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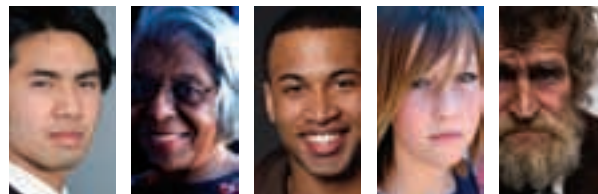
Age and Sexuality

OUR SOCIETY IS OBSESSED WITH YOUTH. Supermodels are over the hill at age 25, and actresses over 40 are rarely cast as anything but grandmothers. You can buy hundreds of products designed to eliminate baldness, gray hair, wrinkles, crows' feet, paunches, all of the characteristics of age, but not a single one that promises "distinguished-looking gray hair" or "healthful wrinkles of a senior citizen."

At the same time, our society is growing older. The **Graying of America** is a recurrent headline. The proportion of Americans over 65 increases every year, while the proportion under 35 shrinks.

Our society is equally obsessed with sex. We are constantly bombarded with sexual images. Advertisers work from the motto "sex sells." References to sex and the sexual body are

sprinkled liberally through our daily conversations. Sex is everywhere—online, in books and magazines, on TV, and in movies and music. Yet we think of sex as our most intimate and private experience. We rarely discuss



our sexual experiences honestly with family and friends. We consider our drives and desires to be irrational, out-of-control impulses, some too shameful to even utter.

And when it comes to sexual identities, we think of them as fixed and permanent—something we are, not something we become. At the same time, though, we debate about

We're obsessed with youth and getting older every day; we're obsessed with sex, but have trouble discussing it honestly.

whether or not homosexuals can teach our children without trying to recruit them and offer "conversion" therapies to help them become heterosexual.

So which is it—younger or older? Public or private? Sexuality biologically fixed or malleable and changing? To the sociologist, the answer to these questions is rarely one or the other. It's both. We're graying and youth obsessed at the same time. Sex is both private and public. Sex is a central part of our identity, and it evolves and changes over the course of our lives. What we desire, what we do, and what we think about what we do are all social. It turns out that there are few things in our lives that are more social than sex.

Age and Identity

What does *old* mean, anyway? Sociologists believe that age is less a biological condition than a social construction. Depending on the norms of their society, a 15-year-old may play with toy soldiers or fight in real wars, a 20-year-old may receive a weekly paycheck or a weekly allowance, 40-year-olds may be changing the diapers of their children or their grandchildren, and a 60-year-old may be doddering and decrepit or in the robust prime of life. It is not the passing of years but the social environment that determines the characteristics of age.

Age remains one of our major social identities; we assess ourselves and each other—positively and negatively—based on age as frequently as on class, race, ethnicity, gender, and sexuality. These judgments result in social stratification, for distributing rewards and punishments, and for allocating status and power.

To the sociologist, age is a basis for identity and a cause of inequality. As an identity, sociologists differentiate between your **chronological age**—a person’s age determined by the actual date of birth—and **functional age**—a set of observable characteristics and attributes that are used to categorize people into different age cohorts. An **age cohort** is a group of people who are born within a specific time period and therefore assumed to share both chronological and functional characteristics.

Traditionally, the sociological study of aging was called **gerontology**, which is defined in the *American Heritage Dictionary* as the “scientific study of the biological, psychological, and sociological phenomena associated with old age and aging.” However, sociologists now understand that such a study, while essential, tells only half the story. While age is a facet of identity at all moments through the life cycle, most of the inequality based on age occurs at the upper *and lower* ends of the life span—that is, among the young and the elderly. In high-income countries like the United States, older people often wield a great deal of political power, but they still must battle negative stereotypes and limited social services. Children, teenagers, and young adults often lack any power, prestige, and resources, but they are seen as filled with potential, and we strive to look like them. And while we tout compassion for our elders and commitment to our kids, our social and economic policies often shortchange or harm both of these vulnerable groups. Today, the study of age and aging in sociology requires that we study both identity and inequality among both the young and the old—as well as everyone in between.

Did you know?

Perhaps the most famous riddle of all time contains a metaphor of life stages. In ancient Greece, a monster called the Sphinx accosted travelers near the city of Thebes and asked them, “What is the animal that walks on four legs in the morning, two legs at noon, and three legs in the evening?” Anyone who gave a wrong answer was devoured!

Many tried to answer—all unsuccessfully—until a stranger named Oedipus stepped forward with the solution: “Man. He crawls on his hands and knees as a child, walks on two legs as an adult, and uses a cane in old age.”

The Stages of Life

All societies—whether tribal, agrarian, or industrial—have always divided the **life span** into stages, seasons, or age groups. Each stage is expected to have its own **age norms**—distinctive cultural values, pursuits, and pastimes that are culturally prescribed for each age cohort. Life stages create predictable social groupings, allowing us to know in advance what to expect from strangers and new acquaintances and how to respond to them.

From ancient times through the early modern period of the seventeenth century, the rough division into childhood, adulthood, and old age was sufficient. Beginning about 1800, advances in sanitation, nutrition, and medical knowledge pushed up the average life expectancy in the United States and Western Europe. (**Life expectancy** is the average number of years that people born in a certain year could expect to live.) At the same time, the Industrial Revolution required that most children would grow up to work in factories and offices rather than on farms. They had to go to school to

learn to read, write, and do basic arithmetic, and many of them stayed in school well into their teens. They weren't children anymore, but they weren't adults, either.

New stages of life were coined to accommodate the changes. According to the *Oxford English Dictionary*, the term *adult* entered the English language around 1656. **Adolescence** gained its current meaning, a life stage between childhood and adulthood, in the late nineteenth century. The adjective *teen-age* appeared during the 1920s, and the noun *teenager* in 1941. The stages advanced as well: Adulthood started near the end of the teens, and elderly meant over 60, then over 65.

Today, increasing affluence, better nutrition, and more sophisticated medical expertise have increased the average life expectancy (in rich countries). Now, we often become adults at 25 or 30, and “elderly” means well over 70. With such a longer life expectancy, we need more life stages than “childhood,” “adolescence,” “adulthood,” and “old age.” We now divide adulthood and old age into new stages roughly ten years apart:

- 25–35: young adulthood
- 35–45: “young” middle age
- 45–55: middle age
- 55–65: “old” middle age
- 65–75: “young” old age
- 75–85: “old” old age
- 85 and over: “oldest” old age (Moody, 1998)

Of course, the boundaries of these life stages are subject to lots of variation and change.

In most societies, the transitions between life stages are occasions of great importance, marked by important milestones, ceremonies, and rituals. Many nonindustrial societies require grueling rites of passage, such as weeks in a sweat lodge or embarking on some “spirit quest” in the wilderness. Today the many transitional stages of late childhood and adolescence are marked by bar mitzvahs, religious confirmations, high school and college graduations, coming-out parties (for young women entering fashionable society at age 18), and *quinceañeras* (for 15-year-old girls in Hispanic communities).

There are also a seemingly endless number of milestones, especially for the middle class: a first part-time job, a first full-time job, getting a driver's license, being allowed to vote or to drink alcohol, owning a first car, moving into a first apartment. Middle-class adulthood has fewer milestones, and many involve watching children go through the life stages. Late adulthood and the transition to old age are marked by a flurry of retirement ceremonies and often accompanied by cross-country moves.

Adolescence

Before the eighteenth century, people were certainly aware of the physiological transformation that children undergo as they become adults, and they even called it “adolescence.” But, as with childhood, they did not recognize it as a distinct sociological stage. Through the eighteenth century, teenagers were also considered “miniature adults.” Then they were considered “big kids,” just as innocent and carefree. In fact, through the early twentieth century, they were expected to have the same pastimes



▲ Many cultures celebrate rituals that mark the end of one life stage and the beginning of another. An example of such a ritual is this *quinceañera* (a young woman's celebration of her fifteenth birthday) in Salina, Kansas.

What
do **you**
think?



Teen Sex

Rites of passage are typical experiences for most of us who move through childhood and on to adulthood and beyond. These rites of passage have cultural and personal significance; one of these rites of passage is becoming sexually active. Societal norms no longer dictate that sexual activity should be engaged in only within the confines of marriage, and as premarital sex becomes more accepted, the age at which young people first engage in sexual activity gets younger. Despite this, there is an age limit before which most people believe youth should not be engaging in sex. So, what do you think?

For those in their early teens, 14–16 years old, sex before marriage is:

- | | |
|---|--|
| <input type="radio"/> Always wrong | <input type="radio"/> Sometimes wrong |
| <input type="radio"/> Almost always wrong | <input type="radio"/> Not wrong at all |

See the back of the chapter to compare your answers to national survey data.

Source: General Social Survey, 2004.

and interests as younger children. But as labor became more specialized, children required more specialized training, not only in the 3 Rs (readin', writin', and 'rithmetic) but in Latin, algebra, bookkeeping, and world history: They had to go to high school. Between 1880 and 1940, the high school graduation rate increased from 2 percent to 50 percent and the college graduation rate from under 2 percent to 9 percent. Faced with a deferment of adulthood from the early teens to the late teens or even later, adolescence became a new life stage between childhood and adulthood, with its own norms, values, pastimes, and pursuits.

Young Adulthood

Young adulthood is a transitional stage from adolescence, marking the beginning of our lives as fully functioning members of society. Sociologists have identified five milestones that define adulthood: (1) establishing a household separate from our parents; (2) getting a full-time job so we are no longer financially dependent; (3) getting married; (4) completing our education; and (5) having children. Major structural changes in the economy, as well as media images that encourage us to stay young longer, have pushed the age at which we complete these from about 22 to close to 30 (see Arnett, 2004).

In 1950, close to half of all women in the United States were married for the first time by age 20 (and men a few years later). By 1975, the median age (when half were married) was 21, and today it's risen to about 25 (Settersten, Furstenberg, and Rumbaut, 2005).

We're starting families later, too. In 1970, the average age for women at the birth of their first child was 21.4 in the United States (men weren't asked). In 2000, it was around 25. One of the reasons for the delay is greater gender equality. Since 1970,

the percentage of women graduating from college has nearly doubled, and the number in the labor force has gone up by nearly 40 percent (Arnett, 2004).

The age at first birth differs by race: 22.3 for African Americans, 25.9 for Whites, and over 30 for Asian Americans. Among Hispanic Americans, the age ranges from 22 for Puerto Rican and Mexican women to 27 for Cuban women (Centers for Disease Control, 2002). This correlation probably reflects the lurking variable of socioeconomic class: Well-educated, wealthy, and middle-class women are more likely to finish college or start their careers before they think about having children, while poor and working-class women are likely to start having children in their late teens or early twenties. We see the same pattern globally: In wealthy countries, women put off starting their families for some years after adolescence. The average age of a mother when she gives birth for the first time is 29 in Switzerland. But in West Africa, 55 percent of women have children in their teens (Martin et al., 2006).

Putting off all adult responsibilities may be a response to increased longevity: If I'm going to live 20 years longer than my grandparents did, then maybe I have 20 more years to "grow up." But it is also a response to the fluid nature of contemporary adulthood. The milestones that once spelled the entrance to adulthood, definitively and finally, now occur throughout life, so it is little wonder that people feel like adolescents at age 30, 40, 50, or even as old as 60.

Middle Age

Because they're starting young adulthood later, people are also starting middle age later, in their 50s instead of their 40s, but eventually they are bound to notice some physiological changes. Some of these changes are class and race related. Difficult manual labor obviously ages one more rapidly than working in an office, and painting houses will age you more quickly than painting on a canvas.

If there is a developmental task of middle age, then it is this: acceptance. One must accept one's life as it is, and "put away childish things"—like the dreams that you will drive a Ferrari, be a multimillionaire, or get to say "you're fired" on national television. Many adults have a difficult time achieving that acceptance; indeed, the constant emphasis on youth and glamour makes it increasingly difficult.

In earlier generations, parents hoped that they would live long enough to see their children marry. Today they often live to see their grandchildren and great-grandchildren marry (or establish domestic partnerships). But the increase in longevity and the delay in childbearing means that many middle-aged adults find themselves in the **sandwich generation**, caring for dependent children and aging parents at the same time. The sandwich generation is often stressed, worried, strapped, and squeezed. According to the General Social Survey, 70 percent felt stressed, compared to 61 percent of those without dual care responsibilities (General Social Survey, 2006).

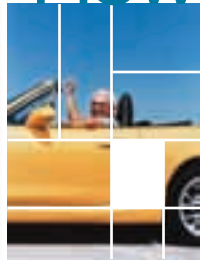
Old Age

A hundred years ago, half of the population of the United States was under 23 years old, and only 4 percent was 65 or older. But the number of older Americans has



▲ "Twixters" or "adulthooders": Young people today take longer to make the transition from adolescent to adult than ever before. "Thirty is the new twenty."

How do we know what we know?



The “Midlife Crisis”

Two best-selling books of the 1970s, *Seasons of a Man's Life*

(Levinson et al., 1978) and *Passages* (Sheehy, 1976), popularized the belief that middle-aged men (and to a lesser extent, women) go through a developmental “crisis” characterized by a pressure to make wholesale changes in their work, relationships, and leisure. For men, stereotypical responses to this pressure might include divorcing their wives to date younger women, pursuing lifelong ambitions, changing jobs, buying sports cars, and taking up adventurous and risky hobbies.

The idea of *midlife crisis* was embraced by a large segment of mainstream American culture. Middle-aged people found the concept intuitively compelling as a way of understanding changes in their own feelings and behaviors. Others employed it as a useful explanation of erratic behavior in their middle-adult parents or friends. Thirty years later, it remains a

popular concept, the subject of pop psychology books and websites offering help for people (especially men) who struggle with the symptoms of the “crisis”: depression, angst, irrational behavior, and strong urges to seek out new partners.

Despite the popular belief that the male midlife crisis is universal and based on chronological age, careful research clearly demonstrates that this so-called crisis is not typical. Most men do not experience any sort of crisis in their middle-adult years. Disconfirming research became available shortly after the concept was introduced (Costa and McCrae, 1978; Valliant, 1978), and more recent research finds no empirical support for midlife crisis as a universal experience for either men or women (Wethington, 2000). Midlife does present a series of developmental challenges, and some middle-aged men do respond in ways that fit the stereotype. However, people go through challenges and crises in every life stage. The triggers are usually changes in work, health, or relationships

rather than a mere accumulation of birthdays.

In the largest study to date on midlife, sociologist Elaine Wethington (2000) supported the findings of previous studies in demonstrating that midlife crisis is far from inevitable. However, she also found that more than 25 percent of those over age 35 surveyed (all residing in the United States) *believed* that they have had such a crisis. On further investigation, about half of these reports reflected only a time of stressful life events, not a sustained period of loss of balance and searching.

