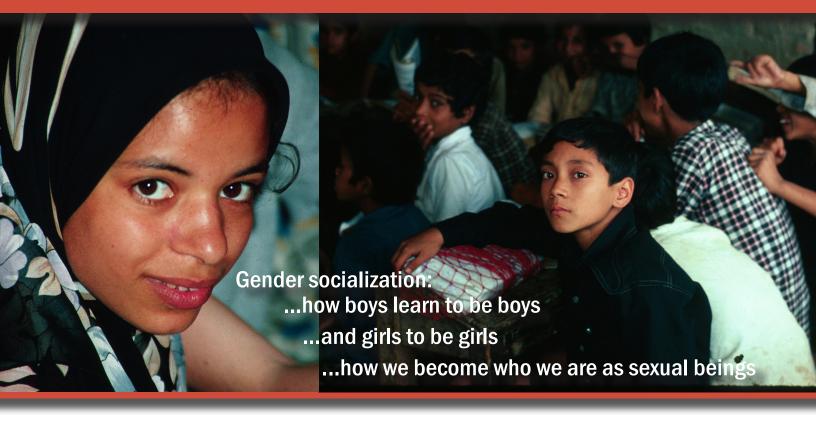


The Global Early Adolescent Study: an exploration of the evolving nature of gender norms and social relations

10-14 years: a critical age



A Time of Transition

The ages 10-14 years are among the most critical for human development, yet one of the most poorly understood. While the biological processes are universal, the social contexts within which they occur vary considerably. It is during this age that gendered norms and beliefs are solidified and young people are expected to assume socially defined gender roles that shape their sexual and reproductive health future.

Multi-City Study in Poor Urban Environments

A multi-national longitudinal comparison offers a unique perspective on the commonalities and differences of the social processes shaping young people's health with particular attention to the ways gender norms inform adolescent sexual health and behaviors. Additionally, such a study affords the opportunity to identify the relationships

between gender norms and educational attainment, mental health, physical health and healthy sexuality.

The focus is on urban poor adolescents, a vulnerable and fast-growing population worldwide. Focusing on poor urban adolescents will generate information for policy makers, program planners, parents, teachers, health and social service providers, and adolescents themselves that will inform programs, policies and services.

Study Goals

The goal of the Global Early Adolescent Study is to understand the development of gender norms in early adolescence that predispose young people to subsequent sexual health risks and conversely that contribute to healthy sexuality so as to provide the knowledge base for adult caregivers and young people themselves to improve sexual and reproductive health outcomes.

Study Sites

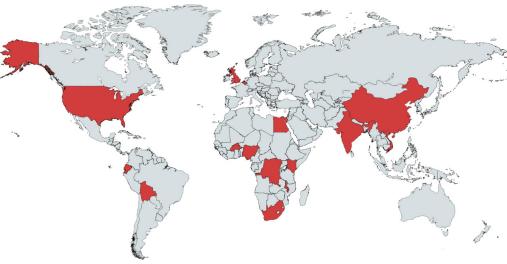
Assiut, Egypt Assiut University
Baltimore, USA Johns Hopkins University
Blantyre, Malawi University of Malawi
Cape Town, South Africa University of the
Western Cape

Cuenca, Ecuador University of Cuenca Cochabamba, Bolivia Institute for Human Development

Edinburgh, Scotland, UK University of St Andrews

Ghent, Belgium Ghent University
Hanoi, Vietnam Academy of Social Sciences,
Institute for Sociology

Ile-Ife, Nigeria Obafemi Awolowo University Kinshasa, Democratic Republic of Congo University of Kinshasa



Nairobi, Kenya African Population and Health Research Center

New Delhi, India Population Council

Ouagadougou, Burkina Faso University of Ouagadougou

Shanghai, China Shanghai Institute of Planned Parenthood Research



"You will see a very small girl and she has a boyfriend ... but during our time, at that age, I didn't have a boyfriend, I was still too naïve. I may have started seeing changes on my body but not having a boyfriend."

Mother, Kenya

"...they tell us that if we start dating boys at childhood, we won't be able to achieve our life goals...
They also tell us that the female life is so delicate that the chances of making it is so narrow for any female... so they advise us not to have male friends."
Female adolescent, Nigeria

Study Design and Objectives

The Global Early Adolescent Study is planned for two phases. The formative research of Phase I has been completed in most sites, informing the development of a practical toolkit to be piloted and validated in the latter half of Phase I and used in a 5-year longitudinal study in Phase II.

PHASE I

Phase I employs a mixed-methods approach for the creation of a toolkit that includes 4 new instruments assessing gender norms and sexuality specifically for use among early adolescents worldwide.

Formative Research

- A systematic review of factors that influence attitudes and beliefs about gender norms in early adolescence.
- In-depth narrative interviews with early adolescents and primary caregivers to develop a narrative on transitions into adolescence, revealing the ways young people navigate the social boundaries of gender norms and how these norms influence their emerging sexuality.
- Workshops with groups of youth to determine overarching themes and suitable stems for vignette instrument development.

