



Original article

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



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 A B S T R A C T

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.

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Gender norms are often defined as culturally shared expectations about the characteristics that men and women should possess and how they ought to behave [1]. These norms are among the strongest social factors influencing an individual's gender-related attitudes, beliefs, and behaviors [2].

Feminist scholars have critiqued the view of gender as a binary construct (e.g., man/woman, masculine/feminine), pointing to the multidimensional and complex nature of gender [3–6]. For example, Connell [7,8] described how multiple masculinities and femininities exist within any given culture and identified one dominant hegemonic masculinity characterized by stereotypically masculine men's power over women as well as over other masculinities. Schippers [9] later elaborated a similar concept of hegemonic femininity and other more marginalized femininities to highlight devalued and complementary relationship of femininity to the dominant masculinity. This hierarchical relationship between the varieties in femininities and masculinities describes an interlocking set of social and cultural practices and norms that work in tandem to organize and regulate gender-appropriate emotional expressions, behaviors, and sexualities [10].

While the formation of individual perceptions about gender norms begin in the first decade of life [11], early adolescence (ages 10–14 years) is a period when such attitudes, while still malleable, become more solidified—a construct Hill and Lynch refer to as the Gender Intensification Hypothesis [12,13]. During this period of time, young adolescents become increasingly aware of what is expected of them as men and women and as they face increasing pressures to conform to what are viewed as “appropriate” gender norms [14]. Such pressures may have negative implications for young adolescents' psychological adjustment [2,15]. However, young adolescents are not just passive recipients of pressures to conform to gender norms; rather, they are actively engaged with shaping and changing gender norms as they endorse, resist, or alter them in a variety of contexts, from interpersonal to institutional [16–18].

To date, most research on gender norms in adolescence has taken place in high-income countries [8,10,14]. For example, a recent systematic review of gender attitudes in early adolescence found that 90% of all published peer-reviewed studies were conducted in the U.S., Great Britain, or other Western countries [19]. Little is known about gender attitudes among young adolescents in low- and middle-income countries.

The present study aims to: (1) explore how young adolescent boys and girls in four different cultural settings challenge gender norms and the possible consequences of such resistances; and (2) explore cross-cultural similarities and differences in gender norm challenging and the social consequences for young adolescents.

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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