Belief in midlife crisis may partially hinge on what's called *confirmation bias*, whereby a single case or a few cases of the expected behavior confirm the belief, especially when the behavior is attention getting or widely reported. Less obvious disconfirming behavior is easier to ignore. In other words, if we happen to know a man who spent the year after his forty-fifth birthday getting a divorce, dating a 22-year-old, buying a sports car, and taking up skydiving, we might believe in the midlife crisis, even though we know a dozen other middle-aged men who have done none of these things.

increased dramatically: In 2006, they numbered 37.2 million, or more than 12 percent of the population (U.S. Census Bureau, 2006d). Jerry Gerber and his coauthors (1990) argue that in the next few decades, the dramatic growth in the proportion of people over age 65 will produce an “age-quake” with similar radical social transformations. By 2050, the elderly will number 86.7 million, more than the entire U.S. population in 1900. They will comprise 21 percent of the population of the United States and about 20 percent of the population of the world (U.S. Census Bureau, 2005). The fastest growing segment will be people 85 and older. There were 4.9 million in the United States in 2004, and by 2050, there will be 19 million (5 percent of the total population) (Table 10.1).

Two factors have led to the increase in the percentage of the population that is elderly and the gradual “graying of America.” First, the birth rate has been declining for more than a century. Also, the twentieth century saw more women working outside the home and therefore unable to raise a large number of children, and advances in birth control technology served to limit unexpected pregnancies. The U.S. birthrate

is at its lowest level since national data have been available and is 153rd in the world (Central Intelligence Agency, 2006) (Table 10.2).

Second, while the birthrate has been going down, life expectancy has been going up. In the United States, it shot up over 20 years during the first half of the century, from 47.3 in 1900 to 68.2 in 1950 (Figure 10.1). During the last half of the century, it increased another 9 years or so, to 77.6 (National Center for Health Statistics, 2005). And the United States actually lags behind most of the wealthy nations, including Canada, France, Germany, New Zealand, Spain, the United Kingdom, and Japan. Andorra, a tiny country in the Pyrenees between France and Spain, currently has the highest life expectancy in the world (83.5 years) (U.S. Census Bureau, 2006d).

Some of the increases were quite dramatic, depending on race and gender. Even occupation plays a role: People with high-prestige jobs live longer than those with low-prestige jobs, even after they are retired (Bassuk, Berkman, and Amick, 2002).

In poor countries, life expectancy did not rise significantly during the twentieth century. In fact, in sub-Saharan Africa, it actually decreased: In Malawi it is 37.6, in Botswana 39.3, and in Uganda 42.9 (World Health Organization, 2003). Not that people are dying of age-related illnesses like heart disease and cancer at the age of 37 or 39; malnutrition and disease, especially HIV, keep most people in these countries from living to see middle age. Things are getting higher and lower, better and worse at the same time.

There are three life stages among the elderly. The “young old,” ages 65 to 75, are likely to enjoy relative good health and financial security. They tend to live independently, often with a spouse or partner. The “old old,” ages 75 to 85, suffer many more health and financial problems. They are more likely to be dependent. The “oldest old,” ages 85 and higher, suffer the most health and financial problems (Belsky, 1990). However, these experiences vary enormously by class. For the lower classes, aging is often a crisis, in some cases a catastrophe. Working-class and poor people have the greatest number of health problems and the lowest rates of insurance, the least savings and retirement benefits, and the greatest financial needs.

Aging and Dying

In 2005, a writer for *USA Today* asked people about their fears of growing old. Fifty-two percent responded “winding up in a nursing home”; 69 percent said “losing mental abilities”; 36 percent said “being alone”; 59 percent said “not being able to drive/travel”; and 49 percent

TABLE 10.1

Percent of Population in Older Ages by Region, 2000, 2015, and 2030

REGION	YEAR	65 YEARS OR OLDER	80 YEARS OR OLDER
Asia	2000	5.9	0.9
	2015	7.8	1.4
	2030	12.0	2.3
Europe	2000	14.7	3.0
	2015	17.6	4.7
	2030	23.5	6.4
Latin America/Caribbean	2000	5.6	1.0
	2015	7.6	1.5
	2030	11.5	2.5
Middle East/North Africa	2000	4.4	0.6
	2015	5.5	0.9
	2030	8.4	1.4
North America	2000	12.4	3.3
	2015	14.7	3.9
	2030	20.0	5.4
Oceania	2000	10.1	2.3
	2015	12.4	3.1
	2030	16.3	4.4
Sub-Saharan Africa	2000	2.9	0.3
	2015	3.1	0.4
	2030	3.6	0.5

Source: U.S. Census Bureau, International Data Base.

Did you know?

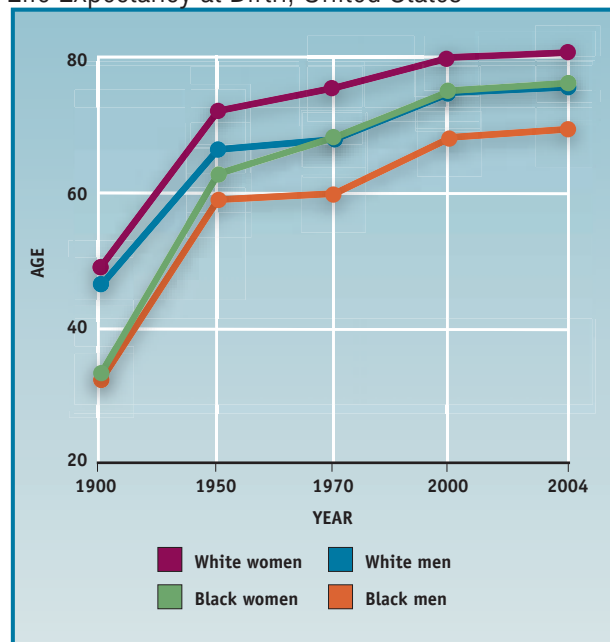
According to the *Guinness Book of World Records*, the oldest verifiable person in the world was Jeanne Calment, a lifelong resident of Arles, France, who died on August 4, 1997, at the age of 122 years, 164 days. Her secret: She was “never bored.” She took up fencing at age 85, rode a bicycle at age 100, and released a rap CD at 121. She finally gave up smoking at the age of 120, but not because she was worried about the long-term health consequences: She was blind and unable to see the cigarettes to light up.

TABLE 10.2

Selected Birthrates Worldwide		
RANK	COUNTRY	BIRTHRATE (BIRTHS/1,000 POPULATION)
1	Niger	50.73
2	Mali	49.82
3	Uganda	47.35
34	Haiti	36.44
50	Iraq	31.98
93	India	22.01
103	Mexico	20.69
107	World	20.05
117	South Africa	18.20
133	Turkey	16.62
134	Brazil	16.56
153	United States	14.14
169	Australia	12.14
173	France	11.99
183	Canada	10.78
186	United Kingdom	10.71
207	Japan	9.37
222	Germany	8.25
223	Hong Kong	7.29

Source: CIA, *World Factbook*, 2006.

FIGURE 10.1
Life Expectancy at Birth, United States



Source: Data from Centers for Disease Control and Prevention, 2006.

said “not being able to work/volunteer.” These myths about growing old have little basis in reality (Manning, 2005):

- **Living in a nursing home.** The vast majority of elderly people maintain their own homes and apartments, and a large percentage live with relatives. Only about 5 percent live in continuous long-term care facilities (LTCFs) or nursing homes (Freedman, Martin, and Schoeni, 2002; Kinsella and Phillips, 2005).
- **Losing mental abilities.** Alzheimer is one of several different root causes of senility, a gradual or sudden loss of cognitive function (thinking, reasoning, and memory). But less than 5 percent of the elderly develops any of the types (American Psychiatric Association, 2007).
- **Being alone.** Some degree of loneliness is inevitable as long-term family and friends die or move away, but 71 percent of elderly men and 44 percent of elderly women live with a spouse or romantic partner, and a sizeable percentage live with relatives other than their spouses: 21 percent of White, 43 percent of African American, 49 percent of Hispanic, and 59 percent of Asian elderly (Fields and Casper, 2001; Wilmoth, DeJong, and Himes, 1997).
- **Having nothing to do.** This is usually a characteristic of income rather than age: It takes money to do things. The poor are likely to have nothing to do regardless of their age, but middle-class and affluent elderly tend to be more active in sports, hobbies, and religious and community groups than the middle-aged who are busy with their children and careers.

Nearly one-fourth (24 percent) of those surveyed by the *Washington Post* named “dying” as their number one fear about growing older, but only recently has death been associated with old age (Levine, 1999). From ancient societies through the European Middle Ages, poor nutrition, sanitation, and health care meant that the end of life often came in childhood, young adulthood, or middle age. The elderly (which meant anyone over 40) were not viewed as waiting for an inevitable decline and death but as very lucky to have cheated death for so long.

In the United States, the leading causes of death are heart disease, cancer, stroke, and emphysema. The rates and causes of death vary tremendously by age, sex, and race. Among 15- to 19-year-old men, for instance, the death rate is 0.55 per thousand for Asians and 0.89 for Whites. It nearly doubles to 1.32 per thousand for African Americans and 1.48 for Native Americans, while for women of all races, it’s 0.40. We have to conclude that



Sociology and our World

Why Women Live Longer Than Men

Because women live longer than men, the elderly are more likely to be female. In the United States, the ratio of men to women is about 8:10 for those 65 to 75, and by 85 it decreases to 4:10 (*The Economist*, 2005).

But why do women live longer? Physicians have speculated that women have stronger constitutions and more immunity to disease. They are less likely to fall victim to heart disease because testosterone increases the level of “bad” cholesterol (low-density lipoprotein) while estrogen increases the level of “good” cholesterol (high-density lipoprotein). British researcher David Goldspink (2005) found that men’s hearts weaken much more rapidly as they age: Between the ages of 18 and 70, their hearts lose one-fourth of their power, but healthy 70-year-old women have hearts nearly as strong as 20-year-olds (but don’t worry, regular cardiovascular exercise can slow or stop the decline).

Because the gap is decreasing, one cannot attribute this difference to biology. What sociological reasons might account for women living longer? Between the ages of 18 and 24, men are four to five times more likely to die than women, mostly from accidents: During this period of late adolescence and early adulthood, men often prove their masculinity through reckless and

risky behavior, while women do not. At every age, men spend more time in the public sphere, where they are more likely to get into accidents, commit violent crimes, be victimized by crime, and be exposed to illnesses and hazardous material. Meanwhile, women spend more time at home. So, as gender inequality lessens and more women work outside the home, we would predict that the gap will decrease.

The problem is that the gap is decreasing everywhere, in both gender-polarized and gender-egalitarian countries: 5.80 years in Norway and 5.70 years in Sri Lanka, 7.95 years in France and 4.31 years in Mongolia. In fact, it seems to be shrinking more rapidly in gender-polarized countries: 2.51 years in Ethiopia, 1.81 years in Pakistan. And in seven countries, including Bangladesh, Malawi, Namibia, and Afghanistan, men are living longer than women.

Sociologists explain this by pointing out that rich and poor countries are diverging far more than women and men are in those countries. In poor countries, both women and men are increasingly susceptible to poor nutrition or health care, HIV, or violence and war. In wealthy countries, better health care and nutrition mean that both women and men are living longer. By 2040, European and American women will live to be about 100, and men will live to be 99 (Woods, 2005).

among teenage boys, African Americans and Native Americans tend to lead more hazardous lives than Whites or Asians, perhaps due to impoverished living conditions and the need to prove their masculinity through risky behavior. The leading cause of death for those under age 34 is accidents for everyone except the African American men, who are more likely to die from assaults (National Center for Health Statistics, 2007).

Globally, leading causes of death vary from what we experience in the United States. Common diarrhea is the sixth leading cause of mortality throughout the world, killing roughly 1.8 million people each year.

Tuberculosis, largely a treatable disease in the United States, is the seventh leading cause of death around the world (World Health Organization, 2003). Living conditions, clean water, access to medicine and medical care, and other sociological factors affect these rankings.

Sociologically, death is a process, not an event. Death may be the cessation of biological life, but its meaning changes dramatically from culture to culture. It is as much a cultural process as birth, maturation, and aging. Understanding how a group of people experience and explain death can provide a lens through which one can view the entire society.

Age and Inequality

Many societies place great value on the wisdom and authority that elders provide (Etzioni, 2005); *old* is a term of respect in Japanese, bestowed on people who are not elderly at all. But in the West, and especially in the United States, *old* means feeble, fragile, worn out, and outdated.

Physician Robert Butler, the first head of the National Institute on Aging, coined the term **ageism** in 1969 to refer to differential treatment based on age (usually affecting the elderly rather than the young). For instance, a housing development near his home in metro Washington, D.C., did not allow people over 65 to purchase homes. Many jobs are closed to people over 65 or even over 40 because potential employers believe that they are physically and mentally inferior to young people and therefore unable to handle the fast pace of the contemporary workplace. Some potential employers also believe that they have too few productive years to warrant investing in their training.

Age and Poverty

In 1959, 33 percent of elderly men and 38 percent of elderly women in the United States were living below the poverty level. Today, seniors as a whole are more affluent than ever before, in wealth (accumulated net worth) if not in annual income. In 2000, elderly households had a median net worth of \$108,885, while households of those under 35 had a much smaller median net worth of \$7,240. Of elderly people, 81 percent owned their own home in 2000, as opposed 68 percent of all householders (U.S. Census Bureau, 2001).

However, many elderly people lack the savings, investments, or pensions to be self-supporting after retirement. Most rich nations provide extensive benefits to their elderly populations, but the United States does not. Consequently, the poverty rate for senior citizens in the United States is about 10 percent—much higher than it is in other rich nations. The old are both richer and poorer than they ever have been.

In old age, inequalities based on race and gender are magnified. While they are age 18 to 64, African Americans and Hispanics are twice as likely to fall beneath the poverty threshold as their White non-Hispanic counterparts, but in the over 65 age group, they are *three* times as likely. Elderly women of all races are more likely to be

poor than elderly men, and three times more likely when they reach the “oldest old” life stage of 85 and up (U.S. Census Bureau, 2001). When disenfranchised gender and racial categories are combined, the income inequality becomes more pronounced: 27.4 percent of elderly African American women and 21.7 percent of elderly Hispanic women are poor.

But these are only the percentages that fall below the official poverty threshold, \$8,825 for an individual over age 65 and \$11,133 for a couple (U.S. Census Bureau, 2001). A much higher proportion of elderly people are below 150 percent of the poverty threshold: nearly half of African American and Hispanic and a quarter of White individuals (Figure 10.2).

The **Social Security** program, begun in 1940, improved the financial situation of the elderly. Retired workers receive a monthly stipend based on how much they contributed to the

Age inequalities are often compounded by inequalities of class, race, and gender. ▼



program through their lives. Those who worked consistently throughout adulthood (for employers who participate) might receive \$2,000 per month, but gaps in employment history decrease the stipend to a few hundred dollars.

However, people who worked consistently throughout adulthood often receive pensions or other retirement provisions and so are less dependent on Social Security as their primary source of income. People who were poor during their adulthoods, unemployed, or working in low-income jobs that don't participate in the program, will receive the lowest stipends, even though they need the money the most. In old age, the rich get richer and the poor get poorer.

