



Original article

Inequitable Gender Norms From Early Adolescence to Young Adulthood in Uganda: Tool Validation and Differences Across Age Groups



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ABSTRACT

Purpose: We aimed to describe and compare gender norms among 10- to 14-year-olds versus 15- to 24-year-olds and to conduct a rigorous evaluation of the GEM Scale's performance among these two age groups.

Methods: We conducted a two-stage cluster-sampled survey among 387 females and 583 males, aged 10–24 years, in rural and urban communities near Kampala, Uganda. We applied, assessed, and adapted the GEM Scale (Pulerwitz and Barker, 2008), which measures views toward gender norms in four domains. We describe levels of support for (in)equitable norms, by gender and age, and associations with key health outcomes (partner violence). Confirmatory factor analysis and multi-group measurement invariance analysis were used to assess scale performance.

Results: All participants reported high levels of support for inequitable gender norms; 10- to 14-year-olds were less gender equitable than their older counterparts. For example, 74% of 10- to 14-year-olds and 67% of 15- to 24-year-olds agreed that “a woman should tolerate violence to keep her family together.” Comparing responses from males and females indicated similar support for gender inequity. Analyses confirmed a one-factor model, good scale fit for both age groups, and that several items from the scale could be dropped for this sample. The ideal list of items for each age group differed somewhat but covered all four scale domains in either case. An 18-item adapted scale was used to compare mean GEM Scale scores between the two age groups; responses were significantly associated with early sexual debut and partner violence.

Conclusions: Young people internalize gender norms about sexual and intimate relationships, and violence, at early ages. Programs to address negative health outcomes should explicitly address inequitable gender norms and more consistently expand to reach younger age groups. In this first application of the GEM Scale among 10- to 14-year-olds, we confirm that it is a valid measure in this setting.

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IMPLICATIONS AND CONTRIBUTION

This study demonstrates that the GEM Scale is a quantitative tool that can be successfully used to measure views toward gender norms among both male and female youth in Uganda aged 10–24 years. Results highlight the need to implement gender-transformative programs and especially to expand their typical audience to 10- to 14-year-olds, in Uganda and similar contexts, ultimately preventing associated negative social and health outcomes.

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Gender norms—defined as societal expectations about men’s and women’s roles, rights, and responsibilities [1–3]—can strongly influence a number of behaviors, including health behaviors [4,5]. When these norms are inequitable, they can, e.g., support sexual risk-taking [6,7] and intimate partner violence [8–10], which are in turn associated with negative health outcomes such as HIV and other sexually transmitted infections [11–13]. They also can reinforce power imbalances that often subordinate women and grant men disproportionate power in decision-making and negotiating sexual relationships [3,14–17].

Young people are exposed to societal messages related to appropriate gender norms early in life, and by adolescence, norms may be incorporated into a young person’s worldview. In fact, developmental psychologists have demonstrated that messages around gender roles are transmitted before adolescence [18]. However, the degree to which these views are fixed prior to adolescence is unclear. Moreover, many health-related behaviors that are influenced by inequitable gender norms are not common until adolescence or later. Thus, adolescence (and especially early adolescence) presents a window of opportunity for interventions that interrogate gender norms and discuss health behaviors, before these behaviors begin to manifest [18]. Such interventions could influence gender norms at a time when adolescent gender socialization processes are under way [19–21]. Indeed, the views toward gender norms acquired during adolescence often influence behaviors later in life [22,23] and may be among the most influential social determinants of health [24]. It is, therefore, important to understand how young people view gender norms at different ages—as well as the different perspectives of adolescent boys and girls, and of married and unmarried young people.

Over the past 15 years or so, a number of sexual and reproductive health–focused programs across the global South have sought to shift gender norms in a direction that increases equity [25,26]. A tool that has often been used to measure the effects of these “gender-transformative” programs is the GEM Scale [27]. It was developed to meet the need for a reliable and easily administered tool that could measure views toward gender norms regarding sexual health, violence, and intimate partnerships at a given point in time and that could capture shifts in these views after a program had been implemented. Although several scales had been developed to assess gender norms [28], few were focused on these topics and applicable in these programmatic settings. Over time, the GEM Scale has been validated and used in a number of different country settings, with people ranging from fifteen to 60 years old, and among both boys/men and girls/women [27,29–34].

Global efforts for youth have tended to focus on measuring and shifting gender norms among the 15- to 24-year-olds [8,23,26,30]. Far less is known about views toward gender norms, and the potential to shift these norms, among early adolescents (aged 10–14 years). Meanwhile, calls for increased attention to and investment in the sexual and reproductive health and rights of early adolescents, particularly adolescent girls [16,17], have led to new programming [17,31,32], and a related need to measure their effects. The present study applies the GEM Scale to a representative sample of 10- to 24-year-old Ugandan youth to: enable an exploration of their views toward gender norms and a comparison across different ages, test the relationship between these views and key sexual and reproductive health and right outcomes, and examine the usefulness of the scale for 10- to 14-year-olds.

Methods

Study design and participants

A two-stage cluster-sampled household survey was conducted from July 2015 to September 2015. Eligible participants were males and females between 10- and 24-years old, who lived in Wakiso and Kampala Districts, Uganda. These districts were selected to provide a representative sample of rural and urban communities: Kampala district is entirely urban, whereas 92% of the population of Wakiso District—which immediately surrounds the city of Kampala—live in rural areas.

A list of enumeration areas (EAs) used in the 2014 census was obtained from the Uganda National Bureau of Statistics. In the first stage, census EAs were randomly selected in each district; a total of 24 EAs were selected for the study. In the second stage, approximately, 40 households were systematically selected in each EA (to yield the desired sample size). Finally, data collectors used the Kish Grid system (Kish L. Survey Sampling. New York: John Wiley and Sons, Inc.; 1965.) to construct a list of eligible individuals in each selected household and randomly select one participant per household (for a total of 960 individuals in the sample).

Using the Kish Grid, the data collectors first listed males presently residing in the house in order of decreasing age, followed by females in the same order. One person was selected from this list using a random number table. If the prelisted individual did not meet eligibility criteria, the second was screened, and so on. The survey was conducted in the participant’s household and took an average of 40 minutes to complete. Depending on participant preference, face-to-face interviews were conducted in either Luganda—the predominant local language—or English. The surveys were written in English, translated to Luganda, and then back-translated to English. Survey questions covered sociodemographic background, acceptance of (in)equitable gender norms, sexual behaviors, and experience with violence.

Measures

To assess views toward gender norms, we applied the GEM Scale [33]. The items addressed support for inequitable gender norms in four content domains: violence, reproductive health and disease prevention, sexuality, and domestic chores and daily life. Response categories included “agree,” “partially agree,” and “do not agree.” We coded all items such that a higher score represented support for more equitable gender norms.

Statistical analysis

Factor structure. As the scale had been widely used among 15- to 24-year-olds, but never among 10- to 14-year-olds, we analyzed the data separately for the two age groups: 10–14 (N = 297) and 15–24 years (N = 663). Power analyses indicated that these sample sizes were adequate for a validation study using confirmatory factor analysis (CFA; data not shown) [35]. Prior research had determined that the scale had one factor for the 15- to 24-year-old population [33]. To assess the factor structure when applying the scale with a new subpopulation, we used exploratory factor analysis (EFA)—with scree plots, Kabacoff’s parallel analysis, and Velicer’s Minimum Average Partial—to determine if we would again find one factor [36]. During EFA, we specified a

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