Chapter 11

# Gender

## Overview

Gender refers not only to the biological sex of an individual, but also to the "array of roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to men and women on a differential basis" (Health Canada, 1996, p. 16).

The biological component to gender cannot be overlooked. For example, girls are physiologically more likely to contract sexually transmitted diseases (STDs) after exposure than males. Any risks associated with pregnancy or problems related to menstruation are exclusive to females. Boys, however, because of their later development, are at greater risk for some early childhood diseases and conditions.

Gender is strongly influenced by the social environment in which we live. Early socialization by parents, peers and educators can temper or enhance the influence of biological determinants. Parents are likely to treat their children differently, encouraging or discouraging certain behaviours depending on the sex of the child. Peers reward sexually "appropriate" behaviours and punish "inappropriate" ones, shaping how children adopt and internalize socially constructed views of gender. The media also plays a role, reinforcing many stereotypes of male and female behaviours and capabilities.

Many health and social conditions can be attributed to gender-based social status or roles. For example, young women are more likely than young men to achieve lower education levels, earn low income, experience single parenthood, and to have lower levels of both self-esteem and feelings of personal competence. Females are also at higher risk for STDs, physical, sexual and dating abuse, smoking, and physical inactivity. All of these factors interact to negatively affect women's health. On the other hand, boys have higher mortality rates than girls — primarily from injury and suicide — and higher rates of learning and conduct disorders.

## Relationship to Healthy Child Development

### *Biology and genetic endowment set the stage.*

A variety of biological and genetic differences between males and females exert an influence on their health and development over the course of early childhood and adolescence.

Because of physiological differences, males and females have different sexual and reproductive experiences and risks. For example, the greater vulnerability of the female reproductive tract to organisms transmitted during unprotected sex places women at greater risk of acquiring certain sexually transmitted diseases (STDs). A man with a gonorrheal infection will infect about half of his female partners, while an infected woman will infect only 25% of male partners (Baird et al., 1993, p. 207). Females also carry an extra burden for sexual and reproductive health; menstruation, pregnancy and contraception are associated with numerous risks and side effects — both physical and emotional.

Overall, girls develop more quickly than do boys. From the time they are born, girls are more physically developed than boys, an advantage that continues throughout early childhood. By the time they enter school, girls are an average of one year ahead of boys in physical development (Eme and Kavanaugh, 1995). There is some evidence to suggest that this phenomenon may contribute to the higher incidence of birth defects among boys, and to the fact that boys appear to suffer more from the effects of Fetal Alcohol Syndrome (FAS) (Eme and Kavanaugh, 1995).

While girls aged 6 to 7 exhibit better coordination skills than boys (Prior et al., 1993), this advantage appears to change over middle childhood and adolescence. One reason may be that, as girls get older, they are less likely to participate in physical activities that promote the development of motor skills — including running, catching and throwing (McKinnon and Ahola-Sidaway, 1997).

### *Socialization is key.*

Early socialization — including the influence of parents, peers, teachers and other significant adults — plays an important role in the acquisition of gender-based behaviours and attitudes among children.

Research has found that young boys and girls interact differently with their parents. For example, boys are more likely to be in conflict with their parents, to be punished and to see their parents in conflict. In addition, their family ties are not as strong as those of girls (Prior et al., 1993).

Similarly, parents often display different behaviours depending on the sex of the child. In father-child relationships, fathers appear to respond more positively to daughters' prosocial behaviour than to sons' behaviour (Kerig, Cowan and Cowan, 1993). They are also less tolerant of internalizing behaviours among girls and more tolerant of physical aggression in boys. Mothers, on the other hand, do not see the internalizing behaviour as problematic (Webster-Stratton, 1996). Mothers are also more likely to talk

about emotions with their daughters than with their sons (Eisenberg, Martin and Fabes, 1996), and may encourage their daughters to have concern for others (Keenan and Shaw, 1997) and to problem solve (Nolen-Hoeksema et al., 1995). Girls are often socialized to assume caring and nurturing roles, despite the increased likelihood that they will pursue employment objectives.

Peer influences affect the development of gender-based behaviours and attitudes. Children tend to segregate themselves according to sex — particularly in play groups — and there is some evidence to suggest that girls and boys learn and practise different social and cognitive skills within these groups (Keenan and Shaw, 1997). Peers reinforce gender-typed play and punish cross-gender play and non-normative forms of aggression (e.g. girls who are physically aggressive, boys who are relationally aggressive) (Golombuk and Fivush, 1994; Crick, 1997).

Early childhood educators are important socializing agents for children. Educators' assumptions about gender help to shape children's perceptions of, and interactions with, boys and girls. While there is increasing awareness among teachers and other educators about the impact of early gender-based expectations on children's development, a number of studies have found that teachers tend to react differently to boys' and girls' problem behaviours (Keenan and Shaw, 1997).

