African Population and Health Research Center

How early is too early?

Adolescents' perspective on gender norms and sexual and reproductive health

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Introduction

Adolescent risky sexual behaviors and poor reproductive health outcomes have often been linked with gender norms, beliefs and practices that instigate inequities between males and females.

Inequitable gender norms are harmful to both men and women, often placing women and girls as subordinate to men in sexual relationships thereby diminishing their agency and barring them from experiencing their rights and full potential in regard to their sexual and reproductive health (SRH) choices.

On the other hand norms encouraging male dominance in sexual relationships may encourage sexual risk-taking, increasing the likelihood of sexually transmitted infections (STIs), sexual violence and early unintended parenthood.

Gender socialization—the process of learning cultural expectations for males and females—begins at childhood, and is intensified during early adolescence. Early adolescence marks the onset of puberty and a growing interest in romantic relationships by boys and girls. Gendered perspectives and inequitable gender norms learnt during this period are likely to govern expressions of sexuality among boys and girls.

As exemplified in the UN Sustainable Development Goal 5, gender equality is a fundamental human right. There is an increasing global awareness that the early adolescence period presents an opportunity for promoting equitable gender norms, a key to securing young people's safe transition to adulthood.

Recognizing that gender norms are inculcated through various social institutions, and that a significant proportion of young people spend most of their formative years in schools, a study, the 'Gendered socialization of very young adolescents in schools and sexual and reproductive health' was conceived.

This brief is part of a series on gender norms and their impact on young adolescent SRH. This particular edition looks at the key findings of the baseline data collected in May 2019 from 907 adolescent boys and girls aged 10-15 years, with a mean age of 11.7 years. In particular, it highlights gender differences in gender attitudes, and SRH knowledge, attitudes and behaviors in early adolescence. Subsequent issues in the series shall look at the parents' and teachers' perspectives.

Key Findings

- *Perception of gender norms in romantic relationships*

Overall, boys were more likely than girls to endorse gender inequitable norms. Their stereotypical views on strength and weakness implied their belief that masculine strength was an important factor in romantic relationships.

Similarly, boys held more permissive attitudes towards premarital sex, and support for gender conformity. Such beliefs were more a reflection of what they observed generally from the way men and women behave where they live.