Toolkit Development

- 1. *The Gender Norms Scales*, to assess beliefs about normative expressions of what it means to be a young adolescent boy or girl.
- 2. *The Gender Equitability in Relationships Instrument*, to assess gender biases in relationships.
- 3. *The Health Instrument*, consisting of 10 modules, to assess physical and mental health, healthy sexuality and sexual health, empowerment and related factors.
- 4. *The Context Measure*, to measure social cohesion, safety and security, risk and protective factors in the neighborhood from the perspective of the adolescent.

Finally, a special supplement of the *Journal of Adolescent Health* will be published in the fall of 2016 summarizing key findings from the over 900 narrative interviews that have been translated, transcribed, coded, analyzed and synthesized into 8 core themes and manuscripts.

Instruments are Based on Innovations

Gender Norms Scales
Narrative interviews with young
adolescents and their primary
caregiver from each site have provided
rich data and culminated in the
creation of over 3,000 gender codes
that were subsequently analyzed for
content.

These analyses formed the basis of the Gender Norms Scales that is thus grounded in the lens and voice of young adolescents worldwide.

Gender Equitability in Relationships Instrument

Three-day focus groups with 11-13 year-olds in each collaborating site form the basis for vignette creation. From discussions and role plays a set of vignettes about typical relationships in early adolescence are developed in each site.

Subsequently content analysis is done to identify what is emerging as the 6 universally applicable vignettes. When finalized there will be two versions of each vignette the first with a female protagonist and the secondan identical version—with a male protagonist. Each respondent will answer questions related to an equal number of male and female version vignettes.

Using this methodology we will be able to assess how young people think about situations differently if it is a boy or girl in the lead.

"Yes, now I really have to be more polite than when I was younger. Now I have to sit up straight and dignified, be a bit more polite, not yelling anymore."

Female adolescent, Belgium



At that age [10 years old] relatives or at school talked with her about circumcision and said now you will go to a doctor to circumcise you. She asked them 'How?' They told her ' that is done' and 'don't' ask how'. Then she came to ask me? ...I told her I am not going to do that, it's enough that I did that to both of your sisters. Why do you want to go to the doctor to do that to you? When I explained to her what the operation is? She said I am not going to go."



"Now that I am older we got to deal with what you wear, where you go, who you with, if you are by yourself or not because if you wear certain stuff a thug or man looks at your face or asks you out. ... I can't go everywhere by myself because a lot of men like find me attractive, so my mother tells me I can't really go places by myself." Female adolescent, USA

PHASE II

Using the globally validated toolkit to pursue the following objectives through a 5-year longitudinal study of 10-14 year-olds in each site, Phase II will:

- Describe gender socialization as an evolving process in different cultural settings from early to later adolescence.
- Investigate parental/caregiver and peer influences on gender socialization of young adolescents.
- Understand how the contexts (schools, neighborhoods, media, culturally-diverse settings) within which a young person develops moderate parental/ caregiver influences on gender socialization.
- Understand how gender norms in early adolescence are related to sexuality and subsequent sexual behaviors throughout the adolescent years.
- Understand how gender norms in early adolescence are related to other health outcomes, including mental health and physical health throughout the adolescent years.

The survey will be administered using a mobile data collection platform employing both computer-assisted and audio-computer-assisted selfinterview (A-CASI) techniques.









www.geastudy.org

LEAD COLLABORATING ORGANIZATIONS

Johns Hopkins Bloomberg School of Public Health Study Director - Robert Wm. Blum, MD, MPH, PhD William H. Gates, Sr. Professor and Chair of the

World Health Organization Study Co-Investigator - Venkatraman Chandra-Mouli, MBBS, MSc, Scientist Adolescents and At-Risk Populations Team Reproductive Health and Research Department

United Nations Population Fund (UNFPA) Mona Kaidbey

Deputy Director of Technical Division

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- Rebecka Lundgren

SUPPORTING ORGANIZATIONS

- Bill and Melinda Gates Foundation
- David and Lucile Packard Foundation
- Ford Foundation
- Save the Children

- World Health Organization

COLLABORATING ORGANIZATIONS

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- Institut Supérieur des Sciences de la Population at the University of
- Obafemi Awolowo University, Ile-Ife, Nigeria
- Shanghai Institute of Planned Parenthood Research, China
- University of Kinshasa, Democratic Republic of Congo
- University of Malawi, Blantyre, Malawi
- University of St Andrews, Child and Adolescent Health Research Unit, Scotland, UK
- University of the Western Cape, South Africa

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Page 1: Young girl and Boys in school (Robert Wm. Blum)
Page 3: Second photo, Egyptian kids (Katie Aune)
Page 4: Boys (Tamara Kushch) – Girl in classroom (Zurijeta)

Version: October 2015





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