The media, including children's literature, help to enforce gender stereotypes. Several researchers have found that the content of much TV programming is "heavily male-oriented, and depicts sex roles that are often stereotyped and distorted" (Luecka-Aleksa et al., 1995, p. 774). The same may be said of sex-role portrayals in children's literature (Golombuk and Fivush, 1994).

The mass media also play an important role in creating and reinforcing attitudes and values about gender roles, sexual attractiveness and body ideals. For example, media images cast the female body ideal as tall, extremely thin and attractive, and foster an internalization of often unattainable ideals in girls and young women.

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### *Gender, power and violence.*

Gender roles and the gender "script" imposed by society have a powerful impact on youth behaviour, especially concerning issues such as safe sex and coercive or early sexual activity. Women are often conditioned to assume a submissive role and may not feel able to insist on safe sex practices. At the same time, women are given most of the responsibility for preventing pregnancy and STDs (Kinnon, 1994). The situation may be exacerbated when cultural factors are present. According to one study, one third of Aboriginal women said they were afraid of being abused if they refused to have sex with a partner (Aboriginal Nurses Association of Canada, 1996, p. 34).

The effects of violence may be exhibited differently between the sexes. One study suggested that, in terms of social-emotional development, physically abused boys show more "externalizing" behaviour, such as aggression, while girls demonstrate more "internalizing" behaviour. Young girls who are sexually abused may also be more likely than young abused boys to exhibit cognitive and academic difficulties (Trickett and McBride-Chang, 1995).

A recent review of the literature on children and youth who witness familial violence has revealed gender differences in children's reactions. Boys tend to react with more overt violence, whereas girls tend to become more dependent and timid. Furthermore, children who witness violence in the home are more likely to be involved in violent relationships as adults. Whereas girls may be more accepting of violence in their relationships, boys are more likely to be the perpetrator (Suderman and Jaffe, 1997).

## Conditions and Trends

### *Males have higher rates of injury, death and disability.*

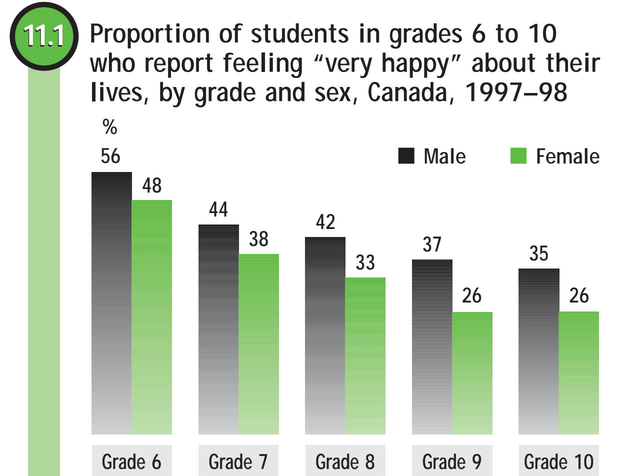
A variety of gender-related differences in health status have been demonstrated among Canadian children and youth. Mortality rates are higher for males than for females in all age groups, but particularly among 15- to 19-year-olds, where the rates are 96 per 100,000 and 34 per 100,000 respectively (CICH, 1994, p. 87).

Hospitalization is more frequent for males of all ages. During adolescence, the most common reason for hospital admission for males is injury (32%); for females, it is pregnancy (39%) (CICH, 1994, p. 91). Although females are more likely to attempt suicide, males are much more likely to die from their attempts (CICH, 1994, p. 97).

In general, disability rates among young people under age 20 are higher for males (7.9%) than for females (6.3%) (CICH, 1994, p. 151). The gap is wider for young people with learning disabilities, which are twice as common in males than in females, and with behavioural and emotional conditions, which are three times as common in males (CICH, 1994, p. 154).

### *Females rate lower on well-being and body image.*

Female adolescents consistently score lower than males on all indicators of well-being. Rates of depression are higher among females than males (52.4% vs. 35.9%) (Fleming, Offord and Boyle, 1989). Among 13- to 16-year-olds, 55% of females and 48% of males reported feeling stressed (CICH, 1994, p. 74; Holmes and Silverman, 1992, p. 22). A study by the Canadian Advisory Committee on the Status of Women found that more males than females reported feeling good about themselves (45% versus 30%), having a number of good qualities (43% versus 31%), and being self-confident (33% versus 22%) (Holmes and Silverman, 1992, pp. 12–13). A study of students in grades 6 to 10 found that, for every grade, more males than females felt happy about their lives (King, Boyce and King, 1999, p. 45). See **Exhibit 11.1**. Comparisons with results from the mid-1980s show that the gender gap on these measures widened in the early 1990s (CICH, 1994, p. 96).



