The Global Early Adolescent Study: a case statement

What is the Global Early Adolescent Study?

The Global Early Adolescent Study is a 15-country study aimed to understand the factors in early adolescence that predispose young people to sexual health risks and promote healthy sexuality. The study is led by a partnership of Johns Hopkins Bloomberg School of Public Health, The World Health Organization (WHO), the United Nations Population Fund (UNFPA) and 15 countries global collaborators.

What do we mean by gender socialization?

Gender socialization refers to the process of learning about what is appropriate behavior for males and females in a given context, through such diverse means as family and caregiver attitudes, school influences, how peers interact with each other, and mass media messages. The norms and messages of these important sources of influence function as background information that individuals keep in mind, alter and reconstruct as they interact with and define themselves in relation to others.

We view gender not as biologically determined but rather as socially constructed and expressed by roles, traits, behaviors, emotions, abilities, or capacity for relationships. As such we recognize that gender norms are amenable to change.

From gender norms to gender inequalities across cultures

Gender norms not only introduce assumptions that differentiate men and women according to roles, traits and behaviors, but many aspects of these norms also establish a sex-based hierarchy which systematically subordinate women to men and girls to boys. The expressions of these inequities vary but they are pervasive across all patriarchal societies.

The reason for this is that there are basic structural commonalities across all societies that produce and maintain inequalities between the sexes, through for example, the division of labor, power and social norms. Identifying these core structural drivers of gender inequality that inform unequal gender norms before they solidify in adulthood may prove a critical step in promoting gender equitability in adolescence and beyond.

Likewise, we recognize that gender norm formation begins in the first not second decade of life and that to enhance gender equitability will require identification of norms already established but still malleable in early adolescence.

How do gender norms damage adolescent wellbeing?

The social manifestations of gender touch on most aspects of life, but have particular salience in the understanding of health processes, particularly sexual and mental health, which are situated at the intersection of biological and social processes. Solid evidence from around the globe indicates that gender norms influence sexual health through complementary mechanisms, including knowledge, behaviors and health service utilization. For example, research demonstrates a strong connection between norms of masculinity and the promotion of sexual risk taking by men. Likewise, several studies have shown that women who adhere to traditional gender norms are themselves less likely to practice safe sex. Likewise, the lack of voice and control over their lives often experienced by young women disproportionally impacts self esteem, self-efficacy and a personal sense of wellbeing.

The growing attention to gender inequity as a critical vector of a host of sexual health outcomes is a noticeable shift of paradigm towards "primary" prevention strategies, prominent in the 2011 United Nations General Assembly declaration, calling to "eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV"[1] . Likewise, UNFPA views gender equality as a "foundation for progress" in the prevention of teenage pregnancy.

Global Early Adolescent Study

GEAS

Johns Hopkins Bloomberg School of Public Health
World Health Organization — United Nations Population Fund

www.geastudy.org

Belgium, Bolivia, Burkina Faso, China, Democratic Republic of Congo, Ecuador, Egypt, India, Kenya, Malawi, Nigeria, Scotland, South Africa, USA, Vietnam

Is this really a problem worthy of global attention?

The ways gender norms damage sexual health and wellbeing are pressing concerns. Unsafe sexual interactions represent the second most important contributor to disability and death among women in low and middle income countries and the ninth most important risk factor in high-income countries. As an extreme manifestation of gender inequity, sexual violence is increasingly recognized as a substantial public health concern, which appears to be more prevalent in societies that reinforce strong masculinity ideologies. Recent estimations report that 35% of women worldwide have experienced intimate partner violence or non-partner sexual violence in their lifetime. In some of our partner countries in the GEAS it is double that figure!

Likewise, the World Health Organization increasingly acknowledges adolescent mental health problems as major causes of lost productivity and years of life lost. For young women, the lack of opportunities and voice coupled with their systematic oppression in many settings predispose them to depression, suicidal thoughts and attempts, early school leaving and a host of other negative social and health consequences.

Why focus on early adolescence?

By age 15, sexual health conditions constitute the leading cause of death globally for girls who face increased risks of sexual coercion, are at higher risk of contracting HIV and other sexually transmitted infections[2] and suffer high rates of unintended pregnancies. Efforts to address the global challenges of sexual health among adolescents have typically adopted a risk reduction perspective concentrating resources on changing the behaviors most often of adolescent girls. Such thinking is problematic in several ways. First, it ignores the needs of younger adolescents who face the greatest risks of health complications. Second such risk reduction approaches fail to consider the emerging sexuality of adolescents as a normal component of development that begins long before a young person initiates any sexual behaviors. Additionally, it ignores the structural influences of community and societal gender norms as well as the precursors to behaviors that manifest in adolescence.

The need to focus on early adolescence (10 to 14 years of age) has gained recent momentum, as it represents one of the most critical yet least understood periods for human development, including gender and sexuality development. While puberty marks the transition towards adult appearance, it also signals an intensification of gendered behaviors. While gender socialization is a continuous process that starts in childhood and extends across the lifespan, the period of early adolescence represents a unique window of opportunity for intervention before solidifying in later adolescence.

What does this mean for policy makers and national development?

Over the past 20 years countries have increasingly invested resources in downstream interventions whether they are STI or HIV programs, or expanded treatment services for mental and physical trauma. Many have been constrained in national development by failing to educate girls and women. The Global Early Adolescent Study is underpinned by two principles.

One, if we can understand the conditions that lead to inequities, we can create communities that are not only more just but are also more health promoting. Second, if we really believe that youth are our future then we need to advance gender equitability as a strategy to advance national development. The Global Early Adolescent Study will focus our attention on an age group where the opportunities for change are greatest.; and it will provide us both the tools and the data to understand the upstream factors that create the environments for discrimination, violence and disease.

1. United Nations General Assembly. Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, 2011. http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf (Accessed online January 12th 2014)

2. Kothari MTS, Wang S, Head SK, Abderrahim N. (2012).Trends in Adolescent reproductive and Sexual Behaviors. DHS comparative reports. 29. Calevrston, Maryland, USA: ICF International.

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