

SCALING-UP COMPREHENSIVE SEXUALITY EDUCATION: AN INTIMATE PARTNER VIOLENCE PREVENTION STRATEGY ON A LARGE SCALE

Brief 3 of a series of 3 addressing CSE as a strategy for intimate partner violence prevention

INTRODUCTION

For many women, intimate partner violence (IPV) starts early in life. By age 19, an estimated 29% of adolescent girls worldwide have experienced IPV [1]. In Mexico, approximately 30% of women have been affected by intimate partner violence by the age of 24 [2]. These data suggest the need to prevent intimate partner violence early in adolescence, an important developmental stage in life where healthy and equitable relationships can emerge leading to equitable or negative relationship dynamics [3, 4, 5, 6, 7].

Comprehensive sexuality education (CSE) is a promising intervention to prevent partner violence among adolescents. To understand the pathways by which CSE contributes to the prevention of IPV, the International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR), together with the London School of Hygiene and Tropical Medicine (LSHTM) and Fundación Mexicana para la Planeación Familiar (Mexfam), partnered to conduct a study in a public Mexican secondary school. The results revealed four mechanisms (outlined in [Policy Brief #2](#)) through which CSE appears to contribute to the prevention of IPV among adolescents.

These findings raise important considerations about how to build on the preventive potential of CSE by scaling up implementation in school settings. The implementation of CSE requires careful planning and attention to critical features [8, 9]. For instance, prior to implementation, CSE curricula should be adapted based on results of a local needs assessment and situation analysis [9, 10]. Sensitization efforts with school staff and faculty as well as family members can reduce resistance and facilitate involvement of these key stakeholders [9, 10, 11]. Investment in training facilitators is essential to ensure they have adequate pedagogic skills to encourage active participation, foster critical reflection, manage classroom dynamics and interpersonal conflicts, and are knowledgeable on topics related to gender, sexuality, sexual diversity, and intimate partner violence [9, 10, 12]. Finally, the successful implementation of CSE depends on the active involvement of young people in the needs assess

ment, planning phase, development and testing of relevant educational resources, as well as implementation and evaluation [9].

This policy brief outlines the main characteristics of the evaluated CSE course that we found to be contributing factors supporting IPV prevention. The brief also summarizes challenges on the adaptation and implementation of school-based CSE programming found in the literature.

KEY COMPONENTS OF CSE FOR IPV PREVENTION

In the context of the IPPF/WHR and LSHTM study, Mexfam implemented its 20-hour manual-based CSE curriculum in weekly sessions throughout a semester, to adolescents 14 to 17 years of age, at a Mexico City public technical secondary school. The curriculum was based on the *It's All One Curriculum*, developed within the educational series *Innovative Model of Operational Research in Adolescents and evaluated with the Inside and Out: CSE Assessment Tool*. The curriculum promotes the integration of human rights, gender-transformative and empowerment approach, and teaching methods that promote critical-thinking [13]. The course included gender as a cross-cutting theme and topics included unintended pregnancy, sexuality, contraceptive methods and reproductive health, sexual diversity, relationship skills, prevention of sexually transmitted infections, and gender-based violence.

In the CSE course, participants were encouraged to engage in critical self-reflection and discuss the different types of violence that can occur in intimate relationships, gender norms that underlie gender-based violence, adverse health outcomes associated with intimate partner violence, services and support for people affected by partner violence, and characteristics of equitable relationships. The results of the study showed knowledge, attitudinal, and behavioral changes among participants. Our findings suggest that the main characteristics of the course driving these changes in Mexico City included:

Create a respectful environment for sharing experiences and opinions about gender, relationships and violence

Facilitators promoted a safe environment for participants to share their experiences and opinions. Group discussions based on confidentiality and respect allowed each member to freely express their beliefs, questions, and experiences about sensitive topics and listen to and debate contrasting beliefs and opinions. In some instances, interpersonal conflict did arise in the intervention setting. There were instances of bullying and aggressive verbal commentary during the course, including harmful gendered commentary directed against women. Another challenge that emerged was effectively engaging male participants, as noted by other studies [14]. While female participants and most male participants did engage actively during the course, some male participants refused to engage in the IPV-related activities. Dominant perceptions of masculinities may have contributed to resistance among male participants to the course messages. Recent literature argues for the inclusion of prevention of homophobic bullying into gender-transformative programming, as both homophobia and gender-based violence are underpinned by harmful gender norms promoting hegemonic masculinities [14, 15].