Today, the number of companies offering traditional pension plans and other retiree benefits, such as health care, is shrinking rapidly (Figure 10.3). Within two decades, barely one in eight retirees will be getting a guaranteed pension, and health insurance, offered by just 20 percent of companies in 2005, may disappear entirely (Gleckman and Miller, 2005).

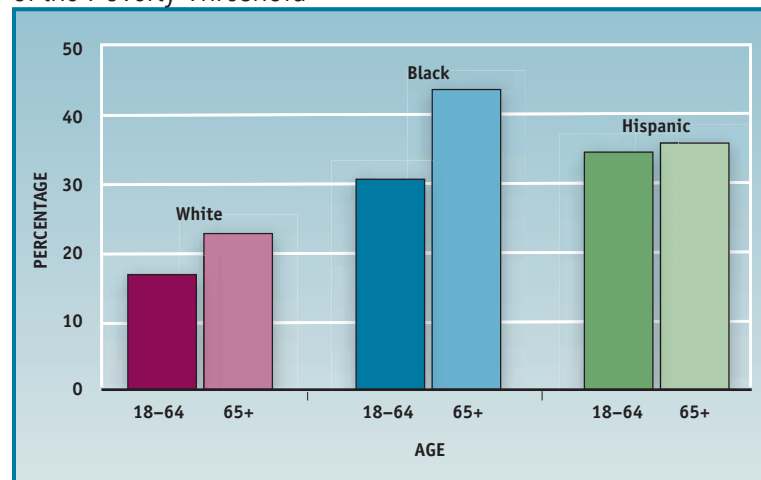
Retirement

Work not only provides money and an opportunity for social interaction, it brings social prestige, personal identity, and a purpose in life. Its end, therefore, can have a devastating impact. We all have heard of people who were in good health yet died within months of their retirement. Perhaps the most poignant story is of cartoonist Charles Schulz, creator of the *Peanuts* comic strip, who died the day he drew Charlie Brown and Snoopy for the last time. (He had announced his retirement because he had cancer.)

Retirement is also a mark of social status. High-status professionals, managers, and sales workers are less likely to retire because their jobs are less physically demanding and more flexible than those of laborers, machine operators, and low-status clerical workers (Hayward and Grady, 1990).

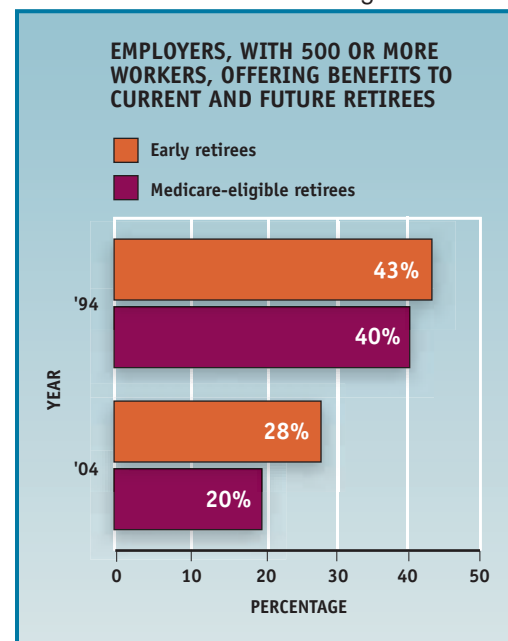
However, the idea of retirement as an abrupt transition from work to leisure belongs to the past. Many elderly people continue to work, at least on a part-time basis, by necessity or to add social contacts and give their life a sense of purpose. Elder and Pavalko (1993) found that 30 percent of their sample retired abruptly, 8 percent did not retire at all, and 62 percent had other sorts of transitions: They worked part time, found new jobs, retired for a few months and then returned to work, or held "bridge jobs" between their old employment and retirement. These trends are on track to increase. When AARP asked baby boomers how they envision their retirement, 79 percent said they plan to work in some capacity during their retirement years (AARP, 2001).

FIGURE 10.2 Individuals Living below 150 Percent of the Poverty Threshold



Source: U.S. Census Bureau, Current Population Survey, 2003.

FIGURE 10.3 Shrinking Benefits



Source: From "More Risk—More Reward: Now More Than Ever, Retirees Are on Their Own" by Howard Gleckman and Rich Miller, *Business Week*, July 25, 2005.

Did you know?

The old joke that when you turn 65, you are required to move to Florida is close to the truth. In 2004, 17 percent of Florida's population was over 65, the highest percentage in the United States (California had the highest raw numbers of elderly persons). West Virginia, Pennsylvania, North Dakota, and Iowa followed, at 15 percent each, but Nevada is catching up: Between 2003 and 2004, its elderly population increased by 4.2 percent. By 2030, six states are expected to have elderly populations of 25 percent or more: Florida, Maine, Montana, New Mexico, North Dakota, and Wyoming (U.S. Census Bureau, 2005).

Elder Care

Before the twentieth century, family members were expected to take care of their elderly parents, grandparents, aunts, and uncles. The few elderly people with no surviving relatives, or with relatives not interested in caring for them, might find their way into a convent or monastery, but more likely they would end their days as beggars. Today, family members still provide about 80 percent of elder care, providing services estimated at \$257 billion per year (National Family Caregivers Association, 2007). However, the birthrate is decreasing, so a much larger proportion of the elderly population has no close relatives, and the increased life expectancy means an increased incidence of health problems severe enough to require professional care. So who is taking on that burden?

Many industrialized societies have institutionalized elder care through a series of nursing homes, hospitals, and other institutions. While the general quality of care is acceptable, it depends significantly on class. In many places, poorly paid staff at underfunded and overcrowded institutions leads to neglect and even elder abuse. But most Americans do care about the elderly. According to a survey from the National Alliance for Caregiving (2004), 40 percent of family caregivers worry about the well-being of the person they care for nearly every day, more often than they worry about their children, their job, retirement savings, their partner's health, the stock market, or terrorism. Yet they must constantly juggle caregiving with their work and personal commitments: 80 percent work full time in addition to their caregiving, and 40 percent are raising children under 18 (Chatzky, 1999; National Alliance for Caregiving, 2004; Velkoff and Lawson, 1998).

Youth and Inequality

The decline in birthrate plus extended life expectancy has *increased* the elderly proportion of the American population and *decreased* the young proportion: People under age 25 comprised 53 percent of the population in 1900, 41 percent in 1950, and 28 percent in 2003 (Carter, 2006). We might expect that this change would result in improved well-being for the young because there are fewer to compete for social resources.

But the aging population is composed largely of middle-class, politically active, organized retirees. They have activist groups like the AARP (formerly the American Association of Retired People) and the Gray Panthers, which help promote elder interests and develop a consciousness of themselves as a group. While the elderly often experience social isolation, they are also more organized than the elderly have ever been in history. They vote at a higher rate than the general population. They also own a greater share of the wealth, which means they wield a great deal of economic and political power (U.S. Census Bureau, 2006).

In contrast, young people are virtually powerless. They are increasingly likely to come from single-parent, disadvantaged families with little political influence and no control over public resources. As children and adolescents, they cannot vote, and they have few activist groups—their political participation occurs almost entirely under the supervision of their parents. Their unemployment rate is nearly

double that of middle-aged people. They are just as vulnerable as elders, but they have no voice. As young adults, they have more opportunities for political action, but they still cannot match the economic vitality and political clout of the older generations.

Youth and Poverty

In 2006 the poverty rate for children under 18 in the United States was 21.9 percent—higher than in any other age group, and almost 3 percent higher than it had been in 2000. (By comparison, the poverty rate for adults aged 18 to 64 was 11.3 percent and for senior citizens aged 65 and over, 9.8 percent.) That’s more than 13 million children (Allegretto, 2006). The poverty rate for children also varies by race and ethnicity, as shown in Table 10.3.

Many countries offer “family allowances” for children under 18, reasoning that they are unable to work and therefore require support. In France, family allowances cover the cost of childbirth, maternity and paternity leaves, and day care or babysitting services and provide a small monthly stipend for each child. In the United States, parents are expected to provide full financial support for their children. Federal programs like ADC (Aid to Dependent Children) are available for low-income single parents, but the support is far from adequate.

Health Care

In the United States, nearly 12 percent of children and adolescents under 18 have no health insurance (Allegretto, 2006). The percentages are much higher for African Americans (14 percent), Hispanics (20 percent), and people living in poverty (20 percent). Having no health insurance means doing without checkups, immunizations, and necessary medical procedures. It means an increased risk of accident and devastating disease.

Child Labor

In the United States, we tend to think of child labor as a relic of the distant past. Teenagers may take part-time jobs at McDonald’s to supplement their allowances, but strict laws ensure that no job can be hazardous or time consuming or interfere with their “carefree” childhood. Children under the age of 14 cannot work at all (with a few exceptions, like delivering newspapers, performing, or working for parents). If they are 14 or 15, they can work only 18 hours per week when school is in session (full time in summer), and they must go home no later than 7:00 p.m. (9:00 p.m. in summer). And if they are under 18, they cannot perform many hazardous tasks, including roofing, meatpacking, demolition, manufacturing explosives, and driving a car.

In the United States, teenagers (aged 14 to 17) seem to be working for extra money rather than to contribute to household income: 30 percent of the teenagers in the highest income households but only 15 percent in the lowest income households have jobs. Twenty-eight percent of White

TABLE 10.3

Children under 18 Living in Poverty in the United States

CATEGORY	NUMBER (IN THOUSANDS)	PERCENT
All children under 18	13,027	17.8
White only, non-Hispanic	4,507	10.5
Black	4,049	33.2
Hispanic	4,102	28.9
Asian	334	9.8

Source: U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*, Report P60, n. 229, Table B-2, pp. 52–57.

Although often stereotyped as lazy slackers, many American teenagers are industrious, productive, and hard-working. ▼





▲ Globally, nearly 250 million children aged 5 to 17 are in the workforce, many doing adult jobs. Thirty percent of child laborers are under 10 years old. These girls are working in a carpet factory in Morocco.

teenagers worked during the school year and 38 percent during the summer, a significantly larger percentage than for African Americans (13 percent and 20 percent) or Hispanic youth (15 percent and 20 percent). Boys are employed slightly more often than girls.

Globally, the statistics are much different. In 2000, 246 million children aged 5 to 17 were in the workforce, one out of every six. Thirty percent of them were under 10 years old. Sub-Saharan Africa has by far the highest percentage of children under age 15 in the workforce (22.0 percent), followed by Asia (15.3 percent). By comparison, Europe has only 0.3 percent of children under 15 in the labor force (International Labour Organization, 2006) (Figure 10.4). These children and adolescents are not working for spending money: They are contributing to family finances, often providing a major source of income. Their jobs differ considerably from the teen workers in the United States: 70 percent are in agriculture, 8 percent in manufacturing, 8 percent in retail trade, and only 7 percent in service industries, including domestic work and child care.

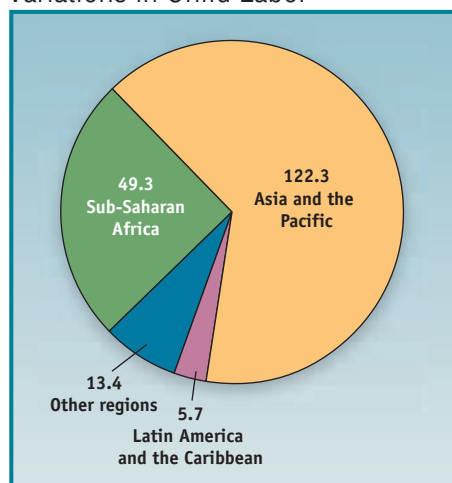
The Worst Forms of Child Labor. Forced and bonded labor occupies 5.7 million children and adolescents. A little over 1 million have been trafficked or transported to other regions or countries, and the rest work close to home (International Labour Organisation, 2006).

Most jobs in forced and bonded labor are technically legal, on farms and in factories, but 1.8 million work in the global sex trade, as prostitutes or performers in pornographic videos. Most are girls, but an estimated 10 to 30 percent are boys. Procurers prefer children to adults because they are easy to control and can be promoted to potential clients as virgins and therefore disease free (International Labour Organisation, 2006).

Another 600,000 are employed in criminal activities other than the sex trade (of course, a sizeable percentage do both). Usually their jobs involve drug manufacture or distribution, but they can also engage in pickpocketing, shoplifting, car theft, and burglary. Most are boys. Procurers prefer them to adults because they can move about freely, cause less suspicion, and receive lenient punishment when they are caught (International Labour Organisation, 2006).

Adolescents and children have been commandeered for armed conflicts in Africa, Asia, Latin America, and the Pacific. Some countries permit the conscription of 13- or 14-year-olds, and others simply fail to regulate their conscription process (in Bolivia, 40 percent of the armed forces are under 18 years old). Intertribal conflicts and terrorism also draw on underaged operatives. Most are boys, but a sizeable number of girls are conscripted as well. A few become soldiers, and the others become servants or camp prostitutes (Human Rights Watch International Labour Organisation, 2006).

FIGURE 10.4 Regional Variations in Child Labor



Source: © International Labour Organisation 2006. Reprinted by permission.

Getting Older and Getting Better? Youth and Age

The status of elders may rise as baby boomers start hitting retirement age, and because boomers grew up at the start of the information revolution, they will have the computer expertise that previous cohorts of the elderly lacked. Aging will continue to change.

But more than that, young people and old people are constantly changing the meaning of age in our society. In the future we will certainly live longer lives, and children will delay assuming full adult responsibilities for longer and longer periods—that is, we will be both old and young for a longer amount of time. It remains to be seen whether living longer will enable all of us to also live better or whether the rich will live longer and happier lives and the poor will live shorter, unhappy lives. What seems less controversial is that age will be an increasingly important element of our identities and a key axis of inequality.

And so will sexuality. Once considered simply a biological “urge,” sexuality has also emerged as among the most important components of identity—and one of the most hotly debated bases for inequality.

Studying Sexuality: Bodies, Behaviors, and Identities

As you will recall from the gender chapter, scientists draw a distinction between **sex**, referring to one’s physiology (typically, but not always, male or female), and *gender*, which refers to the social and cultural meanings associated with being male, female, or something else. Sex is biological, standard across the human species, but gender is a social construction that differs from culture to culture and across time.

When discussing sexuality, we usually try distinguishing desire (physical attraction), behavior (sex), and identity (sexuality). When we discuss “sex” in the context of sexuality, we are not referring to one’s biological sex but rather sexual behavior, or “sexual conduct”—the things people do from which they derive sexual meanings. Think of sex as whatever people do to experience sexual pleasure.

The term **sexuality** also refers to the identities we construct that are often based on our sexual conduct. Our identities may derive from the biological sex of the person whom we desire or with whom we have sex; that is, we may consider ourselves heterosexual, gay, bisexual.

Because sexual desire, sexual behavior, and sexual identity are so social, they are subject to values about their “correctness” and norms governing their enactment and even their expression. Some behaviors and identities are pronounced proper and others immoral or unnatural. There is therefore significant inequality based on sexual identity and sexual behavior. Sexual behavior is, in this sense, no different from all the other behaviors in our lives. We learn it from the people and institutions and ideas around us and assemble it into a coherent narrative that comes to be our sexuality.

