

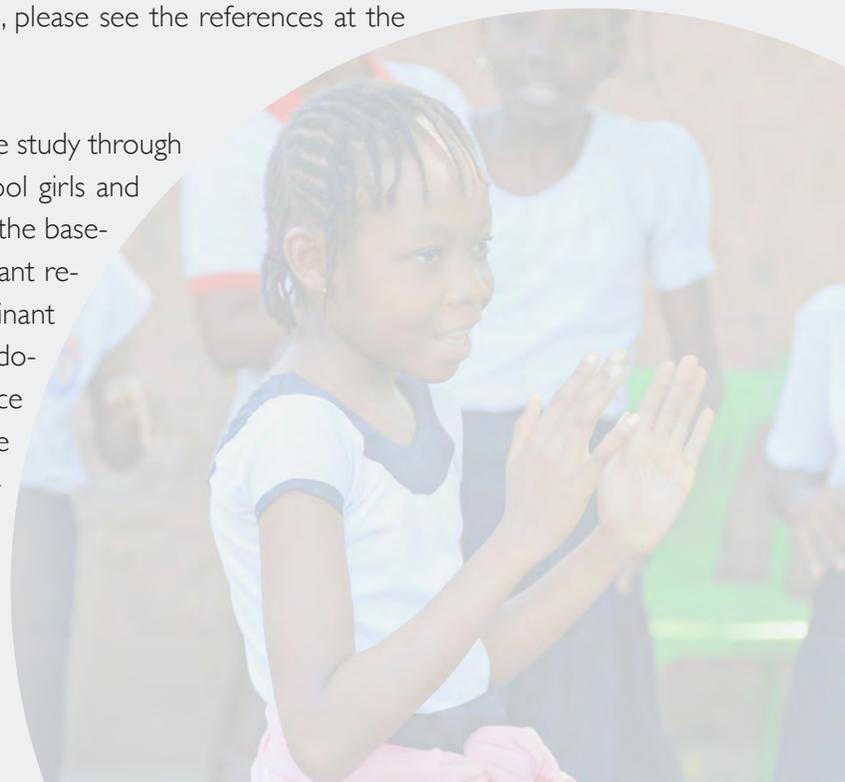
# PROFILES OF YOUNGER ADOLESCENTS IN URBAN KINSHASA:

## Similarities and Differences of In and Out-of-School Youth From the Global Early Adolescent Study with Growing up GREAT! Intervention Participants

Early adolescence (10-14 years) represents a critical window for intervention before most youth become sexually active and gendered attitudes and behaviors coalesce. Despite the importance of this timeframe, most SRH programs focus on older adolescents, and evidence to guide programming for very young adolescents is scarce. Growing up GREAT! (GUG!) is a gender-transformative puberty and sexuality education intervention in two low-income localities in Kinshasa, DRC that engages in-school and out-of-school very young adolescents (VYAs), their parents and teachers, health workers and other community members in group discussion and activities to address social and gender norms that drive poor sexual and reproductive health (SRH) outcomes (see [toolkit materials](#)).

Growing Up GREAT! is being evaluated as part of the Global Early Adolescent Study (GEAS), which explores the relationship between evolving gender norms and a range of key health outcomes across the adolescent period - including sexual health and gender-based violence - as well as factors at individual, family, community and societal levels. The GEAS also tracks other indicators of adolescent health and well-being (mental health, drug, alcohol, tobacco use, community safety) that are not targeted with the intervention. The quasi-experimental longitudinal design will follow changes in gender and other norms and SRH outcomes between cohorts of 1,000 in-school and 400 out-of-school 10-14-year-old GUG! intervention participants with matched non-intervention comparison groups. The study is intended not only to track the impact of the GUG! intervention, but also to inform the intervention. For more information on GUG! and the GEAS, please see the references at the end of this document.

This brief reports findings from the GUG! GEAS baseline study through a set of illustrative profiles of in-school and out-of-school girls and boys age 10-14. Profiles were constructed directly from the baseline data (collected in 2018), in most cases using dominant responses from participants, but in some cases non-dominant responses were used to illustrate a specific very young adolescent experience (for example with dating and substance use). These profiles provide a glimpse into who these VYAs are (through age, education, wealth, family structure, neighborhood measures), what they know/believe/feel (through measures of gender norms/SRH knowledge/attitudes) and what they experience (in terms of SRH and gender-related health outcomes).





