African Population and Health Research Center

How early is too early?

Teachers' perspectives on gender norms and sexual and reproductive health

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Introduction

For many young people across the world a significant proportion of their formative years is spent in school, making learning institutions important contexts in which gender norms are inculcated; and teachers a key agent in the gender socialization process. Educators propagate gender norms in three main ways: modelling behavior, exhibiting gender-based expectations and use of gender as labels or 'classifiers' (for example, blue is for boys and pink is for girls).

The 'Gendered Socialization of Very Young Adolescents in Schools and Sexual and Reproductive Health' project focused on examining schools as

sites of gender socialization and worked with the school community to co-design low-cost interventions that can be implemented to change norms. The project's baseline study was implemented in four primary schools in, Korogocho and Viwandani informal settlements in Nairobi, Kenya. As part of baseline data collection, 86 teachers (53 females; 33 males) were interviewed in May 2019.

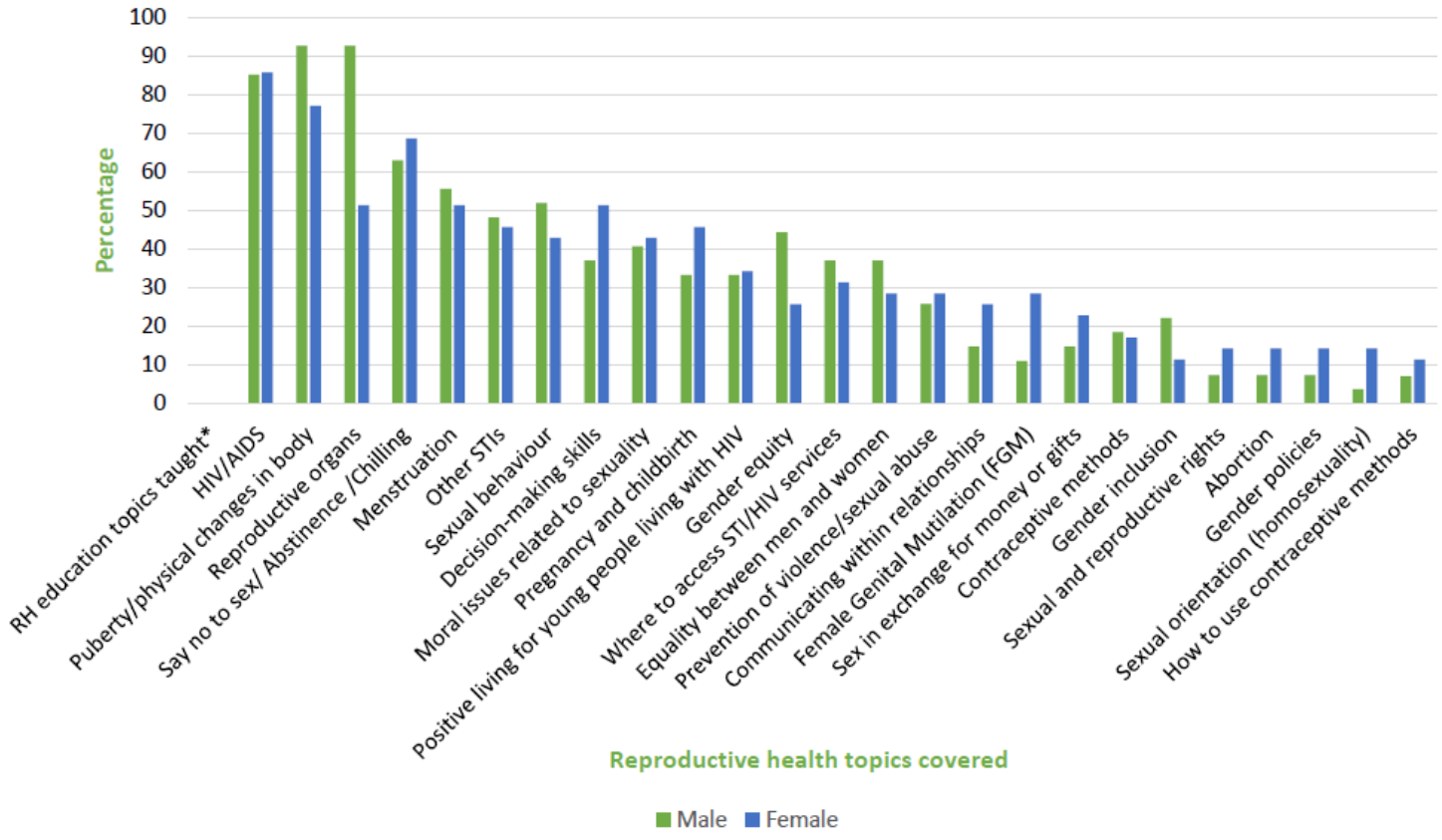
This brief focuses on teachers' gender attitudes and perceptions about adolescent sexual and reproductive health (SRH). In particular, the brief focuses on the role of teachers in influencing adolescents' gender attitudes and behaviors. This is the second of a two-part series on gender norms and their impact on young adolescent SRH.

Key Findings

Gender Attitudes

Teachers' gender attitudes were assessed using six different scales obtained from the Compendium of Gender Scales developed by the C-Change project; the Gender Norm Attitudes (GNA) Scale as shown in Figure 1. Teachers expressed high support for gender-equitable norms, with no differences between male and female teachers.

Figure 1: Delivery of health education



During Photovoice discussions, there were mixed perceptions towards gender roles and expectations. On one hand, some teachers challenged gender inequitable norms in the society by allowing both boys and girls to perform similar chores, encouraging girls to play games that were traditionally perceived to be for boys and encouraging both boys and girls that they could take up any careers that they wished for in the future. On the other hand, some teachers held onto to beliefs that there were specific chores for boys and for girls.

