**Unit 3: Gender**

**Exam board specification:**

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| **Biological influences on**  **gender** | * The role of hormones and genes in gender development * Evolutionary explanations of gender * The biosocial approach to gender development including gender dysphoria |
| **Psychological**  **explanations of gender**  **development** | * Cognitive developmental theory, including Kohlberg * Gender schema theory |
| **Social influences on**  **gender** | * Social influences on gender for example, the influence of parents, peers, schools, media * Cultural influences on gender role |

**What you need to know:**

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| --- | --- |
| ***The role of hormones and genes in gender development*** | * Genes (XY/XX) & Hormones – Presence or absence of androgens |
| ***Evolutionary explanations of gender*** | * Parental investment theory * Empathising/systemising theory |
| ***The biosocial approach to gender*** | * Gender development * Gender dysphoria |
| ***Cognitive developmental theory*** | * Kohlberggender consistency theory |
| ***Gender schema theory*** | * Gender schema theory – Martin and Halverson |
| ***Social influences on gender*** | * Studies demonstrating the influence of parents and schools on gender |
| ***Cultural influences on gender role:*** | * Studies demonstrating cultural influences on gender roles |

**Note on exam questions:**

If you are asked to write about a ***biological explanation of gender***, write about the role of genes and hormones. If the question asks for a biological explanation and you write about an evolutionary explanation, your answer will get zero marks.

If the question is about the biosocial approach take care to answer with the appropriate AO1; only write about gender dysphoria if it is stated in the question, otherwise write about the biosocial approach to gender dysphoria.

**Key terms/concepts**

|  |  |
| --- | --- |
| Gonads |  |
| Mullerian system |  |
| Wolffian system |  |
| Androgens |  |
| Testosterone and Dihydro-testosterone |  |
| Sexually dimorphic nucleus | Cluster of large cells located in the hypothalamus. |
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**Biological influences on gender**

**The role of genes and hormones in gender development**

A person’s biological sex is determined at the time of conception by the father’s sperm. If the female’s egg is to develop into a female, the father’s sperm will contribute an X chromosome (XX), and if the egg is to develop into a male the father’s sperm will contribute a Y chromosome (XY). The other X chromosome is from the ovum (egg) from the mother.

Up until 6 weeks all foetuses contain identical gonads (sex glands). These gonads have the potential to develop into ovaries or testes. There are TWO parts to the undifferentiated gonads.

THE MULLERIAN SYSTEM THE WOLFFIAN SYSTEM

(which has the potential to develop into (a precursor to male sex

female sex organs) organs)

In the 6th week of pre-natal development the Y chromosome produces a protein which causes the undifferentiated gonads to become testes and sets the path of male development of the foetus. If the protein is not present, the gonads develop into ovaries.

Once the gonads have developed, further sexual development and sex differences are triggered by hormones.

If testes are present, then male hormones (androgens) are released and the Wolffian system develops while the Mullerian system shrivels.

If androgens are not present, the Mullerian system develops and the Wolffian system shrivels. No release of hormones from the ovaries is needed for the female sex organs and reproductive system to develop.

There are two different androgens responsible for masculinisation: testosterone and dihydrotestosterone. Pre-natally they influence the development of the male sex organs and they masculinise the brain. Post-natally they are responsible for activating the sex organs during puberty.

*Pre-natally it is thought that these hormones influence the brain. Research suggests that they make the sexually dimorphic nucleus twice as large in males compared to females. Other research suggests that testosterone slows down the development of some parts of the brain while speeding up others – such as the right hemisphere. This may explain why men are better at spatial tasks and women better at verbal ones, since the key language area is in the left side of the brain but the right hemisphere is concerned with spatial ability.*

**The part in italics is the key bit for gender; the rest of the above explains how genes and hormones explain sex (male and female) rather than gender (masculine and feminine behaviour), but sex differences are clearly linked to gender differences since they have to occur for gender to exist.**

## Research evidence

David Reimer was born a healthy male boy in 1965 along with his identical twin. At the age of 8 months his penis was removed in a circumcision that went wrong. After his parents sought advice from the psychologist **Dr Money**, he was raised as a girl. At 22 months he had an operation to remove his testes and at the age of puberty he was given oestrogen. By the age of 13 he was suffering from depression and he requested never to see Dr Money. It became clear that his gender identity was not female and that he had been unhappy being raised as a girl. By 14 he had been told the truth about his gender reassignment and he decided to revert to a being male.