Mexfam facilitators are routinely trained in classroom management, and the facilitators conducted conflict-resolution exercises to address these challenges [12]. Despite these challenges, active listening and open dialogue were key for participants to develop and practice communicating about sensitive topics related to relationships, sexuality and violence. This enabled them to initiate or participate in similar conversations with partners, family members, and friends.

Promote self-reflection on attitudes and beliefs as well as social norms regarding gender and violence within relationships

Participants reflected on their own experiences, attitudes, and beliefs regarding gender, sexuality, and partner violence. These topics were presented using pedagogic tools such as the violence thermometer (*Violentometro* developed by the National Polytechnic Institute in Mexico), that showed the different types of violence that can occur within relationships, and vignettes or short stories that depicted everyday situations that might be faced by adolescents, making the content relevant to participants. This approach is particularly useful to

promote discussion related to social norms [5, 16]. At the end of each activity, facilitators summarized the main points raised during group discussions providing examples of the experiences shared by participants and facilitators as a way to concretize the key messages of the session. One example of the changes observed among participants related to the course activities was raising questions whether jealousy and possessive behaviors were expressions of love within relationships, or rather were forms of violent behavior.

Facilitate access to IPV support and services available to young people in their community

Prior to the course, Mexfam mapped the IPV support and services available within the community that could serve young people and established referral systems. In the course, participants received information on the community organizations that provide support to young people affected by partner violence, including counseling, medical, legal, and therapeutic services. Facilitators emphasized the right of young people to receive health



services and support and provided information and referrals to participants who said they were affected by IPV. We found that the course prepared participants to respond to violence within their own intimate relationships or those around them. After the course, participants reported supporting family members and/or friends

experiencing violent relationships, seeking support to address violence in their own relationships, and access sexual and reproductive health services.

CSE IMPLEMENTATION

Based on the study, the partner organizations identified key components of the intervention that contributed to the implementation of CSE with a focus on IPV prevention. The main components include:

Characteristics and training of facilitators

Well-trained facilitators are needed for a successful implementation of CSE programming [9, 10, 12]. The model evaluated in this study employed young professional health educators (age 23 to 29) from Mexfam's *Gente Joven* community outreach program.

– Facilitators participated in sensitization workshops and training on group learning methodology and sexual and reproductive health prior to the implementation of the course. During the course they received

ongoing support from the management team to ensure that they felt comfortable addressing topics such as gender, sexual diversity, and intimate partner violence. Our findings suggest that participants perceived facilitators as trustworthy sources of information.

- In response to the implementation challenges faced during the study and to prepare facilitators and contribute to a respectful and non-violent implementation environment, Mexfam is developing a set of tools to systematically support facilitators in addressing any bullying or harmful behaviors among participants. Other school-based programs might benefit from similar tools to prepare intervention facilitators to address interpersonal conflicts that might occur in any school setting.

- Both male and female facilitators were able to establish a safe environment where participants freely expressed their thoughts, asked questions, and shared personal experiences.

Content and materials based on adolescents' experiences

Other studies have found that involvement of young people in the development of CSE materials make the intervention more relevant to participants [9]. For Mexfam's CSE intervention, didactic materials were developed in collaboration with young people to ensure

they were based on real life experiences of adolescents.

- Participants appeared to experience the course differently depending on their sex, sexual orientation, gender identity, and personal experiences. The curriculum was designed so that participants with different experiences and backgrounds would be able to relate the diverse range of scenarios and activities presented in the course educational resources.

