

# Social Science Research

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# Agenda

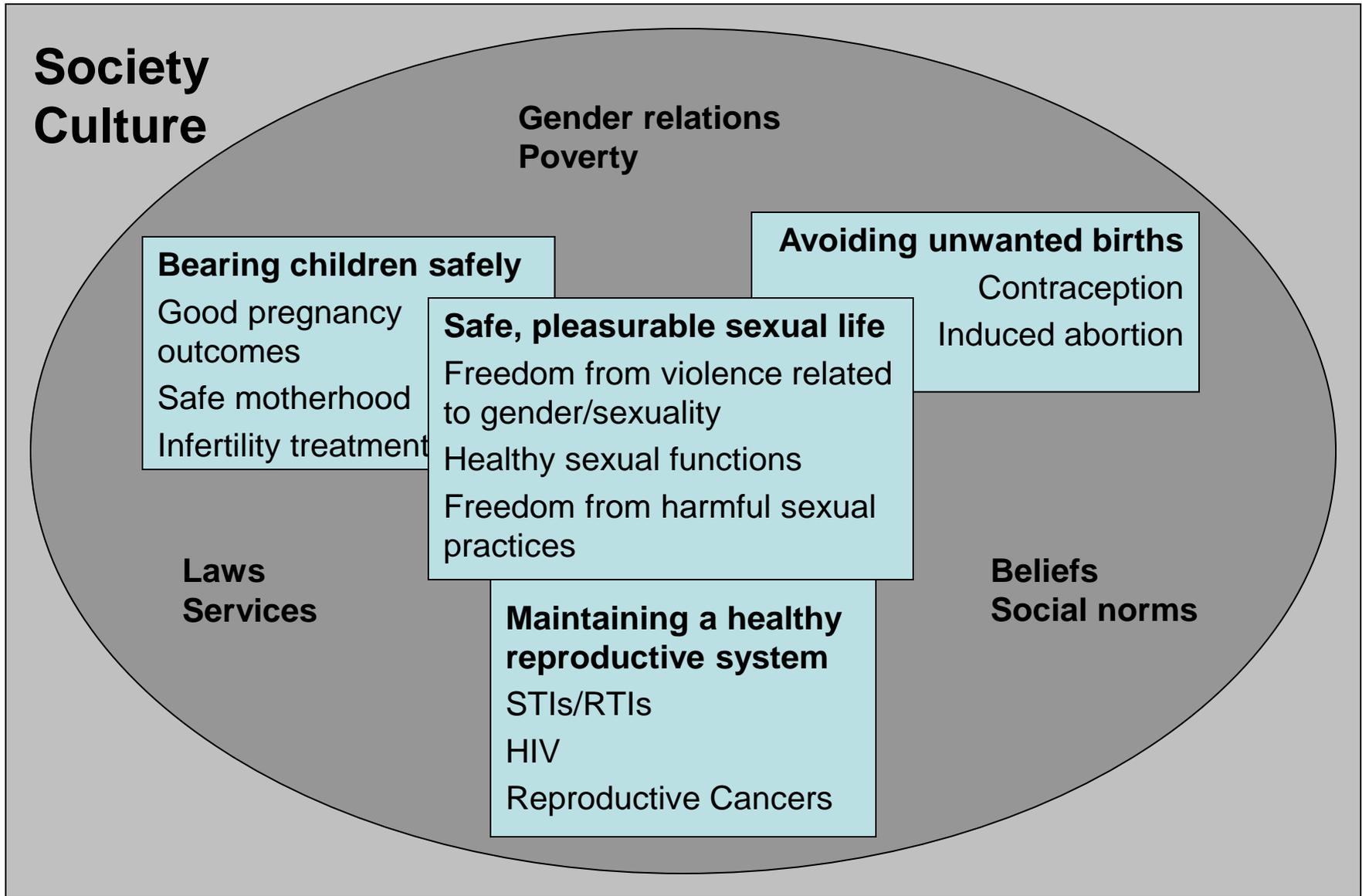
1. Social sciences for sexual & reproductive health research
2. Demography: the second demographic transition
3. Psychology: sexual scripts
4. Sociology: life course model
5. Interdisciplinary: gender & transgenderism

# 1. What are social sciences?

- study of society and manner in which people behave
- disciplines: anthropology, criminology, geography, linguistics, etc.

