Addressing harmful and unequal gender norms in early adolescence

Early adolescence (age 10–14) is an important window of opportunity to address gender socialization as the basis for health and social justice. This Comment explains why this is the case and provides illustrative examples of existing evidence on strategies to promote gender equitable attitudes in young adolescents.

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Gender and other social inequalities shape our lives and behaviours and negatively influence a number of health and social outcomes. Norms about what it means to be a man or a woman and those that ascribe higher value to being male compared with being female are one of the ways in which societies perpetuate gender inequalities. Individuals internalize these norms in developing their identities, as well as their attitudes, beliefs and behaviours, throughout the life course. This is known as gender socialization, which is defined as the process by which people learn to behave in a certain way as male or female as dictated by societal norms (widely shared social expectations) and attitudes (individual beliefs)[1]. While the process of gender socialization begins very early in life and occurs throughout life, this Comment aims to unpack three key reasons why early adolescence (age 10–14) is a particularly important window of opportunity to address gender socialization.

Sex differentials in outcomes emerge

Starting in early adolescence, sex differential patterns in health and social outcomes emerge that cannot be explained by biological differences alone. In terms of mortality, the most common causes of death during childhood (age 5–9) in 2016 were the same for both boys and girls: lower respiratory infections and diarrhoeal diseases[2]. In early adolescence (age 10–14), lower respiratory and diarrhoea remain top causes of death for girls, while top causes for boys change to road injury and drowning[2]. Later in adolescence (age 15–19), top causes of death for girls become maternal conditions and self-harm, while top causes for boys become road injury and interpersonal violence[2].

These differential patterns are in part explained by gender inequality. For example, more than 700 million women alive today were married before their 18th birthday, placing them at higher risk of early pregnancy and its consequences for maternal health outcomes[3,4]. This also compromises their educational and economic opportunities, and their ability to make decisions[4]. The percentage of countries with gender gaps in school attendance increases from 37% for primary education to 54% and 77% for lower and upper secondary education, respectively[5]. Adolescent girls (age 10–19) are more likely than boys to experience sexual violence[3]. Girls ages 15–19 account for 8 out of 10 new adolescent human immunodeficiency virus (HIV) infections in sub-Saharan Africa[4]. Globally, boys and men are the main perpetrators of interpersonal violence[3]. Adolescent boys (age 10–19) are also more likely than girls to engage in health-harming behaviours, such as alcohol and drug use, and early and unprotected sex[6].

Gender attitudes become entrenched

Early adolescence is a transition period when enormous physical, cognitive, emotional and social changes occur. Alongside this, gender beliefs and attitudes that have been fostered since early childhood further intensify. Research from eight countries in the Global Early Adolescent Study (GEAS) identifies several findings about gender socialization[7].

First, girls and boys ages 10–14 describe changes in their own and others' gender attitudes and expectations for appropriate behaviours, clothing and roles during this period[7]. For example, boys are often "encouraged to be strong and demonstrate heterosexual prowess", and are burdened with untenable demands of being tough that encourage risk-taking and impede social support and care-seeking[7]. Meanwhile, girls are "taught to be nice and submissive"[7]. Pubertal girls are sexualized and learn that their value lies in their bodies and appearances[7]. Girls are also held responsible for their own protection through stringent expectations of modesty, restricted mobility[7].

Second, at puberty, the relative influence of social networks on gender attitudes and behaviours shifts[7]. Parents remain an important source of gender socialization through explicit communication, non-verbal cues or role modelling of gendered behaviours between parents, within the household and within their own social networks[7]. At the same time, peer relationships increasingly shape the way adolescents view the world, recognize social expectations and understand their roles as boys and girls[7]. While peers provide social and emotional support and social protection, they also can exert negative social pressures[7].

Third, gender norms are further reinforced in schools and by the media. For instance, school textbooks rarely depict working women and portray men in more diverse and prestigious roles[8]. In the media, the largest analysis to date of movie screenplays found that close to 80% had a male lead[9]. In advertising, women are more often depicted at home in dependent roles[10].

As a result of all of these influences, adolescents learn not only that boys and girls have different roles, but also that what is male is more valued and powerful than what is female. A global study found that substantial proportions of boys and girls agree that wife-beating is justified in some situations — if a wife burns the food, argues with her husband, neglects the children, refuses to have sex or goes out without permission[11]. When society deems such behaviours to be acceptable, they translate into learned behaviours. For example, globally nearly one in three ever-partnered girls aged 15–19 years has experienced intimate partner violence in their lifetime[3]. Similarly, research on child marriage has demonstrated that girls who grow up in contexts where their mothers, aunts, sisters and friends were married in adolescence often have internalized expectations of their own early marriage[12].

Promising strategies exist

Brain development in early adolescence presents a unique window of opportunity for intervening to build and foster positive, equitable gender attitudes. Typically between ages 9 and 12, nature flips on a switch in the endocrine–neurological axis, initiating a cascade of changes in the brain[13]. First, there is a second cycle of synaptogenesis concentrated in the pre-frontal cortex, the region responsible for organizational ability, strategic thinking and impulse control[13]. Second, the brain undergoes an extended pruning process[13]. As more nerve axons become myelinated, neural communication and signal transmission become faster and more effective[13].

