



Review article

Exploration of Gender Norms and Socialization Among Early Adolescents: The Use of Qualitative Methods for the Global Early Adolescent Study



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 A B S T R A C T

Purpose: The Global Early Adolescent Study (GEAS) was launched in 2014 with the primary goal of understanding the factors in early adolescence that predispose young people to subsequent sexual risks, and conversely, those that promote healthy sexuality across different cultural contexts. The present article describes the methodology that was used for the first phase of GEAS, which consisted of conducting qualitative research to understand the gendered transitions into adolescence and the role that gender norms play within the key relationships of adolescents. Researchers from each of the sites that had completed data collection were also elicited for their feedback on the key strengths, challenges, and lessons learned from conducting research among 11- to 14-year-old adolescents. The purpose of this article is to present the description of each of the methods that were used in GEAS, as well as the researchers' perspectives of using the methods among early adolescents in their sites.

Methods: The GEAS is being implemented through a collaboration of university and nongovernmental institutions from 15 cities: Assiut (Egypt) Baltimore (U.S.), Blantyre (Malawi), Cape Town (South Africa), Cochabamba (Bolivia), Cuenca (Ecuador), Edinburgh (Scotland), Ghent (Belgium), Hanoi (Vietnam), Ile-Ife (Nigeria), Kinshasa (DRC), Nairobi (Kenya), New Delhi (India), Ouagadougou (Burkina Faso), and Shanghai (China). Approximately 30 in-depth interviews among adolescents and 30 in-depth interviews with their parent/guardian were conducted at each site, with adults and adolescents interviewed separately. To build trust and increase engagement among the adolescent participants, we used two different visual research methods: (1) timeline

IMPLICATIONS AND CONTRIBUTION

The first phase of the Global Early Adolescent Study confirms the usefulness of qualitative research methods among 11–13 year olds across diverse cultural settings. Lessons learned provide further direction for understanding how best to capture the voices of early adolescents, particularly for topics that may be too abstract for this age group.

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exercise which was small group based and (2) the Venn diagram exercise which was conducted individually and used at the start of the in-depth interview.

Results: The visual aspects of both the timeline and the Venn diagrams not only helped to produce data for the purposes of the study, but also were a successful way of engaging the adolescent participants across sites. While the narrative interviews produced extremely rich data, researchers did notice that there were a few challenges among the younger adolescents. Challenges were related to the length of the interview, comprehension of questions, as some of the questions were either too abstract or asked adolescents about an experience they had not yet had and therefore could not address or articulate.

Conclusions: Conducting the first phase of GEAS revealed important insights for research with participants who are in this developmental phase of early adolescence. Methods that involve greater engagement and those that are visual were shown to work well irrespective of the cultural setting.

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The period of adolescence is one of the most critical stages of human development. During this time, the decisions that are made and the behaviors that are formed can have life-long repercussions. While there has been substantial attention and research that has focused on 15–19 year olds, adolescents between the ages of 10 and 14 years have comparatively received far less acknowledgment. Instead, the majority of programs have been designed for older adolescents who may already be engaged in health compromising behaviors. Such approaches are problematic in several ways. They overlook the needs of younger adolescents who face the greatest risks and complications related to unhealthy behaviors (e.g., pregnancy and sexually transmitted infection risks). They also fail to consider adolescent health behaviors along a life course trajectory that begins before a specific behavior is initiated [1]. In fact, between the ages of 10 and 14, young people undergo some of the most significant and rapid physical, emotional, social, and cognitive changes of their lives. Recent neurobiological research shows that when children begin their pubertal transition, the brain undergoes significant reorganization of neural circuitry that impacts an individual's processing of emotions, risks, rewards, and social relationships [2,3].

The way in which adolescent males and females experience these biological and social changes depend on gender; cognitive abilities; educational, emotional, life experiences; and cultural and social contexts [4,5]. Yet, information on how these factors manifest and inform gender differences across contexts is quite limited, especially from low- and middle-income countries. An especially interesting, yet unknown aspect of early adolescence, is how adolescent boys and girls establish relationships that ultimately shape their sexual and overall health from early to late adolescence.

The Global Early Adolescent Study (GEAS) was initiated in 2011 and launched in 2014 with the primary goal of understanding the factors in early adolescence that predispose young people to subsequent sexual risks, and conversely, those that promote healthy sexuality across different cultural contexts. Applying a gender lens to the research, the study also seeks to understand how expressions of gender norms are related to sexual behaviors among boys and girls in different cultures. This is particularly important since it is during early adolescence that girls' and boys' lives start to sharply diverge in terms of independence, mobility, schooling, and domestic responsibilities [5]. The present study was purposively designed to be cross-cultural

so as to enable the exploration of both contrasts and generalizations. Indeed, only through comparative research, the interactions between culture, social context, and health processes can be accurately identified [6].

The design of GEAS occurred in two phases: the first phase was constructed as exploratory based on qualitative research methods, while the second is being designed primarily as a quantitative, longitudinal survey. For the first phase, adolescents, aged 11–14 years, and a parent/guardian were invited to participate in the study to address three key objectives: (1) to understand transitions into adolescence (from the perspective of adolescents and their parent/guardians) with a focus on gendered challenges and opportunities; (2) to understand changes in interpersonal relationships (with parent/guardians, siblings, extended family, peers) during transitions into adolescence, with attention to the role of gender norms and behaviors; and (3) to explore how young adolescents adopt and enact gendered behaviors and roles (what is appropriate for an adolescent girl or boy) with attention to the contrasts between young people's discourse and that of their parent/guardian. All articles included in this special supplement are based uniquely on data that were part of the first phase of GEAS and have addressed at least one of the above objectives.

The present article describes the methods that were used for the qualitative research in the first phase, including the overall design process, training, sampling, recruitment, data collection, and analyses. Given that GEAS is one of the largest comparative studies conducted among adolescents in this age group, this paper also describes the use of qualitative methods among early adolescents, including the key strengths, challenges, and lessons learned from the perspectives of the GEAS researchers, as well as from insights gathered from the field of adolescent research.

Methods

Research design

The GEAS is being implemented through a collaboration of university and nongovernmental institutions from 15 cities: Assiut (Egypt) Baltimore (U.S.), Blantyre (Malawi), Cape Town (South Africa), Cochabamba (Bolivia), Cuenca (Ecuador), Edinburgh (Scotland), Ghent (Belgium), Hanoi (Vietnam), Ile-Ife (Nigeria), Kinshasa (DRC), Nairobi (Kenya), New Delhi (India),

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