In a currently on-going longitudinal study **Baron Cohen et al** have been testing whether foetal testosterone, measured in amniotic fluid obtained via amniocentesis in pregnancy, is associated with post-natal psychological and neural development. They have found that foetal testosterone is inversely associated with social development, language development, and empathy; and that foetal testosterone is positively associated with systemizing, attention to detail, and number of autistic traits.

**Diamond (1950s**) injected pregnant rats with testosterone; the female offspring had genitals that were male like in appearance and they attempted to mate with other female rats. **Gorski (1980)** repeated Diamond’s study and found that the female offspring had a sexually dimorphic nucleus the size of male rats. **Young et al (1964)** showed that female monkeys who were exposed (through experimental manipulation) to male hormones in their pre-natal development tended to show more rough and tumble play compared to a control group of females not exposed to male hormones in this way.

**The biosocial approach to gender development**

This approach focuses on the interaction between biological and social /cultural factors in explaining gender development. Biology is the foundation on which social factors are built, but the biosocial approach emphasises the social factors as the cause of gender differences.

The innate characteristics and behaviour of a newborn baby (including their sex) affect the way that carers behave towards them; therefore carers may behave in different ways to different newborn babies, including whether the baby is male or female.

For instance, it may be that female babies behave in a more passive way; this makes parents and other carers interact with female babies in a calmer way and thereby further shapes the babies ‘ behaviour into what could be seen as a traditional female gender role within Western culture. Likewise male babies may appear more boisterous, so will be treated differently. For instance they may be given different toys to play with, such as hammers and cars, which set male babies on the path to a more traditional male gender role.

The biosocial approach therefore argues that a child’s gender identity is consistent with the way that the child has been raised, and how they are raised is usually subtly different for boys and girls.

The approach does acknowledge that gender is flexible, and what it means to be male or female changes over time and from culture to culture. Therefore how the gender of a child is constructed can vary greatly according to time and place. The biosocial approach recognises that a child brought up in current Western culture may have had a very different gender identity if raised within another culture.

## Research evidence

**Smith and Lloyd (1978)** conducted a piece of research that showed adults treating babies according to the gender the adults perceived them to have. Using a sample of 6 month old infants, the researchers dressed and named some of them as the opposite sex. They then asked adults unknown to the babies to play with them. They found the adults used the cues associated with name and clothing to prompt their interaction and toy choice. Babies perceived as boys were more likely to be given a squeaky hammer to play with, whereas those perceived as girls were given dolls.

Evidence from genes and hormones - David Reimer, Baron Cohen and the animal studies

To fill out later – evidence from the social influences on gender Hagan and Kuebli, Friedman et al, Evans and Davies, Bigler

**The biosocial approach to gender dysphoria**

The biosocial approach argues that gender is flexible, so it may be an ideal theory to explain gender dysphoria. The approach focuses on the interaction between biological and social /cultural factors; biology is the foundation on which social factors are built, in the sense that how the baby behaves affects how it is socialised and therefore its eventual gender identity.

Hormonal imbalances from the womb may make babies behave more in line with the opposite physical sex, so hormonal imbalances are the initial biological foundation of gender dysphoria.

In rare cases, the hormones which trigger the development of sex and gender may not work properly on the brain, gonads and genitals, causing variations between them. For example, the sex (as determined physically by the gonads and genitals) could be male, while the gender (as determined by the brain) could be female. This could be caused by additional hormones in the mother’s system (for females with gender dysphoria) or by the foetus’s insensitivity to the hormones, known as androgen insensitivity syndrome (for males with gender dysphoria).

