender labels in the beginning e.g. a girl addressing herself as a boy or labeling boys as girls.

This error may be found more commonly in languages like Urdu that treat not only people but also all objects and even events as male or female and grammar changes with the gender of the person or object being talked about. But children soon overcome this problem with the guidance of significant others.Gender-labeling has been observed to develop after 18 months of age.

In a study by Fagot and Leinbach, (1989), no toddler under 18 months of age could pass the gender-labeling tasks.The gender-labeling task could be done successfully by few children 20 months olds (Levy, 1999).

Most children are capable of correct gender-labeling by 24 months of age. Correct gender-labeling by half of the 27 months olds sampled has been reported in a study (Fagot and Leinbach, 1989). Another study found that 67% of two-year olds could use gender-labeling accurately. All 28 months olds have been reported to be successful in gender-labeling (Levy, 1999).

Knowledge of Gender-related Behavior, Traits and Attributes

Successful gender-labeling does not ensure that the child can successfully adopt and understand gender roles. Their labeling may not be based upon accurate cues of information; they may label a person as male or female considering his\her dress or haircut. Accurate understanding and knowledge about gender-related behaviors and characteristics develops after accurate gender-labeling. Some indication of the understanding of male and female categories, and objects associated with each category has been found in 20-28 months olds (Levy, 1999).

Research shows that 3 year olds are able to label the sexes, from groupings based on gender, and exhibit some knowledge of the behaviors typically associated with men and women (Martin, and Little, 1990; Ruble, and Martin, 1997).Most children have not developed gender-constancy at three years of age.

Although they are aware of their own gender they thin gender can be changed by changing appearance e.g. hairstyle, make-up or dress.

Gender Constancy, Stability, Consistency, and gender Discrimination
Gender constancy refers to the knowledge that gender is a permanent an unchangeable feature of one's self.

Gender-stability and gender-consistency are two cognitive ingredients of gender constancy. Gender stability refers to the awareness and knowledge the gender is a stable personal characteristic.
Gender consistency refers to the beliefs that gender is an unchangeable characteristic, that remains fixed and unalterable even when appearances or actions change.

Gender stability can be observed in children even in the absence of gender-consistency, but the latter can not 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 can not be taken as a rule.

Preschoolers and even some elementary school children may not have acquired gender-stability and gender-consistency (Warin, 2000). In elementary school children, changed appearance, and changed name of a character may produce confusion about the character's gender (Beal, and Lockhart, 1989).
Once children have developed both gender-stability and gender-consistency, gender becomes a more salient aspect of their lives. They are more concerned about gender-appropriate behavior and making gender fiends (Warin, 2000). Children who develop gender constancy become motivated to adopt gender role behaviors, causing them to avoid some activities and engage in others (Newman, Cooper, and Ruble, 1995).

Therefore gender constancy is accompanied by a motivation to adopt, and practice gender-typical behaviors.

External variables contributing to gender identity
- Parental attitudes
- Peers and siblings
- School
- Media

LESSON 19

GENDER DIFFERENCES IN PERSONALITY

Men and women have been found to be different on a number of dimensions of personality. On some characteristics male score higher and on some females. In case of some traits stereotypically thought to be female traits, men score higher e.g. in case of talkativeness. Researches on gender differences do not provide us any conclusive evidence, and a basis to consider men and women as tow entirely different entities. Some differences has been found, however research shows that these differences are insignificant and inconsistent (Huston, 1985; Hyde, 1984, 1986; Maccoby, 1990). According to Feshbach et al., 1996, "There appear to be relatively few basic psychological differences between the sexes, although members of the tow sexes are socialized t behave in different ways." Research does not provide substantial evidence of gender differences in most traits, aggression being an exception.

Gender and Aggression

There is no dearth of empirical evidence that males are more aggressive than females. This difference in manifested even in early childhood. Even in children 2 years of age, boys display more aggression than girls and this tendency persist throughout the life span. When compared in terms of their reaction to their own aggression, women feel more anxiety and guilt over their aggression. They are more concerned about its effects on their victims (Feingold, 1994; Hyde, 1994; Munroe et al., 2000). Physical aggression is much more common in boys, than in girls (Berger, 2000). Relational aggression or social aggression is considered more hurtful than physical aggression, in older children, especially girls (Galen, and Underwood, 1997). Relational aggression aims to cause psychic pain to the victim rather than a physical pain; it involves insult or social rejection. Research shows that girls use relational aggression more that boys do; however both use this form of aggression. Females' involvement in covert or relational aggression is higher than males; they use snubbing, ignoring, and undermining others more than men do (Crick, Casas, and Mosher, 1997; Crick, and Grotpeter, 1995). But most research shows that differences are greater n terms of physical aggression, but very little in case of verbal aggression. Males tend to be more aggressive than females, both verbally and physically, both children and adults. In most societies men account for violent crime in disproportionately large numbers. Psychologists have different viewpoint regarding aggressiveness being higher in males.

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 increase 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.

Gender Differences in Bullying

Bullying is a common phenomenon in school going children. Mostly boys are bullied by older boys, or by peers. In case of girls, another dimension of bullying has been reported. One third of all 9-15 years old girls reported, in the US, having experienced sexual teasing or touching; this caused or problem so serious that they wanted to avoid school (American Association of University Women Foundation, 1993).

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; Hall, 1978). But there are no differences in the display of postures or gestures associated with dominance in non-verbal social situations (Halberstadt, and Saitta, 1987). 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.

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 (Whitcher, Fisher, 1979; Henley, 1977; Major, 1981).

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; Rosenthal, and Benowitz, 1985). Women have an ability to identify negative feeling, except anger in man 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.

LESSON 20

GENDER DIFFERENCES IN PERSONALITY

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 (Shafer, Pegalis, and Bazzini, 1996). As compared to men, women generally disclose more, especially about emotions, relationships, and other personal matters (Cozby, 1972; Davidson, and Duberman, 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 (Schaffer, Pegalis, and Bazzini, 1996). 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 away that is consistent with gender-role stereotypes; in doing so they may reinforce and perpetuate those stereotypes (Snell, 1989).

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 in 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, women appear 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 as assertive style of speech (Martin, 1987; Carli, 1990; Crawford, 1995). 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 in terms 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).

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; As compared to women, men included more females in their social network. 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.

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" (Deaux, 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 et al., 1986; Sennecker, and Hendrick, 1983). Women are more likely to provide help and emotional support in connection with their traditional role as nurturers (Brody, 1990; Eagly, and Crowley, 1986; Pleck, 1985). 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).

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 with others largely influences their self-esteem. Men's self-esteem on the other hand has roots in their assessment of their unique characteristics and abilities, traits that help them distinguish themselves form 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. In one survey first-year college students were asked to rate themselves as being above or below average. More men than women rated themselves as above average. They felt they were above average in overall academic and mathematical ability, competitiveness, an emotional health (Gabriel, Critelli, and Ee, 1994; Orenstein, 2001).

LESSON 21

COGNITIVE DIFFERENCES

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 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 no true 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 math tests 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.

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; Halpern, 1986; Hyde et. al., 1990; Maccoby and Jacklin, 1974). 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 terms of their mathematical performance. In elementary, and middle school females were slightly better than males in computational 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 (Hyde, Fennema, and Lamon, 1990). Research shows that the stereotypically perceived gender differences in mathematical performance are pretty insignificant, and in fact moving towards a decline (Stumpf, 1995; Bellas, and Gafni, 1996; Benbow, Lubinski, and Hyde, 1997). However no matter how small the gender differences in mathematical ability may be, they are generally skewed in favor of males. There are no or very little differences at elementary level, but in case of teenagers the average achievement of boys is higher than that of girls. Some research has shown that more boys than girls are gifted in mathematics. Majority of high schoolers are usually boys, the boys-to-girls ratio being 4-to-1, as yielded by one North American study (Benbow, and Lubinski, 1996). There are various explanations for this edge on part of boys. A positive relationship between spatial ability and math achievement is thought to be one of the contributing variables. It has been seen that males' scores in various measures of visual-spatial ability, beginning from grade school years, are higher than those of females (Voyer, Voyer, and Bryden, 1995). Boys at around ten years of age begin to show better spatial ability than girls. Spatial ability contributes to a good grasp of geometry; therefore a better spatial ability contributes a better understanding of geometry, which in turn leads to a great

part of gender difference in math achievement (Johnson, and Mead, 1987). One plausible explanation of this difference is the social learning explanation; math in most societies is not considered to be a girls' thing. It is taken to be something dry and hard, therefore an apt choice for males. Research also suggests that educational experiences of students can also be a possible cause of gender differences in average math performance and ability. Some studies have shown a correlation between mathematical skills test scores, and the number and type of math classes taken in high school (Kimball, 1989; Welch et al., 1982). As compared to females, males get enrolled in more advanced math courses, which in turn can be one of the major causal factors in gender differences in math.

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 in comparison to boys. This trend is maintained all the way through elementary school years (Halpern, 1994, 1997, 2000; Maccoby, and Jacklin, 1974).

LESSON 22

GENDER AND MEDIA

Media, mass media is one of the most influential agents of socialization. Media has a direct impact upon an individual's mind__ on cognition, affect, and behavior. It may change one's thinking, feeling, and actions, in other words one's attitudes. Or it may further strengthen the already existing attitudes.

Media consists of print, as well as electronic media; electronic media consisting of TV, cinema and internet. Today no other source of impacting people's mind can match the impact of electronic media, particularly television. When TV was not introduced, or was not very commonly available, print media used to be the major agent of attitude formation and change. Television influences one, not through the visual sensation alone, but the auditory sensation as well.

The way men and women are portrayed on television, represents the stereotypes held in a society. Similarly the manner in which newspapers report events also reflects the stereotypically held beliefs about men and women. The fiction and the poetry written in a particular society, at given point in history are also an indication of the role and status of people on the basis of their gender. The fine art created by artists at various times in history is an indicator of how the society perceives men and women.

For example the way women were painted in the past centuries is totally different from the way women are portrayed by the electronic media today. In the Victorian Era, for instance, there was no concept of painting thin, under weight, female figures. A round, slightly over weight, female figure was considered to be a healthy figure. Such figures were representative of fertility, motherhood, and affluence. Very thin bodies, of men or of women, were considered symbols of disease or poverty. The trend is different now.

Even children's books are a source of teaching and promoting stereotypical gender roles. Modern books do have female characters that are braver and more resourceful; friendship between boys and girls is shown more often; however male characters still predominate; females more likely to need help and males more likely to help (Beal, 1994; Evans, 1998).Television, since watched in every household, affects the societal attitudes at a mass level. The sound, picture and the instant delivery of messages are the variables that make television leave a deep, imprinting, effect on the viewers' mind, especially the young ones.

Research shows that the amount of television viewing has an effect on sexism scores of adolescent girls. In case of girls, particularly those of middle class families, their sexism scores increased with heavy television viewing (Morgan, 1982). The same study showed that such impact as not found in case of boys. The attitudes of boys, who already held sexist views, and watched TV heavily, did not change by their TV watching experience.

Television delivers messages not only through the soap operas, but also through talk shows, news, documentaries, and most importantly advertisements. Television programs promote and fortify gender-typed beliefs and behaviors. TV watching provides an opportunity for observational learning. If the characters on TV follow a stereotypical pattern of behavior, then the viewers are highly likely to adopt similar attitudes. This is truer in case of children and adolescents who tend to imitate the attractive characters and models.

In this regard a natural experiment was observed in Canada. In a number of Canadian towns, TV transmission was available for the first time. After two years of TV watching, a significant increase was found in the traditional views of children who previously held relatively un-stereotyped views (Kimball, 1986).

Research also shows that if children watch less stereotyped or un-stereotyped roles on TV, their own views are also un-stereotyped. In one study children watched a series of nontraditional episodes. There involved nontraditional events, e.g., the father and son cooking together. Children watching these episodes had less stereotyped views than those who had not watched these episodes (J. Johnston, and Ettema, 1982).

Print Media and Portrayal of Genders

Before the advent of electronic media, print media remained the major source of attitude formation. Even after the popularity easy availability of television, the written word did not lose its effect. However in the 21st century, the trend has shifted more and more people, especially youngsters spend most of their time with TV, or computers. Still, the print media remains to be one of the first sources of information that a child comes in contact with. Print media includes newspapers, books, and magazines. So called women's magazines make women more and more conscious of their looks. These magazines make women worry about their appearance and to strive to please men (Peirce, 1990). One negative fall out of this concern on part of women is an over concern about their weight. The models appearing in these magazines are extremely thin; to an extent where it is not possible for most women to match them. In extreme cases over concern about losing excess body weight may lead to eating disorders; bulimia and anorexia nervosa. Similarly children's story books also promote stereotyped gender roles. The hero usually being a male, the one to be rescued by him is usually a female; the wizards are male and witches females. Media is the most forceful agent of socialization that has a direct impact on minds of the viewers, especially those of the young and impressionable.

Portrayal of Gender in Movies

If you watch movies, whether local or from other parts of the globe, have you ever noticed how men and women are portrayed?? ?

Do you think the depiction of gender roles in movies reflects real life situations?

To some extent may be yes!

But we know that the events, atmosphere, and gender roles shown on the silver screen are widely exaggerated. What may bother an objective mind with a scientific approach is not the fact that commercial movies exaggerate life and trigger fantasy above. But what is more a matter of concern is the fact that cinema is a highly attractive, glamorous and effective medium, that presents such role models to the impressionable minds who are far from reality. For example females' characters in movies are very different from what women are like in real life.

One hardly finds a female lead, playing the role of a successful, professional, who is self made, and who runs her own life and that of her children just like any able man does.

Whereas in real life we come across many such women. We really see a woman, in movies, who can rescue someone in emergency; who can scare a robber and make him run away; who can kill a snake or even a rat; who flies an aircraft; or who can protect herself against a rape, robbery or any other form of violence.

The heroine is most of the times the damsel in distress, and who is rescued only when the hero arrives. The female characters are meant only, usually, for romance, dispute or marriage. Men are shown to be strong, brave, independent, professional and wise. They never make wrong decisions. Women can not make quick decisions in crisis; are overwhelmed by emotion and fearful and weak. If such role models are presented in the most glamorous manner, then what will happen to young boys and girls. Cinema is a source of observational learning with all ingredients of attitude formation. Therefore girls learn to be dependant weak, indecisive, non assertive and confused. Boys, on the other hand learn to be self-confident, bold, daring, incharge, self-reliant and macho.

Portrayal of Gender on Television

Television being strong medium providing role models plays a vital role in teaching all sorts of behaviors. There is no dearth of evidence suggesting that children learn violence from TV programs; same in the case with learning gender roles. Children take TV to be a reliable, believable and trustworthy medium. TV is their major source of information. Children obtain their information about various occupations from TV and Believe in this information to be accurate (Greenberg, 1982). Most TV programs on the other hand portray men and women to be indulging into stereotypical occupations (M. Harris, and Vorhees, 1981; Zuckerman and Zuckerman, 1985). This one can see how children learn that surgery is a male profession and nursing a female profession; university professors are mostly men and women mostly school teachers.

TV shows have traditionally depicted men and women in stereotypical manner (Signorielli and Bacue, 1999). There is always a greater likelihood that men will be depicted as assertive, independent, and competent; women will usually be portrayed as submissive, passive and emotional; (in other words men are shown to be in charge of life and women in need of support).

The women on TV have to be good looking and physically attractive. It is not necessary that men on TV will always be handsome; they may or may not be looking. But most of the women are young, attractive and sexy (Davis, 1990).Men solve mysteries, show acts of chivallary; and when women unmark the villains, it is by mere chance or luck or may be by accident. In case of children's programs, including cartoons, the male characters are active, aggressive, violent and brave; female characters ore generally attractive, but dependent. Now a days at times you come across a brave female, in command of life, as well, but not very frequently. Female characters are mostly passive, and more likely to make mistakes; they are deferential, passive and ignored.

TV commercials are one another source of promoting male and female images that may not have much to do with reality. TV commercials have to transmit highly effective messages in a very short duration of time; therefore designed in a manner that makes sure they leave a deep imprint on the viewers' minds. TV ads use only most attractive females; the female model is usually shown to be bothered about trivial matters like the whiteness of laundry, or the shine of dishes. The music channels in their videos etc. portray women as sex objects; in turn influencing viewers' attitudes abut sexual conduct (Hansen, and Hansen, 1988; Signorielli, 1993). Research in the US shows that an average child, in a year, watches more than 20,000 TV ads (M. Macklin and Kolbe, 1984). In one study 300 TV commercials were analyzed, the researchers reported that the difference between male and female gender roles as depicted in these commercials was far greater than the actual difference found in the society (Mammay and Simpson, 1981).