These physiological changes have enormous cognitive implications[1]. Thinking shifts from concrete to abstract, and the brain is able to handle multidimensional concepts[1]. Reasoning skills strengthen and creative abilities blossom[1]. Adolescents expand their ability to compare feelings, explore reasons for their feelings and regulate their emotions[13]. As a result, they are able to think independently and form autonomous opinions and beliefs[1]. These changes prime the adolescent brain's ability for experience-dependent learning[1].

These changes mean that adolescents can be helped to think critically and challenge unequal gender norms, and there is growing research from interventions in a few settings that this is possible[7]. Taking into account their evolving cognitive capacities, adolescents should be engaged in open discussions about harmful gender norms and attitudes[7]. An example of this is Choices, implemented by Save the Children in Nepal, which aims to support young adolescents to explore alternative views of masculinities and femininities. In particular, interventions working with girls need to focus on their self-esteem and agency, as girls are more likely to recognize and challenge the disadvantages they face[7]. In contrast, boys need support in recognizing their own privileged status and need to be rewarded when they challenge it[7]. Research shows that young adolescents often have limited autonomy, thus this work must be complemented with interventions directed at gatekeepers in adolescents' lives[14].

Recognizing the importance of peer influence, group-based participatory education that fosters critical reflection on what it means to be a boy or a girl has been implemented in different settings[7]. For example, in South Africa, Stepping Stones aimed to encourage gender-equitable relationships by building communication skills and stimulating critical reflection among peers, and showed reductions in perpetration of intimate partner violence and in sexually transmitted infection rates among adolescent boys.

Supporting parents in promoting gender equitable attitudes is another area for intervention[7]. For example, the Real Fathers Initiative in Uganda provides mentoring to first-time fathers to support positive, nurturing relationships and reduce physical punishment of children and intimate partner violence.

Working with schools, including teachers and school curricula, is another avenue to build gender equitable attitudes[7]. For example, the Gender Equity Movement in Schools (GEMS) and The Good School Toolkit, implemented in India and Uganda, respectively, are violence prevention programmes that guide schools to build equitable and positive educational environments. The GEMS programme has shown significant shifts in attitudes with respect to gender and violence among students, while the application of the Good Schools Toolkit has shown reductions in the prevalence of physical violence against children in schools.

Media is yet another important outlet for building equitable gender norms[7]. For example, the television series *Sexto Sentido* aimed at adolescents in Nicaragua, which provides edutainment on a range of sexual and reproductive health issues, has shown promising results in improving attitudes towards gender equality.

Gender socialization cannot be addressed by interventions operating at only one level of the social-ecological framework. We must work simultaneously with adolescents and their peers, parents, schools, and larger communities or societies. For example, the Gender Roles, Equality and Transformation (GREAT) Project in Uganda uses complementary and mutually reinforcing intervention components: educational materials and health service linkages for individuals, partners and peer groups, and a radio drama and engagement materials for the broader community.

Interventions to address gender socialization must be integrated into large-scale platforms (for example, health and educational systems). To work, they also require a legal and policy context that promotes the human rights of adolescents, whether though protective legislation against child marriage or policies that allow for comprehensive sexuality education to be taught in schools[7].

Conclusion

Nearly 25 years after the landmark International Conference on Population and Development, the global health and development communities recognize that gender socialization shapes adverse health and social outcomes, especially those related to sexual and reproductive health. We are beginning to identify what influences gender attitudes in early adolescence. By addressing gender socialization in early adolescence, we can work to foster gender equitable norms as a critical investment in shaping adolescents' health and wellbeing and their trajectories into adulthood. This is the basis for creating a more just society. ❐

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References

1. John, N. A. et al. *Gender Socialization During Adolescence in Low- and Middle-Income Countries: Conceptualization, Influences and Outcomes.* (UNICEF, New York, NY, 2017).
2. *Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000–2015* (WHO, Geneva, 2016).
3. *A Statistical Snapshot of Violence Against Adolescent Girls* (UNICEF, New York, NY, 2014).
4. *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation* (WHO, Geneva, 2017).
5. *Global Education Monitoring Report 2016: Gender Review* (UNESCO, Paris, 2016).
6. Kagesten, A. et al. *PLoS ONE* **11**, e0157805 (2016).
7. Chandra-Mouli, V. et al. *J. Adolesc. Health* **61**, S5–S9 (2017).
8. *Global Education Monitoring Report, Policy Paper 28: Textbooks Pave the Way to Sustainable Development* (UNESCO, Paris, 2016).
9. Anderson, H. & Daniels, M. Film dialogue from 2000 screenplays, broken down by gender and age. *Polygraph* https://pudding.cool/2017/03/film-dialogue/ (2016).
10. Grau, S. L. & Zotos, Y. *Int. J. Advert.* **35**, 761–770 (2016).
11. *Transformative Accountability for Adolescents: Accountability for the Health and Human Rights of Women, Children and Adolescents in the 2030 Agenda* (WHO, Geneva, 2017).
12. *Tackling Child Marriage and Early Childbearing in India: Lessons from Young Lives* (Young Lives, Oxford, 2016).
13. Blakemore, S. & Mills, K. *Annu. Rev. Psychol.* **65**, 9.1–9.21 (2014).
14. *Gender and Adolescence: Why Understanding Adolescent Capabilities, Change Strategies and Contexts Matters* (GAGE Consortium, London, 2017).

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Competing interests

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