Global Early Adolescent Study:
Implications of the findings of phase 1 for policies & programmes

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The place of gender norms & attitudes in adolescent health
An ecological framework for adolescent health

Gender norms & attitudes

- **Gender**: The construction of masculine & feminine identities, roles, norms & relationships rather than an immutable personality trait grounded in biological sex.

- **Gender norms**: Widely accepted social rules about roles, traits, behaviour status & power associated with masculinity & femininity in a given culture.

- **Gender attitudes**: Individual perception, belief & endorsement of gender norms.
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

2. 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
One in three women globally has experienced physical and/or sexual violence by an intimate partner.
Children learn at home & in their communities that violence against women is ‘normal’
The Global Early Adolescent Study: rationale, objectives & methods
GLOBAL EARLY ADOLESCENT STUDY
AN EXPLORATION OF THE EVOLVING NATURE OF GENDER NORMS & SOCIAL RELATIONS
GEAS – TWO QUESTIONS

▪ How do gender norms develop in early adolescence & what factors are associated with their development?

▪ How do gender norms relate to a spectrum of health outcomes and how might they contribute to sex differences in health outcomes across adolescence and across cultures?
PHASE 1:
FORMATIVE RESEARCH & TOOL DEVELOPMENT
Urban Poor youth

- 66% of the world’s population by 2030
- Urbanization of poverty = urban penalty
PHASE 2: THE LONGITUDINAL PHASE OF THE GEAS

Key strengths and weaknesses
Designing the Measures
Phase I

Measuring Contexts
• Neighborhood & Community
• Family
• Peers
• Schools

Measuring Gendered Processes
• Gender norms
• Gender equitable relationships
• Empowerment

Measuring Outcomes
• Physical health
• Mental health
• Sexual health
• Healthy Sexuality
• Gender Based Violence

Answering Critical Questions
Phase II

How do gender norms (GN) and perceived gender equitability (GE) at both the individual and community levels influence adolescent health outcomes over time?
How do these influences vary by setting?
How do changing contextual factors (e.g. Economic shocks, migration) moderate the relationship
What are the factors related to the target health outcomes and are they mediated through gender norms and/or perceived gender equitability?
What are the factors related to gender equitable and inequitable gender norms?
How do they vary by site?
How do they vary over time?
How do they vary in relationship to contextual variables?
What are the factors associated with movement toward and away from gender equitability over time?
How do interventions impact those changes?

Phase II Methods

• Follow 1000 to 1400 10-14 years old from each city
• Three waves of data collection over 4-5 years
• Qualitative and quantitative data from adolescents and parents
• Use mobile technology data collection platform
Five key findings from the Global Early Adolescent Study Phase I
1. Puberty is a critical time in the life course, when pre-existing 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
Five implications for policies & programmes

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

<table>
<thead>
<tr>
<th>Asset</th>
<th>Definition</th>
<th>How to Foster It</th>
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<tr>
<td>COMPETENCE</td>
<td>Perception that one has abilities and skills</td>
<td>Provide training and practice in specific skills, either academic or hands-on</td>
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<tr>
<td>CONFIDENCE</td>
<td>Internal sense of self efficacy and positive self-worth</td>
<td>Provide opportunities for young people to experience success when trying something new</td>
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<tr>
<td>CONNECTION</td>
<td>Positive bonds with people and institutions</td>
<td>Build relationships between youth and peers, teachers and parents</td>
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<tr>
<td>CHARACTER</td>
<td>A sense of right and wrong (morality), integrity, and respect for standards of correct behavior</td>
<td>Provide opportunities to practice increasing self-control and development of spirituality</td>
</tr>
<tr>
<td>CARING</td>
<td>A sense of sympathy and empathy for others</td>
<td>Care for young people</td>
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The 5 C’s of positive youth development

THE TEEN YEARS EXPLAINED: A GUIDE TO HEALTHY ADOLESCENT DEVELOPMENT

By Clea McNeely, MA, DrPH and Jayne Blanchard
Five implications for policies & programmes

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**

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
Five implications for policies & programmes

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.

Five implications for policies & programmes

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.
3. Incorporate content on gender-equitable norms in parenting interventions.
Five implications for policies & programmes

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.
3. Incorporate content on gender-equitable norms in parenting interventions.
4. Change norms by working simultaneously at different levels of the ecological framework.
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)
Five implications for policies & programmes

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.
3. Incorporate content on gender-equitable norms in parenting interventions.
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

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

- 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

- 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.

- In many settings, norms that privilege boys & men are widespread.
- 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 sanctions.

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

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

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

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)