Participation of school staff, faculty, and family members

In the context of the study, Mexfam offered optional training sessions about IPV to teachers and parents after the end of the CSE course. However, these sessions were not systematically included as part of the intervention. The literature supports a whole school approach that includes the participation of school staff, faculty and parents in CSE activities. An ecological approach to CSE for IPV prevention, promotes supportive school policies and practices, and links with parents and service providers in the community. Sensitizing parents to the importance of CSE and IPV prevention is particularly important in settings where there may be initial parental opposition to CSE [8, 9, 17]. These aspects should be considered when implementing CSE for IPV prevention on a larger scale.

RECOMMENDATIONS

- **Comprehensive sexuality education that seeks to prevent IPV should be scaled-up and implemented using an ecological approach.** CSE should be scale-up in school settings to address the sexual and reproductive health needs of adolescents and promote equitable relationships, free of violence. A whole school approach that actively involves staff members, teachers and families facilitates have the potential of transforming the school to become an environment that holistically works against violence [8].
- **Comprehensive sexuality education should be adapted to respond to the specific needs of participants and the context where it is being imparted.** Before implementing the course, program teams should adapt the curriculum to guarantee the incorporation of locally relevant [9] content and organizational requirements within each school setting. The course can be adapted to different learning environments, including digital platforms and virtual methods needed during social distancing periods due to the coronavirus, however it is essential to maintain the key components that seem most likely to contribute to the prevention of intimate partner violence.
- **Comprehensive sexuality education facilitators should receive training on sexuality, sexual diversity, and intimate partner violence as well as on didactic and participatory methods.** Facilitators must have the skills and resources to enable group participation in an inclusive and trustworthy environment and capacity to resolve conflict that may arise during group discussions. They must feel confident and comfortable leading group discussions on personal topic such as sexuality, sexual diversity, and intimate partner violence.
- **Young people should be involved in developing the curriculum and materials of comprehensive sexuality education.** To ensure that the CSE curriculum addresses the needs of young people and that the materials used are relevant and based on their own experiences, it is essential that young people collaborate with pedagogues and sexual and reproductive health experts to develop and/or adapt CSE programming [9]. Relevant didactic material facilitates self-reflection, engages adolescents in meaningful group discussions, and contributes to the generalization of emerging attitudes, beliefs, knowledge and skills beyond the classroom.