Every culture develops a **sexual script**, a set of ideas and practices that answer the basic questions about sex: With whom do we have sex? What do we do? How often? Why? These scripts form the basic social blueprint for our sexual behaviors and identities (Gagnon and Simon, 1967). Over the course of our childhood and adolescence, even through adulthood, our understanding of our culture’s sexual scripts begins to cohere into a preference. This is your **sexual socialization**.

Did you know?

An estimated 300,000 soldiers around the world are youth under the age of 18. Some join fighting groups because they believe in the cause, while others join mainly to sustain themselves with food and protection. Many others are forced to join; they may be abducted or drafted, then indoctrinated. While boys are stereotypically assumed to be better fighters, girls are participating in fighting forces in 55 countries, assuming roles as fighters, spies, messengers, look-outs, medics, and supply carriers as well as more traditional gender roles as captive “wives” or sex slaves, mothers, cooks, and domestic servants (United Nations, 2005).

We experience socialization around sexuality as we do any other set of behaviors and identities. And socialization by our peers teaches us what sorts of behaviors are approved—and which are not. ▼





"I used to hate my body. Now, instead, I hate the forces that conspire to make me hate my body."

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There are four ways in which sexuality can be seen as socially constructed:

1. Sexuality varies enormously from one culture to the next.
2. Sexuality varies within any one culture over time.
3. Sexuality varies among different groups in society. Race, ethnicity, age, and religion—as well as gender—all construct our sexualities.
4. Sexual behavior changes over the course of your life. What you might find erotic as a teenager may not be a preview of your eventual sexual tendencies; sexual tastes develop, mature, and change over time.

The Attractive Body

At first glance, desire, or finding someone attractive, seems to be purely instinctive: When you see an attractive person, you experience an immediate “gut reaction” of interest, without even thinking about it. But if desire were instinctive, the

standards of physical attractiveness would be the same across human cultures, and with a few exceptions (big eyes, a symmetrical face), they are not. They change dramatically from culture to culture.

Even within the same culture, the standards of physical attractiveness can change within just a few years. In the Renaissance, blackened teeth were considered the height of attractiveness. Fifty years ago, people thought that muscular men were ugly and ridiculous; it was the slim, sophisticated man who set hearts fluttering. Today, any man who wants to be considered attractive had better join a gym. Women who can't fit into a size 4 dress might consider themselves unattractive today; 50 years ago, chubby was considered sexy.

What we think of as beautiful is less a matter of individual perception and more about ever-shifting cultural standards. Standards of beauty vary enormously from culture to culture, and, within the United States, among different racial and ethnic groups, ages, and even classes. In general, standards of women's beauty vary depending on economic trends and the status of women: When the economy goes up, women's standards become increasingly “feminine,” exaggerating biological differences to suggest that male breadwinners can afford to have their wives stay at home. When women's status rises, men tend to become more interested in their own upper-body muscles, and beards and mustaches increase.

In the United States, women's beauty is placed at such a high premium and the standards of beauty are so narrow that many women feel trapped by what feminist writer Naomi Wolf (1991) called the “beauty myth”—a nearly unreachable cultural ideal of feminine beauty that “uses images of female beauty as a political weapon against women's

Did you know?

Body mass index, or BMI, is a new term to most people. However, it is the measurement of choice for many physicians and researchers studying obesity. BMI uses a mathematical formula that takes into account both a person's height and weight. BMI equals a person's weight in kilograms divided by height in meters squared ($BMI = kg/m^2$).

advancement.” By this standard, women are trapped in an endless cycle of cosmetics, beauty aids, diets, and exercise fanaticism (Wolf, 1991, pp. 10, 184; see also Rodin, Silberstein, and Streigel-Moore, 1985; Streigel-Moore, Silberstein, and Rodin, 1986).

Weight and Height. The body shape and weight that are considered ideal also vary enormously. And it appears that standards are becoming harder and harder to achieve. For example, in 1954, Miss America was 5' 8" and weighed 132 pounds. Today, the average Miss America contestant still stands 5' 8", but now she weighs just 117 pounds. In 1975, the average female fashion model weighed about 8 percent less than the average American woman; by 1990 that disparity had grown to 23 percent. And though the average American woman today is 5' 4" tall and weighs 140 pounds, the average model is 5' 11" and weighs 117 pounds. Forty-two percent of girls in first through third grades say they want to be thinner, and 81 percent of 10-year-olds are afraid of being fat. Almost half of 9- to 11-year-olds are on diets; by college the percentage has nearly doubled (Gimlin, 2002).

About weight, too, there is a significant irony. Wealthy countries worry about obesity; poor countries worry about malnutrition and starvation. Developing countries, particularly those that are realizing economic gains due to globalization, are in between, seeing waistlines expand with economic development that includes urbanization, less exercise, and high-fat foods that are cheap and readily available (Figure 10.5).

But within the developed countries, the rich are significantly thinner than the poor. The wealthier you are, the more likely you are to eat well and exercise regularly; poorer people eat more convenience foods with high fats and suffer more weight-related illnesses, like diabetes (Table 10.4).

In the United States, we're both fatter and thinner. In 1990, 11.3 percent of Americans were obese; by 2000 it was nearly 20 percent; in 2006, it was 32 percent (obesity is measured as having a body mass index [BMI] of over 30 [Centers for Disease Control, 2007]). About one out of three Americans under age 19, and about two-thirds of all adults, qualify as overweight or obese (Hellmich, 2006). And about 5 percent of Americans are “morbidly obese,” which is so obese that they qualify for radical surgery (Crister, 2003).

Globally, obesity is a growing health problem, the mirror image of hunger and starvation. The World Health Organization claims that there are now as many overnourished people as undernourished around the world; they call obesity “the dominant unmet global health issue” (Crister, 2003, p. 1; see also Newman, 2004). Despite their connection, we think of starvation and obesity very differently. We have pity for the hungry and donate significantly to charities that minister to hunger. We have contempt for the obese and believe it is their fault that they are fat.

Feeding and Starving the Female Body. Current standards of beauty for women combine two images—dramatically thin and also muscular

TABLE 10.4

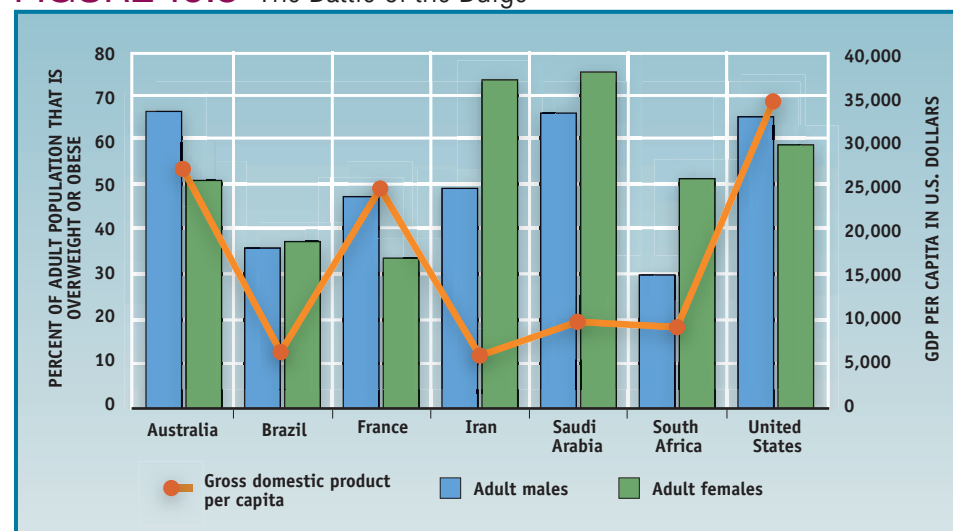
	ANNUAL INCOME		
	\$10,000 OR LESS	20–25,000	50,000 OR MORE
White	19	20	16
Black	33	27	23
Hispanic	26	18	22

Source: Adapted from Crister, 2003.

Obesity has become a global problem, not restricted to industrialized consumer societies. And imported images of the beautiful body, as in the poster looking over this Chinese teenager's shoulder, also become the standard against which everyone is measured. ▼



FIGURE 10.5 The Battle of the Bulge



Source: "Overweight and Obese Adults" from "The Battle of the Bulge" by Kelly D. Brownell and Derek Yach, *Foreign Policy*, December 2005. Reprinted by permission.

Most girls are preoccupied with body image and their weight—at least most middle-class White girls are (body image varies by class and race). At one end of the continuum are fad diets and efforts to stay fit and in shape. At the other end lie dangerous, and potentially lethal, eating disorders, such as anorexia. ▼



and buxom—that are virtually impossible to accomplish. Research on adolescents suggests that a large majority consciously trade off health concerns in their efforts to lose weight. As a result, increasing numbers of young women are diagnosed with either anorexia nervosa or bulimia every year. **Anorexia nervosa** involves chronic and dangerous starvation dieting and obsessive exercise; **bulimia** typically involves “binging and purging” (eating large quantities and then either vomiting or taking enemas to excrete them). These are serious problems, often requiring hospitalization, which can, if untreated, threaten a girl’s life. To a sociologist they represent only the farthest reaches of a continuum of preoccupation with the body that begins with such “normal” behaviors as compulsive exercise or dieting.

While rates of anorexia and bulimia are higher in the United States than in any other country—close to 4 percent of girls in the United States experience one or the other, more than ten times the rate for European countries—rates among American girls vary by race or class less today than ever before (Efron, 2005; Fitzgibbon and Stolley, 2000; Gregory, 1994; U.S. Department of Health and Human Services, 2006).

Pumping up the Male Body. Men have become increasingly concerned with their bodies, especially fitness and weight. While men have long been concerned about appearing strong, the emphasis on big muscles seems to increase as an obsession during periods when men are least likely to actually have to use their muscles in their work (Gagnon, 1971; Glassner, 1988). Today, successful new men’s magazines like *Men’s Health* encourage men to see their bodies as women have been taught to see theirs—as ongoing works-in-progress. In part, this coincides with general concerns about health and fitness, and in part it is about looking young in a society that does not value aging. But more than that, it also seems to be about gender.

Many men experience what some researchers have labeled **muscle dysmorphia**, a belief that one is too small, insufficiently muscular. Harvard psychiatrist Harrison Pope and his colleagues call it the **Adonis complex**—the belief that men must look like Greek gods, with perfect chins, thick hair, rippling muscles, and washboard abdominals (Pope, Phillips, and Olivardia, 2000).

Take, for example, those two icons of ideal femininity and masculinity, GI Joe and Barbie. Their proportions are so unrealistic that if they existed in real life, they couldn't function. But they've also changed over time. Barbie's measurements have changed dramatically, in part because of pressure by feminists. In the 1990s, she went from measuring 38-18-34, to the "Happy to Be Me" Barbie in 1998 who measured 36-27-38. In 2003, Mattel launched the "It's a New Barbie World" for a younger "tween" audience; she measured 30-19-32—somewhat more supermodelish, but also less curvy.

The standards for men are also increasingly impossible. In 1974, GI Joe was 5' 10" tall and had a 31-inch waist, a 44-inch chest, and 12-inch biceps—strong and muscular but at least within the realm of the possible. GI Joe in 2002 is still 5' 10" tall, but his waist has shrunk to 28 inches, his chest has expanded to 50 inches, and his biceps are now 22 inches—nearly the size of his waist. Such proportions would make one a circus freak, not a role model (Pope et al., 2000).

Embodying Identity

Virtually all of us spend some time and energy in some forms of bodily transformation: We wear clothing we think makes us look good, or jewelry, or other adornments. But until recently, only a few marginalized groups like motorcycle gangs, criminals, or transvestites practiced permanent bodily transformation—running the gamut from piercing to tattoos, cosmetic surgery, and even the rare case of sex-change operations.

Today, body piercing involves far more than the earlobes and can include the tongue, eyebrows, navel, nose, lips, nipples, and even the genitals. Increasing numbers of young people are also getting tattoos. Given their vaguely "naughty" character in American society, tattoos and piercing denote a slight sexualized undertone—if only because they indicate that the bearer is aware of his or her body as an instrument of pleasure and object of desire.

Tattoos: Inking Identity. Tattoos have long been a way to decorate the body among people in North and South America, Mesoamerica, Europe, Japan, China, Africa, and elsewhere. Their decline in Europe occurred with the spread of Christianity (Sanders, 1989). Today, however, tattoos have become quite common. About 24 percent of all Americans between 18 and 50 have at least one tattoo, up from about 15 percent in 2003 and more than double the prevalence in 1985—making tattoos slightly more common than DVD players (Brooks, 2006).

Tattoos are seen as a way people can design and project a desired self-image (Atkinson, 2003). In cultures becoming increasingly image



▲ Barbie has changed since she first appeared in 1959. At first she got both thinner and more buxom—with a 38-inch chest and 18-inch waist (to scale), until pressure from women's groups led Mattel to make her look more "realistic," with a 36-inch bust and 28-inch waist. Here are "Barbie Chic" (2006), left, and "Barbie No. 1" (1959), right, during the exhibition "World of Barbie" exhibition in Germany.

Did you know?

People who have had tattoos include World War II-era Prime Minister of Great Britain Winston Churchill, U.S. President Franklin Delano Roosevelt, Soviet dictator Josef Stalin, actor Sir Ian McKellen, Watergate-breaking *Washington Post* editor Ben Bradlee, singers Cher and Janis Joplin, and Oscar-winning child star Tatum O'Neal.

oriented, tattooing is conscious identity work. Tattoo design and placement are often sexually charged; about a third of all tattoo wearers say it makes them sexier. (On the other hand, a third of nontattoo wearers think it makes other people less sexy.) While the mystique of transgression may attract people to tattoos, the motivation for middle-class people to “get inked” today has a lot to do with social groups. Tattoos are increasingly seen to symbolize traits valued by peers, including environmental awareness, athletic ability, artistic talent, and academic achievement (Irwin, 2001). Of course, gangs and other marginalized groups continue to use tattoos as specific markers of identity.

Cosmetic Surgery. One of the fastest growing methods of bodily transformation is cosmetic surgery. According to the American Society of Plastic Surgeons, the total number of cosmetic procedures increased from 413,208 in 1992 to 11.5 million in 2006. The most common types of surgeries included breast augmentation and reduction, rhinoplasty (nose jobs), liposuction, eyelid surgery, Botox injections, and facelifts (American Society of Plastic Surgeons, 2006). Reality television shows like *Extreme Makeover* make cosmetic surgery increasingly normal; one recent survey found these shows influenced about 80 percent of cosmetic surgery patients (Singer, 2007).

Though women continue to be the primary consumers of such cosmetic surgery, male patients now comprise 20 percent of all procedures. Teenagers are also having more plastic surgery, especially rhinoplasty, now the second most common cosmetic surgery in the United States after breast augmentation (American Society of Plastic Surgeons, 2006).

