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Global Early Adolescent Study:

Implications of the findings of phase 1 for policies & programmes

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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

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



The 5 C's of positive youth development

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

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

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Tap into the reach & influence of media & technology

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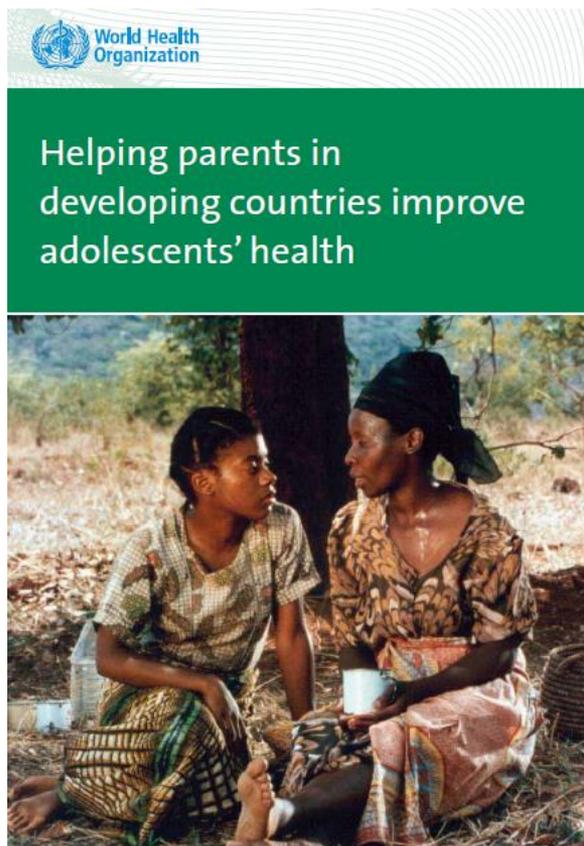
Social media use further extends the influence of peers on health. Online spaces have changed adolescent developmental tasks such as relationship & identity building which were mainly negotiated in face-to-face communication with peers.

Our future: a *Lancet* commission on adolescent health and wellbeing



Five implications for policies & programmes

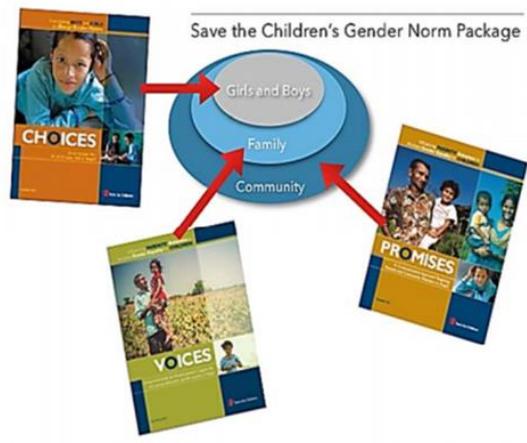
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2. Stimulate critical reflection to change attitudes & norms within peer groups.
3. Incorporate content on gender-equitable norms in parenting interventions.



1. connection – *love*
2. behaviour control – *limit*
3. respect for individuality – *respect*
4. modelling of appropriate behaviour – *model*
5. provision and protection – *provide.*