Research in Pakistan has revealed similar trends (Shahed, 2003). Majority of people sampled in a survey reported that TV was portraying women as mere show pieces, as a cause of dispute and conflict, as talkative and stupid. The subjects both men and women of all age groups felt that the way women were portrayed on TV did not reflect real life scenario. Besides, they reported on what they felt are the characteristics of an ideal woman and how they would like to see women on TV.

The most preferred traits by the subjects, both genders were:

i. Educated
ii. Self-confident
iii. Intelligent
iv. Binding force for the family
v. Morally strong
vi. Good looking
vii. Also brave/ not panicky in crisis

Where are the 'good looks' now?? One can see that females, as portrayed on TV usually do not possess these traits. The subjects also listed the most undesirable traits in female; the list included:

- Talkative
- Quarrelsome
- Panicky
- Uneducated

The subjects said that the wanted to see the desirable traits in women in media.

Changing Trends

The way media depicts men and women, and their roles is changing now a days.

With significant real-life changes in gender roles, media, especially TV, is also adopting a realistic path. Same is the case with movies. However the change is not as prominent and rapid in our part of the world as it is in the west. Most TV programs still not only promote the traditional stereotypical gender roles, but also reinforce such views. Today we see women as working outside the home, and we also see men doing shopping or caring for children; however, even today, life is portrayed on TV in a manner more stereotypical than life in the real world (Coltrane, and Adams, 1997; Ruble and Martin, 1998).

Many TV ads now show professional women like bank managers or traveling sales representatives, but most ads show women as housewives, mothers or sex objects who defer to men's needs, wishes an preferences. When even a professional woman, who is supposed to be total incharge of her life, is shows buying something, it is the male who helps her make the right choice. If TV programs or commercials show non- stereotyped roles, shattering the traditional ones, it has an effect. If prime time TV programs follow this track, children take its impact. If children watch non- stereotyped characters in major roles, their views of gender roles are more flexible; they accept males and females in nontraditional occupations (Wroblewski and Huston, 1988). It is high time media authorities recognized their social responsibility and take charge of initiating social change, for which they have the strongest means that can enter into every household and every viewers' mind.

LESSON 23

GENDER AND EMOTION

Emotions are one of the basic ingredients of human existence, and the spice of life. Emotions are an integral component of a persons' personality man or woman. It is a common observation that men and women show different emotional response patterns; the way they express emotion is also different. Stereotypically it is thought that women are more emotional than men. Also their behaviors are guided by their emotions; they are led by their heart not head. Men, on the other hand, are thought to have control over their emotions; they can postpone their emotional reaction, and thus act rationally. But how much of these commonly held beliefs are true? Few questions need to be explored in this regard.

Do men and women have different types of emotions?
Are they born with different emotional packages?
Does the different genetic make up have ay thing to do with it?
Do different proportions of hormones play a part in gender differences in emotions?
BUT the most important questions still need to be posed i.e.:

Are there any real gender differences in emotion???
Do males and females have a different emotional make up, inherently, or is it only the expression of emotions in which they vary?

Research has shown that males and females both possess the same repertoire of emotions; it is their upbringing, societal attitudes towards gender roles, gender stereotypically, and observational learning that leads to different expressions of emotion. Off course biological variables do have a role to play; there is no denying the fact that hormonal imbalances, physiological conditions trigger different emotional experiences. Hence women experiencing certain emotions more than men do, and vice versa. But talking of average, normal, emotional experience, other variables being constant, the gender differences in emotions may be attributable more too psycho-social cultural factors, rather than biological influences.

The components of Emotions
Psychologists have posed a number of theories proposing various components of emotion. In the earliest of modern day explanations of emotion, their instinctual nature thus the physiological component, ea emphasized (Mc Dougall, 1923). Although psychologists agreed upon the physiological aspect of emotions, the later theories proposed the significance of the cognitive aspect of the emotional experience. Most theorists agreed upon the combined action of physiological/ physical arousal and cognitive experience in an emotional response. The issue for debate was thus the question as to whether the physical arousal was of prime importance or the cognitive labeling of experience. Today, most psychologists believe in the significance of the cognitive element, without denying the importance of the physiological accompaniments; off course many other psychologists do propose the edge of biological experience over the cognitive experience (Zajonc, 1984). Psychologists like Lazarus believe in the primacy of cognitions.

Schachter and Singer (1962) in their investigation had shown that both physiological arousal and cognitive labeling were significant components of emotional experience. Their experiment yielded that subjects could experience different emotions, even when similar levels of physical arousal were present; the experienced emotion depended upon the setting in which the emotion was experienced as well as the expectations of the participants.

Before moving forward to investigate and understand gender differences in emotion, one needs to comprehend the essence of the physiology cognition debate. If you were of a physiological opinion, then you will believe in the physiological changes in emotion that are the same no matter what the

nature of emotion is. If someone sticks to the significance of cognition alone then the belief will be that emotional experience is caused by the cognitive experience alone, the physiological element being constant.

In order to identify their emotional experiences, men tend to use physical curs; women depend more on cognitive information (Pennebaker, & Roberts, 1992). Men's sensitivity to physical cues is supported by the fact that men notice and assess their internal physical states better than women; these states include blood pressure, heart rate, and blood glucose. But one must not take this to be the decisive evidence supporting men's edge over women in terms of the ability to gauge alterations in physiological states. Research has shown that in naturalistic settings, men and women are equally good at identifying changes in their own bodily states. Whereas women have in edge over men, in naturalistic settings, in terms of gauging the emotional responses of others. Women are capable, better than men, in identifying others' emotional experiences on the basis of using situational and contextual cues. Thus women have the ability, or sensitivity, to sense their own physical states, as well as others emotions.

As said earlier, men and women are endowed with similar emotions, but their expression, and the interpretation of the situation may be different. The socialization process has an important role to play in this regard. From very early childhood, boys are taught to control or restrain expression of certain emotions (e.g., grief), and allowed to express certain others (e.g., aggression). Same is the case with girls, but the emotions that they are taught to control, and allowed to express are different; they are discouraged form indulging into aggression, especially physical, and usually not discouraged from expressing grief or sadness; hence we see many women crying but hardly any man.

Many researchers have tried to identify similarities in emotional experiences of men and women, rather than differences. Universal features of emotions have been explored in such studies. Facial expression, or facial movements, accompanying emotional experience have been studied in different cultures. Research shows that some such movements are universal and are characteristic of emotions across cultures (Ekman, 1984; Ekman, Levenson, and Friesen, 1983).

LESSON 24

GENDER, EMOTION AND MOTIVATION

Gender differences in different types of Emotion and Emotion-related Behavior

Gender and aggression

Empirical research has yielded that gender differences do exist in aggression, especially the expression of anger/ aggression. We have discussed this issue in detail in the section on "Gender differences in Personality". However few other findings will be discussed in this section too. 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 occur even the absence of the other. 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 ore 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. Research has revealed that there is a relationship between parenting styles and children's aggression scores. One study showed that children, whose parents are less nurturant and acceptant tend to behave more aggressively at school as compared to the children of nurturant and acceptant parents (Dubow, Huesmann, & Boxer, 2003; Eron, 1987; Huesmann, Eron, Lefkowitz, & Walder 1984; Lefkowitz, Eron, Walder, & Huesmann, 1977). Looking at child rearing practices in our culture, one can see that parents usually have a soften attitude towards daughters than sons; the girls usually do not get physical punishment the way boys do; parents, especially fathers avoid harsh, abusive, language with daughters, but not with sons. These practices may also be one contributing variable in the gender differences in the style of aggression used by people.

A review analysis of research literature pertaining to experimental studies in psychology revealed that in case of neutral and unprovoked situations, men tended to be more aggression than women. However, when women felt provoked or justified they were as aggressive as men (Eagly, & Steffen, 1986; Frodiet et.al., 1977). Meta analysis by Bettencourt & Miller (1996) yielded interesting findings on provocation. If a situation involved provocation like the frustration when someone blocked their path through an intersection, than both men and women showed similar responses. But in some form of provocation, gender differences were found. For example if someone insulted their intelligence, then men readily show an aggressive response; women do not respond aggressively as readily as men do (Bettencourt & Miller, 1996).

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 of their 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.

LESSON 25

GENDER AND EDUCATION

Looking at the issue of gender and education, two aspects need to be discussed;

a. Educational Deprivation
b. The School Experience

Education is one of the most basic rights of all children …….both male and female. Education brings enlightenment, and empowerment. For the children who are deprived of this right, all paths, leading to progress, prosperity, and a better life, are blocked. In case of the female child the impact is even more serious and long-term. Educated mother not only brings up their children in a better manner, but also actually contribute a lot to the survival of their children. Research data reveal that children of educated mothers are better than the children of uneducated mothers in terms of their health and education. Educated mothers are better aware of disease prevention, the significance of proper nutrition, importance of medical consultation, children's development/ growth pattern, and healthy lifestyles, as compared to uneducated mothers. In terms of personal well being, education leads to social and economic empowerment of women.

BUT how many females, all over the world, have this right? Large proportion of women are either denied this right, or do not have access to education. Women in some parts of the world are more privileged than those belonging to some other regions. Out of the 875 million illiterate adults in the world, two third are females. Majority of the 121 million children of the world, who are not in schools, are girls. In 2002, 24 million girls were not going to school in Sub Saharan Africa. Such Saharan Africa, South Asia, East Asia, and the Pacific are the regions where 83% of all girls out of school, belong to these regions (Verma, 2006).

Impact of Educational Deprivation

Denial of the right to education, or inaccessibility of educational facility has deep rooted personal and social consequences. For the person, the female, it implies that a number of doorways to social and economic empowerment will be blocked. The health status of educated women is better than that of the uneducated; educated women adopt more and better disease prevention strategies. They are better aware of and adopt precautions against, reproductive and childbirth complications. They can protect themselves against abuse and violence. Educated women are economically more empowered than uneducated women.

They are more aware of their legal and political rights.
Psychologically speaking, education enlightens women and gives a sense of self fulfillment and self-esteem. Therefore if the girl child and women are deprived of education, the chances of her utilizing her optimal potential are very bleak.

Barriers to Women Education

Cultural Practices

Many societies and cultures do not encourage their females to leave, home boundaries. The girls are involved in domestic chores from the very beginning. It is felt that education is only required when someone has to work out side home; and girls do not have to do that, since husbands will take care of their life.

Early Marriages

More girls remain uneducated in cultures where early marriages are practiced.

Lack of educational facilities

If schools and educational institutions are not available or accessible, then even the willing and interested parents cannot send their daughter to school.

The School Experience and Gender

Most schools operate in a manner that promotes and strengthens gender stereotypes. This happen both in unisex as well as co-educational institutions. In 'girls only' school girls are taught traditional female roles and values; girls from such schools, when enter coeducational institutions for higher education, have some difficulties or psychological problems. They were always treated as an entity separate from men and were told to protect themselves against men; and now they have to mingle with them. Teachers, research shows, treat male and female children differently. Teachers promote stereotypical gender roles (Garrahy, 2001).

Even very young children indulge into gender segregation; the teacher generally permissive about it and in fact many encourage this practice (Thorne, 1993). One problem that may arise for many boys is that most junior school teachers are females, who may not be good or appropriate role models for growing boys.

Even when some male teachers teach in junior schools they are not the right role models; for most male teachers junior school teaching is not their main ambition, passion or the career path they would like to stick to. Usually the brighter male lot goes for higher education and professional qualification in order to join more paying careers. For girls usually better role models are available in school. Elementary school teachers, whether male or female, encourage compliance and reward children for being compliant (Cohen, 1992).When male teachers are teaching, there is less gender stereotyping. When students taught by male teachers are compared with those taught by female teachers, it is seen that the former make significantly less stereotypical explanations of the behaviors of men and women (Mancus, 1992).in initial years at school some, not many, gender differences are found in the achievement of children, in which girls have an edge (Bae, Choy, Geddes, Sable, and Snyder, 2008).Girls' grades are better and they score higher than boys in reading and writing. Besides gender factors like mothers' occupation and fathers' education have been found to be important in this regard. Regarding referral for special education services, the likelihood is higher for boys to receive such referrals; some studies suggest that this is a result of gender bias (Wehmeyer, 2001).
Some other differences emerge in middle school but this time more in favor of boys. In the earlier years difference in achievement were found on the basis of ability but now it is with reference to children's attitudes and interests. Girls usually do not opt for physical sciences as the major area of their interest. In middle school boys are more interested in taking part in science-related tasks and activities; they are more likely to use scientific equipment. Girls do show interest in participating in these activities, but are les likely than boys to actually do so. This is one of the reasons why girls have little interest and lower achievement in physical science (Lee and Burkam, 1996).Although girls still get comparable or better grades than boys in mathematics, they are less interested in math; considering their field of study, girls find math to be less interesting (Davis-Kean, Eccles, and Linver, 2002). Math is stereotypically perceived as a male domain, and that can be one of the reasons girls start losing interest in math. Boys, girls, parents, and teachers all hold to this belief about math (Nosek, Benaji, and Greenwald. 2002; Tiedenann, 2000).

However girls' interests in science and maths is lowered, but not there grades. During these years and then into higher classes, gender segregation begins, and activities, occupation and interests re seen to be separate for men and women. Sexual harassment, harassment otherwise, bullying and child abuse are problems faced by many children at school, both male and female; however the rate is higher for female students who go non-traditional vocational training institution.

LESSON 26

GENDER, WORK AND WOMEN'S EMPOWERMENT

So far we have been primarily discussing gender differences, and to some extent similarities between genders. We talked about the biological basis of gender differences, the social variables and stereotypes that lead to gender disparity, and the differences as well as similarities in personality, cognitive ability and emotion. The role of medial in promoting and strengthening conventional gender roles was also discussed. We also looked into the nature and causes of educational deprivation and barriers to females' access to education. We saw that besides social pressures, and stereotypical beliefs, the very nature and process of the educational system also promote traditional gender roles.

But from now on we will shift out focus a bit. We will see how the societal attitudes, beliefs about and women's status in the society in general affect different females' abilities aspects of women's life; the social, psychological, economic and health related aspects. Before beginning our discussion on Gender and Work, let us go through a few cases, or you may call them stories. The cases belong to our society, the characters commonly found around us, and the situations we are very well familiar with. The names are however fictitious and cases hypothetical.

Case 1

Shamin is a 12 year old bright girl, belonging to a middle class family. She went to school for five years, always topping the list of successful students. After class-5 her father decided that she will not be going to school any more. Shamin, being a child, protested by crying and begging but no one listened to her. Now she stays home and assists her mother in household chores and looks after her two younger siblings.

Case 2

Syma did her masters in physics. She was a scholarship holder throughout her career, never a burden on her parents. She wants to work in her university, where she has been offered a job, but the family doesn't agree. Although they are not against the idea. The family believes that if Syma starts working, their distant family and neighbors will think she is earning for them. Besides, she will not be able to get an appropriate match, with equal status, in their moderately educated class.

Case 3

Saira is specialist doctor, working in a hospital. She got married to a businessman. Soon after her marriage the husband and the in-laws prohibited her from joining duty. They had initially shown no such intentions. Saira protested, but her parents did not support her. Now she is at home all the time, looking after the household.

Case 4

Sajida is a teacher, who is the private sector, earning as much as her husband does. Both of them are back home from duty at 3:00 pm. Then Sajida starts her household responsibilities. he cooks, cleans washes, does ironing, and teaches her children all without any help. She goes to bed at 12:30 at night and wakes up at 5 in the morning to cook for the day and help her four children to get ready for school. The husband does not help her at all in all these chores; at every first of the new month, she hands over all her salary to her husband who decides how the money is to be spent.

Case 5

Shahida is a banker, a branch manager. After her experience and performance she is a candidate fit for promotion as an area manager. But every time a promotion is expected, some male manager is chosen. The bank offers foreign postings and training to efficient employees every year, but Shahida is never selected. Now she believes that she will never be able to rise to the highest ranks in her organization.