Table 1: Comparison of adolescents' gender beliefs by sex

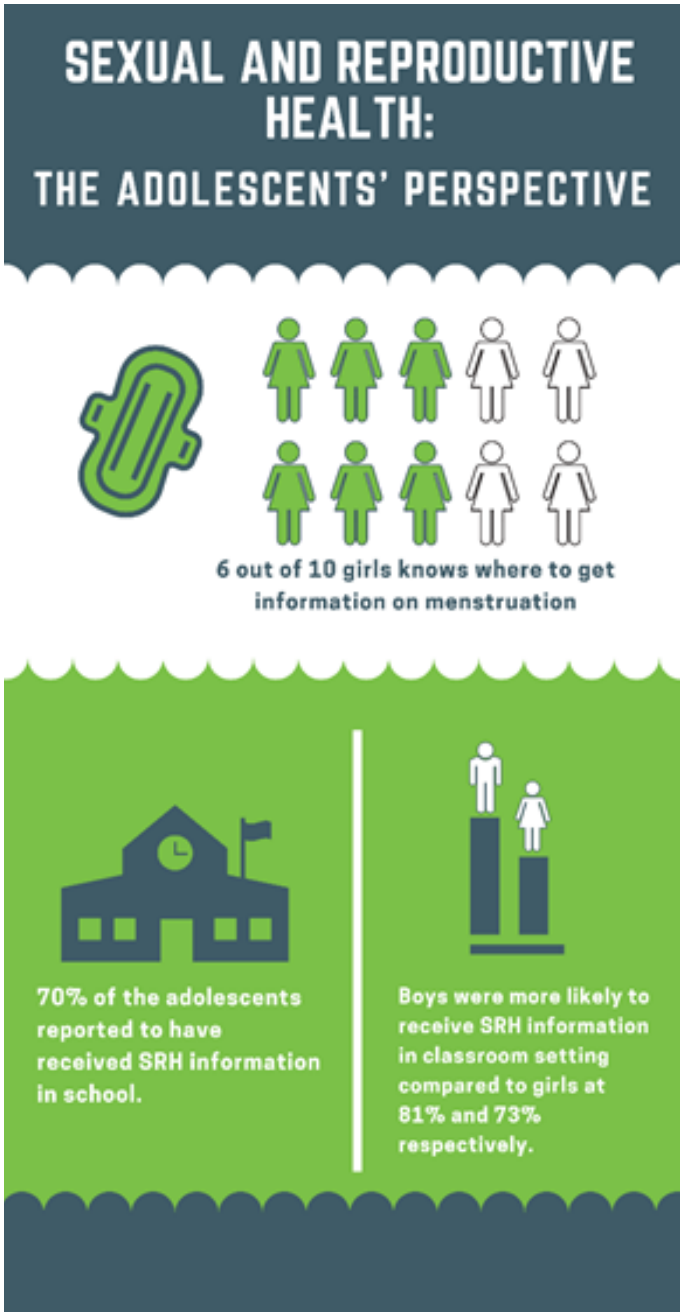
	By sex	
Gender norms about romantic relationships	**Girls Mean (SD)**	**Boys Mean (SD)**
Sexual double standard	2.91 (1.11)	2.95 (1.00)
Gender role attitude	3.24 (1.24)	3.37 (1.16)
Stereotypical views about strength and weakness	2.87 (1.08)	3.11 (1.09)
Premarital sex permissiveness	1.99 (1.03)	2.34 (1.12)
Heteronormative relationships	2.33 (1.12)	2.48 (1.10)
Gender non-conformity	1.96 (1.04)	2.11 (1.06)

- *SRH information in and out of school*

SRH information is essential for very young adolescents to gain knowledge and develop skills that will enable them adopt risk-avoidance or risk-reduction strategies. We asked adolescents about their access to SRH information in and out of school settings.

More than 70% of the adolescents reported to have received SRH information in school. Boys were more likely to receive SRH information in classroom setting compared to girls (81% and 73% respectively) while a higher proportion of girls (34%) compared to boys (23%) received SRH information during school clubs.

More girls (43%) than boys (27%) received SRH information outside the school setting. Sources of information included family (home), youth groups/clubs, health facilities and non-governmental organizations (NGOs). Noticeably, more girls than boys accessed SRH information from NGOs).



- SRH knowledge and communication

Knowledge about sexual risks and vulnerabilities and access to quality and affordable SRH facilities are key to achieving sexual health and wellbeing.

To assess their levels of knowledge on specific SRH topics, the adolescents were asked if they ever discussed the following issues with anyone: sexual relationships, pregnancy and how it occurs, contraception, HIV/AIDS and self-hygiene during menstruation (girls) or wet dreams (boys). Self-hygiene during menstruation (girls) and wet dreams (for boys) topped the list of SRH topics while contraception was the least discussed. More girls than boys had ever discussed each of the topics with someone.