# Social sciences and SRH

- SRH clients, care providers and policy makers: part of society
- SRH improvement: through society
- human factor of SRH



## 2. Second demographic transition

# Second demographic transition

- sudden and drastic changes in reproduction and marriage behavior
  - decline of marital fertility
  - rise of maternal age
  - increase in children outside wedlock
  - increase in women without children
  - decrease in proportion married
  - increase age at marriage
  - increase in divorce
- most developed countries
- between 1960-2000

# Second demographic transition

- sustained sub-replacement fertility
- living arrangements other than marriage
- disconnection between marriage and procreation
- no stationary population

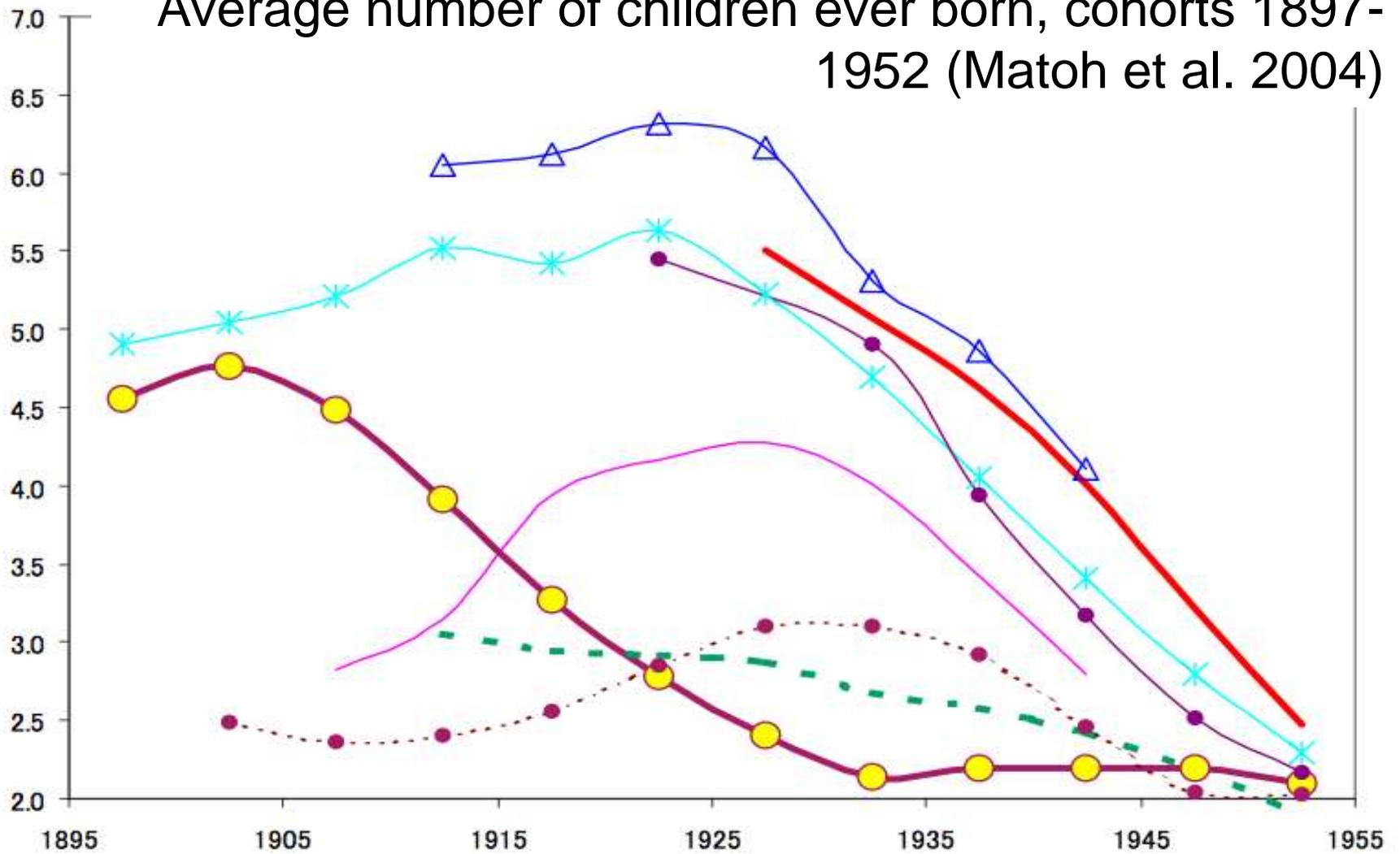
# Second demographic transition: irrational