This had lead some psychologists to suggest that the hormonal imbalances cause a part of the brain – the BSTc - to develop in line with the opposite gender to the child’s chromosomes and biological sex. The BSTc is the bed nucleus of the stria terminalis central subdivision and is located in the hypothalamus; it is thought to be fully developed by 5 and it is thought to influence sex differences in behaviour and gender identity. It is larger in men. So for gender dysphoria an XY person would have a female sized BSTc and an XX person would have a male sized BSTc.

Crucially for the biosocial approach it is how these babies and children with a BSTc appropriately sized for the opposite sex are socialised that affects whether gender dysphoria does or does not develop. The biosocial approach therefore argues that a child’s gender identity (and therefore whether gender dysphoria results) is consistent with the way that the child has been raised.

For instance, if a parent recognises that their daughter appears more boisterous or masculine this would affect the way they are socialised – the daughter may be encouraged to play in a more masculine way and to have masculine interests. According to the biosocial approach, this would then lead to gender dysphoria.

Culture also affects the way the child is socialised and therefore the consequences of the initial hormonal differences. For instance in the UK now there is recognition of gender dysphoria and sex realignment is a logical outcome; parents’ awareness of this may alter the way that they raise their child. In Thailand sex realignment from male to female is more common and socially accepted than it is here, so a boy who shows feminine characteristics when a baby may be raised quite differently, with gender dysphoria as the result.

## Research evidence

Zhou et al (19995) showed that male to female transsexuals had a BSTc which resembled females; the finding was generated through post mortems on 6 transsexuals; further work concluded that the size of the BSTc couldn’t wholly be accounted for by the sex hormones that the transsexuals had taken in adulthood. This led researchers to suggest that the BSTc is responsible for our sense of gender identity. So, the BSTc seems to hold a key role in the development of gender dysphoria. This may tie in with the biosocial approach as it suggests that such babies and toddlers will behave as the opposite biological sex and so will be socialised as the opposite sex, causing gender dysphoria.

Supporting the role of the key social aspect of the biosocial approach, research has found that boys with gender dysphoria have been rated as more attractive than control children, and their mothers were more likely to describe their sons as “beautiful” as infants than mothers of a control group of boys. The biosocial approach would state that these children, viewed as attractive or beautiful, were socialised in a more feminine way, causing gender dysphoria.

Further evidence supporting how important the social part of the biosocial approach is comes from looking at the incidence of gender dysphoria across culture and time.

Gender dysphoria is more widely understood in the UK now than it was in the past and rates of sex realignment surgery are increasing. In Thailand gender dysphoria is viewed as more usual than it is here and rates of sex realignment surgery are higher. The biosocial approach would explain these facts being the result of upbringing, so nurture causing gender dysphoria; if the inborn characteristics of a child suggest gender dysphoria, they are socialised accordingly. However the different rates of gender dysphoria across time and place do not preclude gender dysphoria existing at a higher than diagnosed result, they may simply indicate that in some societies people with gender dysphoria have the freedom to express their true gender identity whilst in other societies they have had to hide this.

Additional notes:

There is clearly much still to discover about gender dysphoria. With growing awareness of the condition and with more people receiving treatment for gender dysphoria, the prospects for people with the condition to have a life as the gender that they perceive themselves to be seem much improved.

With more research, we may be able to evaluate the biosocial approach more fully, but current research indicates that gender dysphoria is primarily biological in origin.

**Evolutionary explanations of gender**

**Explanation 1: Parental investment theory**

Parental investment means anything that a parent does that increases the chances that their offspring will survive and reproduce; this investment is at the cost of the parent’s evolutionary fitness in other areas, such as ability to look after other children or wider kin.

The minimum parental investment required from a father is the length of time it takes to get a woman pregnant; for a woman, the minimum parental investment is nine months. Clearly, within that nine months a man could potentially father many children, so women have more of a vested interest in making sure their child survives compared to men, who have many more chances of producing offspring.

This differing level of initial parental investment goes on to affect gender roles: it affects parental care, mate selection, and sexual jealousy.

The infants of early humans would have had to be breast fed until the age of two to survive, so women were obliged to care for small children. Human children also have an extended period of childhood compared to other animals, because they are born relatively immature to allow childbirth to occur – otherwise their heads would be too big and childbirth would be impossible. This makes them dependent on a carer; since women have already spent much energy on pregnancy, childbirth and caring for a child that they know is theirs, it is adaptive for mothers to spend more time and energy on parental care than fathers.