All these cases present experiences that hundreds of thousands of females undergo not only in our society but all over the world. In our discussion on gender and work, we will see how different impediments block women's capacity building, and empowerment.
But first of all, let us understand some basic concepts and terminology; work, formal and informal work and empowerment.

Work
Work refers to an occupation; in the present context it refers to a formal occupation; or profession.

Formal Work versus Informal Work
Formal work is an occupation that is:

a) Learnt after formal training and learning a skill
b) A means of earning/income for the person
c) Performed at a specific work place and,
d) Performed during specific work hours

Informal Work
All work is not formal work. People work informally too. Most women indulge into informal work i.e., house work. Women's informal work is not paid for; it has no specific work hours or a work place. Women work for varying number of house, at various sites, and without an acknowledgment that they work; they are called "non working" members of the society. An average housewife may work for as many as 84 house week, 12 hours a day from 5 O' clock in the morning till midnight.

Formal and Informal Work combined
In case of most working women, they are involved in both types of work; they work in the workplace as well as at house.

Women Empowerment
Bringing power to women; making women powerful; facilitating autonomy and self-reliance of women.
Empowerment can be:

- Economic
- Social
- Legal
- Political

An empowered woman makes, or can make, her own life decisions, and is self reliant.
Going back to our cases we see that in case 1, Shamin who was not allowed to continue her studies, her very initial opening to empowerment was blocked; no education, no hope for empowerment. In case 2, Syma, is educated but not allowed to work; she is capable, equipped with knowledge and skill, but the family is not permissive of her attaining self reliance; she was dependent on her parents, therefore had t obey them. In case 3, the doctor, Saira, was already working and earning when she got married, but familial-social pressure put her empowerment to an end. Sajida's case, case 4, is an example of modern women's dual/multiple role. The family, and the significant others are permissive of her job, but no body bothers to share her additional load of housework. In spite of the fact that she is working and earning, she is not empowered since she does not have control over her own earnings, is not the decision maker even in case of her own life. In case 5, Sajida's case, the issue is not the familial or societal, attitudes, but the system within the organization that hinders her promotion and rising above her male colleagues. She is experiencing the Glass-ceiling effect.

The purpose of describing these cases is to sensitize you about the different barriers to women's empowerment and their very existence as human being. Human beings are born with a free will and

basic goodness. All human beings have and should have, equal rights, equal treatment, equal opportunities to perform at their optimal level. Have you even come across a man who has experienced any of the treatments that females in the five cases described here? Definitely no!!

And one last work about the house wife (non working female). The very title suggests that she does not work. But comparing work hours, a housewife works, on average, more hours than an average man does. A man, in our culture, works around eight hours a day, and usually not on weekend; but the so called "non working woman works for around twelve hours a day, and on weekend too.

LESSON 27

GENDER, WORK AND WOMEN'S EMPOWERMENT (2)

Recap:

- The concept of work and empowerment
- Five case studies
- Problems faced by women pertaining to economic empowerment

Gender, Work and Women's Empowerment

Women's empowerment, economic, requires a career or a formal occupation. A formal occupation requires education, training and skill. But considering women's empowerment or career development, one comes across a number of hurdles:

No education:

In many parts of the world the girl child is denied the right to education, either due to societal attitudes, stereotypical beliefs, or inaccessibility of educational facility.

Faulty or non-career oriented education:

In many cases females do have a right and access to education, but the very nature of education imparted to them does not lead them to a career path.

1. Glass-Ceiling Effect:
2. Multiple/ Dual Roles:

Women, even when sharing all responsibilities of life with men, have to look after all the household affairs too.

3. Harassment
4. Violence against women

The first two issues have been discussed in detail in the section on gender and education. In this section the Glass-Ceiling effect and Dual/multiple roles will be discussed. The last two will be discussed later on.

Glass-Ceiling Effect

How will you feel in a situation like this?

'You are standing in the atrium of beautiful tall building; your favorite person whom you have not seen in the last years is standing on the roof of the floor above yours. You want to reach him at once in a jump, but you can't jump or even use a ladder to reach there because there is a glass ceiling between you two. All other ways ad passages to that destination are locked or blocked. You can see that person, you have the faith that if give a chance you can be there in a plunge; BUT you are unable to do so because the people in control have set up things in such a manner that it is impossible for you to reach where you wanted to reach'.

How will you feel?? Dishearted? Frustrated? Depressed? Angry? Helpless? or may be Trapped?? This is what most highly talented, capable, qualified and experienced female executives or professionals feel……. The glass-ceiling effect.

Glass-ceiling refers to "the invisible barriers arising from a complex set of structures in male-dominated organizations which prevents women from obtaining top positions in management and administration" (ILO, Geneva, 2003).

"This phenomenon prevails almost every where despite women's increased level of qualification and work performance. It has been demonstrated by research and statistics and is, at least partly, a result of persistent discrimination against women at work" (ILO, 2003).

Glass-ceiling is different form the typical form of discrimination. It is not an open, concrete, stated barrier to women's access to higher status in an organization; it is an invisible, unsaid, and subtle barrier. The route to promotion, and pre-requisites for higher positions, one designed in such a manner that they favor men and proves to be hurdles for women. This state of affairs makes it difficult, if not impossible, for women to reach top positions in the management or administration.

Factors responsible for Glass Ceiling
Available research findings and statistics have shown that a number of socio economic variables cause the glass-ceiling (ILO, 2003).

Persistent discrimination against women at work
"The nature of women's typical career paths blocks their progress to top positions. Women are primarily placed in non-strategic sectors and personal and administrative positions rather than in posts leading to the top" (ILO, 2003).

"Women have less access to training and are cut off from formal and informal networks that are essential for advancement within enterprises" (ILO, 2003).

"Women workers still tend more than men, to bear the main burden of family responsibilities, as well as paid and unpaid work; this double burden hampers their upward movement" (ILO, 2003).

Consequences of Glass-Ceiling

1: Felt incapacity and inferiority
2: Frustration and helplessness
3: A sense of injustice
4: Job dissatisfaction
5: Strengthened gender stereotypical beliefs

Strategies for breaking through the Glass-ceiling
A number of practical steps can be adopted for facilitating women's access to top management positions.
ILO (2004; 2003) documents state strategies for promoting women to eliminate sex discrimination;

- "Improving legal frameworks to eliminate sex discrimination;
- Enhancing awareness of obligations and rights, including or gender equality;
- Affirmative action, mentoring and monitoring for women;
- More flexible and reduced working hours, as well as adequate childcare and elder-care facilities, to enable both parents to better combine family and career;
- Better access of women to a business skills training and entrepreneurship development to help them run their own business;
- Improving women's access to training, in particular in technical and management fields;
- Reviewing human resource development practice to recognize the potential value of non-conventional career paths and to facilitate women's access to managerial positions;

LESSON 28

GENDER, WORK AND RELATED ISSUES

The purpose of our discussion of Gender and work is fourfold:

a) To develop an awareness of the hurdles in the way of women empowerment
b) To develop an understanding of how women feel and what they experience as a result of stereotypical attitudes towards women's work and their ability
c) To sensitize students to the significance, and the need for, gender equality and equity, and
d) To inculcate a supportive attitude, and a genuine desire to help women become economically viable units of the society

Issues in Gender and Work

The number of educated women is increasing all over the world, and so is the number of women in work and profession. In one society, more and more women are exhibiting excellent performance in their academic career; in many cases female high achievers are at par with male high achievers, if not out numbering them. Females are entering into a wide variety profession; the professions once considered men's professions are no longer exclusively for men. Females are entering the forces, flying aircrafts, and heading the police.

Yet very few women are the heads of organizations where both men and women compete for the highest position in the executive order. The same stands true for all other societies, whether from the East or West. ILO's yearbook of Labor Statistics (2003) presents data for the years 1996-1999, and 2000-2002 from 63 countries. The data reveals that in 45of these 63 countries, in 2000-2002, 30 to 60% of professional jobs were held by women. In 12 countries this rate was more than 60%. Eastern Europe and the Confederation of Independent States (CIS) had the highest overall share of women in professional jobs. The percentage of women's share ranged between 70 % and 61 % in many countries in Europe and Asia. However this share was quite low in countries like Pakistan (25.6%) and Bangladesh (25 %).

But while the overall share of females in professional jobs is pretty good, the case of women in managerial positions is not very promising. The number of women in managerial positions is increasing but the rate of increase is not very encouraging. The share of women in managerial positions is higher in Eastern Europe, North America, and South America as compared to East Asia, South Asia, and Middle East (ILO, 2004).The overall share of women in managerial jobs was 20-40 % in 48 out of 63 countries in 2000-2002. The ILO (2004, 2003) data reveal the share of women "administrative and managerial workers" to be:

U.S.A _____ 45.9 %
Japan _____ 8.9%
Pakistan _____8.7 %
Bangladesh _____ 8.5 %
Saudi Arabia _____ 0.9 %

The share of women in top management positions, board positions, or corporate officer positions is even less encouraging.

Gender Differences in Career Development

Research data show that men and women pursue their careers in different patterns. Men choose a career path quite early as compared to women. Research shows that there is a higher likelihood that women will experience career interruptions, and will leave work temporarily for concentrating on child rearing or family crises (Phillips, and Imhoff, 1997). In most societies, in case of married women, the husbands' career is considered to be more important.

Many, if not all, women subjugate their own career goals and ambitions to these of their husbands' (Unger, and Crawford, 1992). Most women experience discrimination at all phases of their career; at

selection, at posting, at promotion, and in salaries. Women are paid less than their counterparts, and experience harassment at workplace besides glass-ceiling. They are usually preferred for low status jobs. In the US, in comparison to every dollar that men earn, women earn 72 cents. The case is even worse in case of women belonging to minority groups (U.S. Bureau of Labor Statistics, 1999).

Sexual Harassment at Workplace

Sexual harassment is one of the major causes of concern for working women, or those aspiring to join the work force. If you are a man, how will you feel if:

"You are standing on the bus stop and every now and then someone touches you or pinches you. You get into the bus and someone starts passing ridiculing comments on your dress; makes fun of your body; laughs at you. Then you reach your office and you find people discussing your physique; the boss tries to hold your had when you hand him over a file;"

In all these situations you don't find the courage to respond back and to harshly snub the people bugging you. You probably be feeling embarrassed, helpless, or angry; and after some time you might decide to quit the job.

Sexual harassment may have the following consequences:

a) Shame and embarrassment
b) Interrupted career path in many cases
c) Hurt and low self-esteem
d) Fear, helplessness, inhibitions, and lack of self confidence
e) Negative attitudes of the society
f) Feeling of dependence; need for a male care taker
g) Limiting ones' self to a career in female-only environment

Sexual Harassment

According to ILO's (2003) "ABC of women workers' rights and gender equality:" Unwelcome sexual advances or verbal or physical conduct of a sexual nature which has the purpose or effect of unreasonably interfering with the individual's work performance or creating and intimidating, hostile, abusive or offensive working environment." The same document states examples of sexual harassment:

- "insults, remarks, jokes, and insinuations of a sexual nature and inappropriate comments on a persons' dress, physique, age or family situation;
- undesired and unnecessary physical contact such as touching, caresses, pinching or assault;
- embarrassing remarks and other verbal harassment;
- lascivious looks and gestures associated with sexuality;
- compromising invitations;
- requests for sexual favors" (ILO, 2003).

Sexual harassment is not just a gender issue; it is a human rights issue. It has deep rooted effects on the persons' psyche. Besides, it is discrimination as well as a health issue. Sexual harassment implies the extortion of sexual cooperation through subtle or explicit threats of job-related consequences and pervasive sex-related verbal or physical conduct that is unwelcome or offensive (U.S. Equal Employment Opportunity Commission, 1980). Although mostly women complain of being sexually harassed, it is not a women-only issue. Men, though less frequently, may also experience such treatment. One study showed that 20% of the surveyed women reported having been sexually harassed at the workplace; the males having experienced the same were 10% (Burgess, and Borgide, 1997; Matchen, and De Souza, 2000). However some researchers estimate that one in every two women working in an organization will experience sexual harassment at some stage of her career (Fitzgerald, 1993). Sexual harassment can be physical as well as psychological nature. Physical sexual harassment involves touching that is unwanted or unwelcomed. Psychological sexual harassment is

intrusive, unwanted and coercive sexual attention from which there is frequently no viable escape (Fitzgerald, 1993). Research evidence suggests that most of sexual harassment is psychological in nature (Fitzgerald, 1993). Women may experience sexual harassment not just at the workplace alone, but at any place, any time of the day. Going to a crowded shopping mall, traveling by public transport or waiting on the bus stop; all are the highly probable sites of sexual harassment.

Sexual Harassment and Benevolent Sexism In many cases sexual harassment has its roots in benevolent sexism. The offender apparently expresses concern, sympathy or benevolence, whereas in fact the self esteem and self confidence of the target is being undermined.

Power, Status, and Harassment

The roots of sexual harassment can be traced into the power structure in a society. Power, more than sex in the precipitating cause of harassing behavior. Most societies are male dominated, men being in power; instead of sexual gains, it is the desire to display and exercise power that leads to an act of harassing others. Similar ideas have been proposed in the concept of "power asymmetries" (Depret, and Fiske, 1993).

How to Tackle Sexual Harassment

a) State legislation and following international declaration of human rights, and implementation and enforcement of the same
b) Organizational rules and regulations
c) Children's (especially female children's) awareness campaigns, so that they learn form the very beginning as to how to handle such situations, also shedding inhibitions in expressing such experience.
d) Complaint boxes in organizations
e) Assertiveness training; the ability to say 'No' when you want to say "No".

LESSON 29

GENDER AND VIOLENCE

Violence against women is an important gender-issue for all concerned. It is a matter of concern for all these involved in the efforts for women empowerment and gender equality. Violence in all forms whether at workplace, or on the roadside, or domestic violence, is and indicator of one class of citizens being oppressed and exploited by another in a dominant positions. Before discussing this issue further, let us imagine these hypothetical situations:

Situation A:
"You are an educated, quite good looking, civilized, well groomed, capable, earning professional; you are living with a person, whom you have to be with for the rest of your life; that person criticize you all the time without any reason, ridicules you, makes fun of your looks, laughs at your ability, hurts you unnecessarily, and shouts at you, and abuses you all the time".
May be irritated, agitated, angry, aggressive and hostile; or may be helpless, heart-broken, and depressed; or may be all of these feelings are experienced by you.

Case B:
"You are a moderately educated, nice looking, sweet natured, shy, and quite person; you try your best to please others; you are married to an ill tempered person who slaps you, beats you and pushes you at even the slightest mistake that you make".
How will you feel?

Case C:
"You were married off by your parents, who gave a very lavish dowry on the wedding. After a few months there were problems in the marriage and you are sent back to you parents by the in-laws, who confiscated the entire dowry."
How will you feel?
The purpose of stating these hypothetical situations are to make you imagine and visualize how women in such situations feel. All these situations represent only a few forms of violence practiced commonly against women. Women, from childhood, are trained and taught to accept and adopt what others decide for them. In the same manner they learn to accept minor forms of violence as a routine part of their life. Violence becomes an issue when it is practiced on an ongoing basis, persistently, and in a severe form. Although both men and women may be victims of some form of violence, the rate of female victims is higher. Besides domestic violence, many other forms of violence are experienced by females much more than males. Rape being the most common and severe form of violence experienced by women. Many other forms of violence are used in our part of the world as compared to others, e.g., acid burning, stove burning etc. Violence can be defined as an emotionally charged act marked by aggression, involving infliction of hurt or injury to the victim. Violence can be physical as well as psychological. Sexual harassment is one form of violence.

Domestic Violence
Domestic violence is one of the commonest forms of violence experienced by women. "Domestic violence or partner abuse is the physical, sexual or psychological maltreatment of a spouse, a former spouse, or an intimate partner so as to gain or maintain power or control" (Papalia, Olds, and Feldman, 2001, p. 542). As compared to other forms of violence e.g. homicide, domestic violence is quite unreported or under reported. Domestic violence is exercised all over the world but no exact figures are available for any society, since most victims do not report its occurrence due to various reasons i.e.,

- Shame and embarrassment
- Fear of breaking a relationship
- Hope for an improvement in the relationship

Whatever data is available is based upon the reported cases that are actually under reported. A survey of women showed that out of the severely physically assaulted women, only 46 % reported the happening to the police (Acierno, et. al., 1997).
There are two types of domestic violence (Johnson, 1995):

a) Common couple violence
b) Patriarchal terrorism

Common Couple Violence
This is the commonly exercised form of domestic violence. The conflict between the parties leads to an argument that turns into a fight. It does involve physical violence that can be minor or major and serious. In case of serious physical violence the likelihood of women being injured is higher form women than for men.