- no *equilibrium* like first demographic transition
- contraceptives allowed marriage *increase*

# Second demographic transition: consequences

- replacement migration: no stationary population
- population ageing: social security and health care

# Average number of children ever born, cohorts 1897-1952 (Match et al. 2004)



# Population pyramid of South-Korea

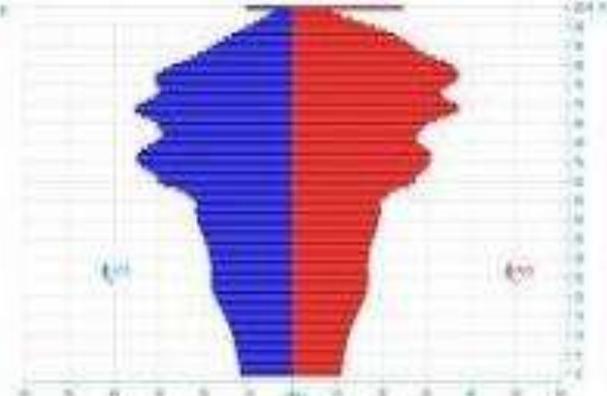
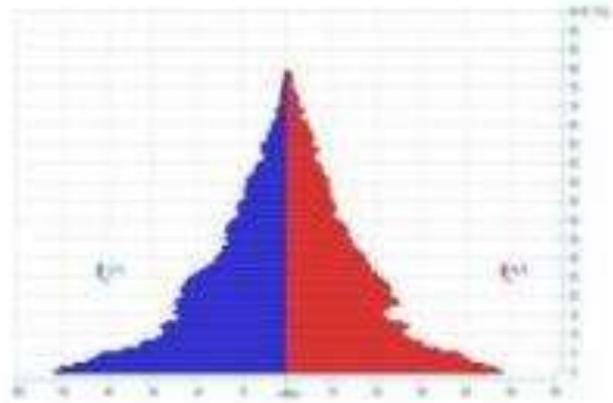
1960