Once the preserve of wealthy Whites, cosmetic surgery has become increasingly common among non-Whites and the middle class. The number of people of color seeking cosmetic surgery quadrupled between 1997 and 2002, to over 1 million a year (American Society of Plastic Surgeons, 2006). And it is not just the United States that is witnessing accelerated growth in cosmetic procedures. Europe accounted for more than one-third of all cosmetic procedures performed worldwide in 2004, second only to the Americas.

Changing Identity by Changing the Gendered Body: Transgenderism. Transgenderism is an umbrella term that describes a variety of people, behaviors, and groups whose identities depart from normative gender ideals of masculinity or femininity. Transgendered individuals develop a gender identity that is different from the biological sex of their birth; they array themselves along a continuum from those who act in public as members of the sex other than the sex they were born, to those who chemically (through hormone therapy) or surgically transform their bodies into the body of the other gender. Transgenderism implies no sexual orientation—transgendered individuals may identify as heterosexual, homosexual, bisexual, or asexual.

Think of gender identity and behavior along a continuum from “our culture’s definition of masculine” to “our culture’s definition of feminine.” Some people feel constrained by gender role expectations and seek to expand these by changing their behavior. Though there are significant penalties for boys who are effeminate (“sissies”) and some, but fewer, penalties for girls who are “tomboys,” many adult men and women continue to bend, if not break, gender norms in their bodily presentation. Some may go as far as to use the props of the opposite sex to challenge gender stereotypes; some people find erotic enjoyment in this, while others do it to “pass” into a forbidden world. Again, this runs along a continuum: At one end are women who wear man-tailored clothing and power suits to work; at the other end are those men and women

who wear full cross-gender regalia as a means of mockery and the pleasure of transgression. Cross-dressers (transvestites) regularly dress in the clothing of the opposite sex, for play or in everyday life.

Some people, though, feel that their biological sex doesn't match their internal sense of gender identity. Transgendered people may feel a "persistent discomfort and sense of inappropriateness about one's assigned sex (feeling trapped in the wrong body)" as the diagnosis for transsexualism in the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM III-R) puts it. And rather than change their gender, they want to change their biological sex to match their felt gender identity. After two years of therapy and radical hormone therapies to mute or reverse secondary sex characteristics (like body hair, voice, breasts), some of these people undergo sex reassignment surgery (SRS), by which the original genitalia are surgically altered and new realistic medical constructions of vaginas and penises are created. What more evidence of "social construction of gender" could one ask for?

Historically, transgenderism was quite rare; in 1980, only about 4,000 people in the world had undergone these surgical interventions, almost all of them males seeking to become females. New medical and surgical procedures facilitated both male-to-female and female-to-male transsexual operations, and the inclusion of sex-change operations as procedures to be covered by Medicare (1978) and the listing of transsexualism in the DSM-III in 1980 allowed for insurance coverage for SRS. The increased visibility of transgendered people within the gay and lesbian movement has also increased the viability of SRS as an option.

While transgenderism remains relatively uncommon, the implications of such procedures are enormous. Transgenderism enables us to dissolve what is experienced as an arbitrary privileging of the body-at-birth and give more weight to who we feel we are, bringing us close to a world in which we can choose our gender because we can change our sex.

Desires and Behaviors

In many cases, desire is a function of social class. Fifty years ago, fat meant that you were wealthy enough to afford expensive steaks and chops, while muscle meant that you were a lower-class laborer. Today, fat means that you are poor and live on fast food, and muscle means that you can afford a gym. What about the blackened teeth? Bad teeth meant that you could afford sugar, which was then an extremely expensive luxury item.

Social institutions such as education and the mass media present images of "attractive" middle-class or wealthy people and ridicule or minimize "ugly" working-class or poor people, creating models of desire that we almost always adhere to.

Sexual behavior is any behavior that brings sexual pleasure or release (typically, but not always, involving sex organs). But again, behavior differs widely from culture to culture. Some practices, like oral-genital and genital-genital contact, occur everywhere, but others are extremely rare.

Even within the same society, different groups have vastly different incidences of specific sexual activities. In the United States, S&M, or sadomasochism (deriving sexual pleasure from inflicting or receiving pain), is much more popular among Whites and Asian Americans than among African Americans.



▲ Transgendered individuals may have one biological sex and present as the other gender, or they may seek to surgically make their biological sex and socially presented gender the same. Either way, they make clear that gender is an embodied performance. Here, Italian actor and transgender political candidate Wladimiro Guadagno poses on a movie set.

Like sexual desire, sexual behavior is monitored and policed by social institutions, which are constantly giving us explicit messages about what is desirable and what is bad, wrong, and “deviant.” If you dislike someone or something, you are likely to use an all-purpose insult accusing him, her, or it of engaging in a certain “deviant” sexual behavior, and the hand gesture that you might use while driving to indicate your displeasure at a bad driver was originally an invitation to engage in another sort of “deviant” sexual behavior.

In the contemporary United States, genital–genital contact is often presented as the most natural, normal, and fulfilling sexual behavior; other behaviors are often considered “not really sex” at all. Sexual behavior refers not only to what you do sexually but with whom you do it, how, how often, when, where, and so on. Sexual customs display a dizzying array that, taken together, imply that sexual behavior is anything but organized around reproduction alone. Where, when, how, and with whom we have sex varies enormously within cultures as well as from one culture to another.

For example, Ernestine Friedel, an anthropologist, observed dramatic differences in sexual customs between two neighboring tribes in New Guinea (1975). One, a highland tribe, believes that heterosexual intercourse makes men weaker and that women threaten men with their powerful sexuality. Many men who would otherwise be interested in women prefer to remain celibate rather than risk the contact. As a result, population remains relatively low, which this culture needs because they have no new land or resources to bring under cultivation.

Not far away, however, is a very different culture. Here, people enjoy sex and sex play. Men who have sex with women worry about whether their partners are sexually satisfied, and they get along relatively well. They have higher birth rates, which is manageable because they live in a relatively abundant and uncultivated region, where they can use all the hands they can get to farm their fields and defend themselves.

American sexual behavior looks something like this: Take the typical American couple, Mr. and Mrs. Statistical Average. They’re White, middle-aged, heterosexual, and married. They have sex once or twice a week, at night, in their bedroom, alone, with the lights off, in the “missionary position”—the woman on her back, facing the man who lies on top of her. The encounter—from the “do you want to?” to kissing, foreplay, and intercourse (always in that order) and finally to “Goodnight, sweetheart”—lasts about 15 minutes.

Now consider other cultures: Some cultures never have sex outside. Others believe that having sex indoors would contaminate the food supply because they live in one large room. Some cultures have sex two or three times a night, others perhaps once a month—or less. Some cultures practice almost no foreplay at all but go directly to intercourse; others prescribe several hours of touching and caressing, in which intercourse is a necessary but sad end to the proceedings.

While for us, kissing is a virtually universal initiation of sexual contact—“first base,” as it is often known—other cultures find it disgusting because of the possibility of exchanging saliva. “Putting your lips together?” say the Siriono of the Brazilian Amazon. “But that’s where you put food!”

Among heterosexuals in our culture, men are supposed to be the sexual initiators, and women are supposed to be sexually resistant. How different are the Trobriand Islanders, where women are seen as sexually insatiable and take the

Everyone knows “sex sells”—and it is used to sell everything. Sex has never been as private as we imagine it was, but it is more public now than ever. ▼



initiative in heterosexual relations. Or a culture in Brazil where the women commit adultery, not men, but they justify it by saying that it was “only sex.” The men in that culture secretly give the women aphrodisiacs to reduce their sexual ardor. These are but a few examples. When questioned about them, people in these cultures give the same answers we would. “It’s normal,” they’ll say. Sexual norms can take many forms, but none is more “natural” than any other.

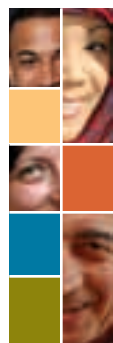
Sexual behavior can occur between people of the same gender or different genders, alone or in groups. It can be motivated by love or lust, money or reproduction, anger, passion, stress, or boredom. For example, some cultures forbid same-sex behavior and endorse only sexual activity between men and women. Some cultures develop elaborate rituals to credit the behaviors the culture endorses and to discredit those of which it disapproves.

Same-sex activity is treated differently from culture to culture (Figure 10.6). In 1948, anthropologist Clyde Kluckhohn surveyed North American Indian tribes and found same-sex behavior accepted in 120 of them and forbidden in 54 (this is not to say that it did not occur; it was simply considered bad or wrong). In the West, same-sex marriage has become legal only recently, but some traditional cultures (Lango in East Africa, Koniag in Alaska, and Tanala in Madagascar) have permitted it for thousands of years.

Sexual Identities

Norms about sexual behavior govern not only our sexual conduct but also how we develop a sexual identity. Our sexual identities cohere around a preference—for a type of person or a specific behavior. These preferences are more flexible than we typically think.

Take, for example, sadomasochism or S/M. While this preference for specific behaviors is often understood as “deviant” sexual behavior, most Americans have experienced erotic stimulation of some kind from either inflicting or receiving pain (biting, scratching, slapping). Some percentage will find that they like that experience



Sociology and our World

The Heterosexual Questionnaire

In the 1980s, a young writer named Michael Rochlin composed a questionnaire to illustrate the impact of homophobia on the way heterosexuals understand sexuality. Among the questions:

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were a heterosexual?
3. Is it possible your heterosexuality is just a phase you may grow out of?
4. Is it possible your heterosexuality stems from a neurotic fear of others of the same sex?
5. To whom have you disclosed your heterosexual tendencies? How did they react?
6. Why do you heterosexuals feel compelled to seduce others into your lifestyle?
7. Why do you insist on flaunting your heterosexuality? Can't you just be what you are and keep it quiet?
8. A disproportionate majority of child molesters are heterosexuals. Do you consider it safe to expose your children to heterosexual teachers?
9. With all the societal support marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?

FIGURE 10.6A Male Homosexuality

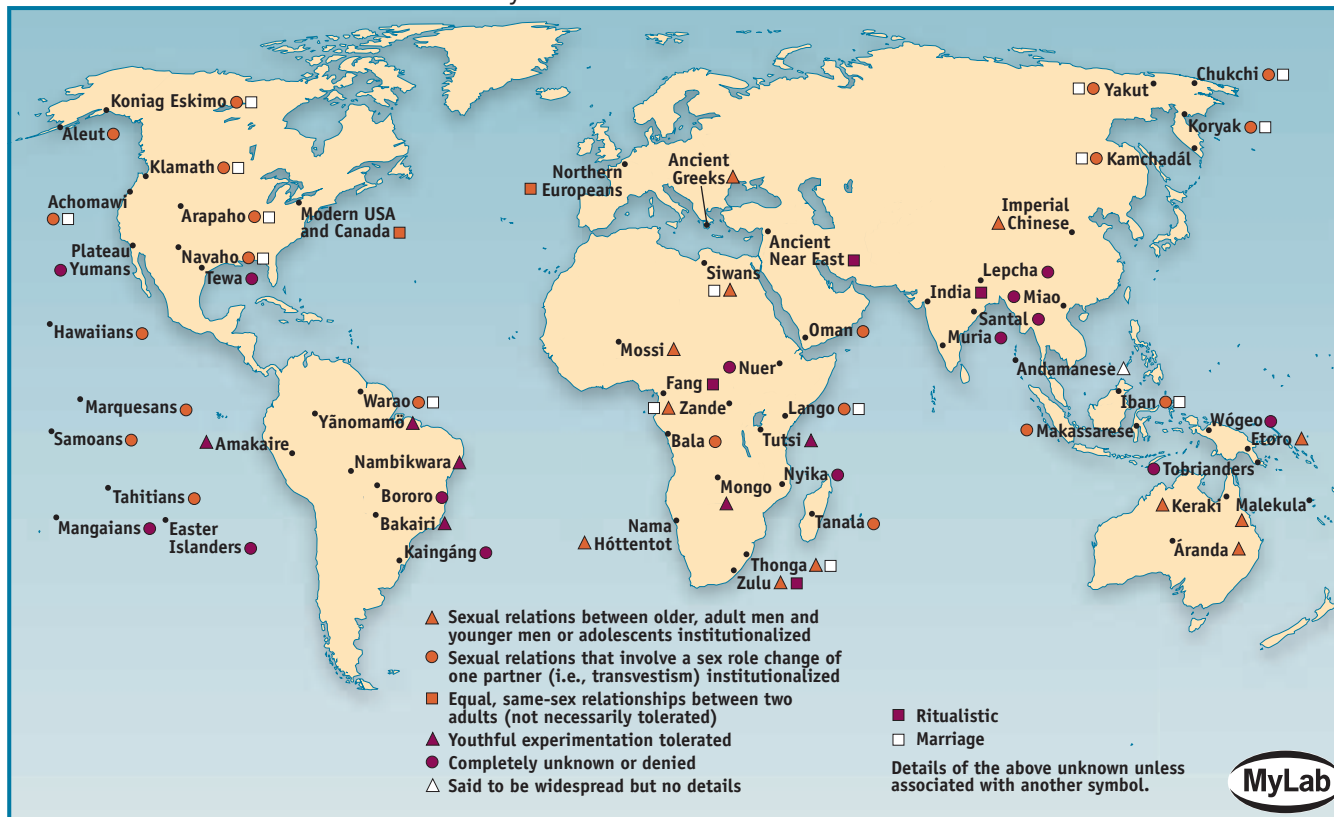
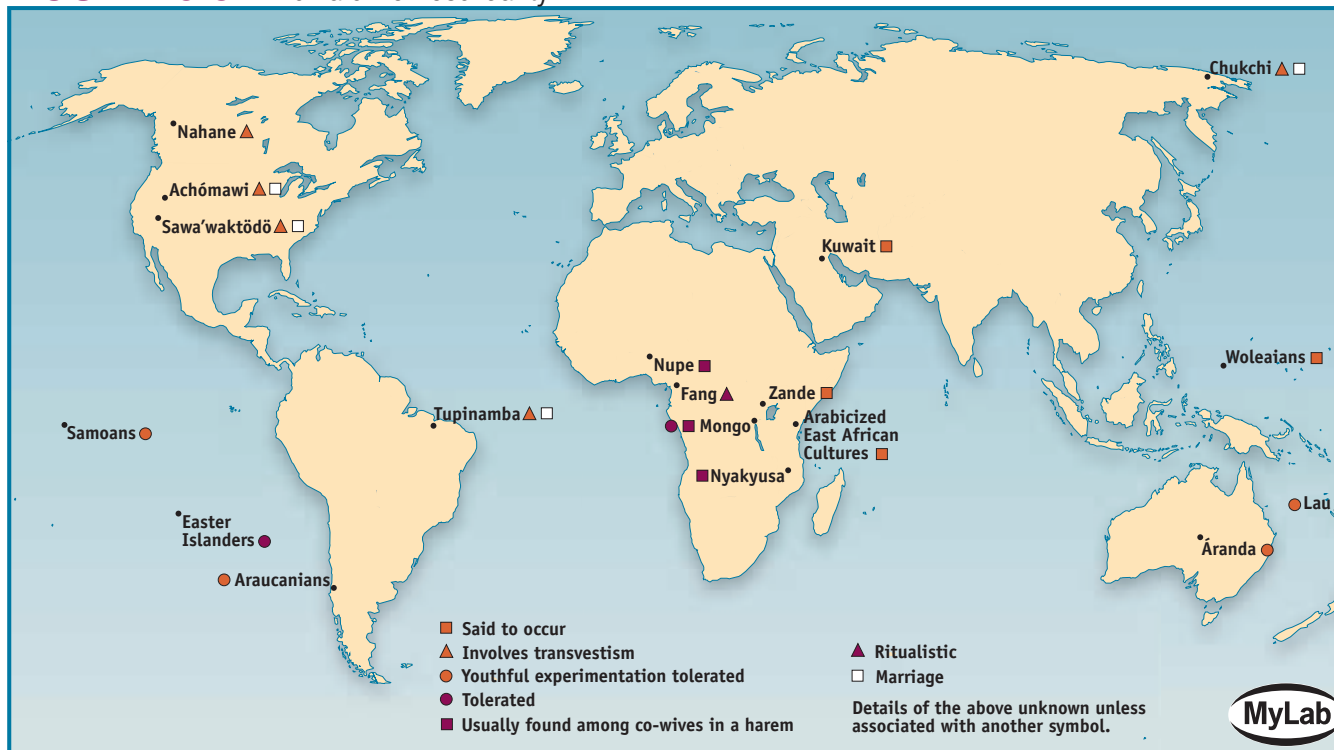


FIGURE 10.6B Female Homosexuality



Source: "Male Homosexuality" and "Female Homosexuality" from *The World of Human Sexuality: Behaviors, Customs, and Beliefs* by Edgar Gregersen, 1996. Reprinted with permission.

so much that they want to do it again, and a smaller percentage will actually incorporate it into their sexual script, as a preference. An even smaller percentage will find that they *really* like it, enough to make it a requirement of sexual conduct, and a tiny fraction will find that they can be aroused only through this behavior.