Five implications for policies & programmes

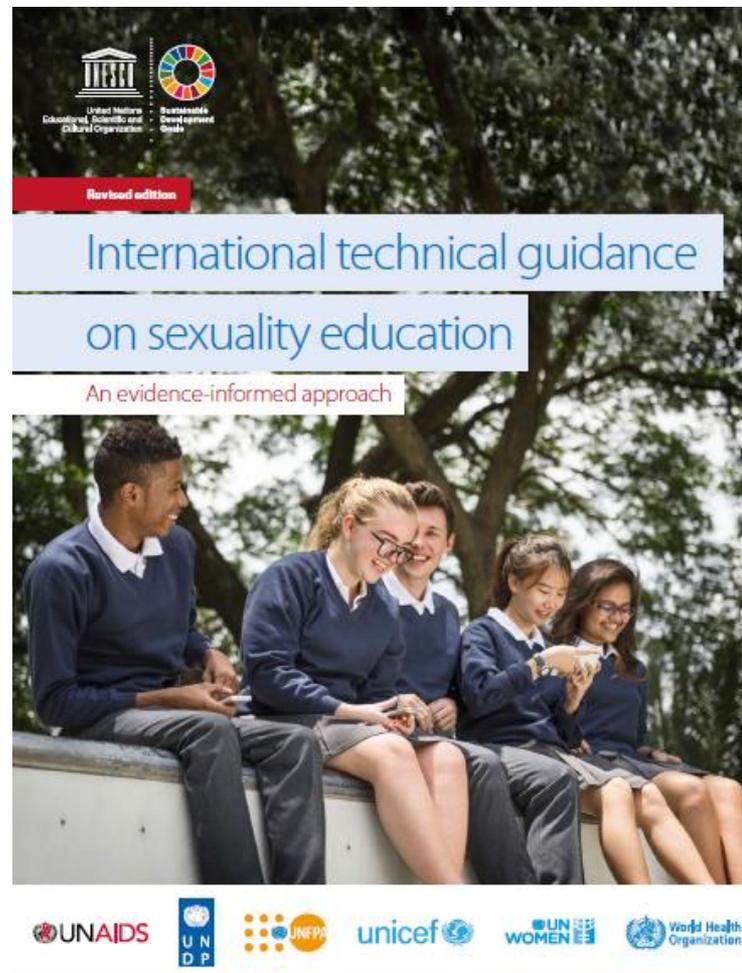
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4. **Change norms by working simultaneously at different levels of the ecological framework.**



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5.1 Develop school-based efforts to promote equitable gender attitudes & norms



Education
2030

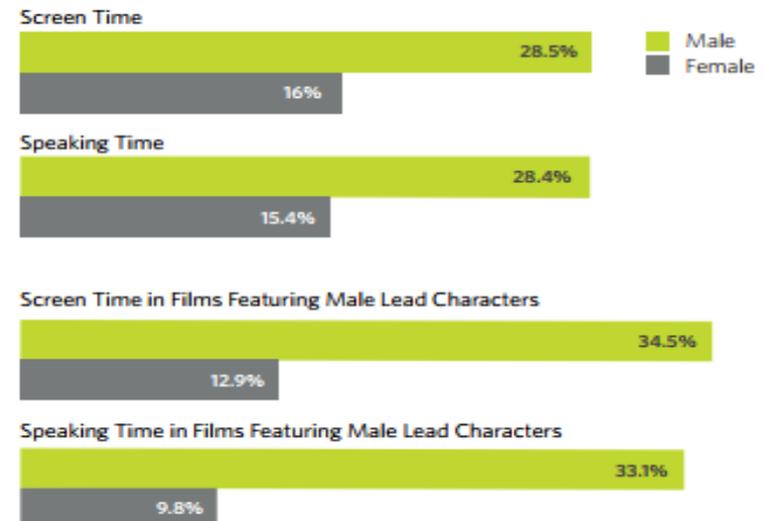
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5.1 Develop school-based efforts to promote equitable gender attitudes & norms

5.2 . Address gender stereotypes perpetuated by media and use media to promote gender equitable norms/messages

FIGURE 1. Percent of screen time and speaking time for male and female characters in movies in 2015 (Geena Davis Institute on Gender in Media, 2016).



