



The Global Early Adolescent Study: an exploration of gender norms and their consequences for health, education and wellbeing

Longitudinal Phase



A longitudinal study of gender socialization and its impact on...

...mental health

...physical health

...sexual health

...violence

...healthy sexuality

...school retention & attainment

Early Adolescence: A Time of Transition

The ages 10-14 years are among the most critical for human development, yet early adolescence is one of the most poorly understood stages of the life course. While the biological processes are universal, the social contexts within which they occur vary considerably. During this transition, young people are expected to assume socially defined gender roles that shape their sexual and reproductive health futures.

The GEAS is a Multi-City Longitudinal Study in Low-income Environments

A cross-country longitudinal comparison offers a unique perspective on the commonalities and differences of the social processes shaping young people's health and particularly the ways in which gender norms inform adolescent sexuality.

The focus is on low-income adolescents primarily in urban settings—a vulnerable and fast-growing population worldwide.

Findings from this study will inform policy makers, program planners, parents, teachers, health and social service providers and adolescents themselves in the design of interventions that consider the unique strengths and challenges of this population.



"When I was young I used to play with girls. I don't anymore ... and I miss it."
Boy, Vietnam

"I wished that I had never experienced these body changes. I just closed my eyes, and when I opened them I found myself a grown-up." Girl, Kenya

"Sometimes I don't want to reach adolescence or adulthood because you no longer have someone to take care of you; you are more independent."
Boy, Bolivia

"A boy can behave in any way [he wants]... because he's a boy his reputation isn't affected, but a girl is taught to be polite." Girl, Egypt

"If you start doing boys' things, you will be a lesbian. And if you're a boy and you're doing girls' things, you'll be a homosexual. People treat them like witches; evil spirits haunt them."
Girl, DR Congo



Study Design and Objectives

The Global Early Adolescent Study consists of two phases—the first formative and the second longitudinal.

PHASE 1

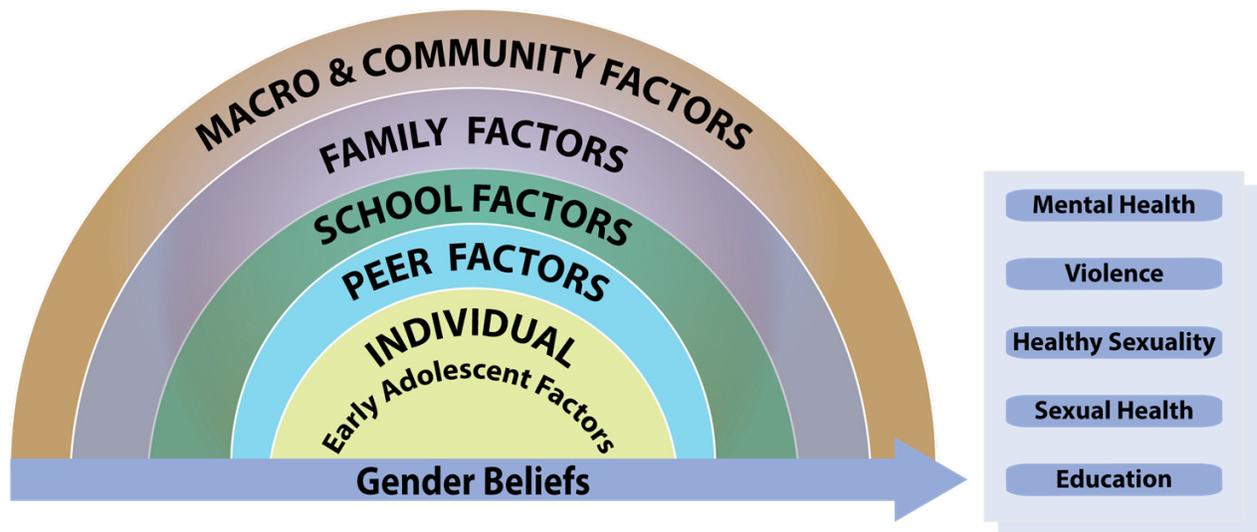
Ending in 2016, Phase 1 aims to:

1. Synthesize the existing peer-reviewed literature on factors that shape gender norms in early adolescence globally.
2. Generate new findings on the gendered transitions into adolescence and the transmission of gender norms, behaviors and roles among adolescents across 15 countries on five continents, based on qualitative analysis of 400 pairs of interviews (adolescent-parent/caregiver) (forthcoming in a special supplement of the *Journal of Adolescent Health*).
3. Create and validate a toolkit of cross-cultural instruments designed specifically for early adolescents to assess:
 - Gendered processes
 - ◆ Narratives about gendered transitions into adolescence (in-depth dyadic interviews of caregiver and young people).
 - ◆ Assessment of gender norms about masculinities and femininities (scale).
 - ◆ Exploration of gender equitable relationships (based on vignettes).
 - Empowerment
 - Contexts
 - ◆ Neighborhood and community supports.
 - ◆ Risks and protections.
 - Health outcomes
 - ◆ Sexual and reproductive health.
 - ◆ Healthy sexuality.
 - ◆ Mental and physical health.
 - ◆ Exposures to adversity and violence.
 - ◆ Ecological factors.
 - ◆ School, family and peer connectedness.