In that way, sexual behavior is rarely an either/or proposition—either you like it or you don’t. Most people experience it a little bit, but they don’t make it the defining feature of their sexual identity.

Heterosexuality and Homosexuality. Typically, we understand **sexual identity** (or, sometimes, orientation) to refer to an identity that is organized by the gender of the person (or persons) to whom we are sexually attracted. If you are attracted to members of the opposite sex, you are presumed to be heterosexual; if you are attracted to members of your own sex, you are presumed to be gay or lesbian. If you are attracted to both, you are bisexual. For all these orientations, the organizing principle is how your gender contrasts with or complements the gender of your potential partners.

Worldwide, the most common sexual identity is **heterosexuality**, sexual behavior between people of different genders. *Hetero* comes from the Greek word meaning “different.” In most cultures, heterosexuality is considered “normal,” which means that it is seen as occurring naturally. In most cultures, heterosexuality is also “normative,” meaning that those who do not conform to it are often seen as deviant and subject to sanction. Although it is seen as normal, heterosexuality is learned within culture.

Although our sexual behavior may have very little to do with the institution of marriage, we typically understand heterosexual behavior only in relation to marriage. As a result, surveys often list only three types of heterosexual behavior: “premarital” (which takes place before marriage); “marital” (sex within the confines of a marriage); and “extramarital” (sex outside the confines of marriage). Even if a college student, for example, doesn’t even think about marriage when deciding whether or not to have heterosexual relations, it will be understood as fitting into one of those three categories. (To be more accurate, we use the term *nonmarital* instead of *premarital* elsewhere in this book.)

The term **homosexuality** refers to sexual desires or behaviors with members of one’s own gender. This comes from the Greek word *homo*, which means “same.” As we have seen, homosexuality has been documented in most cultures, but sometimes it is praised, and sometimes it is condemned or even presumed not to exist.

Whether you are gay or lesbian, heterosexual, or bisexual, sounds straightforward: Gay men and lesbians are attracted to members of the same sex, heterosexuals to the opposite sex, and bisexuals to both. But again, sexual orientation turns out to be far more complex. Many people who identify as heterosexual engage in same-sex practices, and many who identify as gay engage in heterosexual practices. Their identity is derived from the people and institutions around them and assembled into a coherent narrative and experiences that don’t fit are left out: The lesbian who has sex with men may explain it as “trying to fit in” rather than evidence she is “really” bisexual, and the heterosexual man who enjoys same-sex activity may explain it as “fooling around,” irrelevant to his heterosexual identity.

Oddly, most cultures around the world have gotten along fine without any sexual identities at all. There were desires and behaviors, but the very idea that



▲ Sexuality is about both behaviors and identities, but they are often difficult to separate. The current “don’t ask/don’t tell” policy on gays in the military discriminates only against the behavior—you can be gay as long as you don’t tell anyone or do anything about it.

one's desire or behavior was part of the foundation of one's identity dates to the middle of the nineteenth century, when the terms *heterosexual* and *homosexual* were first used as nouns (describing identity) rather than as adjectives (describing behaviors).

That distinction between behaviors and identities is crucial in some cultural prohibitions. In some cases, it is the identity that is the problem, not the behaviors: You can do pretty much what you want; just don't make it the basis of your identity. In other cases it is the behaviors that are troubling, not the identity. The Roman Catholic Church's official position on homosexuality—love the sinner, hate the sin—is an example of the latter.

Can sexual orientation change? Though some gay men and lesbians have sought various treatments to help them “convert” to heterosexuality, such techniques almost always fail (see Duberman, 1991). One can surely stop the behaviors, but the orientation most often remains intact. Recent religious “conversion therapies” replace psychiatric models with theological ones but produce similar results (Wolkomir, 2005).

Bisexuality. We're so used to the gay-straight dichotomy that we often believe that you have to be one or the other: Gay/straight sounds as natural and normal as young/old, rich/poor, Black/White. But what about **bisexuality**—a sexual identity organized around attraction to both women and men?

First, bisexuality is not indiscriminate. You're attracted to men in some circumstances and women in others. You fall in love with men, but feel a sexual attraction only to women, or vice versa. Or you've had sex only with women, but you wouldn't say no if Brad Pitt called. The variety of experiences differs considerably.

Second, few understand you. Tell a date that you are bisexual, and you may get weird looks, a lecherous request to “watch” sometime, or outright rejection. Your straight friends believe that you are really straight but “confused” or “experimenting” or going through a phase. Your gay friends believe that you're really gay but too frightened to admit it.

Third, in spite of the jokes and the invisibility, you may also have a great deal of pride. Bisexuals often argue that they are more spiritual, or more psychologically developed, than gay or straight people, because they look at a person's character and personality rather than at trivial details like gender. They may be exaggerating a bit: Most bisexuals are just as attracted to certain physical types, and not as attracted to others, as gay and straight people. They just include some men and women in the category of “people to whom I'm attracted.”

Identifying as a bisexual requires a coming-out process, a realization that both your same-sex and opposite-sex relations “count.” Few organizations exist specifically for bisexuals, and scholars have not paid them much attention. Within the past decade, however, things have been changing. But bisexuals still have a long way to go before the average person stops assuming automatically that a new acquaintance must be gay or straight (Burlison, 2005; Fox, 2004; Rust, 1995, 1999; Storr, 1999; Tucker, 1995; Weinberg, Williams, and Pryor, 1994).

Identities as Behaviors. There are other sexual identities based more on sexual behaviors than the gender of your partner. For example, some people may experience erotic attraction to specific body parts (partialism) or to objects that represent sexual behaviors (fetishism). Or they may become sexually aroused by the presence of real or imagined violence and power dynamics (sadoomasochism) or find that they can be aroused only when having sex in public (exhibitionism) or when they observe others having sex (voyeurism). While many of these behaviors are present in routine sexual experiences—the fear of getting caught, wearing sexy clothing, biting and

pinching—only a small percentage of the population makes them the only activities in their sexual repertoire.

Asexuality. Everybody has a sexual orientation, right? Regardless of whether you are currently sexual, everybody is attracted to men, women, or both. Not necessarily. Some people state they have no sexual desire for anyone. They aren't gay/lesbian or heterosexual; they're **asexual**. About 10 percent of men aged 15 to 44 have never had sex in their lives (Centers for Disease Control, 2005).

Friends, family, and the medical establishment are quick to diagnose them as confused, conflicted, suffering from a hormone deficiency, or traumatized by child abuse. But they counter that asexuality is not a problem that needs to be cured: It is a perfectly valid sexual orientation. Asexuals have their own organizations, websites, slogans, coming-out stories, and lots of merchandise to buy (Harris, 2006).



▲ Most scientists now agree that sexual identity is the result of the interaction of biological, cultural, and social influences. But one thing is clear: in industrialized countries, there is increased acceptance of all sexual identities. The founding charter of the European Union prohibits discrimination based on sexual identity.

The Interplay of Biology and Society

Where does sexuality come from? We know that orientation is pretty stable by about the age of 5 (maybe earlier—we just can't interview newborns very effectively) and unchangeable—you like whom you like throughout your life, regardless of how much society approves or disapproves. But were you born with a sexual orientation, or did it evolve during those five years? Because heterosexual identity has so much social prestige, there's been little research on how people "become" heterosexual. Research, instead, typically is directed to explain the experiences of the "other." But we can take the research on gay people and expand it to include other orientations.

Many scientists claim that sexual orientation is the result of biology: chromosomes, brain chemistry, differences in our pubertal hormones. Some researchers have claimed they've discovered the "gay gene" or the "gay brain," but these studies are based on small samples with very large margins for error. Cross-cultural studies seem to indicate that about 5 percent of every human male population and 3 percent of every human female population is going to have exclusive same-sex interests, regardless of how much their culture praises or condemns same-sex activity. (And same-sex behavior is extremely common in the animal kingdom, which dispels evolutionary arguments.)

Sociologists generally believe that sexual orientation is both biologically based and socially constructed. One probably has an innate, biologically based interest in a certain sex, but the way that interest is understood, the ways we learn to act on it, to feel about it, and to express it are all learned in society.

American Sexual Behavior and Identities

You might not personally be a fan of any specific sexual behavior, but how do you feel about people who are? During the past 30 years, the General Social Survey has asked a number of questions about attitudes toward various sexual behaviors, and

while disapproval of interracial and same-sex relationships has declined considerably, most attitudes have remained fairly stable. For instance, today about 95 percent of respondents state that sex between teenagers is “always wrong” or “almost always wrong,” a percentage that has barely budged since 1972.

But such consistency in attitudes may be deceiving. For one thing, there is often a wide gap between those moral positions we take with regard to other people’s behaviors and those we take with regard to our own behaviors.

Also, attitudes may describe a position without telling us much about how someone actually applies that moral position in his or her everyday life. Take, for example, attitudes about homosexuality. In the 1970s, 75 percent of Americans believed that same-sex behavior was “always wrong” or “almost always wrong.” If these respondents happened to discover that a co-worker or relative was gay, they might have been horrified, cutting all contact with the person. Their negative attitude could predict negative behavior.

Today, 50 percent of Americans believe that same-sex behavior is “always wrong” or “almost always wrong,” but they are likely to be polite and tolerant to gay co-workers or relatives and even make gay friends. In other words, their negative attitude does not necessarily predict negative behavior.

How do we know what we know?



How Many Sex Partners Do People Have?

For decades, sex researchers have noticed a

strange thing: Men and women reported different numbers of partners. A recent survey found that men reported a median number of seven sexual partners over the course of their lives, while the median number of partners for women was four. How can this be? After all, it’s a mathematical impossibility for men to average almost twice the number of partners that women average.

Perhaps one reason is what we might call the “stud versus slut” effect: Men might overestimate their numbers to appear more like a stud; women might underestimate their numbers to appear less like a slut. So men might exaggerate, and women might minimize.

It might also be that men are picking partners from outside the surveyed population—for example, going to prostitutes, or having sex in other countries when they travel—in numbers far greater than women.

There’s also the problem of retrospective analysis: People’s memories don’t tell you what actually happened but reveal more about what they believe or want to have happened—or what they believe should have happened. That is, asking people about the past tells you more, sometimes, about the present.

All of these may contribute to the disparity. But it turns out that this difference shows up only among some groups and only when they are asked some types of questions. For the 90 percent of Americans who have had 20

or fewer lifetime partners, the male–female ratio is close to 1—that is, they report the same number of partners. And if you ask men and women how many different partners they had in the past year, the ratio again is close to 1.

The entire discrepancy is a result of measurement error among the remaining 10 percent—that is, those who have had more than 20 partners over their lifetime. Four-fifths of these people tend to report their numbers in round numbers (25, 50, 100, and so on), and men tend to round up and women tend to round down. When you have had that many partners, most people just don’t keep an exact tally.

It may simply be that these forces—normative expectations for studs and sluts, a “prostitute effect,” or gendered memory for only those with the most partners—are in operation only for some groups and only when they are asked certain questions.

(Source: Morris, 1993.)

The Gender of Sexuality

How do Americans construct their sexual identities? The single most important organizing principle of sexuality is gender. Men and women are raised to have very different attitudes toward sexual desire, behavior, and identity. One might say that there are “his” and “her” sexuality.

For many years, it was assumed that only men experienced sexual desire at all; women were interested in romance and companionship but not sex. Women who flirted with men were not expressing sexual desire but trying to “snare” men into marrying them or buying them something.

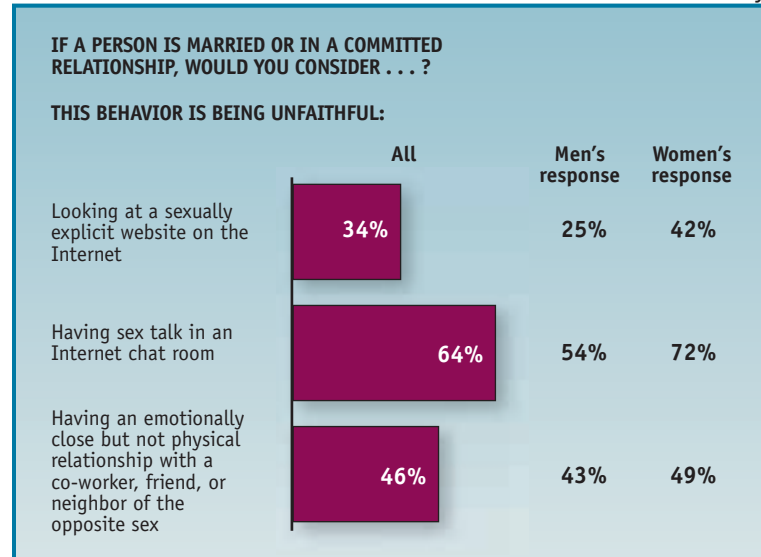
Although today many people agree that women have some degree of sexual desire, they consider it inappropriate to express openly. Men are expected to express how “horny” they are; women are not. Men who have a lot of sex are seen as “studs,” and their status rises among their peers. Women who have a lot of sex are seen as “sluts,” and their status falls. “Women need a reason to have sex,” commented comedian Billy Crystal. “Men just need a place.”