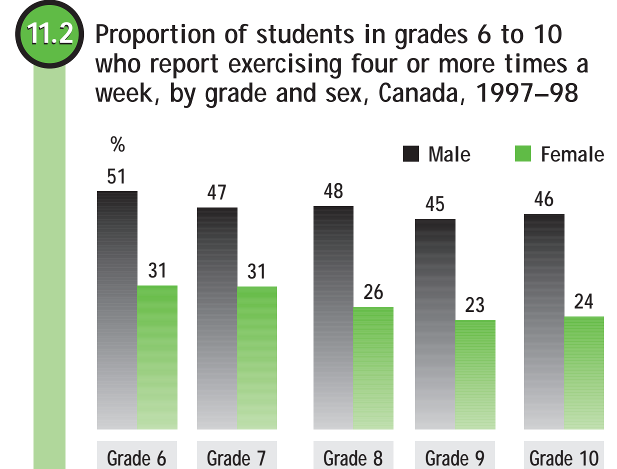

Source: A.J.C. King, W. Boyce and M. King (1999). *Trends in the Health of Canadian Youth*. Catalogue No. H39-498/1999E. Ottawa: Health Canada, p. 45.

Girls are particularly concerned with body image. Adolescent girls are much more likely to report wanting to lose weight than are adolescent boys. One recent study revealed that 29% of girls aged 11 wanted to lose weight, compared with 19% of boys at the same age. At age 13, the gender gap widened, with 41% of girls and 21% of boys expressing a desire to lose weight (King, Boyce and King, 1999, p. 70).

### *There are differences in personal health practices.*

Differential health practices play a role in the overall health of males and females. Boys are more likely than girls to engage in physical activity. In fact, adolescent boys spend about 50% more energy on physical activities than do girls (CFLRI, 1997, p. 2). As **Exhibit 11.2** shows, a higher proportion of male students than female students in grades 6 to 10 said they exercise four or more times a week (WHO, 1999). However, there is evidence that girls' level of activity is on the rise (CCSD, 1997, p. 37).

The incidence of smoking among 15-year-old women has increased in recent years, from 18% in 1990 to 21% in 1998. This trend suggests that young women are increasingly experiencing severe social strains (King, Boyce and King, 1999, p. 95).




Source: WHO (1999). *Health Behaviour in School Age Children Survey, A World Health Organization Cross-National Study, 1997-98.*

### *The risk of abuse is higher for girls.*

It has been estimated that 25% of girls and 10% of boys will be sexually abused before the age of 16 (Finkel, 1987, p. 245). Girls are more often the victims of assault by family members than are boys. In one study, girls were the victims in almost 80% of the cases of assault in which the perpetrator was a family member (Statistics Canada, 1998, p. 22).

Gender not only influences the likelihood of a child being victimized, but also the nature of that victimization. A 1995 study of self-reported maltreatment revealed that physical abuse was reported by 44% of female adolescents (14 to 18 years of age), compared with 33% of male adolescents. Moreover, a further 28% reported experiences of sexual abuse compared with 0% of male adolescents (Manion and Wilson, 1995, p. 15).

### *More boys than girls drop out of school.*

Adolescent males are more likely to drop out of school than adolescent females (17% and 11%, respectively). The three most common reasons for school drop-out for both males and females are boredom, preferring work to school, and problems with school work and teachers (Statistics Canada, 1993, p. 27). However, girls are more likely than boys to “drop” in level of school performance as they move into adolescence, especially in maths and sciences.

## Gender and Other Determinants

### Education

In 1995, 30% of young women (aged 22 to 24) without a high school diploma were unemployed, compared with 17% of men (HRDC and Statistics Canada, 1996, p. 5). Overall, women’s level of education is increasing — in 1992–93, they represented 53% of all undergraduate students, 46% of all master’s degree students and 35% of all doctoral students (Normand, 1995, p. 19). However, young women remain underrepresented in physical science courses, undergraduate engineering and applied sciences.

### Personal Health Practices

Physical appearance is a key concern for many female adolescents struggling to maintain a positive self-image. Young women with negative body image have a higher risk of engaging in disordered eating behaviours than those who are not concerned with image. Low self-esteem among boys and young men has been linked with the use of anabolic steroids (King, Boyce and King, 1999).

## Individual Capacity and Coping Skills

According to the NLSCY, in 1994–95 the highest rate of emotional and behavioural problems was among boys aged 8 to 11 and the lowest was among girls aged 4 to 7. In fact, all prevalence rates of disorders were higher for boys than for girls. While more young women than men attempt suicide, young men are much more likely to complete the attempt (CICH, 1994, pp. 75, 89).

## Genetic and Biological Factors

Boys and girls are at different risk for certain types of disabilities and disorders. For example, boys are at greater risk than girls for developmental disorders such as autism (Bryson, Clark and Smith, 1988) and behavioural conditions such as attention deficit and conduct disorder (Offord, 1987). However, girls are at much greater risk of developing depression and eating disorders in adolescence (Cicchetti and Toth, 1998).

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