REFERENCES

- [1] Organización Mundial de la Salud. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Ginebra, Organización Mundial de la Salud.
- [2] Instituto Nacional de Estadística y Geografía. (2017). *Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH) 2016*. Retrieved from http://www.inegi.org.mx/contenidos/programas/endireh/2016/doc/endireh2016_presentacion_ejecutiva.pdf
- [3] Giordano P. C., Soto D. A., Manning W. D., and Longmore M. A. (2010). The characteristics of romantic relationships associated with teen dating violence. *Social Science Research*, 39, 863–874.
- [4] Garzón R., Barrios M. E., and Oviedo M. (2017). Violencia en las relaciones eróticas afectivas entre adolescentes. *Revista Tesis Psicológica*, 12(2), 100–115.
- [5] Blum R. W., Sheehy G., Li M., Basu S., El Gibaly O., Kayembe P., et al. (2019). Measuring young adolescent perceptions of relationships: A vignette-based approach to exploring gender equality. *PLoS ONE* 14(6): e0218863. <http://doi.org/10.1371/journal.pone.0218863>
- [6] Kågesten A., Gibbs S., Blum R. W., Moreau C., Chandra-Mouli V., Herbert A., & Amin A. (2016). Understanding factors that shape gender attitudes in early adolescence globally: A mixed-methods systematic review. *PLoS ONE*, 11(6), 1–36. <http://doi.org/10.1371/journal.pone.0157805>
- [7] Mmari K., Blum R. W., Atnafou R., Chilet E., de Meyer S., El-Gibaly O., ... Zuo X. (2017). Exploration of gender norms and socialization among early adolescents: The use of qualitative methods for the Global Early Adolescent Study. *Journal of Adolescent Health*, 61(4), S12–S18. <http://doi.org/10.1016/j.jadohealth.2017.07.006>
- [8] Learning Collaborative to Advance Normative Change. (2019). Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health. Washington, DC: Institute for Reproductive Health, Georgetown University.
- [9] Keogh S. C., Stillman M., Awusabo-Asare K., Sidze E., Monzón A. S., Motta A., et al. (2018). Challenges to implementing national comprehensive sexuality education curricula in low- and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. *PLoS ONE* 13 (7): e0200513. <http://doi.org/10.1371/journal.pone.0200513>
- [10] Vanwesenbeeck I., Westeneng J., de Boer Th., Reinders J. y Van Zorge R. (2016). Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me, *Sex Education*, 16:5, 471–486. <http://doi.org/10.1080/14681811.2015.1111203>
- [11] Chandra-Mouli V., Gómez Garbero L., Plesons M., Lang I., y Corona Vargas E. (2018). Evolution and Resistance to Sexuality Education in Mexico. *Global health, science and practice*, 6(1), 137–149. <http://doi.org/10.9745/GHSP-D-17-00284>
- [12] Makleff S., Billowitz M., Garduño J., Cruz M., Silva Marquez V.I., Marston C. Applying a social complex adaptive systems approach when evaluating implementation of a school-based intervention for intimate partner violence prevention: a case study in Mexico. *Health Policy and Planning* (Forthcoming). <http://dx.doi.org/10.1093/heapol/czaa067>
- [13] Rogow D., Haberland N., Del Valle A., Lee N., Osakue G., Sa Z. & Skaer M. (2013). Integrating gender and rights into sexuality education: field reports on using It'sAllOne, *Reproductive Health Matters*, 21:41, 154–166. [http://doi.org/10.1016/S0968-8080\(13\)41699-3](http://doi.org/10.1016/S0968-8080(13)41699-3)
- [14] Dworkin S. L., & Barker G. (2019). Gender-transformative approaches to engaging men in reducing gender-based violence: A response to Brush & Miller's "Trouble in Paradigm." *Violence Against Women*, 25(14), 1657–1671. <http://doi.org/10.1177/1077801219872555>
- [15] Brush L. D., & Miller E. (2019). Trouble in Paradigm: "Gender Transformative" Programming in Violence Prevention. *Violence Against Women*, 25(14), 1635–1656. <http://doi.org/10.1177/1077801219872551>
- [16] Stoebebau K., Kyegombe N., Bingenheimer J. B., Ddumba-Nyazi I., Mulindwa J. (2019). Developing Experimental Vignettes to Identify Gender Norms Associated with Transactional Sex for Adolescent Girls and Young Women in Central Uganda. *Journal of Adolescent Health*, 64(4), S60–S66. <http://doi.org/10.1016/j.jadohealth.2018.11.009>
- [17] Atienzo E., Campero L., Estrada F., Rouse C., y Walker D. (2011). Intervenciones con padres de familia para modificar el comportamiento sexual en adolescentes. *Salud Pública de México*, 53(2), 160–171. Obtenido el 20 de mayo de 2020, de http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0036-36342011000200009



International Planned Parenthood Federation/Western Hemisphere Region
125 Maiden Lane, 9th Floor, New York,
NY 10038-4730 USA
T: +1 212 248 6400
F: +1 212 248 4221 /
E: info@ippfwhr.org



Fundación Mexicana para la Planeación Familiar, A.C.



updates



take-action



donate



ACKNOWLEDGEMENTS:

Written by: Jimena Valades, with contributions from: Susana Medina, Shelly Makleff, Ivon Silva, Mariana Cruz, Esperanza Delgado, Jovita Garduño and Ricardo Baruch. We thank the Center for Industrial Technology and Services Studies No. 154 "Adela Velarde" for allowing us to carry out this project on their campus, and all of the students and teachers who agreed to participate in the study. We thank the Sexual Violence Research Initiative for supporting the dissemination of the study.

FINANCIAL SUPPORT

This Policy Brief was funded by Sexual Violence Research Initiative (SVRI), a global research initiative hosted by the South African Medical Research Council, through the SVRI World Bank Group Development Market Place Award, 2019. Its contents are solely responsibility of the authors and do not necessarily represent the official views of the SVRI or SAMRC.

This study was funded by Mr. Stanley Eisenberg – we thank him for his generosity. We also thank the ALIGN Research Fund for supporting the analysis phase of this work.

Published in May 2020