**CECILE, 11**

### WHO IS SHE?

Cecile is 11 years old and lives with her single mother, who is often home without work and monitoring her daughter's movements. Cecile was taken out of school when she was 10 years old because her mother could no longer pay for her school fees. Her family is poor, in the bottom 20% percentile of wealth in Kinshasa, but they still hope that Cecile will be able to re-enroll in school soon and eventually graduate from secondary school. In the Kinshasa slum where she lives, she knows all her neighbors but doesn't really trust them or feel like she can count on them to care for her. Cecile has a few friends in the neighborhood and sees them from time to time when her mother allows it.

## GIRLS: OUT OF SCHOOL

### What she believes/knows/feels about gender and SRH:

Cecile has traditional views of gender roles, believing that men should have a superior status to women and should be financially responsible for the family. Overall, she feels less empowered than boys and girls who are still in school but still believes she can make her own decisions. Her mobility is especially limited compared to other kids and she doesn't feel like her voice is ever heard by her parents or community members. She has generally low knowledge about sexual health and HIV prevention but believes that injectable contraceptives and herbs can prevent pregnancy. She thinks that girls her age would try to have an abortion if they got pregnant but personally, if she ever got pregnant, she would keep the baby and raise it on her own.

### What she experiences in her health and relationships:

Even though she has yet to menstruate, Cecile feels ashamed of the topic and doesn't have positive feelings about her body; she worries that she is developing abnormally. Of all the kids in her age group, including in-school girls, she feels the saddest and sometimes can't sleep at night. Out of everyone she knows, she has faced the most difficulties, including teasing and bullying by other kids. She has never tried cigarettes or drugs, but some of her friends have had alcohol. Cecile has also never had a sexual experience but when girls like her are in a relationship, they are less likely to feel power imbalances and intimacy than boys or in-school girls.

## GIRLS: IN SCHOOL

### What she believes/knows/feels about gender and SRH:

Rachel believes a girl should be quiet and humble and that women should obey men, just like her mother does with her father. She also thinks it's much more acceptable for boys to be sexual than girls. Rachel doesn't feel as empowered as the boys in her school, especially because she has very little freedom to move about as she pleases. Even still, she feels her voice is heard by her parents, teachers and neighbors and that she can make some daily decisions, like what to wear and which friends to have, all on her own. She has heard about HIV and ways to prevent pregnancy but isn't sure of all the details. Rachel believes that it is the girl's responsibility to prevent pregnancy and that herbs and injectables are good methods of pregnancy prevention. She says if she were to get pregnant, she would keep the baby and raise it with the father.

### What she experiences in her health and relationships:

Rachel just started menstruating this year and though she's proud to be a "woman" now, she is still shy about her period and keeps it a secret from most people. Sometimes she worries about the way her body looks but is generally happy with herself and her health. Overall, Rachel feels happy and doesn't tend to feel worried or sad; it might be because she has never experienced an adverse childhood event (such as physical violence, teasing or bullying). She hasn't tried any substances like cigarettes, drugs or alcohol, but she knows some boys in her school who smoke. She herself has never been in a relationship, but Rachel knows girls who have and heard that some of them were pushed around by their boyfriends.



**RACHEL, 12**

### WHO IS SHE?

Rachel just turned 12 and lives with both her mom and dad, with whom she is very close. Despite the real challenges she faces, her parents have high hopes that Rachel will graduate from high school and go on to attend university. Her father is employed, and her family is in the 80th percentile of wealth from all the kids in her slum. Rachel knows most of her neighbors, and while she has a positive view of many of them, she doesn't always feel safe in her own neighborhood. Besides her own family, she mostly interacts with her two girl friends from school.



