Unit 4: Adolescent Behavior and Social Issues

Challenges for Adolescent SRH Services
GENDER ROLES

• When we talk about the social and cultural norms that proscribe the “expected” behaviors of men and women we are talking about gender roles. Gender roles are:
  – **Learned** They are passed on from families, peers and friends, media and stories, and societies.
  – **Variable** What it means to “act like a woman” or “act like a man” differs from culture to culture. Gender roles can even change over time and be expressed in different ways at different points in our lives, based on things like age, disability, marital status or parity.
  – **Stereotypical** Gender roles are based on assumptions about how “all women” or “all men” should behave, rather than an understanding and acceptance of individuals.
GENDER ROLES CONTINUED

• Societies and communities powerfully promote accepted gender roles during later childhood, puberty, and adolescence. While experiences vary, for many young people, adolescence is a time when options expand for young men and become more restricted for young women.
• Boys may be allowed more autonomy, mobility, and power.
• Boys are expected to express dominance in social and sexual relationships. This sometimes leads to interpersonal or sexual violence.
• Boys are expected to take, and to be more logical and rational. They are given more power in sexual decision-making when compared to girls and can more openly express their sexuality and desires.

• Girls may be expected to remain home and take on more household responsibilities.
• Girls are expected to defer to men both in and out of the home, to be passive and “virginal” and to not express any sexual feelings. They are expected to be in control of their sexual feelings as well as those of men. They are expected to be responsible for sexual health which includes actions that prevent STIs or HIV and unintended pregnancy.
• Girls are expected to give, be accommodating, and be more emotional.
According to the circumstances, perceptions of disability and stereotypes may or may not reinforce gender roles and expectations. For example, as mentioned in unit 2, adolescent boys with physical disabilities may be considered less able to meet expectations around sexual prowess and dominance while a physical disability in girls may reinforce the expectation of female passivity and deference. Moreover, when disability prevents adolescents from performing common and widespread gender roles, this may increase the risk of violence and abuse. This is the case, for example, of girls with physical disabilities who may be less at ease to take on household responsibilities and, for this reason, mistreated by their family members or in-laws in case of early marriage.
During adolescence, relationships with friends and peers become increasingly important. Adolescents develop close relationships with their peers, and demonstrate their group association through dress, language, and behaviors. Their relationships with their peer group help them develop a sense of belonging and security, but can at times make young people vulnerable to negative peer pressure around certain behaviors, including sex. The way that adolescents understand and perceive the sexual behavior and activity of their friends, such as when they think their peers start having sex and whether or not they use condoms or contraception, often has a large influence on their own choices and decision. Due to discrimination and social exclusion, young persons with disabilities may be more inclined to develop close relations with other peers with disabilities rather than peer without disabilities. While giving them a sense of security and mutual understanding, this may also increase their isolation and exclusion.
RELATIONSHIPS WITH PARENTS AND FAMILY

• As adolescents build their peer relationships and networks, they also become more independent from their parents, guardians, and/or adult caregivers. It is normal for adolescents to test limits and boundaries, but this can create strained relationships between parents and their adolescent children. Supportive parent/child relationships or relationships with caring adults are still important to adolescents, however. Research suggests that these types of relationships are important to adolescent development especially when adults show respect for and demonstrate confidence in adolescents' abilities.
RELATIONSHIPS WITH PARENTS AND FAMILY

• Parents/guardians tend to be extremely protective of young persons with disabilities and often become a barrier to their healthy development. There is also a widespread inclination among adults to consider young persons with disabilities as unable to make decisions about their sexual and reproductive health. As a result, parents/guardians tend to make decisions on their behalf. When it comes to girls with intellectual and developmental disabilities this often translates into forced sterilization or abortion. When dealing with the sexual development of their children with disabilities, parents may rely on the advice and support of outside sources such as health providers and peer parent groups. However, to ensure their children’s wellbeing, it is critical to first consider their individuality and unique needs.
RELATIONSHIPS WITH PARENTS AND FAMILY

• Health providers can help parents/guardians to understand these changes and provide suggestions on how parents can support their own adolescent children to develop independent thinking skills, decision-making skills and resilience, as well as self-esteem and self-efficacy. Health care providers trained on disability inclusion can also support parents to understand that young persons with disabilities have the same sexual rights and needs of their peers without disabilities.
WHAT IS SELF-ESTEEM?

