Global Early Adolescent Study:

Implications of the findings of phase 1 for policies & programmes

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Training Course in Sexual and Reproductive Health Research 2017

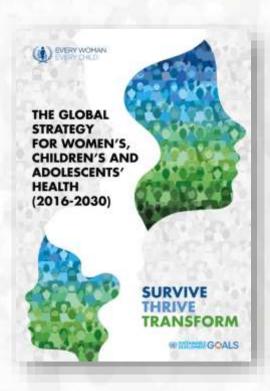




The place of gender norms - & gender socialization - in health

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

"a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies."

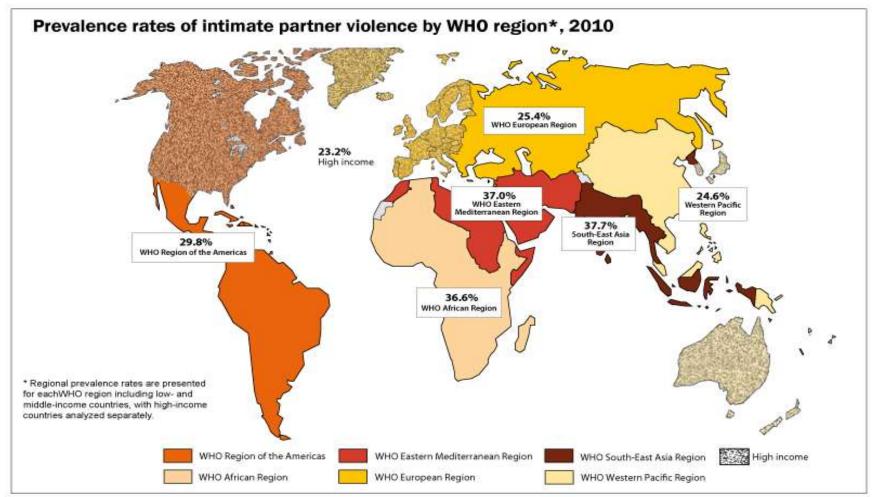








One in three women globally has experienced physical and/or sexual violence by an intimate partner



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2013. All rights reserved.

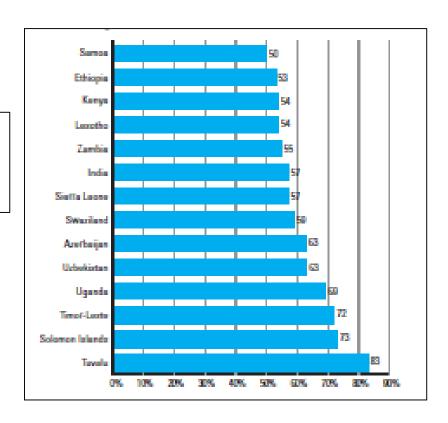
Data Source: Global and regional estimates of violence against women. WHO: 2013.





Children learn at home & in their communities that violence against women is 'normal'

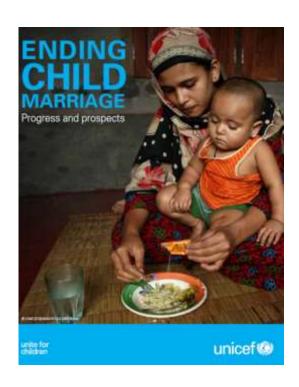
Percentage of adolescent boys, age 15-19, who believe that a husband is justified in hitting or beating his wife under certain circumstances. (Subset of countries where prevalence is 50% or higher)



UNICEF. A report card on adolescents. UNICEF. New York. 2012 UNICEF: Boys and girds in the life cycle. 2011.

