



INSTITUTIONEN FÖR SOCIALT ARBETE

Sexualitet, sexuell hälsa och socialt välfärdsarbete

En studie om gränsdragningar för sexualitet och sexuell hälsa som privat eller samhällsangelägen fråga

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av

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ABSTRACT

Title: Sexuality, sexual health and social welfare work. Boundary setting regarding sexuality and sexual health as a private or public matter.

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Key words: sexuality, sexual health, SRHR, welfare professionals, practical social work, materialization of interventions, social inequality, gender, heteronormativity

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This thesis studies the setting of boundaries regarding sexuality and sexual health as a private or public matter in social welfare work and practical social work in Sweden. The thesis is comprised of two partial studies where boundary setting is studied at two different levels: at a structural level (study 1) and at an operational level (study 2) using different methods. Study 1 is a pre study and is based on an analysis of Swedish Government Official Reports (SOU) where the analysis is inspired by Carol Bacchis' What is the problem (WPR) framework. Specifically boundary setting in the proposals for interventions and the motivations behind the proposals are analyzed. Study 2 is the thesis' main empirical study and uses data from an experimental survey using vignettes. The experimental survey using vignettes is inspired by the methods Factorial survey approach (FSA) and Corresponding testing studies (CTS). Boundary setting is studied through vignettes which stage a situation resembling an investigation within the social services whereby hypothesis are tested regarding the variables of gender, age and sexual orientation. The survey also studies different variables expected to have an impact on professionals' propensity to address sexuality and sexual health within social work practice. The empirical survey data is analyzed using bivariate analysis, multinomial regression analysis and prediction using SPSS. The survey was sent to 2 270 social workers within the social services within 49 municipalities in Västra Götaland.

The result from study 1 show that boundary setting is made regarding sexuality and sexual health as a public matter based on social factors such as gender, age and sexual orientation. Problems motivating the setting of boundaries as necessary are based on representations of a societal corporeal normality worthy of protection, an individual irresponsibility through bodily insecurity and an individual liability to be bodily legible. It is argued that feelings of fear in particular are activated in proposals for intervention and interventions can be understood as an action for security or as a reaction to threat or insecurity. Study 2 show that professionals boundary setting regarding sexuality and sexual health as a private or public matter are made based on gender and heteronormativity. Sexuality and sexual health are understood as a public matter to a greater extent in relation to clients identified as a girl/woman and motivated as a problem through their sexual exposure. Sexuality and sexual health are seen as a private matter to a greater extent in relation to clients identified as a boy/man and motivated as a problem through their sexual agency. Variables mainly influencing professionals propensity to address sexuality and sexual health when meeting clients is the age and gender of the social worker, if the social worker is discussing the topic in guidance and emotions as positivity to- or fear of- addressing sexuality and sexual health as a topic. Education regarding sexuality and sexual health does not seem to have an impact on social workers propensity to address- nor does it seem to increase the probability to address sexuality and sexual health as a topic when meeting clients. The thesis' results are analyzed using Carol Bacchis' theoretic concept WPR, Sara Ahmeds' theoretic concept lines, orientation, and emotions. Finally, the thesis' results are analyzed and discussed through perspectives on welfare professionals, identity, late modernity, intersectionality and the definition of SRHR – sexual, reproductive, health and rights.