• The ability to feel confidence in, and respected for, oneself. It is a feeling of personal competence and worth.
• Involves how one feels about one’s self, and is affected by our interactions with family, friends, and our social circumstances.
• Plays a key role in a young person’s sense of how well s/he can deal with life’s opportunities and challenges.
• May be strained during adolescence because of rapid physical and social changes and because adolescents are examining and creating their own systems of values and beliefs.
• As a result of discrimination, exclusion or over-protection of the family, young persons with disabilities often lack self-esteem more than their peers without disabilities.
• Influences how young people make judgments about relationships, sex, and sexual responsibility.
WHAT IS SELF-EFFICACY?

Self-efficacy is the belief in one's ability to perform and succeed at tasks. Such tasks could include daily activities such as self-care, schoolwork, and leisure activities or they could be more specific to sexual and reproductive health such as the ability to delay sexual debut, or use a condom or contraceptive method. As a result of discrimination, exclusion or over-protection from the family, young persons with disabilities often lack self-efficacy more than their peers without disabilities. We can help adolescents develop self-efficacy by:

• Supporting them to understand the outcomes of their behaviors.
• Encouraging mastery, competence and learning from experiences.
• Encouraging adolescents to believe they have what it takes.
• Helping them to break down large tasks into small, manageable steps.
WHAT IS RESILIENCE?

Resilience is the ability of an individual to function competently in the face of adversity or stress. An adolescent who is resilient is likely to enter adulthood with a good chance of coping well—even if he or she has experienced difficult circumstances in life.
WHY LIFE SKILLS?

Adolescents need skills to:
• Clarify their needs, values and rights.
• Set goals for themselves.
• Express themselves effectively.
• Decide upon a course of action.
• Practice independent critical thinking and decision-making.
WHICH LIFE SKILLS?

A recent review of life and soft skills found five key life skills contributed to better SRH outcomes among adolescents. These are:

- Positive self-concept
- Self-control
- Higher order thinking skills
- Communication
- Goal-setting

Source: YouthPower
Youth programs play a key role in supporting adolescents developing these life skills. Many young persons with disabilities have fewer opportunities than their peers without disabilities to learn about life skills and, due to discrimination and exclusion, often lack in positive self-concept and communication skills and/or encounter different communication barriers. Moreover, they are often considered unable to make decisions in relation to their sexual and reproductive health and adults tend to make decisions on their behalf. For many adolescents, especially young women and young persons with disabilities, it is important to learn how to communicate with confidence and assertiveness. Health care providers can help adolescents to develop and practice positive self-concept and good communication skills as part of education and counseling. They can also support the empowerment of young persons with disabilities to become more autonomous and to make decisions regarding their SRH.
ASSERTIVE COMMUNICATION

Assertive communication involves expressing beliefs, thoughts and feelings in a direct, clear way at an appropriate moment. To communicate assertively implies the ability to say “yes” or “no” depending on what one wants. For example:

“No, I don’t want to have sex.”

“Yes, I want to have sex, but only if we use a condom.”
Being able to communicate one’s true feelings can positively influence adolescent sexual and reproductive health. Communicating clearly and assertively may enable youth to:

- Feel less guilt.
- Feel more self-respect.
- Resist pressures to engage in unhealthy or dangerous behaviors.
- Negotiate contraceptive and condom use.
- Resist unwanted sexual advances or sexual coercion.
- Identify and obtain the right sexual and reproductive health services such as:
  - Contraception, safe abortion, post-abortion care, care for sexual violence, antenatal and postpartum care, STI/HIV diagnosis, counseling and treatment
DECISION-MAKING AND SELF CONTROL

• One aspect of good self-control is the ability to make good decisions.
• Decision-making is a process of actions and conclusions to achieve desired results.
• Young people’s abilities to make decisions varies depending on their culture and sense of self-efficacy, among other factors.
• Young persons with disabilities are often considered unable to make decisions about their sexual and reproductive health.
• Adolescents make decisions frequently. Some are simple with no major consequences. What are some examples of simple decisions we all make regularly?
Other decisions can be large and potentially consequential. What are some examples of potentially consequential decisions that adolescents might make?

Some cultures explicitly define social expectations for adolescent behavior that limits their decision-making options.

Some laws and policies are aimed at making decisions for young people about their body and health, such as age of consent laws for sexual activity or health services, policies that require parental or spousal consent to services, or restrictions on services based on marital status. Some people may believe that fate or luck determine what happens to them, while others believe that their own knowledge, skills, and efforts determine their fate.

Young people with a sense of self-efficacy and self-control will be more likely to make their own decisions and may feel greater commitment to and satisfaction with these decisions.