



Editorial

The Next Phase of the Global Early Adolescent Study: Measuring How Gender Norms and Gender Inequality Intensify and Influence Health



In 2017, this journal published the first supplement of research from the Global Early Adolescent Study (GEAS), which provided a rich examination of how gender is experienced during early adolescence (ages 10–14) in low-income urban areas in 15 different countries across the world [1]. At the time, the theoretical and empirical literature on gender socialization and gender norms in adolescence had been developed primarily in high-income countries in the global North, among relatively affluent young adolescents. The multiple cross-country comparisons of how gender socialization intensifies and diverges for different genders during this developmental stage expanded, validated, and contextualized previous understandings of gender norms within the early adolescent years. They offered revealing insights into how and why gender is such an influential social determinant of health in adolescence and beyond.

Those papers also helped map the territory for the next phase of GEAS: developing appropriate measures of gender norms, and applying those measures in larger studies of young adolescents within and across these same urban contexts, to delve both more deeply and more broadly into where gender norms are similar and different across cultural contexts, and how the intensifying patterns of gender norms contribute to differences in health and well-being. This second supplement includes eight papers that document how the GEAS research team have achieved their aims, advancing our knowledge of gender influences on young adolescent health and well-being.

The first paper, led by Mmari et al. [2], sets the stage for the other papers by introducing the social contexts of young people within seven of the GEAS sites, describing the similarities and differences in those family and social environments between boys and girls and across countries. It serves as an important background for the remaining papers, reminding us of the diverging social contexts in early adolescence that reinforce gender norms. In the second paper, Moreau et al. [3] introduce three key measures of perceptions of gender norms, developed from the qualitative findings from the first phase of GEAS: the sexual double standard (SDS), gender stereotypical traits, and gender stereotypical roles. These scales were designed to be

developmentally appropriate, salient across the different cultural contexts in the diverse languages of the participating countries, and sensitive to change over the early adolescent period. The measures are the foundation for the other studies, which explore how perceptions of gender norms vary across groups, shift or intensify throughout early adolescence, are influenced by social exposures, and in turn influence perceptions and health outcomes in diverse ways. They fill a critical gap in measurement noted by Kågesten and Chandra-Mouli [4] in a commentary about gender transformative programs [5] designed to reduce gender inequalities: we lack measures about gender norms for adolescents, relevant for different contexts and sensitive to change, that can document whether these programs actually change gender norms and improve gendered health outcomes.

The other papers in the supplement, which draw on one or more of these gender norms measures, offer a complex and sometimes unexpected picture of how gender norms are shaped by social context, and in turn can influence perceptions, behaviors, and the well-being of young people. For example, Cislighi et al [6] measured the shift in perceptions of gender norms over early adolescence in Kinshasa, DRC: they found that the SDS was high among boys and higher among girls, and increased over time, although different sociodemographic factors were associated with lower or higher average increases. The study across four countries by Yu et al [7] found that pornography consumption among young adolescents was strongly gendered, as boys were more likely to report pornography exposure, but the relationship between pornography and unequal gender norms varied across countries and genders. Blum et al [8] also found that the relationship between body satisfaction and gender norms across six countries varied by site and by sex, as well as by family and neighborhood factors, in complex ways. In four countries of the GEAS, Koenig et al. [9] found that more equal gender norms were linked to lower depressive symptoms among boys and girls, and gender norms partially mediated the relationship between sex and mental health. Ramaiya et al. [10] studied how adverse childhood events (primarily violence exposure) and gender norms differentially contributed to peer violence among boys and girls in Indonesia, where SDSs were linked to peer violence among boys but not girls. Finally, Zimmerman et al. [11] identified the ways more unequal gender norms were associated with increased agency (having a voice and decision-making) for boys, and lower agency for girls.

Conflicts of Interest: The author has no conflicts of interest to disclose.

Disclaimer: Publication of this supplement was supported by the Johns Hopkins Bloomberg School of Public Health Department of Population, Family and Reproductive Health with funding from the Bill and Melinda Gates Foundation.

In all of these studies, these new measures document that unequal stereotypical gender traits and roles and SDSs exist in each of the different country contexts to varying degrees, and reinforce gender inequalities among young adolescents. Whether the intensification of unequal gender norms during early adolescence is a continuation of even earlier gender socialization in society, or an abrupt social change at puberty, these unequal norms often contribute to poorer health, and may help explain shifting health disparities between genders. They demonstrate that gender matters, but gender norms operate in complex ways in influencing young people, and may even vary within the same person across different contexts.

As intriguing as these contributions are in advancing our knowledge, there is still more work to do. The studies reveal how pervasively gender has been constructed and reinforced as a binary, comprised of only boys and girls. This binary creates challenges for the 2% or larger proportion of gender-diverse, transgender, nonbinary, and intersex adolescents, who are invisible within or excluded from these samples [12]. For all genders, these papers offer compelling evidence that interventions are needed at individual, community, and societal levels to address unequal gender norms as a step toward improving gender equality and reducing differential health effects across genders. With these new measures around perceived gender norms for young adolescents, researchers can now evaluate the effectiveness of such interventions in changing norms, and improving adolescent health.

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