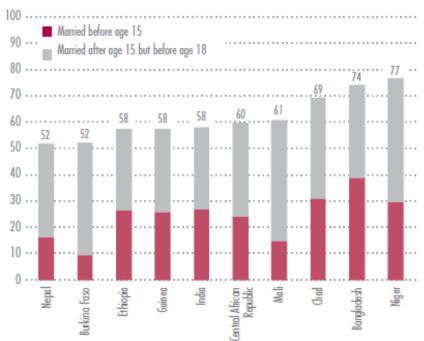


Child marriage rates continue to be very high in many places



The 10 countries with the highest rates of child marriage

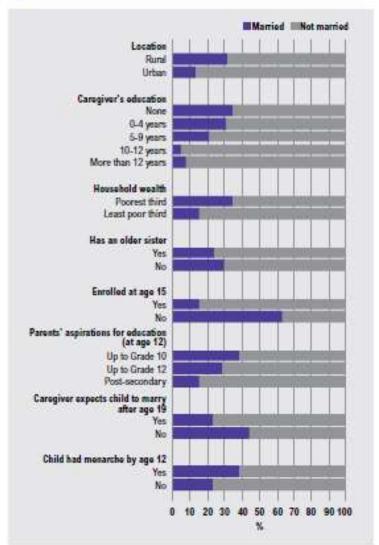
Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, in the 10 countries with the highest prevalence of child marriage





Child marriage: Who is most vulnerable?

Figure 1. Which girls are more likely to be married before age 18?





Tackling Child Marriage and Early Childbearing in India: Lessons from Young Lives



Why focus on –gender socialization in - very young adolescents?



Why focus on Very Young Adolescents

- 1. A special time between late childhood & full blown adolescence when enormous physical, psychological & social changes are beginning or are well underway
- A time when monumental changes occur in the lives of very young adolescents – e.g. school leaving & marriage
- 3. A time when they experience important public health problems early child bearing, early initiation of sexual activity & interpersonal violence
- 4. A time when attitudes & values that have enormous implications on their lives and the lives of those around them in the years ahead, are formed
- 5. Programmes and projects in many places deliberately leave out young adolescents; even where they do not, young adolescents are often not reached





Five key findings from the Global Early Adolescent Study Phase I



1. Puberty is a critical time in the life course, when preexisting gender attitudes & norms become further crystallised.



- Unequal gender norms develop early in life
- They intensify in early adolescence



2. Unequal gender attitudes & norms are widespread across geographic & socio-cultural settings with similarities & differences across contexts



Educational & employment expectations of parents

Equitable: China

Inequitable: Egypt

Parental pressure on girls' displaying appropriate behaviour

China: Yes

☐ India: Yes

Parental pressure for girls to wear appropriate clothing

□ China: No

☐ India: Yes



3. Societal expectations of boys & girls differ, & so do their own gender attitudes



Gender norms reinforce different expectations for

Boys: tough, strong, brave, heterosexual prowess, control

Girls: nice, polite, submissive, beautiful but modest

Norms are enforced by sanctions

Puberty is associated with an expansion of boys' worlds & a shrinkage of girls' worlds.



4. Race, ethnicity, class & immigrant status influence gender norms & attitudes



Gender norms & attitudes vary within sub-populations in the same geographic area



5. Peers & parents are key to shaping gender norms & attitudes. There is some evidence that schools/teachers shape attitudes. The evidence on the influence of the media is only now emerging.

Peers share with, learn from & support each other.

They also patrol & pressure each other.

Parents want adolescents to conform to prevailing norms & reinforce this through instruction, encouragement, reward, regulation & discipline.

They are concerned for the reputation of their children & their families.

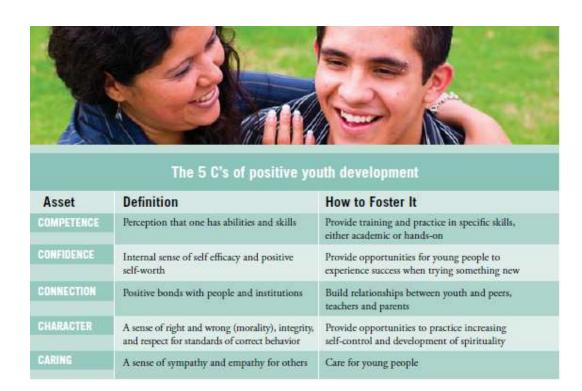
They worry about the influence of mass & social media.