With regard to mate selection, men need women who are fertile and faithful, so that they can be sure that a child is theirs. So, men need to select an appropriate mate and ward off competition for that mate. To judge if a women is fertile a man assesses her physical appearance: if she looks young, attractive and healthy, this indicates fertility. The theory of parental investment states that men spend effort on courtship (finding and wooing an appropriate female), whilst women spend less effort on this – they simply choose a male. Females need to find a man who will invest his resources in her offspring to give that offspring a good chance of survival; so females need men with resources – looks and youth are less important. Since men can father a virtually limitless amount of children, it is in their evolutionary interests to have many sexual partners, so they are less likely to be faithful to one partner. Women, in evolutionary terms, have less to gain by having multiple sexual partners so are more likely to remain faithful to their partner.

To be a good provider and protector (and to ward off competition) men show a higher level of aggression than women. Likewise, unlike women, they can never really be sure that a child they are raising (and spending valuable resources on) is really theirs, so they show more sexual jealousy as a technique for guarding the faithfulness of their partner.

## Research evidence

**Buss (1989)** carried out a survey across 37 cultures (in 33 countries) on more than 10,000 participants. Questionnaires were completed. Respondents were asked to rate a number of factors such as age, intelligence and sociability, according to how important they thought they were in a sexual partner. They found that men valued physical attractiveness more than women, whereas women thought that good earning power and high occupational status were more important. In all cultures both men and women preferred the man to be older.

**Ginsberg and Miller (1982)** conducted a naturalistic observation of children aged 3-11 at the zoo and the risk taking behaviour that they showed. Far more of the risk takers were boys, for instance 74% of the children playing on a steep bank were boys.

**Explanation 2: Empathising-systemising theory**

The theory states that the female brain has been predominantly hard-wired for empathy, which is the cognitive skill of identifying another person‘s emotions and thoughts, and the affective aspect of responding to these with an appropriate emotion. The male brain is predominantly hard-wired for systemising (understanding and building systems) which refers to skills such as finding out how systems work, predicting them or inventing new ones. Many things can be systems, such as a pond, a house, a farm since they all follow their own set rules. You cannot really systematise a person in the sense that individuals do not follow a set pattern, so empathy is more helpful for day-to-day interaction than systemising, whereas systemising predicts nearly everything but people. Baron Cohen theorizes that systemising and empathising depend on different regions in the brain. Incidentally, Baron-Cohen describes autism as the extreme male brain because autism involves minimal empathy and maximum systematising. The theory hypothesises that systemising gave an evolutionary advantage to male hunter gatherers and empathising gave an evolutionary advantage to female carers.

**General points**

Why would systemizing give an advantage to hunter gatherers – who would have been men?

Why would empathizing give an advantage to female carers?

## Research evidence

**Jennifer Connellan and Anna Batkti** had these hypotheses:

One day old baby girls will spend more time looking at a human face than a mechanical object.

One day old baby boys will spend more time looking at a mechanical object than a human face.

To test these hypotheses babies saw Connellan’s face and a mobile (hanging toy) over their crib. Connellan was not told the gender of the babies; the babies were videoed so it was possible to tell where they were looking. The tapes were then analysed to see how long the babies looked at the face and the mobile and only then was the gender of the babies revealed. Both hypotheses were supported by the results of the study.

**Baron Cohen and Wheelwright** have developed questionnaires (EQSQ) have been designed to assess people’s Empathizing Quotient (EQ) – their ability to empathize and their Systemizing Quotient (SQ) their ability to systemize; they have consistently found that males score higher on the SQ and females score higher on the EQ. However, there are some males who score higher on the EQ than the SQ and some females who score higher on the SQ than the EQ.

**Psychological explanations of gender development**

**Cognitive developmental theory: Kohlberg**

Children acquire an understanding of the concepts of male and female in three stages; since this is a stage theory, the children have to develop the concepts in a set order. The three stages are:

**GENDER IDENTITY** The child recognises that they are male or female but the knowledge is fragile and child may not realise that little boys grow into men, and little girls grow up into women. Children understand gender identity aged 2-3.

