

The Role of Theory in Understanding and Responding to the Correlates of FP and IPV: Focus on Structural Theories

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What is theory?

An explanation of a process or phenomenon based on systematic observation.

A conceptual scheme designed to explain observed regularities or relationships between two or more variables.

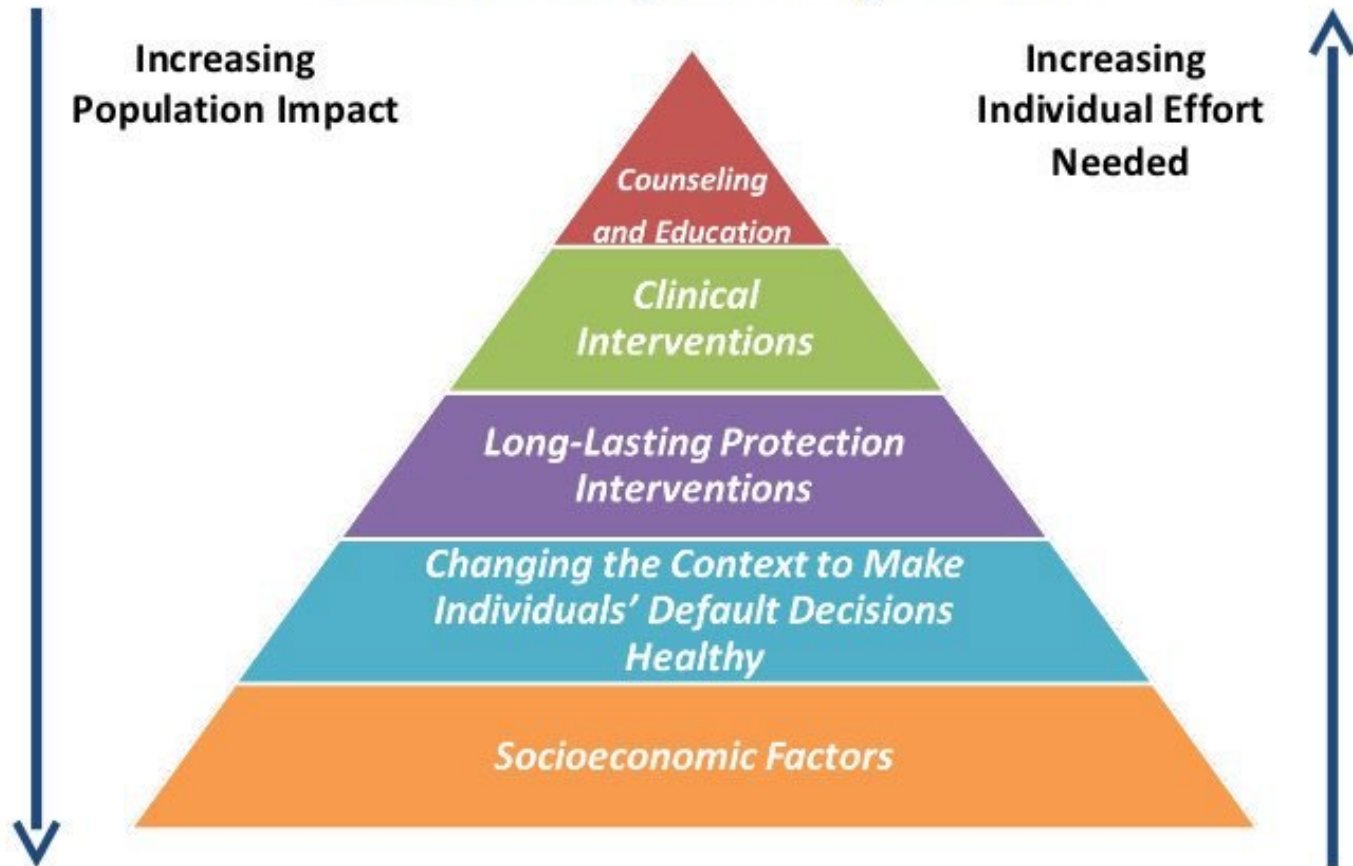
Broad Range of Theories Available

Theory <small>(selected)</small>	Emphasis	Type of change needed
Reasoned Action (Planned Behavior)	Cognition, rational decision-making	<p style="text-align: center;">Change Individuals</p>  <p style="text-align: center;">Change Structures</p>
Extended Parallel Processing (Fear Management)	Interaction between cognition & emotion	
Observational learning (Social learning)	Social comparison & social influence	
Behavioral Economics (Systems 1 & 2)	Mindful vs. “automatic” decision-making	
Diffusion (of innovations)	Social networks, community structure	
Structural theories	Social determinants, intersectionality, structuration theory	

Application of Theory to IPV & FP

- Theory of reasoned action often used in FP programming with a focus on strengthened audiences' intention to use FP by highlighting that use is normative
- Diffusion of innovations: “thought leaders” mobilized to encourage FP use in their social networks
- Social learning theory proposes that aggression toward an intimate partner is a learned behavior that can be transmitted from generation to generation
- Resiliency theory may inform interventions that focus on the survivor and developing her/his skills

Health Impact Pyramid



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

Structure & Agency

- Perennial question for social scientists: What causes social change, structure or human agency?
 - What is social structure?
 - What is agency?

Structure & Agency

Structure: Socially determined rules and systems. Determines who has access to which resources, under what conditions, and with what degree of control.

Resources include: discursive, material (financial & physical), educational, power to decide, power to act

Human agency: *reflective, purposive, intentional* The capacity for action is inherent in all humans, but the specifics of the type & quantity of agency comes from a person's social milieu.

Why does structure matter?