Patriarchal terrorism
This form is exercised by men alone. The man uses physical force along with other contrast strategies for dominating his family. This form of violence may end up into injury and even death to women and children.

The likelihood of women being homicide victims as consequence of domestic violence is higher than the likelihood of the same happening to men (Brannon, and Feist, 2000). Men are more likely to be physically hurt, injured, or killed by strangers, whereas women are more likely to experience the same by the husband. In our society and other group cohesive societies, it is not the husband alone who exercises domestic violence. Most of the times he is supported, aided, and assisted by other relatives as well e.g. the in laws. Usually very severe forms of domestic violence are reported; otherwise it does not come out of the boundaries of the household. The victims do not report it due to fear or shame (Bachman, 1994).

The analysis of reported cases in the U.S. has shown that:

- More than 9out of 10victims were women and as compared to men, they were more likely to be seriously harmed.
- Also, a woman abused once is more probable to be abused again

(Holtzworth-Munroe, and Stuart, 1994; U.S Bureau of Justice Statistics, 1994).

What Type of Women are Usually More Likely Victims of Domestic Violence?

- Those belonging to the lower socio-economic class
- Those financially dependent upon men
- Less educated or uneducated women
- Young women
- Women less exposed to life outside the household

What Type of Men Usually Exercise Domestic Violence?

- Less educated or uneducated men
- Those belonging to the lower socio-economic class
- Unemployed, or financially over burdened
- Drug or alcohol abusers
- Those who have experienced domestic violence being exercised in their home, as a child.
- Those who do not feel any familial or social pressure against their violent acts.

Wife beating is more common in some societies than others. These are societies:

- Where aggressive behavior is common otherwise too
- Where women have an inferior status

- Where physical force is used to resolve disputes, among other factors (Broude, 1994).

Impact of Domestic Violence on Women

- Low self esteem, a shattered self-confidence, and heightened self-doubt
- Fear of being tortured again
- Helplessness
- Passive acceptance in many cases; they start believing that this is the way the life of a women is like, and they deserve it too

How to Tackle the Issue!!!

Creating awareness of basic human rights
Education of legal rights
Establishment, and accessibility of legal aid centers, and shelter homes
Individual counseling and therapy
Family therapy
Men need to be educated, at all levels, about gender equality, human rights and civilized conduct
Media can play an important role

Other Forms of Violence against Women

Besides domestic violence, many other forms of violence are also experienced by women more commonly than men:

- Sexual violence
- Rape
- Physical assault by strangers

The Solution

Awareness and education about the likelihood of an incident, the probable sites, and places where help can be found
Self defense training in case of a probable attack
Sensitization to the significance of prompt reporting in case an incidence has taken place
BUT remember, women alone are not the victims of domestic violence. Many men also experience domestic violence from women.
In less serious violent incidents, many wives initiate the events and attack their husbands.

LESSON 30

GENDER AND HEALTH

Health is the other name of well being. 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?
No!!

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 are extremely 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.

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, post partum depression, birth control, surgeries, abortions etc.

i. 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 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 use 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. The size of gender gap in longevity in some developed countries;

Poland	8 years
France	8 years
Spain	7 years
Finland	7 years
Austria	6 years
U.S.A	6 years

LESSON 31

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.

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, the female hormone. Women benefit from the protective effects of estrogen till before menopause (Rodin and Ickovics, 1990; USDHHS, 1992). This genetic protection is also considered to be a factor responsible for the higher rate of male infant mortality.

Behavioral Factors

There is a lot of research findings suggesting that on average man indulge, much more than women, into health compromising and risky behaviors. 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.

LESSON 32

GENDER, HEALTH, AND AGING

If you analyze these cases, and compare them, you will realize that some problems are common to the four people we are talking about. Problems like reduced control over life, and some physical ailments are found in most people. In terms of psychological well being, the spouses in case 3 are better off than the first two cases. Companionship and social support are two significant variables in the well being and adjustment of an old person. The purpose of our discussion on 'gender and aging' is twofold i.e.,

a) To see the similarities, pertaining to aging, between the genders.

b) To see how genders differ in terms of age-related changes and their reactions to those.

"**Aging"** refers to the biological changes that take place with the passage of time. These changes are inevitable and irreversible. The pace at which these changes may take place many vary. 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.

There are individual differences in the pace of and extent to which people may age and feel aged. 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. On average people do live 70-75 years of age. The average life span of an American today is 75 years. 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 can not 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 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 persons e.g. cervical, breast or prostate cancer.
h) Bone fractures are also a common happening in old age, especially old women.

Changes in Appearance
Some prominent and some not so prominent changes take place in peoples appearance. The face of the person is the most affected region; however the whole body may show the age of the person. The hair line recedes, and the hair turns grey, and then white. Tooth decay and tooth loss happens; it not only affects the shape of the mouth but also affects the shape of the type of food one can eat. The skin is dry and wrinkled. A person's height may be shortened due to a decay of cushioning between the vertebrae.

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. A _____ involving fine dexterity and eye hand coordination may take longer.

Attention and Concentration
Some research evidence shows that the old people can not 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 can not 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.

LESSON 33

GENDER DIFFERENCES IN AGING

Before moving on to a discussion of gender differences in aging, let's have a look at some other psychological aspects 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 theit 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 means 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.

In fact they may get emotionally closer to each other.
The type of marriage also determines a couples' reaction to their Empty nest.
If it were a marriage that remained intact because of children, then there is a likelihood that it may break.
Although generally mothers seem to be affected more by a home without children, the situation may bring relief from the "chronic emergency of parenthood" (Cooper and Gutmann, 1987).
The Empty nest phase may be different for women who had not foreseen this.
Women who had not reorganized their lives in order to prepare for it find it hard (Targ, 1979).
Some men also find it hard to cope with the empty nest.
These are the fathers who regret not having spent more time with their children (Rubin, 1979).
If the mothers are working, especially full time, they feel little or no stress.
It has been reported that no effects of empty nest were found on the psychological health of employed mothers; their stress was increased on cutting back on employment and was decreased on going back to full time work (Wethington, and Kessler, 1989).
The case may be different in case of males.
When stress at various stages of men's lives was compared, it was found that they were most likely to report health-related stress at the empty nest stage (Chiriboga, 1997).
If the mother is an autonomous mother, the empty nest may be a pleasant experience for her.
Autonomous mothers are the ones who generally have a higher self esteem and who feel in control of their lives. Such mothers enjoy the maturity, growth, success, achievement and independent existence of their children as individuals in their own right.
They enjoy communicating with them at adult level and doing things with them.
In case of "coupled mothers" the case may be different.
These are the mothers who feel that they and their children are one and the same thing, the children being their extensions.
All their life's activities revolved around the children.
Their self esteem and feeling of control over their lives is lower than the autonomous mothers.
The empty nest experience may be quite difficult and painful for them.
The coupled mothers have a higher likelihood of experiencing anxiety and depression.

Personality
The way old men and women perceive or describe themselves may be different.
As compared to what they were like in youth, many older women perceive themselves to be more capable of solving problems, more assertive, less dependent, and more authoritative at home now.
In case of older men, many of them perceive themselves as more nurturant, cooperative and less dominant in old age (Bengston, Reedy and Gordon, 1985).
Older men experience a lack of control and power after retirement; women usually feel _____ in old age.
If the self concept and self esteem are hurt or lowered, different reaction patterns may be seen.
More women less than 80 years of age may feel depressed and more men may abuse alcohol (NIH Consensus Development Conference, 1991).

Financial Problems
Most retired people may experience financial problems.
Especially in a culture like ours, where the parents have to look after children's lives even when they have grown up the financial pressures may cause psychological as well as physical ailments.
In case of women, dependence is higher, because most women in out culture are house wives and they have to look up to the husband's pension or to their children.
The older people have some additional expenses if they are suffering from some chronic illness.

If the pension is not enough and no additional resources are available, life becomes tough for both men and women.

In case of a single or widowed man, old age is tougher than a single or widowed woman.
Since women are more industrious and equipped with household skills, they can manage life in limited resources better than men in similar circumstances.

In summary it can be seen that:

- Some physiological and psychological problems are common to both men and women.
- Some problems are found more in women.
- There are gender differences in the way people react to changing life situations.

LESSON 34

GENDER AND HEALTH PROMOTING BEHAVIORS

As said earlier there are at least two aspects of the health issue:

a) Promotion of health, and
b) Prevention of illness

These are the two sides of the same coin, interrelated and complementing each other.
Health can be promoted in further two ways, by:

i) Adopting healthy lifestyles, and
ii) Proper utilization of available health services so that health problems, if any, may be diagnosed earlier and treated at the earliest stage.

Physical fitness is the other name of health. Regular exercise is the main way of attaining and managing physical fitness.

Fitness and Exercise

Health, as discussed earlier, is a state of complete well being: physical, psychological, and social. A person enjoys well-being when he/she feels fit and experiences fitness. Fitness is a condition that can be acquired and enhanced, and that can deteriorate too.

When we talk about fitness we are primarily referring to physical fitness; however it encompasses psychological and social aspects too. Physical fitness leads to shedding stress, and that may result into healthy, enjoyable, social relations. In other words complete well-being, i.e., health.

Fitness implies enjoying healthy existence as well as absence of disease. One direct correlate of fitness is exercise. Over the last 2-3 decades people in general have become more health conscious than ever before. They are more interested in fitness enhancing activities, and more conscious about wise eating. In short they are adopting healthier lifestyles.

Some of the major causes of this change in health-related attitudes and behaviors are that:

a) People today know that the leading causes of death today are not infections over which people had little or not control.

b) Life expectancy has significantly improved over the past 5-10 decades. That means that if people take good care of their health, they can stretch their life span considerably.

c) As a result of research findings, people are more aware of the fact that we can not only expand the life span, but we can also improve the quality of life a great deal by attaining and improving physical fitness.

Physical fitness does not mean a single function or process. It is a complex condition. A physically fit person experiences:

- A muscular strength
- Muscular flexibility
- Muscular endurance, and
- Cardio respiratory fitness

Fitness has tow aspects:

Organic Fitness

The ability for activity and mobility, that stems form the inbuilt qualities of a person's body e.g. the genetic make up of the person, age, gender, health status and problems, family history etc.

Dynamic Fitness

This type of fitness is learnt, and comes through experience and practice i.e., exercise.
Dynamic fitness affects not only the physiology of a person, but the appearance too.

There is no dearth of research evidence suggesting that exercise is directly related with the health and fitness of a person.

Exercise

How Much of Exercise is required for Good Health
People indulge into different types of exercise for different durations. Research reveals that one should exercise thrice a week; some do it more often. But there are certain standards for how much and what kind of exercise should be done.

The generally agreed upon standard is exercising for at least 15 minutes thrice weekly; in this time one is required to indulge into sustained activity at 70%- 85% of maximal heart rate. However different people are happier with different frequencies and intensity of exercise. Some people walk 5 miles at a stretch and are not tired. Some exercise for 20-25 minutes only and they find it to be enough for their fitness. Exercise gives the exerciser a feeling of well-being and elation. This is because of the release of endorphins as triggered by aerobic exercise.

Types of Exercise

Aerobic Exercise
In aerobic exercise the heart of the person beats at an elevated level for a considerably long duration (in minutes usually). It requires significantly increased consumption of oxygen for a long period. It is a high intensity, long-duration, and high-endurance exercise. The major elements are intensity and duration. How long and how intense the exercise should be, is calculated from a formula involving the age of the person as well as the maximum possible heart rate. Jogging, brisk-power walking, aerobic dancing, cycling, swimming, rope skipping are examples of aerobic exercise. An effective and true aerobic exercise requires that the heart rate is at an elevated level for 12-20 minutes. During this period, the heart and the respiratory system work at an elevated level; and the whole coronary system benefits from it. The ultimate benefit from this exercise is a rapid and intense consumption of oxygen, besides flexible and elastic blood vessels. Aerobic exercise is believed to be beneficial in terms of enhanced fitness; it results into cardio respiratory fitness and provides protection against coronary-heart disease.

Caution: Before moving on to an intense aerobic exercise regimen, one should have complete medical check ups and consultation with a physician in order to be sure that the body is fit enough to stand the rigor required by this exercise. This exercise can be dangerous for persons with coronary-heart problems.

Anaerobic Exercise
These exercises are similar to aerobic exercise, but do not require heightened oxygen consumption. Anaerobic exercises involve intensive bursts of energy for shorter durations. Short distance running or sprinting are anaerobics; some calisthenics are also anaerobic. Speed and endurance are the salient features of these exercises. These exercises are not suitable for people with coronary-heart problems.

Isometric Exercise
As compared to other age group, older people can benefit more from this exercise. The exercise involves muscle contraction against and immovable object e.g. a pillar, or a wall. Isometric exercises give the feeling of strength to the person exercising. The main benefit is in terms of muscle strength. However since it does not involve other movements, it has little contribution to physical fitness.

Isotonic Exercise
Weight lifting is the best example of isotonic exercise. Muscles and joints are the main parts of body involved. Isotonic exercise primarily involves muscle contraction and joints' movements. The ultimate benefit is muscle tone, muscle strength and muscle endurance. These exercises can add to fitness if done for longer periods of time. The immediate benefits may be felt in terms of physical appearance and body shape.

Isokinetic Exercise
As compare to isotonic exercise, isokinetic exercise involves lifting weight and returning it too, to the starting point. Bringing the weight back requires additional exertion. This exercise requires special equipment and the person may have to go to the gym or purchase expensive machinery.
However it is better than the isotonic or isometric exercise for attaining muscle strength and endurance.

Which Exercise should be chosen?
A person may choose an exercise regimen considering the following:

a) Physical condition, muscle strength and endurance level
b) Health Status
c) Physician's advice
d) Age

LESSON 35

GENDER AND HEALTH PROMOTING BEHAVIOR

The Health Effects of Exercise

- Besides general physical fitness exercise has the following benefits:
- Regular exercise gives a feeling of well-being.
- The endorphin released in aerobic exercise gives a feeling of elation.
- Longer duration exercise helps in weight reduction.
- It helps in cholesterol control and reduction.
- Regular exercise, at least thrice weekly, adds to cardio-respiratory functioning and strength.
- Exercise improves physical appearance, and adds to self esteem of a person.
- Regular exercise has been found to be effective in improved immune functioning. Exercise or physical activities have been found to be effective in females' reproductive health problems and menopausal symptoms.
- Aerobic exercise helps alleviate and control depression and sleep disorders.
- Regular physical activity has been consistently found to be beneficial in cardiovascular conditions; both in not occurring in first place, as well as in management.

The Classic Alameda County Study

In this large scale study the researchers (Belloc, and Breslow, 1972) identified a set of health-related behaviors, or habits that could have a relationship with health. They took a sample of 2000 people from California and followed their mortality rates. Some indulged into the identified health habits and some did not. Five habits were found to have a significant relationship with lower mortality rates i.e.,

i. Sufficient sleep
ii. Moderate drinking
iii. No smoking
iv. Regular exercise
v. Weight control

Remember!!!
Exercise relaxes, and does not tire

Gender Differences in Exercise and Healthy Habits

Research supports the fact, that other things being equal, females have a longer life span than men. But research has also revealed that more males than females indulge into physical activity.

In one nationwide American study, 8-16 years olds were studied between 1988 and 1994 (Anderson et. al., 1998). They reported on vigorous play or exercise that led to working up a sweat or breathing hard. 80% of the subjects said that they did so at least thrice weekly outside of physical education classes. Those who did not meet the mark included 26% of girls and 15% of boys.

Another national survey conducted in the U.S revealed that although females indulge into most healthy behaviors more than men, they were lower than men in physical activity. The percentage of females was higher in wearing seat belts and trying to lose weight. They were lower in percentage in unhealthy behaviors like heavy drinking and smoking, drinking and driving, currently smoking, and being over weight. However exercising regularly and being very physically active, were two categories on which females were less in percentage than males (Health United States 1990, 1991, U.S. Department of Health and Human Services).