**SERGE, 12**

## BOYS: OUT OF SCHOOL

### What he believes/knows/feels about gender and SRH:

Just like other kids his age, Serge thinks men are meant to be tough, to rule their households and to provide for their families. Although in his world it's more acceptable for boys to be sexual than it is for girls, Serge doesn't think it's a big deal for girls to be in romantic relationships. Compared to boys his age who are in school, Serge doesn't feel as empowered or free to move about; he even feels like he has less of a voice than girls who are in school. He doesn't know a lot about HIV and pregnancy prevention, but he does know that condoms can be good for both and really believes in using herbs to prevent pregnancy. Out of all other kids his age, Serge would be most likely to want to keep and raise a child if he ever got someone pregnant.

### WHO IS HE?

Serge is 12 years old and has lived with his grandparents since he was a baby. They are old and cannot work and had to pull Serge out of school when he was only 9 so that he could help earn money for the family. Even though he is far behind in school, his family still prays he can go back and finish high school someday. His family is among the poorest in his neighborhood and Serge spends a lot of his time hanging out in the neighborhood with his friends. He knows and trusts his neighbors and thinks they look out for him, but sometimes he feels threatened in his community.

### What he experiences in his health and relationships:

Serge has experienced some teasing, bullying or physical violence in his life but not as much as girls who are out of school. Although he is satisfied with his body, he hasn't reached puberty yet and sometimes wishes his body was different. There are even times when Serge feels unhappy enough that he thinks of harming himself. He's never done drugs, alcohol or cigarettes, but he knows other boys that smoke and drink sometimes. He has only been in one relationship in the past, but he did act violently towards his girlfriend (grabbing her and throwing things). Despite having had a girlfriend, Serge is still a virgin.

## BOYS: IN SCHOOL

### What he believes/knows/feels about gender and SRH:

Like everyone he knows, Patrice thinks that men are stronger than women and should be in charge of decisions. He also believes that it is more acceptable for boys to be interested in sex and be in relationships than it is for girls to do the same. Compared to girls and out-of-school boys, Patrice has the most freedom of movement to come and go as he pleases, decision-making power, voice and overall empowerment. Though he doesn't know a lot about HIV/pregnancy prevention, Patrice knows more about condoms (for both HIV and pregnancy), injectables and pills than the other children. Patrice says that if he got someone pregnant, he would want to keep the child; but he thinks other boys like him would probably want to terminate the pregnancy.

### What he experiences in his health and relationships:

Patrice has had a couple of adverse events in his life, but nothing compared to the out-of-school children he knows. On the other hand, Patrice endures more teasing than the other kids. He is generally happy with his body, but he hasn't experienced puberty yet. He hardly ever feels sad and has never thought of hurting himself. Patrice knows some boys who smoke and drink alcohol, though he says he's never tried either. No one he knows uses drugs. Patrice has had a girlfriend before and even though they kissed and touched each other a bit, they never had sex. He and his girlfriend had a fair balance of power between them and they were not violent towards each other.



**PATRICE, 12**

### WHO IS HE?

Patrice is 12 years old and lives with his mother and father in one of the best areas of their slum. Their family are among the wealthiest in his neighborhood, and Patrice is expected to complete his secondary school and go to university, even though the odds are against him. He feels very close to his family and has a lot of friends at school and in his community. Patrice generally trusts his neighbors and feels like he could count on them for help.

## CROSS-GROUP COMPARISONS

The table below highlights some key measures across all the participant groups, showing that while very young adolescents are similar in many ways, there are some differences between boys and girls and in-school versus out-of-school kids. These measures were selected to give a rapid view of each profile type – for a comprehensive look at all baseline responses by group type, please refer to the full GEAS baseline report referenced below.