Five implications of the findings from Global Early Adolescent Study Phase I for policies & programmes

1. Engage with adolescents in open discussions about gender norms & attitudes that take into account their evolving cognitive capacities.







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- 2. Stimulate critical reflection to change attitudes & norms within peer groups

Peers can have strong positive or negative influences on adolescent health.

Peer connectedness, peer modelling, & awareness of peer norms can be protective against violence, substance use & sexual risks. Peers can also increase risks, with peer participation in risk behaviours likely to increase smoking initiation & persistence, alcohol initiation & use, sexual risks & violence.

Our future: a Lancet commission on adolescent health and wellbeing







- 1. Engage with adolescents in open discussions about gender norms & attitudes that take into account their evolving cognitive capacities.
- 2. Stimulate critical reflection to change attitudes & norms within peer groups &

Tap into the reach & influence of media & technology

Peers can have strong positive or negative influences on adolescent health.

Social media use further extends the influence of peers on health. Online spaces have changed adolescent developmental tasks such as relationship & identify building which were mainly negotiated in face-to-face communication with peers.

Our future: a Lancet commission on adolescent health and wellbeing



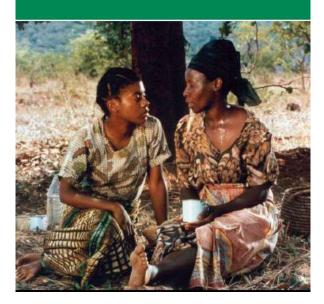




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- Stimulate critical reflection to change attitudes
 norms within peer groups.
- 3. Incorporate content on gender-equitable norms in parenting interventions.



Helping parents in developing countries improve adolescents' health



- 1. connection love
- 2. behaviour control limit
- respect for individuality respect
- modelling of appropriate behaviour model
- provision and protection provide.



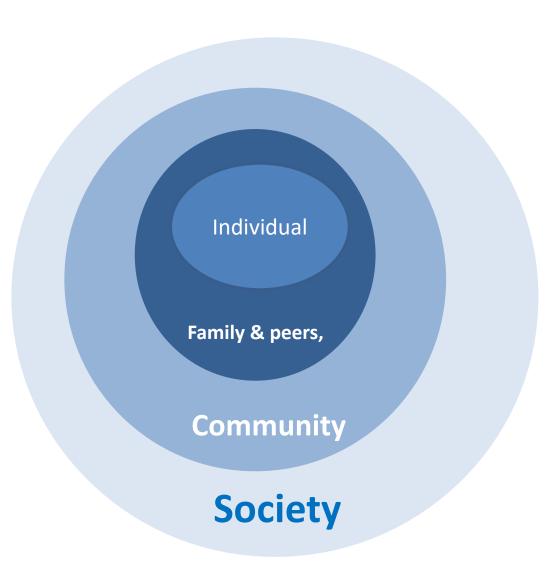
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- 4. Change norms by working simultaneously at different levels of the ecological framework.



state of world population 2016



Single dimensional interventions have limited effects



Interventions with adolescents

Health system interventions (e.g. integrated adolescent friendly services) PLUS

Other sector interventions (e.g. CSE, livelihood/cash transfers)

Interventions with family, peers

(e.g. parenting interventions, peer-based group intervention)

Community interventions

(e.g. community mobilization for social norm change)

Societal interventions

(e.g. enforcement of protective laws)



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- 4. Change norms by working simultaneously at different levels of the ecological framework.
- 5. Develop school-based efforts to promote equitable gender attitudes & norms





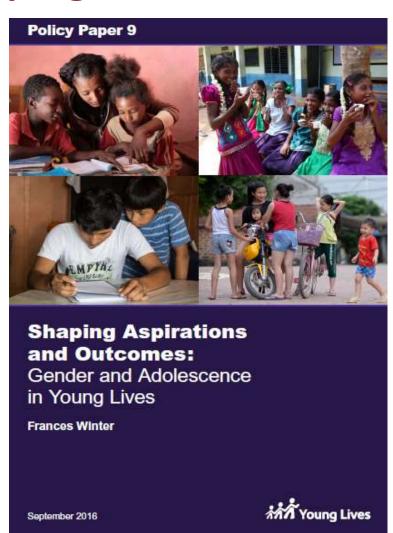
Placing gender norm & attitude change in the larger perspective programmes

Two windows of opportunity for policy intervention:

- (i) middle childhood to early adolescence (which often coincides with puberty & the transition from primary to secondary school)
- (ii) the period when girls come under pressure to marry.