Boys get more exercise than girls from an early age (Sallis et. al., 1993). In middle age and in later years, the likelihood of women exercising is even less. In fact they are unlikely to exercise. One possible reason for this is that there is little room for exercise in their lives. Besides, the absence of attitudes favoring exercise for middle aged women may be another cause of this trend (C. Lee, 1993; S. Willcox, and Storandt, 1996).

Factors affecting Women's Fitness Activity and Exercise

i. Fatigue and Overwork

In our society most women are house wives or formally non-working women. Those who work formally are expected to look after the house hold in the same way as a house wife. There is generally no trend of sharing house work. Many women therefore generally report fatigue and do not feel like exercising regularly. Also, taking out a slot from their daily time table exclusively for exercise, which is a purely personal activity, is usually found to be difficult. Usually the females who exercise on a regular basis are the ones who are not working full time in the office as well as at home.

ii. Societal attitudes and Stereotypes

Exercise is considered to be a men's thing and people do not look positively at women working out. Also other people, as well as women themselves, feel that house work is enough exercise. They are not aware of the fact that house work may be tiring but it does not give enough exertion to the body. Many people, including women, believe that once married and becoming a mother; women do not have to look after themselves.

iii. Lack of Exercising Facilities

Due to lack of parks, playgrounds, or gyms in neighborhood, most women keep postponing exercise even when they are keen.

Uptake of Medical Facilities

All states, all over the world, are interested in promoting health and preventing disease. The basic goal is to reduce the health care cost. Health care costs have been rapidly escalating for the past many decades.

With more advanced medical technology, and facilities for early diagnosis and screening, more and more people come to hospitals for treatment. Most of the hospital beds are occupied most of the time. In developing and under developed countries, the patients out number the hospital beds. Health care is a major burden on the national economy.

This becomes even more important because most of the complaints that most patients are admitted with, are preventable. Therefore it is in the interest of national economy that diseases be prevented and the health status of citizens improved, in order to cut down the health care costs.

When does uptake of medical facility become important?

In many situations, the health authorities want people to utilize health services. In many cases, especially involving women's health, even full fledged campaigns are designed to encourage women to contact the authorities and benefit from the available facilities. This becomes more important when the health authorities are offering screening services for diagnosing serious conditions like breast cancer, cervical cancer, HIV/AIDS, or Hepatitis.

The utilization of medical services is an area of concern for health professionals.
Health psychologists have been exploring the poor utilization of various health services where the uptake considered vital for the health status of the society at large.

A number of preventable health conditions can be controlled, managed and eradicated if available screening services are used by people.
Research shows that women are more likely than men to go for medical consultation, other than that required for pregnancy and child birth.
Women are more sensitive to bodily changes, and symptoms of illness.
Although no clear cut reason for this gender difference is known, it is believed that women are more focused upon and aware of their physical states. Because of this attitude they are more likely than men to notice any physical symptoms (Pennebaker, 1982).
Another explanation is that in case of women having children, they are trained in, and are more likely to notice any changes in the health and physical state of their children.
As a result they develop sensitivity to physical symptoms.
Some societal attitudes also account for this.
Men usually do not admit being unwell or weak, whereas women do not hesitate in admitting that they are in need have help.
Research evidence also suggests that although women have a higher longevity and men have higher mortality rate females tend to have a higher rate of acute illnesses like infectious and parasitic diseases, and digestive and respiratory conditions (National Centre for Health Statistics, 1996).
The rate of acute illnesses is very low in males, and only higher in case of injuries.
However, men are bedridden much less than women for recovery from injury.
Women's rate of acute conditions, other than pregnancy is eleven times higher than men.
This is probably one of the reasons why more women than men visit doctors.
Also it is seen that more women than men read about health matters, illness symptoms, and possible treatments.

Behaviors linked with the Diagnosis of Cancer
Some cancers, if diagnosed at an early stage can be treated with a prognosis up to 99 %.
Breast cancer is one such cancer that can be fully cured if identified at the very early stage.
Two behaviors can help in early identification:

a. Breast Self Examination (BSE)
b. Mammography

BSE if performed regularly, can help identify a lump or growth very early.
90% of all diagnosed breast cancer is located by BSE.
It is a regular examination of breasts by females themselves done every mouth.
However many women do not practice this regularly, or at all.
The primary reasons being lack of awareness of either the procedure it self, or the proper way of performing it.

Mammography
For women over 50, and even above 40, a regular yearly mammography is recommended for diagnosing breast cancer.
In many developed countries the service is provided free of cost.
However the rate of women turning up of it is not very promising.
Some estimates have shown that only 38 % of women 50 and 50 plus ever had a mammogram (Dawson, and Thompson, 1990).
The rate of Asian women settled in the west, who utilize the facility of mammography is even lower.
Women, whichever race they belong to have a tendency to avoid going for a mammogram due to various reasons:

- Fear of radiation
- Embarrassment over the procedure
- Anticipated pain

- Anxiety
- Concern over costs, especially in case of poorer women (Fullerton et. Al., 1996; Lantz, Weigers, and House, 1997).

The economic factor is very important in women's uptake of medical care and facility.
Women, if not working have to look up to men for their health care.
In case of single women, or mothers in single parent families, women tend to postpone medical consultation due to limited economic resources.
The uptake of cervical cytology among women has also not been encouraging.
Research done in the past 20-25 years has shown that although a cervical smear can be very helpful in diagnosing cervical cancer, few women go for this examination.
The reasons may be the same as the ones for a low turn out for mammography.
It is estimated that around 10 % of Asian women eligible for this screening utilize it in Britain.
In this case finances are not a problem, because this service is provided free of cost.
In case of men many men keep postponing screening and tests for prostate cancer.
Very few men perform self examination for testicular cancer.
In both cases, most men either lack proper knowledge, or feel embarrassment over being examined by the doctor. Also in case of rectal or intestinal problems most men, avoid medical consultation in order to avoid endoscopy.

LESSON 36

GENDER AND HEART DISEASE

Recap:

In the last few lectures we have been talking about issues pertaining to Gender and Health. We have discussed the issue of longevity, social, cultural factors influencing health status, and uptake of available medical facilities. Besides, we have also looked into the relationship between exercise and health. We also talked about the very concept of "health" and being healthy.

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:

b) To improve quality of life, and in turn longevity, and
c) To reduce cost of healthcare

But interest and research in this area can not 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.

In the forthcoming lectures, we will be discussing:

- 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 to various parts of our body 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. Build up 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, everyday, 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

What happens to the body when the blood vessels are not in a good shape???
In any living organism, if every thing goes wrong with even the tiniest part of the body, it affects the whole system. Similarly when the basic infra structure of the circulatory system is affected; it affects the whole system very seriously. The impact of problems in the circulatory system is serious because this system has a direct, continuous, non stop contact with the whole body. Arteries carry oxygen and nourishment to the heart. As a result of atherosclerosis the supply of these essential substances to the heart is restricted; it may be obstructed partially, and at times completely. This state of affairs may result into two different but related conditions:

- Angina Pectoris
- Myocardial Infarction (MI) or Heart attack

Angina Pectoris
It refers to the restricted blood supply to the myocardium, or the heart muscle. This temporary and usually short term, restriction or shortage of oxygen and nourishment results into the 'alarm' of heart disease, i.e., angina. This usually results into pain, mostly crushing pain. The pain is frequently experienced in the chest and arm region. However the pain may be experienced in other parts of the body as well. It is accompanied by breathing difficulty, and a feeling of suffocation. Symptoms of Angina are usually experienced after heightened stress or exercise, because the demand of the heart for oxygen and energy increases. These symptoms usually last for a few minutes and they are a warning that the heart needs to be taken care of.

Myocardial Infarction (MI)
MI is the serious form of CHD. When, as a result of obstructed blood supply, or blocked coronary arteries, oxygen supply to the myocardium is shut off, it damages the heart muscle. Like any other tissue or muscle, the heart muscle can not survive without oxygen. As a result the affected part or tissue of the myocardium dies in the absence of oxygen. The death of a part of myocardium is called an infarction; hence myocardial infarction or heart attacked. This damage to the heart muscle is permanent. The symptoms of an MI may include:

- Severe crushing or squeezing pain in the chest, arms, shoulders, back, abdomen or jaws.
- Weakness, dizziness, and/ or nausea.
- A feeling of severe suffocation, or 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.
The famous, and widely quoted, Framingham, Massachusetts, research project identified a number of risk factors for CHD (Sytkowski, Kannel, and D'Agostino, 1990) . These risk factors include:

- Male sex
- Advancing age
- Cigarette smoking
- Hypertension
- Diabetes
- Obesity

Gender and Heart Disease: Some Facts

- Research shows that although the rate of death by heart disease in men is almost the double of women's rate, men have a significantly better prognosis than women.
- If men survive the first serious heart attack, then they are more likely to have a favorable diagnosis (Wenger, 1982).
- In case of diabetic people, the risk of CHD is almost the same in both men and women.

The Framingham Heart Study
The Framingham Study is one of the most authentic and broad spectrum investigations into heart disease. The study was initiated in 1948 (Brannon, and Fiest, 2000). Initially more than 5000 residents of Framingham, Massachusetts, USA were included as the sample, all free of heart disease at that time.
This prospective epidemiological study aimed to follow the sample for 20 years to study heart disease and related factors. Later on, considering the valuable information yielded by the study, the time period was extended and it continued for more than half a century. In 1971, 5000 children of the sampled subjects and their spouses were included in the sample. After about another 20 years a third generation was also included (Voelker, 1998). Therefore one can see that the risk factors, including sex, identified by the study are genuine risk factors.

Type a personality pattern is a significant risk factor in CHD, but there is no conclusive evidence available as to a lower rate of Type A behavior in females.
Coming back to the facts about CHD, we now know that:

a) Men are at a higher risk
b) Following an MI, the chances of survival of men are higher
c) The Framingham Study has revealed that women will be particularly prone to developing heart disease if they are: diabetic, overweight/obese and having a high level of LDL Cholesterol.

LDL refers to low density Lipoprotein i.e., the harmful or 'bad' cholesterol. Coronary heart disease is the major killer of women too; when the overall rates are considered, more women than men die of heart disease.

What causes natural protection of women against heart disease?
There is significant evidence available, suggesting that young females are naturally protected against heart disease, and this causes a very low rate of females dying prematurely of heart problems. The same factors are one of the possible causes of lower life expectancy of men.
However, the protection of women against heart disease is restricted to young and middle aged women. These possible causes include the following;

1. Estrogen Levels:
The female hormone estrogen has the quality of diminishing the arousal of sympathetic nervous system, thus having a protective effect (Matthews, and Rodin, 1992).
2. Women tend to have higher levels of HDL or high-density lipoproteins. The high levels of estrogen in pre-menopausal women have been found to be related to high estrogen levels.
3. The HDL has a suppressing effect on the LDL, which is considered to have a harmful effect, and to be contributory factors in heart disease.
Therefore the higher HDL levels provide a protection against heart disease in women (Matthews, and Rodin, 1992). Pre-menopausal women, known to have high levels of HDL, as well as estrogen as compared to men, exhibit smaller increases in blood pressure, neuro-endocrine, and some metabolic reactions, in response to stress (K.A. Mathews, 1989; K.A. Mathews, Davis, Stoney, Owens, and Caggiula, 1991).
All these protective factors operate in pre-menopausal women, and the risk of developing heart disease in post menopausal women is about the same as in men. However the risk-age, for heart disease in women is around 15 years later than in men.

When are women at a higher risk of developing heart disease?
Women risk of developing heart disease rises in the post menopausal phase. In this period some direct and some indirect causes lead to heart disease, MI and/or death due to CHD:
Firstly, the estrogen levels decrease, or diminish removing the natural protection.
Women tend to gain weight during menopause that leads to various risk factors i.e., increased blood pressure, cholesterol and triglycerides (Wing, Matthews, Kuller, Meilahn, and Plantinga, 1991).

Which women have a lower risk of CHD?
Women with the following characteristics are at a lower risk of developing CHD:

i. Pre-menopausal women
ii. Women of normal/ideal weight
iii. Physically active women
iv. Women indulging into regular strenuous exercise
v. Women with lower cholesterol and triglyceride levels

Why are men at a higher risk?
Research has revealed a number of variables that cause a higher risk of heart disease in men:

i. Testosterone:

The male hormone testosterone, found in high amounts in men, has been found to be linked with competitiveness and aggression.
These behaviors are associated with stress, Type A behavior.
In turn testosterone has been found to be linked with CHD.

ii. Unhealthy/Risky Lifestyles:

More men than women indulge into risky behaviors e.g. smoking, alcohol use and eating high-fat foods.
These behaviors lead to conditions that may lead to developing CHD.
When men and woman indulge into similar risky behaviors, the likelihood of dying of CHD is higher for men than women (Fried et. al., 1998).

iii. **High Stress occupations**:
More men than women are involved in high stress jobs and stress is a causal in CHD.

Preventing and Managing Heart Disease
Research shows that modifying life styles, altering or quitting unhealthy behaviors, and adopting healthy life styles can help prevent and manage CHD.
The following behaviors are therefore recommended for both men and women.

- Regular exercise
- Healthy eating; avoiding LDL, reducing cholesterol
- No smoking
- Weight maintenance
- Estrogen replacement therapy in females has been found to be practically Helpful

The Status of Research on Heart Disease in Women
There is a general dearth of investigations specifically aiming to explore heart disease in women. There are a number of probable reasons for this tendency on part of medical, or health-oriented, researchers:

a) It is mostly men who die early due to cardiovascular disease (CVD), and very few women die prematurely of CVD.
b) Heart disease is generally considered a men's disease; young or pre-menopausal women appear to have a natural protection against heart disease.

In older, menopausal, women, the risk is not hugely different from that for men. The data available on the prevalence of heart disease in women and risk factors involved have primarily been obtained from studies on general population.

'Sexism' and Male-dominance in Research on Heart Disease
Some health researchers are of the view that 'sexism' is the cause of the dearth of research into heart disease and related factors in women. Such researchers maintain that sexism, or positive bias towards men, operates in the allocation of funds, and research on men versus women (Altman, 1991). Besides, they believe, a concern over "male" problems is muchgreater than the concern over female problems; this is another factor causing dearth of research evidence available on women and heart disease.

As a result of this intentional or unintentional, positive bias towards men, heart disease in men gets greater attention.
Consequently heart disease gets diagnosed earlier in men, as more awareness and sensitization prevails in this direction. On the other hand there is very little evidence available on:

a) The risk factors for heart disease in females
b) Whether or not men and women have the same risk factors

The Changing Trends
In the recent past, especially after a growing interest in gender issues, a shift in the trend has been taking place. Although not yet significantly large in number, more research than before is being carried out for exploring heart disease in females. The increased rate of heart disease in females has also been a precipitating factor for the growing interest in research in this area.

LESSON 37

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
- Malignant

Benign neoplasm's are not harmful, or cancerous. Malignant neoplasm or tumors are the cancer growths. 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

The varieties of cancer can be many more than these. Research has shown that some cancers are specific to men and some to women alone. Besides, some cancers are found more commonly in men and some in women. The Center for Disease Control (2003), U.S.A, has given a list of most common cancers in men and women.

Cancers found most commonly in men:

i. Prostate
ii. Lung
iii. Colon
iv. Urinary and bladder

v. Non-Hodgkin's Lymphoma
vi. Rectal
vii. Oral cavity
viii. Leukemia
ix. Pancreatic
x. Stomach

Cancers found most commonly in women:

i. Breast
ii. Lung
iii. Colon
iv. Uterine
v. Ovarian
vi. Non-Hodgkin's Lymphoma
vii. Skin Melanoma
viii. Rectal
ix. Cervical
x. Pancreatic

The Trend of Mortality Rates from Cancer

Brannon and Fiest (2000) have given a comprehensive account of the changing mortality rates from cancer.

For the major part of the 20th century, the overall mortality rates in the US were on the increase until 1993. These rates had risen almost three times from 1990 to 1993.

The rates began to decline after 1993. During 1993- 1996, the rate showed a downward trend.

Research evidence shows that the rate of lung cancer has been dropping for men and is on an increase for women.