2010



2050



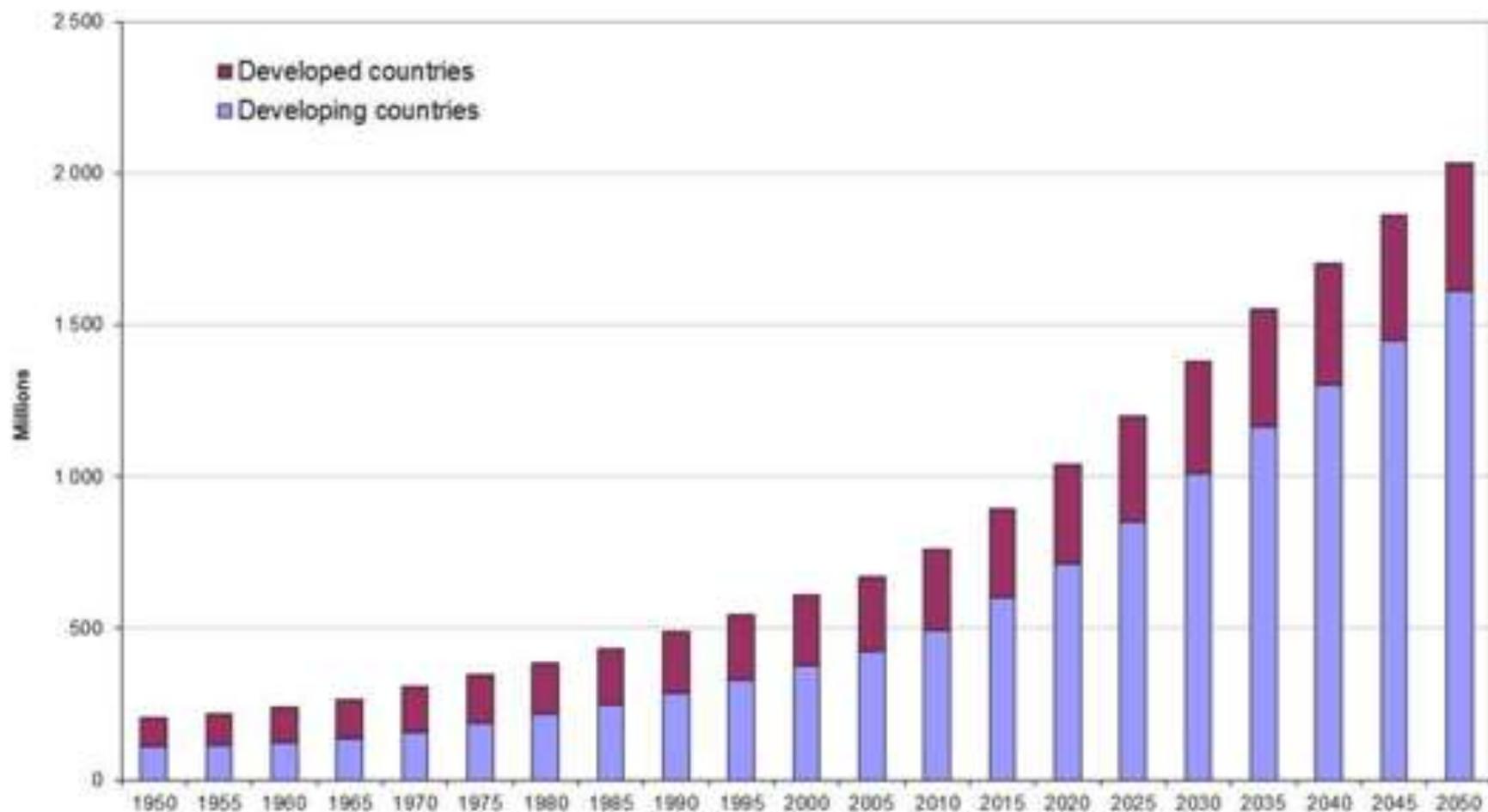
“Population ageing is unprecedented, without parallel in human history—and the twenty-first century will witness even more rapid ageing than did the century just past.”

United Nations

# Second demographic transition

- reported in less developed countries
- divorce increase
- population ageing: parent-support additional economic & health burden
- WHO study on global ageing and health

# Number of people over 60: world, developed, developing countries 1950-2050



# Implications

- SR health and disease *control*
- reproduction and relationships part of unbridled human behavior
- concerns individuals and populations

# Discussion: why?

- individualism, anti-authoritarianism, feminism, welfare, youth culture, mass media...
- reproduction and relations  
revolution
- ...or is it?



# 3. Scripts

*Our lives are all different and  
yet the same - Anne Frank*

# Scripts

- collective scenarios about events, their order and timing
- life script research: overlap
- sex script influence sexual interactions, situations, appropriate behavior and its order
- sex script research: content
- example: sexual intent, sexual violence, top/bottom

# Scripting of sexual encounters among young people in Kenya

- 28 focus group discussions, 4 ethnic groups, 22 communities, 11-16 years
- dominant scripts: sexual gain (boys) & material gain (girls)
- no discourse about pleasure/emotional bonding
- purpose: redirect scripts to include HIV

(Maticka 2005)

# Implications

- rehearsed sexuality
- scripts for sexual desire, behavior and opinions
- access for SRH change

# Gendered sexuality

- differences in sexual desire, behavior and opinion between men and women
- example: extra-marital sex and guilt
- real or perceived/desired?
- answer depends on research approach...

