Marching to a Different Drummer: A Cross-Cultural Comparison of Young Adolescents Who Challenge Gender Norms

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ABSTRACT

Purpose: Little is known about how gender norms regulate adolescents’ lives across different cultural settings. This study aims to illustrate what is considered as violating gender norms for boys and girls in four urban poor sites as well as the consequences that follow the challenging of gender norms.

Methods: Data were collected as part of the Global Early Adolescent Study, a 15-country collaboration to explore gender norms and health in early adolescence. The current study analyzed narrative and in-depth interviews conducted in urban poor sites in two middle-income (Shanghai, China; and New Delhi, India) and two high-income countries (Baltimore, U.S.; and Ghent, Belgium). A total of 238 participants, 59 boys and 70 girls aged 11–13 years old and 109 of their parents/guardians (28 male adults and 81 female adults), were interviewed. A thematic analysis was conducted across sites using Atlas.Ti 7.5 software.

Results: Findings revealed that although most perceptions and expressions about gender were regulated by stereotypical norms, there was a growing acceptability for girls to wear boyish clothes and engage in stereotypical masculine activities such as playing soccer/football. However, there was no comparable acceptance of boys engaging in traditional feminine behaviors. Across all sites, challenging gender norms was often found to lead to verbal, physical, and/or psychological retribution.

IMPLICATIONS AND CONTRIBUTION

The current study uniquely illustrates how young adolescents across different cultural settings challenge stereotypical gender norms through various approaches. The adverse consequences of challenging gender norms call for researchers, program implementers, and clinicians working in the field of adolescent health to create more gender inclusive environments.

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Conclusions: While it is sometimes acceptable for young adolescents to cross gender boundaries, once it becomes clear that a behavior is socially defined as typical for the other sex, and the adolescent will face more resistance. Researchers, programmers, and clinicians working in the field of adolescent health need not only attend to those who are facing the consequences of challenging prevailing gender norms, but also to address the environment that fosters exclusion and underscores differences.

Methods

Participants

Data were collected as part of the Global Early Adolescent Study in which narrative and in-depth interviews were conducted with approximately 30 dyads of young adolescents aged between 11 and 13 years and their parent or guardian in urban poor sites across 15 different countries (see the paper by Mmari et al. in this supplement). For the current study, we used data from four of the sites in two middle-income countries (Shanghai, China; and New Delhi, India) and two high-income countries (Baltimore, U.S.; and Ghent, Belgium). A total of 129 young adolescents (59 boys and 70 girls) and 109 of their parents/guardians (28 male adults and 81 female adults, of whom 3 were guardians) were interviewed. A detailed description of the respondents is shown in Table 1.

Procedure and protocol

All four sites used a similar approach to recruit participants and conduct activities from June to May 2015. Participants were either recruited via community-based organizations, school-related programs, or key informants working with adolescents. In Baltimore, participants were recruited through after-school program providers and churches. In Ghent, respondents were recruited through (health) organizations working with adults and adolescents in low-income neighborhoods and a school. In New Delhi, a house-listing exercise was conducted to identify adolescents aged 11–13 years from the selected neighborhood. Subsequently, trained researchers invited the parent/guardian of eligible adolescents to participate in the study. In Shanghai, participants were recruited via community-based organizations, where parent/guardian-child pairs were screened first by community informants for their eligibility to participate in the study. On participants’ arrival for the interview, the study procedures were explained to them again by local researchers.

Consent procedures were standardized across sites by obtaining written parental/guardian consent and an adolescent assent. All research protocols were approved by the World Health Organization’s Ethical Review Board, the Johns Hopkins Bloomberg School of Public Health Institutional Review Board (IRB), and institutional approval by each site’s IRB committee.

At each site, several forms of data collection occurred [20]. In the current study, we used data from individual narrative interviews [21] with young adolescents and in-depth interviews with their parent/guardian (see Mmari et al. in this supplement for detailed description of the methodology). Each interview was audio recorded, transcribed, and where needed translated into English [20]. All translations were spot checked by research assistants or site coordinators.
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