The 5-year survival rate has improved for most cancers. This improvement is more prominent in case of breast cancer.

Smoking: a major risk factor

There is no dearth of evidence suggesting that cigarette smoking is on 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 soked 40 or more cigarettes a day. The increase was only 20% for women who smoked 10-19 cigarettes a day (Calle, Miracle- Mc Mahill, 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 pap smear**, 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.
- Colo- rectal 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, an 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 can not 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.

LESSON 38

GENDER AND HIV/AIDS

In the last two lectures we talked about two major killers of today, namely Coronary Heart Disease, and Cancer.

The main emphasis was on three things:

a) The preventable nature of the two and the role of lifestyles

b) Gender differences found in CHD and Cancer

c) Preventive measures that can help to avoid the development of these diseases, that can be deadly if unattended i.e., examination and uptake of screening facilities along with a general awareness of the nature, symptoms and risk factors involved are important .

Research has shown that if the inherent risk factors are not present, then these health conditions are caused by our lifestyles to a great extent. In other words these diseases can be prevented if healthy lifestyles are adopted. And in case someone develops these conditions, lifestyle changes can improve the quality of life as well as longevity.

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.

The course of HIV/AIDS
As already said, HIV may take quite long in turning into AIDS. How long it takes depends upon the condition of the body and its immune system. There are a number of stages that the body goes through from HIV to AIDS (Mc Cutchan, 1990).

Stage 1:
There are no clear cut symptoms. Within about a week after infection, symptoms like sore throat, fever, skin rash, and headache may be experienced. Usually mild symptoms are experienced. This stage may last for one to eight weeks.

Stage 2: Latent period
The latent period may last for as long as 10 years. During this stage the victim may remain asymptomatic, or may experience minimal symptoms.

Stage 3:
At this stage a cluster or group of specific symptoms is typically developed e.g. painful skin rash, fever, fatigue, swollen lymph nodes, night sweats, loss of appetite, persistent diarrhea, weight loss and white spots in the mouth.

Stage 4:
The immune system is unable to cope with or fight off these infections. The T cell (CD4 + T-lymphocyte cell) count drops down to 200 or less per cubic millimeter of blood, as opposed to the normal count of 1000 per cubic millimeter.
This is the stage of full blown AIDS.

Symptoms of AIDS
Full blown AIDS is marked by a variety of opportunistic infections that may attack the sufferer. These infections 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 Encephalopathy

There is no known case 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

The main careers
Bodily fluids primarily blood, and semen. The centers for Disease Control and Prevention (1996), in the U.S, data presented the cases of AIDS by mode of transmission in the world and the U.S:

	World	U.S
Heterosexual	70-75 %	8 %
Homosexual	5-10 %	51 %
Homosexual & IV drug use	-	7 %
IV drug use	5-10 %	25 %
Blood Transfusion	3-5 %	1 %
Other	0-17 %	8 %

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.

Modes of Transmission for men	**Cases %**
Homosexual Contact	57.3
Injecting drug use	21.2
Homosexual Contact & Injecting drug use	7.6
Heterosexual contact	4.3
Transfusion	0.8
Undetermined	8.0

The most prominent difference here is that only 4.3 % of men contract HIV/AIDS from women, whereas 39.4 women get infected by men. Male to female transmission is 8 times more likely than female to male transmission (Padian, Shiboski, Glass, and Vittinghoff, 1997). In the late 1990s it was observed that the number of HIV^+ or AIDS infected women was on the increase. The rate is even higher in minority women in the U.S. According to the late 1990s figures, out of the adult and adolescent AIDS cases reported to Centers for Disease Control in the U.S, 20 % were women (Holmberg, 1996). Black and Hispanic women constituted 73 % of all AIDS cases in women, whereas in the entire population they comprise only 19 % (Holmberg, 1996).

Who is at a Higher Risk??

As compared to women, men are at a higher risk. In case of Pakistan too, most reported cases are males. The main reason for their high risk, as in case of HIV/AIDS in general, is indulgence into risky behaviors. In case of young adults, most of the infected persons are men (CDC, 1998). The rate is generally lower in people above 50 years of age, and they are less likely to be infected than young adults. But if the 50+ people get infected, they tend to develop AIDS more rapidly and to get more opportunistic infections (CDC, 1998).

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 sine 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

LESSON 39

PROBLEMS ASSOCIATED WITH FEMALES' REPRODUCTIVE HEALTH

Problems Associated With Females' Reproductive Health

As said earlier, more females than males go for medical advice and help. Their frequent consultation with the physician is besides their visits for pregnancy related advice and care. One probable reason for this behavior is that women are endowed with a complex reproductive system. The structure and the functions of female reproductive system are complex and vulnerable to a variety of conditions. In our discussion of this subject we will focus upon a few of such problems that may affect a women's physical or psychological well-being.

We will be discussing the following problems:

a) Dysmenorrhea
b) Pre-menstrual syndrome
c) Menopause

The main objectives of our discussion of these problems are:

i. To create an awareness about the very existence of these problems
ii. Besides, we want to make the point that it is not necessary that all women experience these problems. Many women never experience any of these symptoms.
iii. Although there are certain stereotypes associated with females' reproductive health, one must realize that part of these problems are physical and part psychological.
iv. Most importantly, these problems are manageable.

Dysmenorrhoea

Dysmenorrhoea is pain along with cramping of the uterine musculature accompanying the menstrual period. In some females the pain can be very severe and debilitating. Whereas many women do not experience such a condition. There are two types of Dysmenorrhoea:

i. Primary
ii. Secondary

Primary Dysmenorrhoea

This type occurs without any causal disease. It usually begins in the teens and disappears after child birth.

Secondary Dysmenorrhoea

This type is caused by some primary disease process. The symptoms of Dysmenorrhoea are related to the primary condition e.g. endometriosis.

Etiology/Causes

Physical cause: Prostaglandins

Biologically active ad naturally occurring unsaturated fatty acids, prostaglandins, have been found to be related with Dysmenorrhoea. Prostaglandins have potent actions on blood cells, smooth muscles, fat cells and nerve tissues.

Psychological causes

Heightened stress level, especially negative stress has been found to be associated with Dysmenorrhoea.

Treatment

Physical treatment:

Prostaglandin Inhibitors e.g. ibuprofen, naproxen sodium and others. Regular exercise, especially aerobic exercise has been found to be very helpful in symptom relief as well as symptom control.

Psychological interventions:
Relaxation exercises have been known to help. If positive imagery is added, the treatment becomes more effective.

Premenstrual Syndrome (PMS)
Commonly known as PMS, refers to the symptoms experienced by many females prior to the monthly period. The symptoms usually occur around 10 days prior to the beginning of the period. The common symptoms include depression, irritability, water retention, fatigue, and/or lethargy.

Etiology:
Physiological Explanation:
A number of physiological explanations are available about PMS. However most researchers, and medical professionals believe in the effect of insufficient progesterone, or insufficient progesterone relative to estrogen, or a high estrogen-progesterone ratio.

Psychological Explanation:
Psychological theories primarily focus upon a state of arousal along with an appraisal of one's inner state as negative or positive. Some theories extend the same approach even further.
These theories propose that the cultural stereotypes of the premenstrual women as being depressed and irritable, affect which environmental or physiological cues are attended to when attaching a label to increased arousal (Koeske, 1980).

The treatment of PMS
A number of treatments have been found to be effective in relieving the symptoms of PMS. The treatments include medical and psychological treatments as well as lifestyle changes.

Medical Treatment
Physicians, who strongly believe that PMS is caused by low levels of progesterone, recommend progesterone therapy (Dalton, 1964). Diuretics are also recommended in many cases (Appleby, 1960). Bromocriptine, that inhibits prolactin release, has also been found effective (Steiner et al., 1984). Medicines increasing the level of Serotonin have been recommended by some (Harrison et al., 1984). Some have found prostaglandin inhibitors to be effective (Jakubowicz et al., 1984). The use of evening primrose oil is also helpful (Horrobin, and Phil, 1983).

Psychological Treatment
The following interventions have been found to be effective:
- Relaxation exercises with imagery
- Cognitive therapy for changing appraisal of situation
- Role modeling through, video recordings of symptom free females

Lifestyle changes
- Regular Exercise, especially aerobic exercise, has been found to be effective.
- Healthy dietary habits are recommended e.g. reduced dairy intake.
- The PMS sufferers are advised to stop or restrict the use of refined sugar. They are recommended to acquire the sugar required by the body through complex carbohydrates, cereals etc.
- Multivitamins are also helpful.

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 place between 45 and 55 years (Avis, 1999; Messill, and Verbrugge, 1999). Some women may have this experience as early 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 perimenopausal phase (NIA, 1993).

Perimenopausal 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 form 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 supporters of the psychological viewpoint use this fact as their main supporting argument. They propose that had the menopausal symptoms been purely physical in nature, then all women would have experienced the same symptoms.

The Sociopsychological 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 to 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 women 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.

LESSON 40

OBESITY AND WEIGHT CONTROL

With a growing awareness about the risk factors in major killers, and the significance of health enhancement, people in general are becoming more weight conscious. The number of people indulging into regular exercise and opting for herbal medicinal remedies is on a constant increase. At the same time due to growing affluence and easy availability of junk food, the number of obese and over weight people is also increasing. Therefore, as the number of weight conscious people is increasing, the incidence of obesity is also rising. Obesity refers to too much of excess body weight, when the weight is due to excessive fat. In normal body weight, in case of women, fat should constitute around 20% to 27% of body tissue. In men, fat should constitute somewhere between 15% to 22% of body tissue. A proportion of fat more than this, account for excess fat in the body. Ideal weight ranges are available for men and women, all age groups, and all body frames. Body weight 20% more than the ideal weight is considered overweight. If the weight is more than even 20% excess weight, the person is considered to be obese.

The best and considered most reliable measure of obesity is Body Mass Index or BMI. BMI is calculated by dividing a person's weight in kilograms, by the person's height in metes. The sum is then squared. The BMI of a person tells if he/she is of normal body weight, over weight, or obese:

BMI	**Body weight rating**
19-24	Ideal
25-29	Moderately overweight
> 30	Obese

People with a BMI between 25 and 29 are 15%-30% above ideal weight. Those with a BMI more than 30, have about 40% excess body weights. Obesity is a matter of concern for health authorities, because many serious ailments e.g. CHD, cancer, or Diabetes are associated with obesity. In our culture the number of obese children and adults is also on the increase. Obesity is a significant health issue in U.S.A. In the US, 65% of adults are overweight, and 23% are obese (Center for Disease Control, 2003). 15% of the total school-age population is obese (Center for Disease Control, 2003). According to the 1995 reports, obesity increased by one-third over the last 20 years in the U.S (Williamson, 1995). A similar trend has been seen in other countries including Britain and Canada (Taubes, 1998).

Consequences of Obesity

- Negative self-perception and low self-esteem
- Self consciousness
- Negative altitude of peers
- General lethargy and fatigue
- Risk of CHD, hypertension, stroke, many cancers, diabetes, affected joints
- Reduced physical activity
- Stress and in many cases helplessness

Gender and obesity

Obesity is a matter of concern and a causal factor in poor self-concept for both men and women. However it is a matter of much greater concern for females. People usually tend to ignore the excess weight of a man as compared to that of a woman. Women are ideally and traditionally, supposed to be trim, slim and smart. It is seen that the risk of many ailments is higher in overweight women.

Therapeutic Interventions

1. Wise eating and curtailed eating/Dieting
2. Strenuous and regular exercise

3. Behavior modification (e.g. contingency contracting)
4. Cognitive therapy for changing perceptions about eating and about the ability to reduce weight

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 world wide 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 induced vomiting; 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 Pakistan, 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).

Etiology of Eating Disorders
Although a concerns with body weight and shape in the major variable involved, there are other triggering factors too.

Genetic factors:
There is research evidence available suggesting that there are some genetic and physiological links involved (Rock and Raye, 2001). Twin studies showed the occurrence of eating disorders in both twins. The probability being higher for identical than fraternal twins.

Cultural factors:
Eating disorders are more common in societies where physical beauty is the most important characteristic of a
woman.

The role of media:
Media portrays extremely their females in programs and advertisements. Teen age girls try to match the models and stars that they admire.

Stress and Anxiety:
As a result of extreme stress and anxiety some young females eat more, and if they are weight conscious they purge. For a stressed and under anxiety teenager nothing else seems to be under her control. Her body is the only entity that she can run the way she likes; so she uses it as a target. For some bulimics eating is a compensatory defense mechanism that gives them pleasures.

LESSON 41

GENDER AND PSYCHOPATHOLOGY

Gender and Psychopathology

Psychopathology refers to mental disorders, or mental illness.
Stereotypically speaking there are marked gender differences in psychopathology.
However empirical research does not support this view.
Men and women, both have an equal risk of developing any mental disorder.
Many mental health professional and researchers are of the view that it is the diagnostic criteria that are designed in such a manner that women are more likely to be diagnosed with certain mental health problems than men.

In our discussion this topic we will primarily focus on three things:

a) Gender, Stress and Coping
b) Gender bias in diagnostic criteria, and
c) Gender differences in mental disorders

In the section on gender and psychopathology, stress and mental disorders will be discussed.
The issue of gender and psychotherapy, and feminist psychotherapy will be tackled in the following lectures.

Gender, Stress and Coping

Stress refers to, "a state of challenge or threat that disrupts the normal rhythm and balance of a person's life" (Sanderson, 2004).
People feel stress when they are placed, by circumstances, in situations that tax or exceed their resources and endanger their well-being (Lazarus, and Folkman, 1984).
Therefore if one is caught in a problem situation and one feels out of resources and without skills for handling the situation, one feels trapped and threatened, hence stress.
On the other hand if another person is caught in the same situation but feels fully equipped with skills and resources for handling the situation, no stress may be experienced.
So one can understand that losing a job may be stressful for someone who has no savings and who is not hopeful of finding a new job.
Being out of job will not be much problematic for a person who is financially stable and has the qualification for another job.
Stress is accompanied by the physical component.
Stress is experienced in a fight or fight situation.
Stress is marked by an activated Sympathetic Nervous System.
As a result a person under stress may experience increased heart rate, hyperventilation, sweating, cold sweats dry mouth, shaky legs etc.
How stress will take its toll will depend upon how much does it prolong.
Different psychologists have explained the psychological and physical components of stress, but we will not go into the details of that since you must have acquired that knowledge in abnormal psychology or health psychology.
However we must keep it in mind that prolonged stress may have a serious effect on ones physical as well as psychological well-being.

Gender Differences in Reactions to Stress

For many years psychologists relied upon the findings of Walter Cannon that people respond to stress with heightened arousal i.e., the fight or flight response.
But recent research has proposed a divergent viewpoint.
This research suggests that the reaction proposed by Cannon may not apply to every one (Taylor et al., 2000).
Most of the previous research on stress has relied upon male samples.
Even when animals were used, they were mostly males, male rats mostly.

Therefore there has been no clear cut evidence available on as to how females react to stress.
Recent research suggests that female's reactions to stress may be different from those of males.
It has been observed that men exhibit the traditional fight or flight response, whereas women may demonstrate the "tend-and-befriend response" (Taylor et al., 2000).
This research shows that in periods of stress, women prefer to affiliate with others, while men prefer less social interaction.

Experiments have shown that women refer to wait with other women when they expect that they will be given painful electric shocks.
Men in such situations prefer waiting alone.
The same scenario can be observed when men and women are waiting for their turn for a medical procedure in a hospital or dental surgery.

Gender Differences in Physiological Reactivity to Stress
Men and women may experience different types and levels, of physiological strain from stressors.
Men have been found to show more reactivity as compared to women when psychologically stressed (Collins and Frankenhaeuser, 1978; Kudielka et al., 1998; Ratliff-Crain, and Baum, 1990).
Gender differences have been reported in how people respond to stress and influence of stress on illness (Stoney, Davis and Mathews, 1987; Stoney, Mathews, Mc Donald, and Johnson, 1988).
Men in general have higher blood pressure than women and show greater B.P variations in stressful situations.
The higher physiological responsiveness of men under stress may be a contributory factor in the higher risk of CHD for men.