Whether gay or heterosexual, sexual behaviors, desires, and identities are organized more by the gender of the actor than by the genders of those toward whom he or she might be erotically inclined. That is to say, on all available measures, gay and straight men are far more similar to each other than either is to gay or straight women. Men are socialized to express a “masculine” sexuality, and women are socialized to express a “feminine” sexuality, regardless of their sexual orientation.

In our culture, the sexual double standard encourages men to pursue sex as an end in itself, to seek a lot of sex with many different partners, outside of romantic or emotional commitment. And women are taught to consider sex with one partner and only in the context of an emotional relationship. For example, as we can see in Figure 10.7, there is a significant gender gap in attitudes about fidelity in a relationship. As a result we see the highest rates of sexual activity among gay men (masculine sexuality times two), and the lowest rates among lesbians (feminine sexuality times two). Gay men have an average of over 30 partners during their lifetime, while lesbians have fewer than three. Gay men have the lowest rates of long-term committed relationships, straight men the next, then straight women, and finally, lesbians have the highest rates. Thus, it appears that men—gay or straight—place sexuality at the center of their lives, and that women—gay or straight—are more interested in affection and caring in the context of a long-term love relationship.

In recent years, there has been increased convergence in women’s and men’s sexual attitudes and behaviors. Women’s sexuality is becoming increasingly similar to men’s; in fact we might even speak of a “masculinization” of sex. The **masculinization** of sex includes sexual intercourse starting

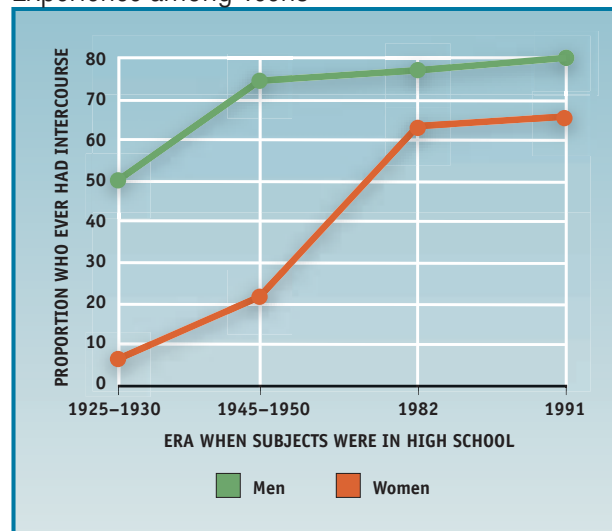
FIGURE 10.7 Attitudes about Extramarital Sexual Activity



Source: General Social Survey, 2004.

In the United States, women’s and men’s sexualities are increasingly similar. On the popular television show *Sex and the City* (1998–2004), all four gal pals were depicted as sexually active, and one, Samantha, at left, was as predatory as any male. ▼



FIGURE 10.8 Trends in Heterosexual Experience among Teens

Source: "Trends in Heterosexual Experience among Teens" from *The Gender of Sexuality: Sexual Possibilities* by Pepper Schwartz, 1998. Used by permission of Altamira Press.

On many campuses, a "hooking up" culture prevails. People hook up with others within a large social network, fueled by alcohol, for vaguely defined sexual encounters that may, or may not, lead to an actual relationship. ▼



earlier (Figure 10.8), the pursuit of pleasure for its own sake, the increased attention to orgasm, increased numbers of sexual partners, the interest in sexual experimentation, and the separation of sexual behavior from love. These are partly the result of the technological transformation of sexuality (from birth control to the Internet) and partly the result of the sexual revolution's promise of greater sexual freedom with fewer emotional and physical consequences (see Rubin, 1990; Schwartz and Rutter, 1998).

Convergence on Campus: Hooking Up

One place where one can observe the political ramifications of the gender convergence in sexual behavior is on campus, where a culture of "hooking up" has virtually erased the older pattern of "rating-dating-mating" observed by sociologist Willard Waller decades ago.

Hooking up is a deliberately vague blanket term; one set of researchers defines it as "a sexual encounter which may nor may not include sexual intercourse, usually occurring on only one occasion between two people who are strangers or brief acquaintances" (Lambert, 2003, p. 129). While that

seems to cover most cases, it fails to include those heterosexuals who hook up more than once or twice, or "sex buddies" (acquaintances who meet regularly for sex but rarely if ever associate otherwise), or "friends with benefits" (friends who do not care to become romantic partners but may include sex among the activities they enjoy together).

On many campuses, the sexual marketplace—gay and straight—is organized around groups of same-sex friends who go out together to meet appropriate sexual partners in a casual setting like a bar or a party. Party scenes feature hooking up as the standard mode of sexual interaction. In collaborative research I have undertaken with other sociologists at Stanford, Indiana, Ithaca, and Arizona, we have found that for heterosexual students, hooking up covers a multitude of behaviors, including kissing and nongenital touching (34 percent), manual stimulation of the genitals (19 percent), oral sex (22 percent), and intercourse (23 percent). Almost all hooking up involves more alcohol than sex: Men averaged 4.7 drinks on their most recent hookup, women 2.9 drinks (England, Shafer, and Fogerty, 2008).

Convergence on Campus: Just Saying No

If hooking-up culture is the dominant campus sexual culture, then "abstinence pledgers" may represent a counterculture. Abstinence campaigns encourage young people to take a "virginity pledge" and refrain from heterosexual intercourse until marriage (the campaigns assume that gay and lesbian students do not exist).

At first glance, such campaigns appear to be successful. One study found that the total percentage of high school students who say they've had heterosexual sex had dropped from more than 50 percent in 1991 to slightly more than 45 percent in 2001. Teen pregnancy and abortion rates have decreased somewhat, and birth rates have dropped from 6 percent to about 5 percent of all births. Proponents point to the success of abstinence-based sex education and elaborate publicity campaigns in a 10 percent drop in teen sexual activity.

Abstinence campaigns do appear to have *some* effect, but they do not offset the other messages teenagers hear. Sociologist Peter Bearman and Hannah Bruckner (2001) analyzed data from over 90,000 students and found that taking a virginity pledge does lead an average heterosexual teenager to delay his or her first sexual experience—by about 18 months. And the pledges were effective only for students up to age 17. By the time they are 20 years old, over 90 percent of both boys and girls are sexually active.

The pledges were not effective at all if a significant proportion of students at the school was taking them. That is, taking the pledge seems to be a way of creating a “deviant” subculture, or a counterculture, what Bearman called an “identity movement”—add “virgins” to the Goths, jocks, nerds, preppies, and rappers. When pledgers did have heterosexual intercourse, they were *far less likely* to use contraception.

Another survey of 527 never-married heterosexual students at a large Midwestern university found that 16 percent had taken virginity pledges but that 61 percent of them had broken their pledge before graduating from college. Pledgers were less likely to use condoms, although they were just as likely to practice oral sex as non-pledgers (Lipsitz, Bishop, and Robinson, 2003).

Because abstinence-based programs are often used instead of actual sex education, few people really know exactly what “counts” in keeping your pledge. In one recent survey of 1,100 college freshmen, 61 percent believed they were still abstinent if they had participated in mutual masturbation; 37 percent if they had had oral sex; and 24 percent if they had had anal sex. On the other hand, 24 percent believed that kissing broke their abstinence pledge (Bearman and Bruckner, 2001; Lipsitz et al., 2003).

Rape and Sexual Assault

Although women's and men's sexualities are becoming more similar, there remain some important differences. One of the most important is in the area of nonconsensual sexual activity, a form of sexual assault. On many college campuses, more than half of all sexual assaults take the form of “date rape,” in which a woman is assaulted while on a date with a man. Some studies have estimated the rates to be significantly higher. Some men may take advantage of a woman while she is intoxicated and unable to resist, or they may simply be unaware that she “really means it” if she says no: They have been raised on media images of women who violently resist a man's advances, only to melt into his arms at the last minute.

While women comprise the largest proportion of victims of sexual assault, male victims are not uncommon: About 23 percent of women and 4 percent of men state

On America's college campuses, more than half of all sexual assaults take the form of “date rape,” in which a woman is assaulted while on a date with a man. Getting a woman so drunk that she cannot consent—or say no—to sex is a prelude to assault, not lovemaking. ▼



Did you know?

Having sex isn't a natural act. It's a social one. And there's considerable variation in what people "count" as "having sex." Is showering together sex? Deep kissing? Oral sex?

Research published in the *Journal of the American Medical Association* (JAMA) surveyed students at a large Midwestern university. While 99 percent of them agreed that heterosexual intercourse counts as sex, nearly three-fifths thought oral sex didn't count, and one in five thought anal sex didn't count (Sanders and Reinisch, 1999). A Gallup poll of Americans found similar rates. On the other hand, a 2004 survey found more than one-third believed deep kissing *does* count as sex (Rawlings et al., 2004).

that they have been forced to have sex against their will. Male perpetrators are more common in assaults against women (21.6 percent were assaulted by men, and 0.3 percent by women), but in assaults against men, the gender balance is about equal (1.9 percent were assaulted by men, 1.3 percent by women).

What Else Affects Sexuality?

Gender may be the most central force shaping our sexual identity and behavior, but other identities shape them as well. For example, Blacks hold more liberal sexual values than Whites and have slightly more sex partners, but they also masturbate less frequently, have less oral sex, have less anal sex, and are slightly less likely to have same-sex contacts than Whites. Hispanics are also more sexually liberal in their attitudes than Whites, and they masturbate more often than both Whites and Blacks. Yet they also have less oral sex and have fewer sex partners, either same sex or opposite sex, than do Whites or Blacks (Centers for Disease Control, 2005; Laumann and Michael, 2000). Of all the large ethnic groups in the United States, Asian Americans are the least sexually liberal, masturbate least often, and have the fewest sex partners of either same or opposite sex (Laumann and Michaels, 2000).

Age affects our sexuality, both directly and indirectly. After a certain age, younger people tend to have more sex than older ones, although there are variations by race and ethnicity (Centers for Disease Control, 2005). The aging body responds differently to sexual stimuli, and our sexual interests shift over time. And as we age we are more likely to be married or partnered—with children. And few things diminish sexual activity more than having children. Couples—gay and straight—with children report far less sexual activity than couples without children. There is less time, less freedom, and less privacy—and greater fatigue.

It turns out that politics also affects sex. The more equal women and men are, the more satisfied women and men are with their sex lives. In a recent survey of 29 countries, sociologists found that people in countries with higher levels of gender equality—Spain, Canada, Belgium, and Austria—reported being much happier with their sex lives than those in countries with lower levels of gender equality, like Japan. The reason has to do with women's pleasure: "Male-centered cultures where sexual behavior is more oriented toward procreation tend to discount the importance of sexual pleasure for women," said sociologist Ed Laumann (Laumann and Michael, 2000).

Within each country, the greater the level of equality between women and men, the happier women and men are with their sex lives. It turns out that those married couples who report the highest rates of marital satisfaction—and the highest rates of sexual activity in the first place—are those in which men do the highest amounts of housework and child care (Laumann and Michael, 2000).

Sexual Inequality

Our sexual identities and sexual behaviors are the bases for significant social inequality. Although heterosexuals and homosexuals both express their sexuality through gender, there are some important differences between them. Only heterosexuality is credited as a "legitimate" sexual behavior.

Sexual desire, behavior, and identity are policed by social institutions through two distinct practices. **Homophobia** is an attitude, a socially approved dislike of gay men and lesbians, the presumption that they are inferior to straight people. **Heterosexism** is the institutionally based inequality that may derive from homophobia. As a set of practices rather than an ideology, heterosexism may be more pervasive.

Gay men and lesbians encounter heterosexism constantly. Sometimes it is in specific norms and laws that reflect these institutional practices.

Gay men and lesbians are criminals in the 14 states with anti-sodomy laws, and they are permitted to marry in only one state (although they may marry in Canada and in most European countries). Most religious bodies in the United States do not permit them to become members. They can be fired from most jobs and evicted from most apartments with no legal recourse. (In Europe all members of the European Union subscribe to laws that prevent any discrimination against gays and lesbians.) Every year there are thousands of hate crimes directed against them, not to mention harassment, jokes, defamation (e.g., using “gay” as an all-purpose term for anything bad), physical and sexual abuse. One recent study of homophobia estimated that 2 million lesbian, gay, and bisexual middle and high school students have been the “frequent” targets of homophobic harassment in school, often by the teachers and staff (Bochenek and Brown, 2001).

The systematic devaluation of same-sex desire and behavior, the stigma attached to being gay, becomes a crucial element in one’s identity (Plummer, 1992). Homophobia constricts gay and lesbian experience because gays are painfully aware that they are not seen as equal—only because of the gender of their partner. But we are often less aware of the power of homophobia to structure the experiences and identities of heterosexuals. Heterosexuals, especially men, spend a significant amount of time and energy making sure that no one gets the “wrong” idea about them. For men, the stakes are enormously high: Being “accused” of being gay, even for a moment, implies that they are less than fully masculine.

In an interview in 2001, Eminem was asked why his raps almost always included derogatory references to “faggots.” In response, he said:

The lowest degrading thing you can say to a man . . . is to call him a faggot and try to take away his manhood. Call him a sissy, call him a punk. “Faggot” to me doesn’t necessarily mean gay people. “Faggot” to me just means taking away your manhood. (cited in Kim, 2001, p. 5)

Because they mistakenly assume that all gay men are feminine and lesbians masculine, heterosexuals also demonstrate that they are “not gay” by exaggerating gender-stereotyped behavior. In this way, homophobia reinforces the gender of sex, keeping men acting hypermasculine and women acting ultrafeminine.

Sexual Minority Communities

In response to sexual inequality, people with minority sexual orientations often band together, both to find suitable partners and to escape the hostility of the mainstream society. If there are enough of them and they manage to find each other, they can form their own subcultures, with their own gathering places, social hierarchies, norms, values, and group cohesion. Sometimes they can even work to change social disapproval. Gay men and lesbians have probably been the most successful at creating social change. Thirty years ago, the mass media commonly carried articles about crazy

Did you know?

The vocal antigay statements of some Christian denominations sometimes make us think that all organized religion is antigay, but in fact religious bodies were instrumental in the gay liberation movement of the 1970s, and today a number of Christian churches permit gay members and clergy, including the Episcopal Church, the United Church of Christ, the Disciples of Christ, the Lutheran Church (ELCA), the Presbyterian Church in America, and the American Baptists. In all, about 30 percent of Protestants in the United States belong to gay-friendly denominations.



▲ The modern gay and lesbian movement is about more than removing discrimination against homosexuals. It is also about the right to live openly as parents, workers, and neighbors.

Sexuality as Politics

Sex has always been political—that is, people have always been arguing about what we *should* be able to do—and with whom, how, under what circumstances. It has often been the task of religion to regulate sexual activity, and it is increasingly the task of the state to do so. For example, laws regarding the age of consent, extramarital sex, the relationship of sex and commerce (regulating prostitution), reproductive rights, all involve the state in intimate decision making. Historically, the state sought to regulate sexual behavior to ensure clear lines of inheritance (barring children born out of wedlock from inheriting property) and to cement the connection between church and state.