**GENDER STABILITY** The child realises that people retain their gender for a lifetime but still tend to rely on superficial signs to determine gender e.g. hair length. Children understand gender stability aged 3-7.

**GENDER CONSISTENCY** The child realises that gender is permanent whatever happens to person’s physical appearance such as men having long hair. Once the child achieves gender consistency they come to value the behaviours and attitudes associated with their gender, and identify with adults who possess these qualities. Children understand gender consistency aged 7-12.

The theory says that children are active agents in their own gender role socialisation – this means that their thinking about gender determines when and how they show gender role behaviour. Once children acquire gender consistency they collect information about their gender role, imitate same sex models and follow gender appropriate activities. This is called self-socialisation since it does not depend on others such as parents, but what the child themselves thinks.

## Research evidence

**Martin and Little (1990)** studied 3-5 year olds and found that they had very basic understanding of gender yet they had strong gender stereotypes about what girls and boys were supposed to do i.e. they did understand gender appropriate behaviour. Hence only basic gender understanding is needed to affect the child’s gender behaviour.

**Slaby and Frey’s (1975)** carried out a study by observing and questioning children e.g. showing a picture of a girl and a boy and asking “which one are you?” (measures gender identity) and asking “when you grow up will you be a mummy or a daddy?” ( to measure consistency)found that children do go though the three staged in the set order that Kohlberg said. They also found that 3 year olds didn’t understand any of the concepts, 4 year olds understood gender identity and by 5 children understood all three concepts.

**Gender schema theory**

This theory was developed as a response to Kohlberg’s theory, since there is much evidence that does not support Kohlberg’s theory. This means that gender schema theory should resolve some of the problems of the earlier theory.

Schemas are mental frameworks that help people organise and understand information; they also allow you to predict what to do in certain situations.

Gender schema theory argues that gender identity develops through both cognitive and social processes and unlike Kohlberg doesn’t suggest that children need to know that gender is permanent to develop gender schema. The child’s gender schema develops around 2/3 as soon as the child notices differences between boys and girls and can label the two groups reliably. Having developed the schema, the child then looks for evidence to support their schema.

Martin and Halverson suggest that there are two types of sex-related schema: the “in-group, out group” schema and the “own-sex” schema. So a girl might begin by identifying toys which are for the in-group (a doll for a girl) or out-group (a train for a boy) and then move on to the “own-sex” schema by thinking:- A doll is for a girl. I am a girl. A doll is for me. These schemas help children interpret and organise their experience – schemas simplify the world for us. They are very similar to stereotypes.

If we do not categorise information and make generalisations (e.g. about what boys like and what girls like) on that basis, we simply would not be able to manage our lives effectively. For children exposed to an endless stream of new information and novel input, such processes of simplification are necessary in order to make sense of the complex world around them.

The gender schema that a child develops is appropriate to that child’s culture, so gender schemas will vary from culture to culture, much as in Kohlberg’s theory children’s gender identity will differ according to their culture.

## Research evidence

**Martin and Little (1990)** studied 3-5 year olds and found that they had very basic understanding of gender yet they had strong gender stereotypes about what girls and boys were supposed to do i.e. they did understand gender appropriate behaviour. Hence only basic gender understanding is needed to affect the child’s gender behaviour.

**Martin, Eisenbud & Rose (1995)** showed 3-5 year old children toys that they could play with, but before they made their choices, they were told that the toys were either for boys or girls. They found that boys would play with the toys that they had been told were meant for boys, and girls would play with the toys that they were told were meant for girls

**Martin, 1989** When children were asked to predict how much the characters in a story would like masculine and feminine toys the younger children relied only on the sex of the character to make their judgements whereas older children took into account both the sex of the character and their stated likes and dislikes.