Measures	Girls		Boys	
	OOS	IS	OOS	IS
<b>Who they are</b>				
Bottom 20% wealth quintile	38%	16%	38%	18%
Top 20% wealth quintile	4%	22%	5%	23%
Lives with both parents	41%	65%	34%	65%
Lives with mother only	30%	21%	40%	19%
Feels connected to caregiver	56%	64%	59%	52%
Believes that neighbors know them	81%	81%	88%	83%
Believes neighbors care about them	50%	37%	57%	51%
Dropped out of school for \$ reasons	84%		87%	
<b>What they believe/know</b>				
<i>Gender norms/power</i>				
Sexual double standard score <sup>a</sup>	4.32	4.41	4.15	4.25
Overall empowerment score <sup>b</sup>	2.11	2.15	2.2	2.39
Freedom of movement score <sup>c</sup>	1.36	1.40	1.61	1.85
Voice is heard score <sup>d</sup>	2.11	2.41	2.22	2.57
<i>SRH attitudes</i>				
Too embarrassed to talk about puberty	41%	32%	42%	36%
“Typical” girl/boy would consider abortion	37%	28%	30%	38%
Personally, would have baby with partner	36%	52%	56%	45%
<i>SRH knowledge</i>				
Condoms prevent HIV	30%	30%	40%	48%
Condoms can prevent pregnancy	26%	28%	40%	49%
Herbs can prevent pregnancy	78%	76%	79%	66%
Injectables can prevent pregnancy	62%	67%	52%	63%
It is girl’s responsibility to prevent pregnancy	66%	72%	64%	69%
<b>What they experience</b>				
Already experienced puberty	60%	74%	25%	37%
Adverse childhood experiences (3+) <sup>e</sup>	49%	28%	42%	32%
Feels sad (this is a key GEAS indicator of mental health)	36%	18%	22%	16%
Cigarette use	4%	4%	6%	5%
Alcohol use	6%	5%	10%	11%
Engagement in a romantic relationship	7%	6%	11%	12%
Ever experienced intimate partner violence <sup>f</sup>	29%	44%	39%	27%
Ever had intercourse	2%	1%	4%	5%

a – Sexual double standard is a composite score made up of 13 different items on perceptions of unequal social status or sanctions related to romantic relationships for boys and girls

b – Overall empowerment indicator was an aggregate score ranging from 1 to 4 reflecting all three sub dimensions of freedom of movement, voice, and decision

c – Freedom of movement is an aggregate score ranging from 1 to 4 reflecting the extent to which adolescents are free to go to certain places alone (e.g. after-school activities, party, meeting with friends with opposite sex, and community center/movies)

d – Voice is an aggregate score ranging from 1 to 4 which represents the extent to which adolescents believe their opinions are heard by their parents, teachers, or adults in the community

e – Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian

f – Among those in a romantic relationship

## CONCLUSIONS

The GUG! GEAS baseline study shows some distinct differences and similarities between girls and boys and in-school versus out-of-school very young adolescents that could inform this and other interventions

- Out-of-school adolescents face more disadvantages when compared to their counterparts enrolled in school, particularly higher levels of poverty and feelings of insecurity in their communities, and are least likely to live with both parents. These adversities translate to more depressive symptoms and poorer health outcomes when compared to in-school adolescents.
- Gender norms among all participants strongly reinforce notions of boys' and men's strength and women's and girls' vulnerability. Likewise, participants ascribed to sexual double standards, which encourage romantic and sexual engagement among boys but constrain girls' behaviors in this arena.
- In general, boys and girls reported positive body image and satisfaction, but also concerns about their pubertal development. Girls also reported conflicting feelings about menstruation; simultaneously endorsing feelings of shame and pride regarding their periods.
- Sexual health knowledge was extremely limited for all subgroups. Knowledge was low for physiological understanding of pregnancy, reproduction and HIV acquisition and prevention modalities for both pregnancy and HIV.
- Experiences of romantic relationships were rare and sexual experience almost non-existent across all groups. However, those in romantic relationships had high rates of intimate partner violence.

## REFERENCES

Growing up GREAT! Baseline Report. October 2018. Washington, D.C.: Johns Hopkins University, Institute for Reproductive Health, Georgetown University, and Save the Children for the U.S. Agency for International Development (USAID) and Bill & Melinda Gates Foundation. Online at: [http://irh.org/wp-content/uploads/Growing\\_Up\\_GREAT\\_Baseline\\_Report\\_FINAL.pdf](http://irh.org/wp-content/uploads/Growing_Up_GREAT_Baseline_Report_FINAL.pdf)

Brief: Growing Up GREAT! Online at: <http://irh.org/resource-library/growing-up-great-brief/>