However, these 'windows' should be treated with caution.

The underlying drivers of change for disadvantaged adolescents are effective education, job & economic opportunities to look forward to, robust social protection arrangements which improve the chances of their hopes being realised, & protection from violence.





A special focus on young boys



1. Boys face health risks as they transition into adolescence



Source: Amin, Kaagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Submitted.

- Mortality & morbidity rates due to interpersonal violence, road traffic injuries, drowning & self harm are higher in boys than in girls
- Boys are more likely to engage in tobacco, alcohol & illicit drug use
- They are less likely to seek help/care



2. The behaviour & health of boys – and men when adolescents become adults – has a profound impact on the health & well being of girls & women

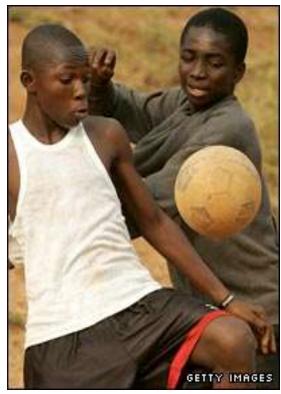


Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Submitted.

- They are more likely than girls to engage in early & unprotected sexual activity, with consequences for their & their partners' health
- Their perpetration of sexual violence begins in adolescence



3. Boys are more likely to endorse unequal gender norms than girls.



Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Submitted.

- In many setting, norms that privilege boys & men are the norm
- Boys may not see any value to themselves in challenging/forsaking the privileges conferred to them
- When boys show willingness/take steps to adopt more equitable attitudes/behaviours, they face more Their perpetration of sexual violence begins in adolescence



4. What works to build equitable gender attitudes & masculinity norms in boys?



Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Submitted.

Small group participatory activities to generate critical reflection about unequal gender norms have shown to change attitudes

Dworkin et al, 2013 Ricardo et al, 2011

Boys/young men should be engaged along with girls/young women.

Beyond that families, communities & societies should be engaged to challenge male entitlement, privilege & control on the one hand, & victimization, trauma & social exclusion on the other.

Jewkes et al, 2015



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Evidence for younger adolescents

Small group activities to stimulate discussion & reflection on gender roles, unequal power relations & their effects.

Engaging parents & community members to participatory activities to support change.

Achyut et al, 2011 (GEMS, India) Institute of Reproductive Health, 2016 (GREAT, Uganda) Lundgren et al 2013 (CHOICES, Nepal)



THE GREAT PROJECT



GENDER EQUITABLE ATTITUDES AND BEHAVIORS

Exposure to GREAT resulted in more gender-equitable attitudes, and some changes in behaviors. For example, fewer older adolescents exposed to GREAT held inequitable gender norms.

I learned that education is not only for boys, but also for girls."



BELIEVE MEN AND WOMEN EQUAL (OLDER ADOLESCENTS)

NOT EXPOSED TO GREAT 48% EXPOSED TO GREAT

BELIEVE EDUCATION MORE IMPORTANT FOR BOYS THAN GIRLS (NEWLY MARRIED/PARENTING)

More gender equitable behaviors

were also observed among

adolescents engaged in GREAT, especially among newly married/new parenting adolescents. Young husbands were more likely to be involved in childcare or helping with household chores than those not reached.



36% EXPOSED TO GREAT Educating girls promotes the health and well-being of families and communities. A promising result of GREAT is that fewer newly married/parenting adolescents and older adolescents believe that it is more important for boys to be educated than girls.

"I learned that work can be shared among boys and girls. That has made me start helping my sister at home.

HELP WITH CHILDCARE & HOUSEHOLD CHORES (NEWLY MARRIED/NEWLY PARENTING)







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