Religiosity: Does prayer help in Coping with stress?
Some researchers have tried to study a unique phenomenon, i.e., the effect of prayers on stress.
A study was conducted to investigate the impact of praying on physical health.
A group of 199 women was chosen in Korea and randomly assigned to two groups, prayer group and non-prayer group (Kwaug Cha et al., 2001).
These women were seeking treatment for becoming pregnant.
The photographs of the women in the prayer group were sent to church goes in the U.S, Australia, and Canada and they were requested to pray for the pregnancy of these women.
The study yielded amazing results.
50% of the prayers group females become pregnant, while only 26% of the non-prayer group became pregnant.
What was more striking was that the pregnancy rate at the clinic from where these women were chosen was 33% otherwise.
The prayer was found effective in case of women 30 years or above in age and not for these below 30.
Most importantly neither the women in prayer group, not their medical staff was aware of the fact that they were being prayed for.

Who feels how much stress and why??
As compared to men, women report greater number of stressors.
These stressors include major as well as minor stressors (Davis, Malthews, and Twamley, 1999).
There may be a number of reasons for this, including the self disclosure style of women.
Different events seem to cause stress to men and women.
When the strength of reactivity is compared with that of the opposite sex, it may be greater when the stressor is relevant to the persons' gender (Weidner, and Messina, 1998).
Greater reactivity is shown by men, in comparison to women, when their competence is challenged;
In case of women, they show greater reactivity, as compared to men when their friendship or love is challenged (Smith et al., 1998).

Men have been found to show greater reactivity, than women, when they are stressed psychologically (Collins, and Frankenhaeuser, 1978; Kudielka et al., 1998; Ratliff-Crain and Baum, 1990).

The sources of Stress:
Research shows that there are no gender differences in the biological/physiological reaction to stress (Taylor et al., 2000).
Stress triggers the same sympathetic nervous system activation in both men and women. However the sources of stress may vary.

The modern lifestyle and Stress
In the modern world, many women perform dual roles and responsibilities: working at home and at the workplace.
The additional burden may add to a hassled routine.
However being employed outside home has been found to have a positive effect on women's well-being.

Working women tend to exhibit less distress then the housewives; however they show more distress than employed men (Glass, and Fujimoto, 1994; Mirowrky, and Ross, 1989).
Both men and women, if employed generally have fewer health problems; but it seems that in case of working married women, they are under greater strain than their husbands (Nathanson, 1980; Northcott, 1980; Verbrugge, 1983).

In case of married women, especially these belonging to low-income families, psychological distress are increased by the strain of working and doing the majority of work associated with raising children (Cleary, and Mechanic, 1983; Gore, and Mangione, 1983; Lai, 1995; Simon, 1992, 1995).
In general employment has been found to have a positive impact upon women's well-being.
Employment outside home enhances the overall psychological well-being of women (Glass, and Funjimoto, 1994; Kessler, and Mc Rae, 1981; Rosenfield, 1992).
This positive effect is seen especially when women are able to exercise some control over what they do on their job (Lennon, 1994; Lennon, and Rosenfield, 1992; Roxburgh, 1996).
Among working women, the most positive levels of mental health are seen in women who like to combine a job with that of homemaker (Kessler, and Mc Rae, 1981).

Marriage of Experience of Stress
Marriage seems to have a positive effect; married people experiencing less stress as compared to the lonely unmarried people.
But some stressors are prevalent more in case of married people.
Women whether married or unmarried, show more psychological distress than men.
However, in case of married women the quality of relationship with the husband is an important variable in maintaining positive levels of mental health (Gove, Hughes, and Style, 1983; Vanfossen, 1981).
In some cases woman's employment may have a negative impact upon the husband's mental health if they are earning less than the wife, or if they have to do more housework due to it (Rosenfield, 1992).
But research also shows that both the husband and wife are less depressed when the women's employment outside the home is consistent with their preference.
If the husband helps with the housework, wives are less depressed; and helping the wife does not increase depression for the husband either (Ross, Mirowsky, and Huber, 1983).
Research done in the US and Australia has shown that in both countries, being married was a mental health advantage for both spouses.

When married and unmarried people were compared, lower levels of mental disorders were seen in married people.

Unmarried were at a higher risk for mental health problems than unmarried women in the US (Hetherington, and Kelly, 2002; Sachs-Ericsson, and Ciarlo, 2000).
In Australia similar rates of disorders were found in both groups (de Vaus, 2002).
In the US fewer mental health problems were experienced by husbands, whereas in Australia, the benefits of marriage were equal for both spouses (Sachs-Ericsson, and Ciarlo, 2000).
Going through all these research findings, one can see that gender differences found in the experience of stress are related to the lifestyles of people.
Most of the findings mentioned her pertain to work, and marriage.
There is no dearth of empirical evidence about the nature of stressors and peoples' reaction to these.
However these research findings apply to both men and women.
In the older times, men were thought to be more under stress, as they used to be the role bread winners.
Today the trend changed and more and more women are working out side home.
However in a still changing society like ours, men are still under more pressure and exposed t wider variety of stressors than women.

LESSON 42

GENDER AND PSYCHOPATHOLOGY

Gender and Psychopathology

Psychopathology refers to mental disorders, or mental illness. Stereotypically speaking, certain mental disorders are specific to, or more common in, women and certain others are found only in men. Some of such traditionally held beliefs are:

- Hysteria, dissociative disorders, is specific to women, especially young girls
- Mostly women are anxiety ridden and suffer from anxiety disorders, and very few men have anxiety
- Women are scared of insects, animals, or people and usually are phobic
- Men are brave, scared of nothing and do not develop phobias
- Depression in women is not something to be taken too seriously, since women have a natural disposition for feeling sad, and they recover with the passage of time
- Habit disorders, smoking, drug abuse, or alcoholism are men's problems

These and many other wrong perceptions are not only held by the members of most societies, but are also promoted, strengthened, and passed on to the younger generation. Most modern research suggests that there are no significant differences in mental illness, except a few. There are only two or three categories of mental illness where women are in higher proportions, and vice versa. The differences that have been found in clinically diagnosed cases are not consistent. The rates of only two illnesses have been found higher in women:

a) Mood disorders
b) Anxiety disorders (Cockerham, 1996; Kessler et al., 1994).

Men have higher rates of personality disorders (Cockerham, 1996; Kessler et al., 1994). Research has further shown that females are also higher in case of tendencies toward such depression and anxiety that, although not clinically diagnosable, make people feel psychologically distressed; This fact stands true for the U.S as well as other countries of the globe (Cockerham, 1996; Desjarlais et al., 1993; Lai, 1995).

In our discussion on the present topic, we will be focusing upon two things:

1. The gender bias in the diagnostic criteria, and
2. The facts about existing gender differences in psychological disorders

The Diagnostic Criteria

Diagnostic criteria refer to the standards laid down and used by psychiatrists and psychologists for categorizing and labeling people as mental patients, or as suffering from a mental illness. These criteria not only decide whether or not a person is mentally ill, but also specify the type of disorder. A number of psychologists are of the opinion that there are inherent biases in the diagnosing and identifying procedures. These have been designed in a manner that the likelihood of women being diagnosed as mentally ill is higher. The most commonly used criteria, worldwide, is the Diagnostic and Statistical Manual of Mental Disorders or DSM. The DSM, developed by the American Psychiatric Association, is the most widely used criteria. The first version came in 1952, the second edition in 1968, followed by the third edition in 1980, and the slightly revised edition of the same in 1987. In 1994, DSM-IV was developed, that was not much different from the previous version. A text revision of the DSM-IV appeared in year 2000. In the 2000 revision, the diagnostic categories remained unchanged; however the text descriptions were enlarged. The DSM covers more than 240 different diagnoses. It also includes descriptions of symptoms characteristics of the disorders. It has a multi-axial system, and contains five axes or dimensions for diagnosis. The first three axes cover the diagnosis, whereas the remaining two provide criteria for the evaluation of stressors and overall

functioning. Information regarding the age of onset, the course of disorders, and the gender ratio of the disorder

The Issue of Gender Bias in Diagnosis of Clinical Disorders

A number of researchers and mental health professionals have criticized the multiaxial system of the DSM for an inherent gender bias (Kaplan, 1983a, 1983b; Lerman, 1996; Marecek, 2001). The main criticism posed against the prevalent diagnostic system of the DSM is that women are more likely to be diagnosed with problem behavior, whereas actually the problem may be due to some other cause than pathology. In the diagnosis of mental illness, man are used as the norm, and this increases that likelihood of females being diagnosed as disorder-positive when the behavior under consideration is occurring more frequently in women and not in men. "Professionals have used male-based norms to define healthy versus pathological behavior"(Cook, Warnke, and Dupuy, 1993, Pp. 312-313). As a consequence of this tendency, behavior and personality characteristics of men are treated as normal, and behaviors typical of women are considered abnormal or pathological. Therefore, characteristic male behaviors like competitiveness, assertiveness, independence and an aggressive attitude are thought to be a part of a healthy mental functioning. On the other hand characteristic female behaviors like emotional experiences are taken to be indicative of underlying psychopathology.

Some critics have raised the criticism that the cultural background and life circumstances of the person under consideration for diagnosis are ignored in the DSM criteria (Lerman, 1996; Marecek, 2001). Some critics believe that although the DSM-IV and DSM-IV-TR have given consideration to the significance of cultural factors, it does not give due importance to these factors (Dana, 2001). The assumption that the DSM follows is that although a person's circumstances may be relevant, the problem primarily resides within the person. Therefore, the source of the problem is the person, and not the circumstances.

Consequently, if a raped or acid burnt women is depressed, isolated, phobic or severely anxiety-ridden, she will be labeled as having one of the relevant disorders. Hence 'what' she is will be important and not 'why' she is like that.

In some cases even the American Psychiatric Association itself has also warned against over diagnosis or under diagnosis. Referring to the diagnosis of Personality Disorders, it has been said that the clinicians "must be cautious not to over-diagnose or under-diagnose certain Personality Disorders in females or in males because of social stereotypes about typical gender roles and behaviors" (American Psychiatric Association, 2000, P. 688).

Typical Gender behaviors likely to be Diagnosed as Disorders:

In case of Personality Disorders, certain behaviors or symptoms that may be put into a category of these disorders are actually exaggerated forms and extensions of typical male behavior. These male behaviors are the prevailing gender stereotypes. For example: "a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as cognitive or perceptual distortions and eccentricities of behavior" is the way in which the Schizotypical Personality disorder is characterized (American Psychiatric Association, 2000, P. 697).

The Antisocial Personality Disorder is described as: "pervasive pattern of disregard for, and violation of the rights of others" (American Psychiatric Association, 2000, P. 701). This includes physical cruelty, telling lies, stealing or fighting.

An exaggerated picture of the traditional male gender role can be seen in the description of the above mentioned Personality Disorders (Brannon, 1976).

On the other hand, some descriptions are exaggerations of the stereotypical female gender role. "A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fear of separation" (American Psychiatric Association, 2000, P. 701).

This is how Dependent Personality Disorder is described. This is a blow-up of the conventional, stereotypical feminine role.

Culturally Promoted Behaviors that can be labeled as Mental Disorders

There are a number of behaviors and tendencies that are promoted by our culture in men and women. Many of these genders specific behaviors, if adopted intensely and expressed frequently, may appear to be symptoms of certain disorders included in the diagnostic criteria. In this section we will discuss some of those, with reference to the labels that they may acquire.

Anxiety in Women

Most women are trained to be dependent upon men. They are taught, directly or indirectly, that men are their protectors and saviors, and they can not face the world outside home without a man. Major decisions are usually taken by men, about the house hold, girls' education, occupation, mobility and marriage. As a result women find it hard to take independent decisions. Therefore, whenever they are caught in a problem situation, they feel anxiety. Consequently one finds more women expressing anxiety and helplessness. Besides, in a male dominated society, girls are brought up with a belief that they have to always please others, especially men. A consistent attempt for perfection and a fear of failure also nurture anxiety generated attitudes, and tendencies including obsessive tendencies.

Women and Phobias

From very early childhood, girls learn to be scared of insects, animals, strangers, and strange situations. Besides, a feeling of dependence on the 'perceived protectors', mothers as role models are possible contributory factor. Young boys do not have fathers as role models for phobias and fears. Since girls are kept protected, much more than boys, they turn into over-cautious mothers with phobic tendencies.

Women and Depression

Men are discouraged from expressing pain, hurt, and grief. Women and young girls are not discouraged, if not encouraged, from an open expression of such feelings. For women, crying, weeping, sighing, and lamenting are socially acceptable behavior. At the same time anger and aggression are discouraged in woman, and considered acceptable for men. Consequently women may cry, and lament uninhibitedly, but may not be expected and allowed to express anger over matters involving their relationship with men, no matter who they are; fathers, brothers, or husbands. Such circumstances and situations may promote behaviors similar to clinically diagnosable depression.

Some facts about Gender Differences in Psychopathology

Although, as said earlier, no significant gender differences exist in the incidence of specific categories of mental disorders, some gender differences in some disorders have been found.

We present here some facts pertaining to specific disorders in males and females. Gender differences are found in the onset of schizophrenia; males tend to have an earlier onset than women, more hospitalization, and higher relapse rates (Szymanski et al., 1995). Major depression is more common in women with a 2:1 ratio. There are no known differences in bipolar disorder (American Psychiatric Association, 2000). Dysthymia is more prevalent in women with a ratio of 2-3:1. The prevalence of depression in women is almost double as compared to the prevalence in men (Culbertson, 1997). This gap widens during mid to late adolescence (Hankin et al., 1998). The rate of personality disorders is higher among men.

In case of Substance Related Disorders, men are higher in Alcohol dependence (ratio 5:1), Amphetamine dependence (ratio 3:1-4:1), Cannabis, cocaine (ratio 1.5-2:1), Hallucinogens (ratio 3:1), and Opiates (ratio 1.5-3:1).

Women are at a higher risk in sedatives, hypnotics, or anxiolytics (American Psychiatric Association, 2000). Women are at a higher risk of panic attacks with and without agoraphobia (ratio 2-3:1), and social phobias in women in general population (men higher in clinical settings).
There are no gender differences in Obsessive Compulsive Disorder or Posttraumatic Stress Disorder (American Psychiatric Association, 2000).

Conversion Disorder is substantially more common in women than in men (ratio 2-10:1) (American Psychiatric Association, 2000).
Women account for 95% of somatization disorder patients (Tomasson, Kent, and Coryell, 1991). In the U.S, this diagnosis is rare in men, but not so in other cultures (American Psychiatric Association, 2000).
There are no gender differences in Body Dysmorphic Disorder. Dissociative Identity Disorder is more common in women with a ration of 3-9:1. Sexual dysfunction, Paraphilias is rarely diagnosed in women, and the men to women ratio are 20:1.

LESSON 43

GENDER AND PSYCHOTHERAPY

Most students doing an under graduate or graduate course in psychology are familiar with the various perspectives or prevalent models in psychology. All of these models have their specific approach towards the understanding and explanation of mental illness, as well as the therapeutic interventions for treating these disorders. In our discussion on gender and psychotherapy we will not go into the details of the commonly known psychotherapeutic approaches that may be around 400 in number.
It is assumed that you are already fully aware of these approaches. Our emphasis, in this segment of this course, will be upon the feminist approach toward psychotherapy. As discussed earlier, the feminist approach emphasizes women's issues, the impact of socialization, gender stereotypes, issues specific to women's well being, and similar topics. Before starting our discussion on gender and psychotherapy, let us try to find the answer to a question!

What is common between psychoanalysis, Behavioral Therapy, Client-Centered Therapy, Existential Therapy and Rational Emotive Behavior Therapy?
If the question puzzles and confuses you, then think about another question!
What is common between Freud, Jung, Adler, Watson, Skinner, Rogers Maslow and Ellis??
We are sure that you have found the answer. In the former question, all the therapeutic approaches mentioned were given by male psychologists. And in the latter, all the psychologist mentioned are males. Not only that all these are male psychologists but, more than that they are all male psychologists, from the west, all white.

In our discussion on gender and psychopathology, we mentioned that men are used as norms; stereotypically masculine gender roles are considered as a standard. As a result, a behavior deviating significantly from this norm, i.e., feminine behavior, is likely to be identified as pathological. A similar trend has been observed, and can always be expected, in the therapeutic intervention if the therapeutic process is male-dominated, male-centered, and male-controlled.