**Is there any contradictory evidence?**

Not exactly, but this evidence is problematic for the study: When describing toys that other children would like, 3 and 4 year old children used sex-role-oriented thinking to justify their answers, however, they used significantly less of this type of reasoning to justify decisions regarding their own toy preferences. After a session of free play they did not justify their toy choices by referring to gender, but by referring to the toys themselves and what they could do. (**Eisenbrg et al, 1982)**

**Social influences on gender**

**Note:** *Social influences on gender is the one section of the specification where there is no theory or overall explanation. For an exam question if you are asked to outline research in to social influences on gender or outline cultural influences on gender, the AO1 will be studies. This also affects how you write the AO2 but you still need IDA, AO3 and wider evaluation.*

**Social influences on gender**

**Two different types of socializing agents that may exert an influence on gender:**

**1) Informal socializing agents**

People who are in close contact with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_, such as: parents, \_\_\_\_\_\_\_\_\_\_\_, extended family, \_\_\_\_\_\_\_\_\_\_\_\_

**2) Formal socializing agents**

These are more \_\_\_\_\_\_\_\_\_\_\_\_ organizations or entities, but they still exert an influence on individual behaviour. Examples include \_\_\_\_\_\_\_\_\_\_\_\_\_, media.

**Research into parents**

Hagan and Kuebli (2006) examined how parents influence sex differences in young children’s \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_. Eighty three- and four-year old children climbed across a five-foot high catwalk and walked across a three-foot high beam under their mother or father’s supervision. Both of these activities posed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to pre-schoolers’ safety without proper parental monitoring. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of daughters monitored their children more closely than did fathers of sons. In contrast, mothers of daughters and mothers of sons monitored their children \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Other research also shows that fathers’ behaviour discriminates more between girls and boys than mothers’ behaviour does.

Friedman et al (2007) tested the relationship between mothers' \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_, mothers' comments about gender, and young children's gender-stereotyped beliefs. Mothers read and discussed a gender-related story to their child. 74 \_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ pairs were studied. A \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the mother’s talk was carried out. Mothers with gender-equal attitudes used more counter-stereotypical comments. Mothers used more counter-stereotypic comments with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ than \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Mothers' gender attitudes predicted gender stereotyping in younger children (3-5 years) but not older children (6-7 years).

**Research into schools**

Evans and Davies (2000) looked at the \_\_\_\_\_\_\_\_\_\_\_\_ published in 1997 in America for children in the first, third and fifth grade. They carried out a content analysis and found that although there was a roughly equivalent number of male and female characters represented (54% male and 46% female) the characters were still \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Male characters were much more aggressive and competitive, whilst female characters more \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expressive.

Bigler (1995) conducted a \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in which classroom teachers were asked to use gender as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to divide children into groups, so the pupils were in all girl or all boy groups. \_\_\_\_\_\_\_\_\_\_\_l classes were divided into colour groups (red/green) or were given no explicit instructions about grouping. Four weeks later the children in the gender groups showed more \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ views compared to the control groups and their own pre-test scores.

**Cultural influences on gender**

Past questions on Gender

**January 2010**

(1) Outline psychological **and** biological explanations of gender development. *(8 marks)*

(2) Consider whether psychological or biological approaches provide the better explanation of gender development. *(16 marks)*

**June 2010**

1. Outline the biosocial approach to gender development. (4 marks)
2. Outline social factors that may influence gender roles. (4 marks)
3. Use research to assess the influence of social factors on gender roles. (16 marks)

**January 2011**

Discuss Kohlberg’s theory of gender development. *(8 marks + 16 marks)*

**June 2011**

*The other 4 marks + 16 mark question from this exam can no longer be asked for the current specification*

1. Outline and evaluate cross-cultural studies of gender role. *(4 marks* + *8 marks)*

**January 2012**

1. Describe research into social influences on gender. *(8 marks)*
2. Assess the importance of social influences on gender.  *(16 marks)*

**June 2012**

Describe and evaluate the gender schema theory of gender development. *(8 marks+ 16 marks)*

**January 2013**

Discuss the biosocial approach to gender development. *(8 marks + 16 marks)*

**June 2013**

Discuss Kohlberg’s theory of gender development. *(8 marks + 16 marks)*

**June 2014**

Discuss gender schema theory. *[8 + 16 marks]*