Structures – rules, regulations of how resources are distributed and controlled – impede or enable social change

“...modern epidemiology and cultural values conspire to focus attention on proximate, individually-based risk factors and away from social conditions of disease” (Link and Phelan, 1995, p. 81)

Structural Theories (selected)

- Social determinants of health framework
- Structure and agency
 - Gidden's structuration theory
- Intersectionality

Social Determinants of Health

- The World Health Organization defines Social Determinants of Health (SDH) as:

“the **conditions** in which people are born, grow, work, live, and age, and the wider set of **forces and systems** shaping the conditions of daily life. These forces and systems include **economic policies and systems, development agendas, social norms, social policies and political systems.**”

WHO notes further that “these conditions are shaped by the **distribution** of money, power, and resources at global, national and local levels.”

Social Determinants of Health

- Social determinants of health — social class, race/ethnicity, sex, gender identity, religion, migrant or citizenship status, ability, and other aspects of their identities — lead to health inequities
- Health inequities are not only differences or disparities in health outcomes
 - Rooted in unjust and unfair policies and systems that restrict individuals' access to resources
 - This unequal access to resources leads to *avoidable* health inequalities over time
- Competing explanations are considered subordinate
 - Behaviors, culture and intelligence may theorize potential mechanisms linking structural determinants and health outcomes, *but do not identify the causal roots of health inequalities*

Source: McCartney, G., Collins, C., & Mackenzie, M. (2013). What (or who) causes health inequalities: theories, evidence and implications?. *Health Policy*, 113(3), 221-227

Structure, Agency, and Health Outcomes

From a structural perspective:

- Differences in socioeconomic circumstances of social groups (income, wealth, power, environment, and access), at all stages of the life-course, lead to differences in health outcomes.
- SDH-informed programming to address IPV would attempt to address structural factors: poverty, educational opportunities, access to material and immaterial resources.

Giddens' Structuration Theory

- Structure and agency constitute a duality: "social structures are both constituted by human agency, and yet at the same time are the very medium of this constitution." Giddens (New rules of sociological method, 1976:121)
- Structure is given; social structures are both enabling and constraining
- People have agency — agency that produces, reproduces, or reconfigures social structure (i.e., structural/social change)
- Yet, people are not entirely free to choose

Giddens' Structuration Theory

- Criticism: Over-emphasizes agency, or the ability to act, underestimates system's resistance to change.
- IPV or FP programming would intentionally explore, and seek to address, system-imposed constraints (economic and educational opportunities, racism/bigotry, power differentials)

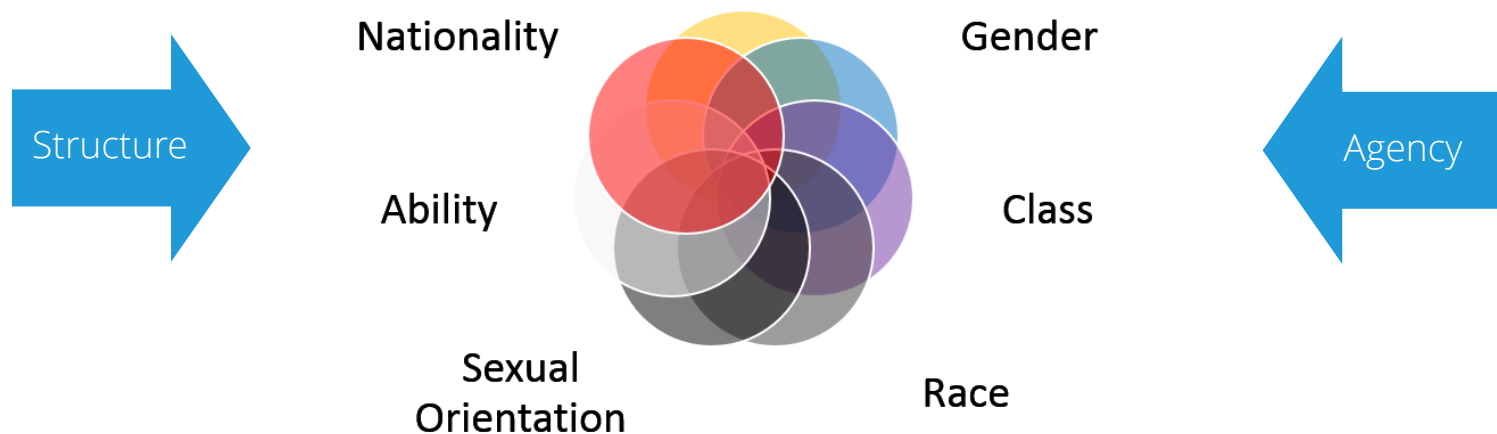
Intersectionality

- Term first used by Kimberlé Crenshaw in 1989
- Used the term to describe how class, race, gender, and other factors interact to play a role in the oppression individuals face
- We often assume homogeneity within social categories — e.g., all women, all indigenous people — but whose life chances are diminished, whose realities are silenced/erased by doing so?
- Intersectionality is the investigation of the relationship between multiple systems of inequality at the intersection of an individual's lived experience
 - Sex and race: Maternal mortality higher among Black women than among white women (controlling for socio-economic status)
 - Sex and social class: women living in poverty more likely to experience IPV, less likely to use FP than their wealthier counterparts

Intersectionality

- Individual (i.e., lived experience of categories) and structures (i.e., the intersections of systems of inequality)
- Connects individual experience at intersections of categories with larger macro-level factors that reinforce those categories

Intersecting Oppressions



Even if one has experienced empowering cognitive and behavioral changes, it is difficult to argue that one is empowered as long as those personal and interpersonal changes have no impact on socially unjust situations which affect one's life. (Margot Breton, 1994)

Thank You

For more information, please contact:

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