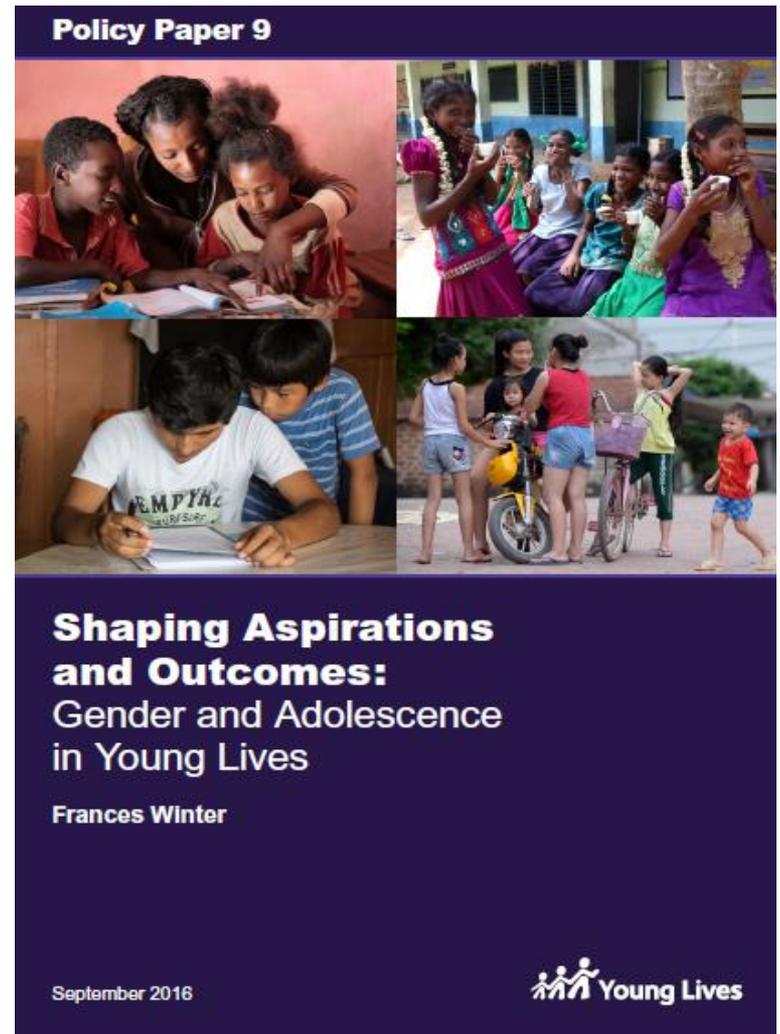
Placing gender norm & attitude change in the larger perspective

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



Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Journal of Adolescent Health. In press.

- ❑ 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

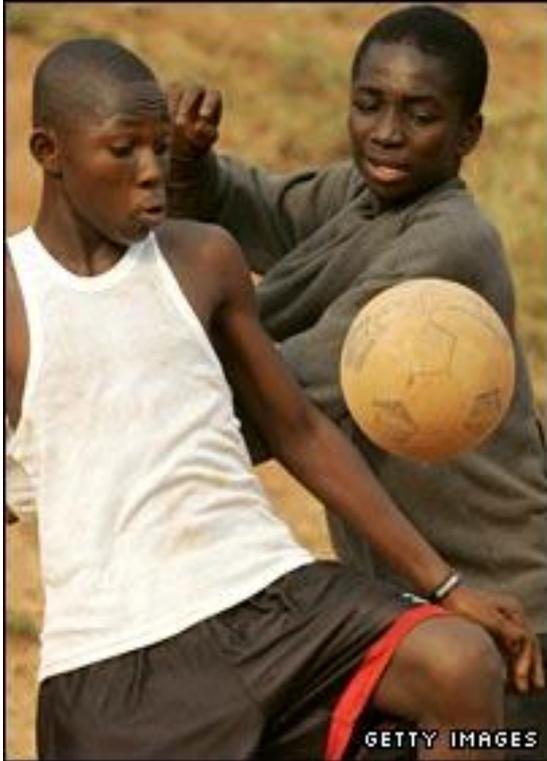
2. The behaviour & health of boys – and men when adolescents become adults – has a profound impact on the health & well being of girls & women



Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. Journal of Adolescent Health. In press.

- 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 the 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.

Source: Amin, Kagesten, Adebayo, Chandra-Mouli. Addressing gender socialization & masculinity norms among adolescent boys: Policy & programmatic implications. *Journal of Adolescent Health*. In press.

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

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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)