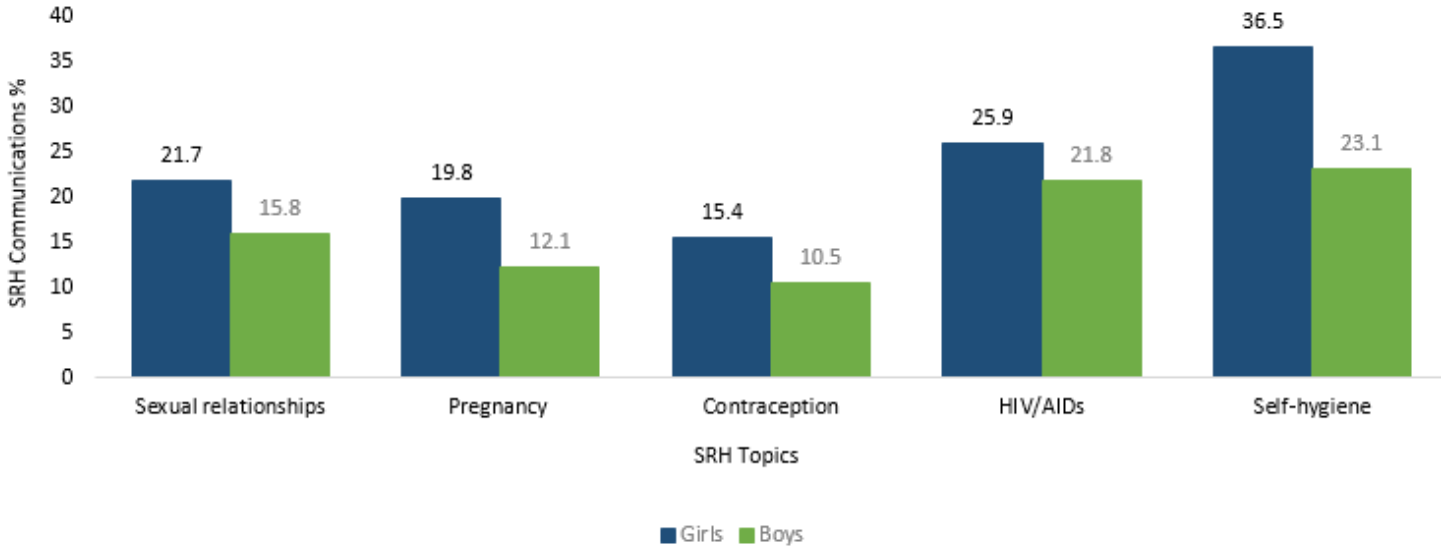


Figure 1: Proportion of adolescents indicating communication on specific SRH topics

- *Sources of SRH information*

Table 2 shows sources of information on specific SRH topics. Across all topics, mothers, friends, siblings and teachers were cited as the main sources of information for adolescents.

Table 2: Sources of SRH information

	Sexual relationships		Pregnancy		Contraception		HIV/AIDs		Wet-dreams	Menstruation
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Mother	3.2	14.1	3.4	15.8	2.6	12	3.2	15.6	4.2	26.2
Father	1.6	0.4	1.8	0.8	1.3	0.4	1.6	0.8	1.8	0.4
Sister	1.8	5.1	1.8	4	2.6	3.4	2.6	4.8	2.6	7.22
Brother	1.8	1.0	1.6	0.4	2.4	0.4	4.7	0.6	6.3	0.2
Other family member	0.8	1.0	0.8	0.8	0.3	1.0	1.1	1.0	0.5	1.33
Friends	5.3	3.6	1.8	2.3	0.8	2.3	4.2	3.8	5.5	2.9
Doctors/nurses in a health facility	0.8	0.8	0.8	0.6	0.8	0.6	1.3	1.1	1.1	0.8
School teacher	2.1	2.5	1.6	1.7	0.5	2.3	7.4	5.9	2.9	4.2
Others	0.5	1.3	0.8	1.1	0.8	0.8	0.8	1.5	1.1	0.8

- *Sexual experience*

We considered penetrative (sexual intercourse and anal sex) and non-penetrative (spending time alone with a person one is in love with, holding hands, kissing, flirting, hugging/cuddling, touching, oral sex) sexual activities as they are both important in understanding adolescent sexual health and development. There were more adolescents reporting sexual activity than those who had ever been in a romantic relationship, meaning a higher proportion of sexual activities happened outside romantic relationships.

Majority of the activities that adolescents reported to have engaged in (as in Figure 2) were non-penetrative with more boys than girls reporting sexual experiences across all categories, except in sharing sexual pictures of themselves via phone, email or social media.