## 4. Life course approach

# Life course approach to sexuality

- advantageous and disadvantageous sexual experiences
- adoption and rejection of sexual scripts
- within specific socio-cultural contexts

# Discussion

- empirical evidence on gendered sexuality mostly from time-centered research
- example: power inequality in sexuality
- effect of age? birth-cohort? time period?
- life course approach shows sexual agency

# Implications

- life course approach nuanced time-centered differences in gendered sexuality
- research approach affects gender-specific SRH interventions

# 5. Gender & transgenderism

*I love to be individual, to step  
beyond gender - Annie Lennox*

# Gender and transgenderism

- sex: biological and physiological differences between male & female
- gender: socially constructed behavior and roles society holds as appropriate for male and female
- sex and gender identity can differ

# Transgender person

- gender identity is not the same as sex assigned at birth
- gender minority
- across cultures (kathoey, hijra)
- across time (two-spirit people)

# Transgenderism in demography

- no data: no consensus, not in survey
- less than 1% - 4%
- “third” gender
  
- increasing data on sex variations at birth (*NB not transgender*)

# Frequency of sex variations (meta-analysis 1955-1998, Blackless 2000)

Not XX and not XY	one in 1,666 births
Klinefelter (XXY)	one in 1,000 births
Androgen insensitivity syndrome	one in 13,000 births
Partial androgen insensitivity syndrome	one in 130,000 births
Classical congenital adrenal hyperplasia	one in 13,000 births
Late onset adrenal hyperplasia	one in 66 individuals
Vaginal agenesis	one in 6,000 births
Ovotestes	one in 83,000 births
Idiopathic (no discernable medical cause)	one in 110,000 births
Iatrogenic (caused by medical treatment, for instance progestin administered to pregnant mother)	no estimate
5 alpha reductase deficiency	no estimate
Mixed gonadal dysgenesis	no estimate
Complete gonadal dysgenesis	one in 150,000 births
Hypospadias (urethral opening in perineum or along penile shaft)	one in 2,000 births
Hypospadias (urethral opening between corona and tip of glans penis)	one in 770 births
Total number of people whose bodies differ from standard male or female	one in 100 births
Total number of people receiving surgery to "normalize" genital appearance	one or two in 1,000 births

# Transgenderism in psychology

- 1994 - 2012 Gender Identity Disorder included in Diagnostic and Statistical Manual of Mental Disorders (DSM)
- in Mental and behavioral disorders chapter of ICD-10 (WHO)
- 1995 cognitive evidence (Angrier 1995)

# Transgenderism in sociology

- transphobia: negative attitudes and feelings towards transgender people based on gender identity
- associated with need for absolute categories

# Transgenderism in sociology

- gender: social construct or biological imperative?
- “One is not born, but rather becomes, a woman” - Simone de Beauvoir
- sex assignment surgery at birth
- transgenderism poses challenge

# Implications: transgenderism

- ... challenges binary statistics
- from mental disorder to be “fixed” to brain structure
- shows categorical thinking and relativity of social construction of gender
- questioned sex assignment surgery at birth

# The Yogyakarta Principles (18)

*Calling upon all states to*

Take all necessary legislative, administrative and other measures to ensure that no child's body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child and guided by the principle that in all actions concerning children, the best interests of the child shall be a primary consideration...



# Conclusion

- social sciences: society and human behavior are factors in SRH
- we want to control SRH; we can't control population dynamics
- we are rehearsed in our sexual desire, behavior and opinions: SRH opportunity
- gender differences in sexuality and SRH interventions depend on approach
- transgenderism shows gender in human behavior and society

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