Contemporary sexual politics involve political, scientific, and religious issues. Often these collide, as when scientific breakthroughs enable a wider range of sexual choices free of reproductive complications (such as the morning after pill); often they coincide, as when the state seeks to protect children from predatory pedophiles.

Although there are many issues about which sociological research adds significant clarity and perspective, we will examine only two here, sex tourism and birth control and sex education. All have become globalized; all have been shaped by the Internet; and all reproduce inequalities based on gender, race, and ethnicity.

Sex Tourism: The Globalization of Sex

For centuries, wealthy men have sought sexual adventures with “exotic” strangers in foreign countries. In some respects, **sex tourism** represents the globalization of prostitution. Like other global industries, well-organized groups direct the flow of

“homosexuals.” How could anybody engage in such behavior? Today it is just as likely to carry articles about crazy homophobes. How could anyone be so prejudiced? This is a big change in a short time. What happened?

Why was the gay rights movement so successful? One answer may be the connections with nongay people: It arose simultaneously with the youth counterculture of the late 1960s, when millions of college-aged people were protesting all sorts of injustices, from the Vietnam War to racial inequality. The gay rights activists were mostly college aged, members of that same counterculture. One of their early slogans was “We are your children.” Political and social leaders were faced, for the first time, with gay men and lesbians who looked and acted like other young people, who could indeed be their children.

In fact, the gay rights movement may have been too successful to remain a counterculture or a subculture; it is now part of the mainstream culture. Many strictly gay social institutions are struggling to survive. Gay bookstores are going out of business because gay-themed books are available at every bookstore. Why join a gay church, when gay people are welcomed in the church down the street? It is not that antigay prejudice and discrimination no longer exist but that they can now be fought more effectively within mainstream social institutions. It may be true that the more successful a social movement is, the less it is felt to be needed.

the “consumer” (wealthy men) to the “commodities” (poor men and women). Like prostitution, there is far less “choice” on the part of the locals and far more coercion than typically meets the eye. According to the U.S. State Department, as many as 4 million people each year are lured by traffickers to destinations all over the world with promises of high-paying legitimate employment, only to end up as prostitutes and “rent boys.”

Sex tourism uses the Internet to advertise its wares. For example, www.exotictours.com promises that on their tours “you will be with girls who want to make you happy and will honestly consider a marriage offer.” Part of a recent Chinese itinerary promised that on your first night “girls will fight to get into the taxi with you. After picking out your night’s entertainment, it’s back to the hotel.”

Current concern within the European community about sex trafficking, however, reveals a less erotic side of these transactions. In some Eastern European countries and new nations of the former Soviet Union, as well as Africa, young girls and boys are abducted or lured to European cities to serve as virtual sex slaves, paying off debts incurred in transporting them to their new homes. In the United States, the CIA estimates that 50,000 young women and girls are smuggled into the country every year (Jones, 2001).

Some countries, such as Thailand, have become destinations of choice for sex tourists (mostly middle-aged men from Germany and the United States) and have well-developed sex tourism industries. This industry was begun in the 1960s, when Thailand contracted with the U.S. military to provide “rest and recreation” services for troops stationed in Vietnam (Nagel, 2003). Proprietors take advantage of high unemployment and traditional attitudes about women to ensure a steady “supply” and use the exoticism of the “Orient” and traditional stereotypes about docile and compliant Asian women to ensure a steady “demand” from their heterosexual customers.

Sex tourism thus expresses the unequal relationships between countries who “sell” sex and countries who can “buy” it, as well as the inequalities between men and women, both globally and locally. Sociologist Joane Nagel notes how the geography of sex trafficking expresses its inequality: Men, women, and children from Latin America, Asia, Eastern Europe, and Africa are moved to the United States, from Nepal to India, from Burma to Thailand, from India and Pakistan to the Middle East (Nagel, 2003).

Sex Education and Birth Control

Should we educate children about sexuality? Many people believe that teaching about sex encourages young people to experiment with sex, when otherwise they would not have considered it. Others, however, believe that young people are going to experiment with sex anyway and that adequate sex education would enable young people to make safer and more responsible sexual choices.

There is evidence supporting both positions. Students who have had sex education tend to engage in sexual activity at a slightly earlier age than those who do not. However, there is also evidence that those who have adequate sex education have lower rates of abortion, sexually transmitted infections (STIs), and pregnancy rates (Alan Guttmacher Institute, 2001; Dailard, 2001; Darroch et al., 2000; Kaiser Family Foundation, 2000; Kirby, 2001; Landry, Kaeser, and Richards, 1999).



▲ **Global trafficking in women and men is big business. More than \$1 billion per year is spent by sex tourists worldwide. Southeast Asia is a major market, as traffickers take advantage of local economic conditions to lure girls to the city. Sometimes, they just kidnap them.**



▲ **Sex education is controversial in the United States—but not in other industrialized countries. The evidence is clear that the more young people know about sex, the lower the rates of teen pregnancies, STIs, and abortions.**

teach sensible sex education and reduce unwanted pregnancies and increased rates of sexually transmitted infections than teach abstinence only.

Most sociologists believe that a comprehensive sex education program should emphasize abstinence as one of a set of options available to young people and that the more information young people have, the most likely they will make the safest and most responsible choices. Parents seem to agree. Only 7 percent of Americans say that sex education should not be taught in schools (Kaiser Family Foundation, 2004b). The majority of Americans, including evangelical Christians, believe that sex education and birth control should be taught (Table 10.5).

A similar debate has swirled for decades around the politics of birth control and abortion. Does the widespread availability of birth control encourage heterosexuals to have sex because the reproductive consequences can be minimized? Or does birth control simply encourage heterosexuals to have more *responsible sex*, minimizing the health risks and possibilities of unwanted pregnancy?

In the past decade, a new form of sex education in the United States has been heavily promoted by the federal government. While two-thirds of all public school districts have policies to teach sex education, more than one in five of them (23 percent) require that abstinence be promoted as the sole option for unmarried people, and another 34 percent teach abstinence as the preferred option (Landry et al., 1999). In this context, birth control and condoms are mentioned only in terms of their failure rates. In 2003, the federal government devoted \$117 million to abstinence education. By 2007, states such as Ohio, Montana, New Jersey, Wisconsin, Rhode Island, and Connecticut had turned down federal money, arguing that they would rather

TABLE 10.5

TOPIC	PERCENTAGE SAYING IT SHOULD NOT BE TAUGHT AT ALL	
	EVANGELICALS	NONEVANGELICALS
	That teens can obtain birth control pills from family planning clinics and doctors without permission from a parent	42
Oral sex	41	20
Homosexuality and sexual orientation	37	18
Masturbation	27	13
How to put on a condom	26	9
How to use and where to get contraceptives	21	7

Don't know/refused responses are not shown.

Source: National Public Radio, Kaiser Family Foundation, and Kennedy School for Public and International Affairs, "Sex Education in America," 2004.

While moralists and political leaders take different positions, the sociological evidence is clear that information about birth control and its availability does not increase the amount of sex people have or even the onset of sexual activity among young people. However, national as well as global studies show that the widespread availability of birth control, especially when coupled with comprehensive sex education, results in far lower rates of teen pregnancy and sexually transmitted infections (STIs) (Alan Guttmacher Institute, 2001).

Many people have religious objections to certain types of birth control because they believe that life begins at the moment an egg is fertilized, and some methods (such as the intrauterine device or IUD and the morning after pill) prevent the implantation of the fertilized egg on the uterine wall. They also oppose abortion because abortion destroys a human embryo or fetus after implantation.

The opposition to abortion has transformed the global politics of birth control. Currently, for example, the United States refuses to fund any birth control clinic or information service anywhere in the world if the practitioners even mention abortion as a potential option for women facing unwanted pregnancies. As a result, most birth control information is now delivered through nonprofit organizations such as the Planned Parenthood Federation and often funded by private agencies, such as the Bill and Melinda Gates Foundation, the Ford Foundation, and the John D. and Catherine T. MacArthur Foundation. Despite significant political debate, there is little scientific argument that contradicts the proposition that increased availability and use of birth control in the developing countries would greatly enhance the standard of living in those societies.

The global politics of birth control has become more evident in light of the global AIDS epidemic. One of the primary methods to reduce risk of transmission of the HIV virus that causes AIDS is the condom, which has typically been marketed as a form of birth control for heterosexual men. Inadequate information about, or access to, birth control has become, in many countries, a matter of life and death.



▲ Family planning often empowers women to control their own lives. In the developing world, family planning and effective birth control (including condoms) is also a major strategy in reducing the spread of HIV.

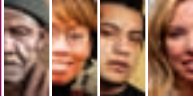
Age and Sexuality in the 21st Century

Sexuality and age are foundations of identity, just like race or class or gender. And they are bases for inequality—the unequal distribution of rewards and punishments, of resources and recognition.

Attitudes about sexual differences or stereotypes about aging may change more slowly than social movements might hope, but they change faster than the policies our countries derive to keep things the same. Gay men and lesbians still face enormous discrimination, but most industrial societies are far less homophobic than they were just a decade ago. For example, membership in the European Union requires adherence to policies that prohibit all discrimination against people based on sexual orientation. Organizations such as the AARP have pressed for more social recognition and equality for older people. And young people are organizing in new ways to gain visibility and clout in a range of social arenas.

Changing attitudes will eventually lead to changed policies. In some cases, it may simply be a function of age. While 75 percent of people over 60 oppose legalizing gay marriage, 75 percent of people under 30 support legalizing it.

In recent years, the intersection of age and sexuality has become particularly important. One of the most significant changes in our experience of aging has been the transformation of our sexual lives. Just as young people enter puberty earlier than ever, so, too, are people remaining sexually active longer than ever, expanding the age of sexual activity from about 20 years often to expectations of triple that number. The old and the young continue to push the boundaries, aided oftentimes by technological and pharmaceutical advances that show no signs of slowing as the twenty-first century unfolds.



Chapter Review

- 1. How are age and identity related?** Society is stratified by age. Sociologists look at age as a social construction; life stages and their associated milestones and social expectations are created and maintained by society. These social constructions change as society changes. Aging is associated with dying, particularly in industrialized countries. Many people fear ending up in a nursing home, but most elderly people have own homes or live with relatives.
- 2. How does inequality manifest with regard to age?** While many societies revere the elderly, most Western societies do not. Ageism is differential treatment based on age. In Western countries, the oldest and youngest members suffer from inequality; inequalities are magnified when intersected with race, class, and gender. For example, retirement reveals social status; poor people have no choice but to work. Older Americans have the numbers to have buying and voting-bloc power, while younger Americans have far less of both. In addition, one-fifth of all U.S. children are living in poverty. While the United States has strict labor laws to protect children, globally one out of every six children works. Some children are forced into bonded labor, which amounts to modern slavery.
- 3. How do sociologists study sexuality?** Sexuality refers to the identities we construct based on conduct, desire, and self-concept. Sexuality is also socially constructed; societal norms and behaviors vary by culture, by historical time period, by groups, and over the life course. Standards of physical attractiveness and the ideal body are also socially constructed. Unrealistic standards, reinforced by the media, can lead to problems such as anorexia and steroid abuse. Problems with body image are also connected to the global economy; wealthier countries are concerned more with obesity, poorer countries with hunger.
- 4. How do we embody identity?** Tattoos are historically widespread and currently are common in the United States as a form of conscious identity work. Cosmetic surgery is increasing globally and across class, race, and gender lines. In the United States, 80 percent of those who have plastic surgery are women, but incidence is increasing among men. Transgenderism is a departure from normative gender ideals and occurs when one feels one's biological sex does not match one's internal gender. Transgender surgery is historically rare but increasing because of changing norms, technological innovations, and increased insurance coverage.
- 5. What are sexual identities?** Sociologists distinguish among sexual desire, behavior, and identity, all of which are learned, along with cultural standards and sexual scripts. Sexual behavior is controlled to a large part by society. Norms also govern how we develop sexual identity. Sexuality is socially constructed; it varies between cultures, over time, by group, and over the life course. Sexual identities such as "heterosexual" and "homosexual" are often based on personal identity and attractions. Other sexual identities are based on behaviors. Sociologists believe sexual identity is both biologically based and socially constructed.
- 6. What are Americans doing?** Men and women are raised with different attitudes toward desire, behavior, and identity. Men place sexuality at the center, where women place affection and relationship. There is a double standard with regard to expectations for men's and women's sexuality, although in recent years, men's and women's sexual attitudes and behaviors have increasingly converged. On college campuses, hooking up is a new form of dating. One important gender difference occurs in nonconsensual sex where women are more likely to be victims and men more likely to be perpetrators. Other differences in sexuality result in inequality, including homophobia and heterosexism. As a result, sexual minorities often form communities with their own values, norms, gathering places, and hierarchies. The gay rights movement has been so successful it is now part of the mainstream culture.
- 7. How does globalization reproduce sexual inequality?** Sex tourism is a global industry serving wealthy men traveling in foreign countries. Sex tourism is the globalization of prostitution. Wealthy men travel the world to engage in sex for pay with poor people. The Internet has led to rise in sex tourism. Many global sex workers are abducted and live as slaves. This phenomenon represents and reinforces inequality between countries and inequality between men and women.

KeyTerms

Adolescence (p. 289)
 Adonis complex (p. 305)
 Age cohort (p. 288)
 Age norms (p. 288)
 Ageism (p. 296)
 Anorexia nervosa (p. 304)
 Asexual (p. 313)
 Bisexuality (p. 312)
 Bulimia (p. 304)
 Chronological age (p. 288)
 Functional age (p. 288)

Gerontology (p. 288)
 Graying of America (p. 287)
 Heterosexism (p. 319)
 Heterosexuality (p. 311)
 Homophobia (p. 319)
 Homosexuality (p. 311)
 Hooking up (p. 316)
 Life expectancy (p. 288)
 Life span (p. 288)
 Masculinization of sex (p. 315)
 Muscle dysmorphia (p. 305)

Retirement (p. 297)
 Sandwich generation (p. 291)
 Sex (p. 301)
 Sex tourism (p. 320)
 Sexual behavior (p. 307)
 Sexual identity (p. 309)
 Sexual script (p. 301)
 Sexual socialization (p. 301)
 Sexuality (p. 301)
 Social Security (p. 296)
 Transgenderism (p. 306)

What does America think?



Teen Sex

These are actual survey data from the General Social Survey, 2004.

For those in their early teens, 14 to 16 years old, sex before marriage is: always wrong according to 70 percent of all respondents in 2004. Women were more likely than men to report thinking it was always wrong. Another 17 percent of respondents thought it was almost always wrong. Ten percent thought it was sometimes wrong, and almost 4 percent thought it was not wrong at all. Middle-class respondents seemed to be more conservative in their views on teen sex, while upper-class respondents seemed to be the most liberal.

CRITICAL THINKING | DISCUSSION QUESTIONS

1. Why do you think women are more conservative in their views toward teen sex than men?
2. How do you explain the social class differences in responses about attitudes toward teen sex?

► Go to this website to look further at the data. You can run your own statistics and crosstabs here: <http://sda.berkeley.edu/cgi-bin/hsda?harcsta+gss04>

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