"What we see here, [in schools] is something that is positive and we should encourage it. Since many communities and many societies do not encourage it [gender equality], you find that boys are still doing duties they expect to be done by boys in the way they were brought up, and girls still doing the duties they feel belong to the girlchild, like washing and taking care of children."

"There is a challenge because of the society or communities where these boys and girls are born in. As they grow up, from experience, and influence, most parents will teach the girls to do certain roles and boys to do certain roles. So they grow up embracing that but we teachers as we try hard to teach them it takes time to change slowly and to embrace from those roles. It takes time before they embrace it."

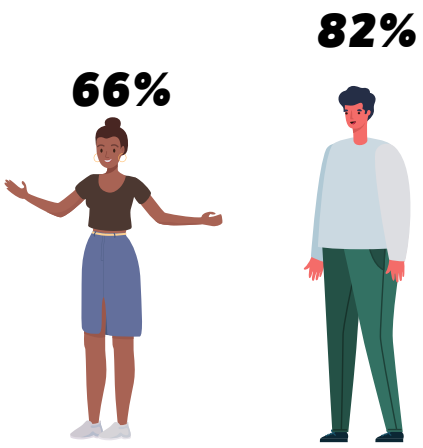
However, the attempts to socialize young people towards gender-equitable norms were often thwarted by community norms, beliefs and expectations for young people.

"You will find that when you look at the gender roles even in this school, girls do work that people feel is for girls, like mopping. If you see a child in Pre-Unit walking or losing direction, you will find that it is a girl who will be called: "Can you go and see to that child?". So you find that the way society views girls is that they are supposed to take care of the young ones as opposed to boys. I think it is the role of girls to take care of the young ones."

Reproductive health education (RHE)

Schools are considered sites of health promotion as the majority of young people spend most of their formative years in schools. Early access to SRH information can encourage healthy sexual attitudes and behaviors for young people. RHE was taught as part of the national curriculum and followed national standards and guidelines for teaching SRH topics in schools. RHE was mainly taught by science teachers and integrated within science, social studies, religious education and life skills lessons and began as early as in Grade 5.

Table 1 shows the proportion of teachers who had taught RHE in their current school and the RHE topics covered. A higher proportion of male teachers (82%) had taught reproductive health education compared to female teachers (66%). The top five reproductive health topics taught by most of the teachers were HIV, pubertal changes, reproductive organs, abstinence and menstruation. On the other hand, sexual and reproductive rights, abortion, gender policies, sexual orientation and contraceptive access and use were the least covered topics. Notably, more male teachers indicated to have taught topics on reproductive organs.



Proportion of male to female teachers who had taught reproductive health education

Table 1: Proportion of teachers who taught RHE and the topics covered

Characteristic	By sex		
	Male N (%)	Female N (%)	P-value
Has taught RH education in current school			
Yes	81.8	66.0	0.113
No	18.2	34.0	
RH education topics taught*			
HIV/AIDS	85.2	85.7	0.953
Puberty/physical changes in body	92.6	77.1	0.101
Reproductive organs	92.6	51.4	<0.001
Say no to sex/ Abstinence /Chilling	63.0	68.6	0.644
Menstruation	55.6	51.4	0.747
Other STIs	48.2	45.7	0.849
Sexual behavior	51.9	42.9	0.482
Decision-making skills	37.0	51.4	0.259
Moral issues related to sexuality	40.7	42.9	0.867
Pregnancy and childbirth	33.3	45.7	0.324
Positive living for young people living with HIV	33.3	34.3	0.937
Gender equity	44.4	25.7	0.122
Where to access STI/HIV services	37.0	31.4	0.644
Equality between men and women	37.0	28.6	0.480
Prevention of violence/sexual abuse	25.9	28.6	0.817
Communicating within relationships	14.8	25.7	0.296
Female Genital Mutilation (FGM)	11.1	28.6	0.094
Sex in exchange for money or gifts	14.8	22.9	0.427
Contraceptive methods	18.5	17.1	0.888
Gender inclusion	22.2	11.4	0.252
Sexual and reproductive rights	7.4	14.3	0.396
Abortion	7.4	14.3	0.396
Gender policies	7.4	14.3	0.396
Sexual orientation (homosexuality)	3.7	14.3	0.162
How to use contraceptive methods	7.1	11.4	0.595
Where to get contraceptive methods	7.4	5.7	0.788

*Topics ordered from highest taught based on number of teacher who indicated to have taught the topic

Conclusion and recommendations

- Young people spend most of their time in school, making schools important sites for inculcating equitable gender beliefs and attitudes and health promotion and among young people. This also makes teachers important agents in gender socialization and health promotion. However, while a majority of teachers supported equitable gender norms and beliefs, some still held onto inequitable norms and beliefs. Teachers holding inequitable beliefs can affect the promotion of gender equality among young people. Additionally, the communities within which these schools exist seem to support more gender inequitable norms and beliefs. Thus, programs targeting schools as sites for promoting gender equality need to not only target young people but also teachers and the communities in which young people live.

- The limited scope of RHE by teachers, in turn, caps the knowledge with which adolescents can make informed decisions on key aspects of their health and overall wellbeing. Yet, the early adolescence stage presents with developmental changes such as biological, social and psychological changes likely to influence adolescent SRH and behaviors. There's a need for additional efforts to ensure that young people receive comprehensive, age-appropriate and accurate SRH information to be able to make informed choices about their sexual health.

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