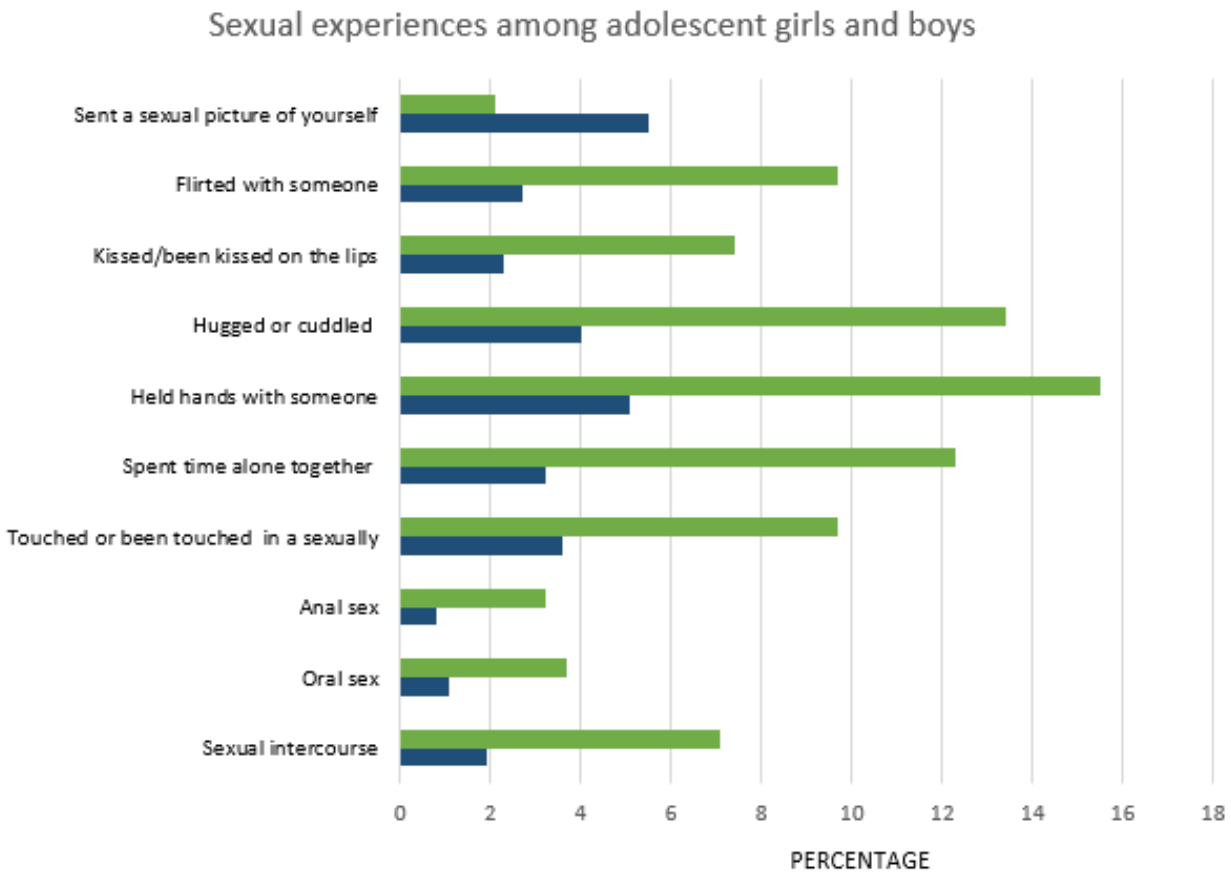


Figure 2: Types of sexual/ romantic activities adolescents engage in

> Interviewer: Can boys say no [to sex]?
>
> Response : No, because if you say 'no' then later you might think 'maybe that would have felt nice'. You don't really think that a girl can pregnant- you just say 'God is good'.