As a result of the feminist movement of the 1960s, psychological approaches, and therapeutic interventions also saw a shift in focus. Psychotherapists with a feminist approach do not deal with, and understand, pathology in the same manner as a conventional therapist would usually do. We find two key elements at the core of the feminist therapeutic process:

a) Gender
b) Power

"It is built on the premise that it is essential to consider the social and cultural context that contributes to a person's problems in order to understand that person" (Herlihy, and Corey, 2001, P. 343). Herlihy and Corey have given a very good account of the historical evolution, nature, and process of feminist therapy. "A central concept in feminist therapy is the psychological oppression of women and the constraints imposed by the sociopolitical status to which women have been relegated" (Herlihy, and Corey, 2001).

Traditional Versus Feminist Theory

While some psychologists on one hand were trying to give feminist theory a shape and polish it, many others were looking into the faulty perceptions of genders held by conventional approaches in psychology.

In a similar attempt, Worell and Remer (1992) highlighted six features/characteristics of the prevalent traditional theories. These characteristic show the outdated assumptions about the role of a person's gender in behavior. These characteristics determine the nature and process of psychotherapy.

Worell and Remer (1992) described the following characteristics:

Androcentric Theory
Such theories draw conclusions about human nature form male-oriented constructs.

Gendercentric Theory
These theories rest on the assumption that men and women follow separate developmental paths. This assumption appears to have the underlying belief that men and women are separate entities, and therefore the course and nature of their development is different.

Ethnocentric Theories
These theories propose that all cultures, nations, and races have the same factual evidence related to human development and interaction.

Heterosexism
This approach views heterosexual orientation to be normative; therefore this orientation is the socially acceptable norm and desirable behavior.

Intrapsychic Orientation
It is a tendency towards finding
The origin of behavior in intrapsychic causes. As a consequence instead of finding fault with the circumstances and other external variables, it is usually the victim who is to be blamed.

Determinism
This a pessimistic approach in the sense that it assumes that behavior, and personality are pre-determined, and fixed at an early stage of development.
All these characteristics make the nature of conventional therapies quite fixed, inflexible, and single tracked. Feminist therapy, on the other hand, involves more flexibility, human element, and an interactionist approach .

The Characteristics of the Feminist Theory
Worell and Remer (1992) have shown how the main features of feminist theory can be used as criteria for evaluating whether a theory for counseling women is suitable or not. Besides describing the characteristics of conventional psychotherapy, Worell and Remer (1992) have also described the essential elements of feminist therapy.

i. Gender-free Theories
Feminist theory considers socialization processes to be very important. As opposed to conventional theories feminist theories explain gender differences considering the experiences of the socialization process to be of prime importance. The conventional theories take these differences to be stemming for the 'true' nature of people.

ii. Flexible Theories
Feminist theory involves constructs and strategies that are equally applicable to individuals as well as groups, all ages, races, cultures, genders, or sexual orientations. One can take this feature to imply that feminist therapy gives due importance to the lifestyle, gender, cultural origin etc. when viewing the problems of the client.

iii. Interactionist Theories
As the very name implies, different aspects of human experience are covered; cognition, affect, and behavior. Besides, the contextual and environmental variables are also taken into account.

iv. Life-span Perspective
As compared to the conventional perspectives, the feminist perspective does not limit its understanding of behavior or pathology to socialization in early years alone. The whole life-span is considered important and all stages of development treated as significant contributors.

Human development is not restricted to the so-called "formative years" alone, but it is a life long process. Changes, growth, and addition of new facets in personality may take place at any stage.

Principles of Feminist Psychology

Feminist theory is based upon the following principles (Herlihy, and Corey, 2001):

The personal is political

Social transformation should be a goal. We should go for social change, not just individual change.

The counseling relationship is egalitarian:

Feminist theory, counseling, or therapy is not skewed towards the therapists. It gives an important and active place to the client. The client is perceived as someone who has the potential to not only change (within herself), but also who can produce change. Instead of being the only, and the final authority, the therapist is just another source of information.

Clients have an active role in defining themselves.

i. ***Feminist theory honors women's experiences:***

Unlike other theories and therapies, men's behavior is not considered as a norm. These theories place women's experiences at the very core of the therapeutic process in understanding their distress. A goal of feminist therapy is to replace patriarchal "objective truth" with feminist consciousness, which acknowledges a diversity of ways of knowing. Women are encouraged to express their emotions and their intuition and to use their personal experience as a touchstone for determining what "reality" is." "Theories of feminist therapy evolve from and reflect lived experiences that emerge from the relationships among the participants" (Herlihy, and Corey, 2001, P. 352).

ii. **Feminist therapy reformulates the definitions of mental illness and distress:**

Deviating from the conventional approach, feminist therapies define and do not see distress, pain, or psychological problems as a disease. Only a part of clients' distress, pain, and agony consists of the intrapsychic and interpersonal factors. These factors only partially explain the problem. The rest can be explained after an understanding of the external factors.

Therefore, feminist therapy reframes distress as a communication about unjust systems, rather than a disease. Similarly pain is understood as an evidence of resistance and the skill and will to survive (Worell, and Johnson, 1997). Whereas the conventional approaches may define pain as indicative of some deficit or defect.

iii. **The use of an integrated analysis of oppression:**

In the understanding of oppression, the feminist therapists use an integrated, all involving, approach. In understanding and explaining human behavior, or distress, the feminist therapies give importance to the culturally shaped gender roles; the effect of stereotypical upbringing and differential treatment of genders. Cultural practices, primarily those of raising children, affect the personalities, perceptions, and attitudes of both men and women.

When men go for therapy or counseling, they find it difficult to express their emotions as they have learnt that vulnerability is a weakness; they have this problem even in their daily, routine life.

Women; on the other hand, experience another problem. Since they have not been independent, and have learned to give prime importance to the family's well-being, rather than their own wishes, they find it hard to identify and honor what they want out of therapy.

LESSON 44

FEMINIST THERAPY

Feminist therapy is guided by the principles of feminist psychology. The problem is not looked at as merely intrapsychic or interpersonal. The cultural factors operating, the socialization process, the social context and the political perspective, all are taken into consideration.

The definition of distress, pain, and "mental illness" plays an important role. The therapeutic process, in any type of psychotherapy, depends upon how the therapist understands "mental illness", or distress for which the client seeks help. For a therapist with a feminist approach, only a part of distress can be understood in terms of intrapsychic or interpersonal factors. In simpler terms, unlike many other approaches, the feminist therapist does not treat the client as solely responsible for own distress. Psychological distress is understood as a communication about the systems that are not just; similarly pain is an expression and proof of resistance, and the skill and will to survive (Worell and Johnson, 1997). And when a person is resisting, it indicates the person's ability to remain alive and powerful n the presence of oppression (Brown, 1994). Considering the basic premises of feminist psychology, one can understand what will be the goals of feminist therapy.

What does feminist therapy aim to achieve?

Feminist therapy is not restricted to females alone, whether clients or therapists. Feminist therapists can be males as well as females. Similarly the clients are not restricted to the female gender alone. Clients may be women, men, children, families or couples.

"The primary goal of feminist therapy is transformation, for both the individual client, and society as a whole".

"The major goal of feminist therapy is empowerment, which involves acquiring a sense of self acceptance, self-confidence, joy, and self-actualization" (Herlihy and Corey, 2001).

Changes targeted at individual level:

The main goal is transcendence, not adjustment. At individual level personal empowerment is the goal. Personal power is what is worked upon. The clients are helped in three things pertaining to personal power:

a) Recognizing personal power
b) Claiming personal power
c) Embracing personal power

When the clients recognize, claim and embrace personal power, they can realize the impact of the constraints they had been subjected to as a result of gender role socialization. Personal power not only promises freedom from these constraints, but also helps the person to think about and consider and opt for other alternatives, and other options of leading their lives. The person should learn to live as an "individual" and not as a 'men' or a 'women'. Societies have fixed, unrealistic, and too demanding gender- related expectations from people. Clients are helped in attaining self confidence, interdependence, resilience, and trust for self and others. Clients are also assisted in identifying their true potential, in getting rid of over-concern with body and appearance, and developing new and healthy perceptions of self.

Changes targeted at societal level:

Feminist therapy gives importance to the person-society relationship. All societies are patriarchal and sexist. When persons attain personal power, a change in the society also takes place. Feminist therapy has the goal of replacing current patriarchy with a feminist consciousness (Herlihy and Corey, 2001).

Rather than being sexist, patriarchal, or gender imbalanced, the society should be encouraging relationships that depend on each other (interdependent), that involve cooperation rather than one

gender in the helping and the other in the "helped" position. The relationships should be mutually supportive.
It can be said that feminist therapy aims to develop and maintain gender equality at individual-societal, as well as client-therapist level.

The task of the therapist:
The feminist therapist helps and assists the clients in adopting new ways of thinking and perceiving. It is similar in approach to cognitive therapies, in the sense that it focuses upon the manner in which one perceives one's self. However, the target areas/cognitions in case of feminist therapy are related to: gender roles; the thinking, affect and behavior patterns, resulting from socialization, and; one's self concept and perception of self-appearance resulting form societal expectations, learning and the gender images promoted by media.
The feminist therapists, according to Worell and Remer (1992) help the clients in the following:

- "Become aware of their own gender role socialization process
- Identify their internalized gender role messages and replace them with their own constructive beliefs
- Understand how sexist and oppressive societal beliefs and practices influence them in negative ways
- Acquire skills to bring about change in the environment
- Develop a wide range of behaviors that are freely chosen" (Herlihy and Corey, 2001).

Specific counseling goals pertaining to women:
Worell and Remer (1992) have also described specific counseling goals that the therapist attempts to attain in efforts to:

- "Help women and men to trust their own experience an their intuition
- Enable clients to appreciate female-related values
- Assist women in taking care of themselves
- Help women accept and like their own bodies
- Define and act in accordance with their own sexual needs rather than another's sexual needs" (Henlihy and Corey, 2001).

The clients' experience in the Therapeutic Process:
The feminist therapist may have the background and belief in any of the theoretical perspectives. This may affect the way the therapeutic process is carried out. However the main goals and targets remain the same. What the client undergoes and experiences during therapy may vary from client to client, and from problem to problem. There is a likelihood that the clients may be dealing with the following themes:

- "Exploring anxiety and defenses
- Understanding power and control issues
- Examining external forces that influence behavior
- Identifying messages received in growing up
- Learning to accept appropriate responsibility
- Critically examining social dictates and expectations
- Exploring one' values
- Reflecting on the meaning of life (Herlihy and Corey, 2001).

Therapeutic Techniques
Although the feminist therapists may use, like any other psychotherapist, a variety of traditional and non-traditional intervention, certain techniques are more likely to be used (Sharf, 2000; Worell and Remer 1992; Enns, 1993).

Gender Role Analysis:
The client is helped in understanding the impact of gender-role expectations in her/his life.

Gender Role Intervention:
Placing the client's problem in the context of society's role expectations for women; helping the client see how social issues affect her problem.

Power Analysis and power Intervention
Helping the client recognize the power difference between men and women. Empowering the client to take charge of herself and her life; getting prepared for taking responsibility for making decisions for one's life.

1. Bibliotherapy
Encouraging the client and providing her reading materials, to read about various aspects of her problem. The reading material may include fiction as well as non-fiction. For example a client may be recommended to read about how the media in particular, and the society in general, promote over-concern with women's growing age or thinness.

2. Self Disclosure
The therapist relates her/his personal experiences and makes the client realize that the therapist is also someone like the client, and has undergone similar experiences.

3. Assertiveness Training
The ability to take charge of life, feeling of self confidence, and the courage to say 'No' when one wants to say 'No' is developed and encouraged.

Besides these interventions, reframing and re-labeling, group work, and social action are also used.

LESSON 45

COURSE REVIEW AND DISCUSSION OF NEW AVENUES FOR RESEARCH IN GENDER ISSUES

Gender, psychopathology, and psychotherapy

Research has shown that there are no significance gender differences in mental illness as such
Any disorder may appear in anyone
However certain disorders are more common in men and certain others in women

Greater differences are found in terms of:

a) stress experienced as a result of dual roles and responsibilities
b) distress triggered by societal expectations about gender roles, especially about female gender role: women trying to view self from the eyes of the society, and attempting to fit self into the mould created by the traditional gender stereotypes and promotion of the same by the media

Course Review

About this course:

- This course will have a multi disciplinary approach.
- We will borrow and benefit from the knowledge and research evidence available in psychology as well as other disciplines.
- The primary focus of the course will be gender issues. However psychology of women will be touched upon more than issues specific to the psychology of men alone.

Goals of a course in Gender Issues in Psychology:

1. To develop an understanding of the difference between gender and sex.
2. To introduce a new approach to understanding human behavior and mental processes.
3. To give a flavor of the scope and content of study in other popular disciplines of the day, like Gender Studies or Women Studies.
4. To familiarize the students with the impact of socio-cultural and psychological factors on the gender roles and the status of gender in a given society.
5. To bring about a healthier and positive change in the students' thinking through knowledge of divergent ways of thinking.
6. To develop an understanding of gender relations in the society.
7. To create an awareness of abilities, capacities, psychological make up, and problems of women and research methods employed to study these.
8. To familiarize students with the social and political background of gender differences and the gender issues.

While planning and designing this course, we had two choices to opt from:

1. Discuss fewer topics but in greater detail
2. Discuss a wide range of gender issues, but in lesser detail

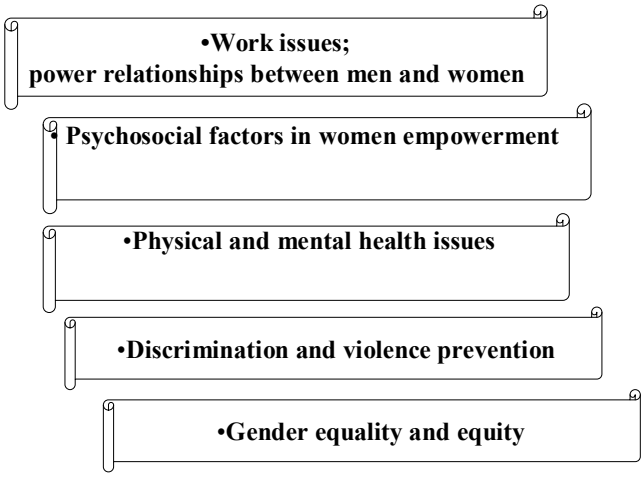
We opted for the latter. However we have tried to provide you with as much research evidence as the allocated time could accommodate.
After doing this course, you should know, or at least be familiar with, the following:

- The meaning of gender
- The difference between gender and sex
- Basic terminology pertaining to gender issues
- The historical background of the emergence of a growing interest in gender issues

You must also be having an understanding of the facts that:

Males and females are not much different in terms of personality, cognitive ability, intelligence, emotional experiences, and motivation.
The differences that exist are a result of the socialization process that male and female children gender through.
The way men and women think feel and act is influenced by the gender identity they have developed.
How the different theories of personality explain and understand development of gender roles
Now you know what is meant by:

- The socialization process and learning of gender roles
- The biological differences between men and women
- The relationship between gender and media, education, violence, harassment, work, and dual responsibilities.
- The health issues faced by women, and
- Gender, psychopathology, and psychotherapy.



New Avenues For Gender Research
Psychologists interested in gender issues are carrying out research in a variety of aspects of the gender phenomenon. In this section we will mention some of the areas in which research is being done, and needs to be done further.

Working on women's perceptions:
We need to explore how women in our society perceive their ability, potential, status, and position.
Sources of empowerment need to be identified, encouraged, and cultivated.
Besides, we need to work on females who cause threats to the well being of other females.

Working on men's perceptions:
We also need to explore, and work upon, the attitudes of men towards women.
Young men and male children need to be worked upon.
Men need to be taught about the equal ability, and rights of women.

Research on the impact of media:
Media plays an important role in the development of gender roles and identities.
Media portrays women in a stereotypical fashion.
Research on the impact of media and ways of steering media into a realistic direction is very much needed.

Research on school curricula and textbooks:
Although some empirical research work is already available in the area of portrayal of female in textbooks, more research input is required.

We need to investigate the impact of the prevalent system of education, as well as ways of improving the content of textbooks with an aim to promote gender equality and women empowerment.

Exploring aspects of women empowerment:
Research is needed for exploring hindrances to women empowerment, and possible means and sources that can facilitate women empowerment.