Global Early Adolescent Study

Influence of gender norms on the (sexual) health of young adolescents (11-14 years old)

RESEARCH QUESTIONS

How do adolescents think men and women should behave in society (gender norms)?

How do gender norms evolve during adolescence and what are the main influencing factors?

How do gender norms influence health during adolescence?
POLICY-RECOMMENDATIONS

1. Offering comprehensive sexuality education in each school, with attention for:
   - equality and respect for sexual diversity and gender diversity
   - mutual respect and building non violent relationships

2. Raising awareness about the fact that sexuality is part of human development and that gender diversity and sexual diversity exist, also among young adolescents, through:
   - awareness campaigns
   - offering thematic educational tools for schools
   - including these topics in the curriculum of future teachers and youth educators

3. Supporting research that investigates gender norms and its consequences on health.

STUDY

WORLDWIDE

Study coordinated by

11 countries

Focus on vulnerable adolescents (11 to 14 years old) in cities

BELGIUM

ICRH
International Centre for Reproductive Health - UGent

7 Flemish cities
23 schools
first grade 2018-2019

The mother of half of the respondents is not born in Belgium.
The material welfare of the adolescents is limited.


Study coordinated by
RESULTS

Gender diversity and sexual diversity

0.8% of the boys and 7.6% of the girls were ever in love with someone of the same sex.

Gender norms

Adolescents often have stereotypical attitudes related to:

- male toughness versus female vulnerability
- relationship expectations
- homosexuality
- freedom to express and behave oneself (gender expression)
- freedom to express sexual feelings (sexual expression)

Boys have more stereotypical attitudes than girls.

Physical and mental health

Social media: 96% of the adolescents have their own mobile phone and an account on social media. One fifth of the respondents spend more than five hours a day on social media, online chatting with friends, playing computer games or using interactive media.

More boys (85.2%) than girls (80.5%) indicate being in good health.

Adolescents indicate being happy (average of four (max. five) on happiness scale).

Substance use is limited and is mainly related to alcohol.

<table>
<thead>
<tr>
<th>Substance use (ever)</th>
<th>Total</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>25 %</td>
<td>232</td>
</tr>
<tr>
<td>Alcohol</td>
<td>2.7 %</td>
<td>27</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1.3 %</td>
<td>13</td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sexuality

Lack of knowledge about sexuality. Adolescents mainly score less on questions related to HIV.

For girls, friends are very important to exchange information about health. Boys and girls also ask other people they trust for information, such as a teacher, trainer, youth worker and a cleric.

About half of the adolescents indicate that they would be ashamed to buy a condom if they would need it. Boys are less ashamed than girls.

Boys are a little bit more experienced sexually than girls but in general, the respondents have little experience.

About 40% of the adolescents have flirted on social media. Less than 5% have ever sent a sexual picture to someone and just over 30% of the adolescents have already received such a picture.

A quarter of the adolescents that were ever in a relationship have been victim of physical partner violence.

One fifth of the adolescents that were ever in a relationship say they were once a perpetrator of physical partner violence.

50% of the adolescents who were ever intimately touched (84 of 1008) indicate that their first touch was not with full consent.

40% of the adolescents who already had sexual intercourse (37 of 1008) indicate that their first sexual experience was without full consent.