PHASE 2

The goal of the longitudinal phase of the **Global Early Adolescent Study** is to understand the factors in early adolescence that predispose young people to subsequent sexual health risks, and conversely, that promote healthy sexuality in order to provide the information needed to promote sexual and reproductive wellbeing, positive mental health, school retention and gender equitable relationships.

Gender Socialization and Impact: A Focus on 5 Key Outcomes



Longitudinal Phase

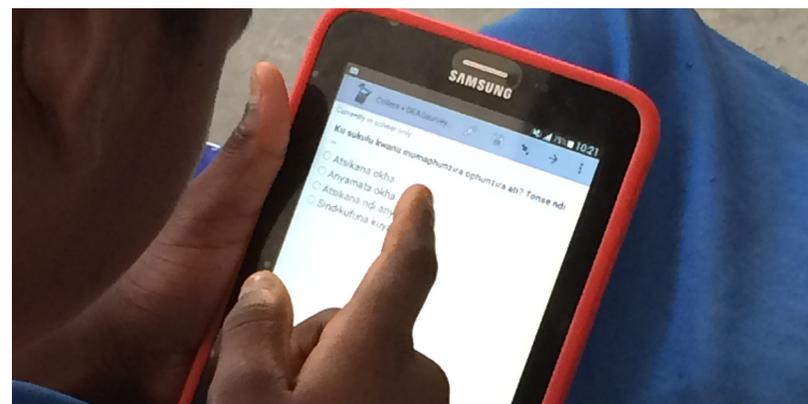
Beginning in late 2016, the goals of Phase 2 are to:

1. Produce current research for adolescent sexual and reproductive health (ASRH) focused on young adolescents 10-14 years of age and following them for five years:
 - Generate empirical evidence exploring how gender socialization evolves over time and informs adolescent health processes, including emerging sexuality, sexual and reproductive health and mental health from early to late adolescent years.
 - Explore how gender socialization and adolescent empowerment predict key outcomes across adolescence: school retention, mental health, gender-based violence perpetration/victimization.
 - Examine the relationships between gender norms and social contexts in which adolescents live.
2. Provide the empirical evidence for effective interventions in early adolescence:
 - Gender norms change interventions.
 - Early adolescent problem solving interventions.
 - Adolescent pregnancy prevention interventions.
 - HIV risk avoidance interventions.
3. Advance research methods:
 - Contribute conceptual frameworks and theories of change for early adolescent development.
 - Expand metrics for analyzing and tracking shifts in gender norms and ASRH during adolescence.
4. Disseminate research findings to inform programs and policies.

Phase 2 of the Global Early Adolescent Study uses a longitudinal, mixed-methods research design to explore these research objectives over a period of five years beginning with young adolescents and following them as they mature through adolescence. Several neighborhoods will be selected within each site in order to assess contextual influences.

The quantitative component of the study will consist of:

1. A **cohort of 1,400 young people** 10-14 years of age at the time of enrollment in each site featuring:
 - Three waves of data collection over 5 years.
 - Data collected using an innovative mobile technology that serves to improve data quality, increase efficiency, engage study participants, and allow audio facilitation for those with lower reading capacity and where native languages may not be written.
2. Wherever possible the longitudinal study will be administered along side interventions in order to serve as monitoring and evaluation tools, build cross-national partnerships and improve communication between the research and intervention sectors for the advancement of both.





LEAD COLLABORATING ORGANIZATIONS

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- Hunter College
- Institute for Reproductive Health, Georgetown University
- Mailman School of Public Health, Columbia University

SUPPORTING ORGANIZATIONS, PHASE 1

- Bill and Melinda Gates Foundation
- David and Lucile Packard Foundation
- Ford Foundation
- Save the Children
- United Nations Population Fund
- United States Agency for International Development
- World Health Organization

SUPPORTING ORGANIZATIONS, PHASE 2

- Bill and Melinda Gates Foundation
- David and Lucile Packard Foundation
- United States Agency for International Development
- World Health Organization

COLLABORATING ORGANIZATIONS

- Academy of Social Sciences Institute for Sociology, Hanoi, Vietnam
- African Population and Health Research Center (APHRC), Nairobi, Kenya
- Assiut University, Assiut, Upper Egypt
- Ghent University, International Centre for Reproductive Health, Ghent & Antwerp, Belgium
- Institute for Human Development, Cochabamba, Bolivia
- Institut Supérieur des Sciences de la Population (ISSP) at the University of Ouagadougou, Burkina Faso
- Obafemi Awolowo University (OAU), Ile-Ife, Nigeria
- Population Council, New Delhi, India
- Shanghai Institute of Planned Parenthood Research (SIPPR), China
- University of Cuenca, Ecuador
- University of Kinshasa, Democratic Republic of Congo
- University of Malawi, Blantyre, Malawi
- University of St Andrews, Child and Adolescent Health Research Unit, Scotland
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