- *Sexual attitudes*

Four statements were used to gauge sexual attitudes among adolescents:

"It's the girl's responsibility to prevent pregnancy"

"Girls who carry condoms on them are easy/loose"

"A real man should have as many female partners as he can"

"Men are always ready from sex"

On the whole, adolescents exhibited neutral attitudes towards sexual behavior, with no observable differences between boys and girls.

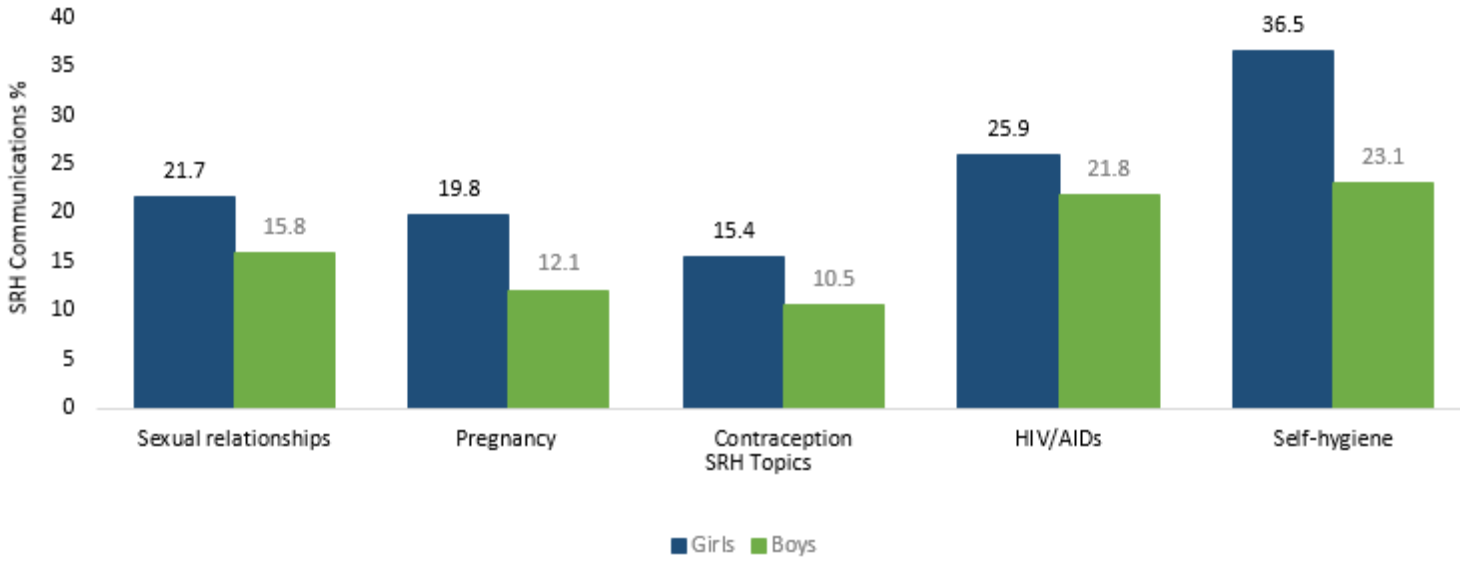


Figure 3: Differences in sexual attitudes between boys and girls

Conclusions and recommendations

- Gender socialization begins early and in early adolescence, young people begin to form their thoughts, beliefs and behaviors in accordance with the social and cultural expectations prescribed for men and women in their contexts. How individuals and societies adapt to changes in adolescence, in conformity to cultural expectations, is likely to influence future health trajectories.

- Limited sexual and reproductive health knowledge, especially among boys, who also reported higher levels of sexual activity puts adolescents at an increased risk of poor SRH outcomes including risk of STIs and HIV infections. Specifically, there is need for targeted programs for the improvement boys' health and wellbeing.

- Given majority of very young adolescents are in school, schools can be used as sites for health promotion, including gender and sexual and reproductive health education.

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