

"WE WANT TO LEARN ABOUT GOOD LOVE"

FINDINGS FROM A QUALITATIVE STUDY ASSESSING THE LINKS BETWEEN COMPREHENSIVE SEXUALITY EDUCATION AND VIOLENCE AGAINST WOMEN AND GIRLS



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List of Acronyms

Acronym	Meaning
CEFM	Child, Early and Forced Marriage
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DFID	UK Department for International Development
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
GBV	Gender-Based Violence
ICRW	International Center for Research on Women
IPV	Intimate Partner Violence
IRC	International Rescue Committee
KII	Key Informant Interview
LGBT(I)	Lesbian, Gay, Bisexual, Transgender (and Intersex)
LSE	Life Skills Education
MOYES	Ministry of Education, Youth, and Sports, Cambodia
MoEaS	Ministry of Education and Sports, Uganda
MoGLSD	Ministry of Gender, Labour and Social Development, Uganda
NGO	Non-Governmental Organisation
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RCT	Randomised Control Trial
RHAC	Reproductive Health Association of Cambodia
RHU	Reproductive Health Uganda
(S)GBV	(Sexual and) Gender-Based Violence
SHP	School Health Policy
SIDA	Swedish International Development Cooperation
SRH(R)	Sexual and Reproductive Health (and Rights)
SRGBV	School-Related Gender-Based Violence
STIs	Sexually Transmitted Infections
UMoH	Uganda Ministry of Health
UNESCO	The United Nations Educational, Scientific and Cultural Organization
VAC	Violence Against Children
VAWG	Violence Against Women and Girls
WHO	World Health Organization

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Executive Summary

OVERVIEW

Comprehensive sexuality education (CSE) – including learning about relationships, gender and gender-based violence (GBV), sex, sexuality, and sexual and reproductive health and rights (SRHR) – can empower young people to make informed, autonomous decisions regarding their current and future relationships.

CSE may also influence a positive shift in social norms which underpin violence against women and girls (VAWG), such as harmful notions of masculinity, and rigid gender roles and stereotypes – both in schools and the wider community.

Drawing on global evidence on CSE interventions and primary and secondary research in Cambodia and Uganda¹, this report explores the extent to which CSE may be a key mechanism to promote gender equality, shift harmful social norms and prevent VAWG.

This report finds compelling evidence that CSE can be seen not only as part of a quality education, but also as part of a holistic approach to preventing VAWG. However, more evidence on ‘what works’ in changing attitudes on gender equality and reducing VAWG as part of CSE delivery is needed².

PATHWAYS TO CHANGE

In order to illustrate the links between CSE and prevention of VAWG, this report presents a working theory of change (ToC) centred around four key *pathways to change*. For each of these pathways, we review existing evidence, highlighting key challenges and lessons learned from Plan’s SRHR programmes, and drawing implications for CSE policy and programming.

Pathway to change 1: CSE can promote more gender equitable attitudes among young people, including attitudes towards VAWG.

The causes of VAWG are complex, though commonly understood as being deeply rooted in unequal gender relations and social norms, such as harmful notions of masculinity, and rigid gender roles and stereotypes³. There is evidence that CSE can promote gender equitable attitudes – with students more likely to support equal access to education for boys and girls. Further, if curricula is rights-based and includes non-judgmental information on sexual diversities, young people have more positive attitudes regarding lesbian, gay, bisexual, transgender and intersex (LGBTI) rights.

CSE can also increase young people’s knowledge, awareness and attitudes towards VAWG – and reduce tolerance of various forms of violence including intimate partner violence (IPV), sexual violence, and child, early and forced marriage (CEFM).

However, most CSE programmes currently do not go far enough in transforming gender relations. Curricula may not sufficiently engage with gender and social norms which underpin VAWG – such as harmful notions of masculinity or community acceptance of IPV. Further, in many contexts teaching on sexual rights is extremely limited – with discussion of LGBTI rights often excluded. This presents real challenges for how and whether young people are able to apply broad learning on gender equality to their current and future relationships.

Pathway to change 2: CSE can improve young people’s life skills.

Evidence shows that approaches targeting young people with CSE have had positive impacts on important life skills including confidence, self-efficacy⁴ and decision-making, with links to improved gender relations and a reduction in VAWG. In particular, CSE may empower young women and young men, and girls and boys to negotiate the terms of sexual activity, understanding the importance of consent, and learning how to resist peer pressure to engage in or accept VAWG.

¹ Including learning from Plan’s SRHR programmes and gathering information from adolescent boys and girls as well as men and women in communities.

² Fulu et al. (2014a)

³ Such social norms have been shown to be linked to VAWG by the DFID What Works to Prevent Violence Against Women and Girls global evidence review (Fulu et al, 2014).

⁴ Self-efficacy reflects confidence in the ability to exert control over one’s own motivation, behaviour, and social environment.

However, the ability of young people to use these skills in their everyday lives is restricted by unequal gender norms and social norms which may devalue women's choices and place rigid social expectations on young people's sexuality. Such deeply entrenched social norms – such as norms which deny or stigmatise female sexuality and promote violent notions of masculinity – may also impact on the quality of CSE delivery and hinder open and non judgemental discussions around youth sexuality and relationships.

Pathway to change 3: CSE can transform attitudes of the wider community including duty bearers.

Community integrated approaches to CSE have the potential to change social norms by influencing adults (for example, teachers and parents) and the wider social environment. In particular, targeted approaches to engaging the wider community have been key to a number of school-based approaches to tackle VAWG. Such approaches have successfully shifted social norms particularly around discussion of youth sexuality.

Support from the wider community is crucial for CSE to be implemented, to reinforce messages and to prevent a backlash. However, attitudes of duty bearers continue to be a significant (though not insurmountable) barrier to CSE provision. Further, social norms around cross-generational and transactional sex may leave adolescents less able to consent to, refuse or negotiate for safer sex and more vulnerable if the 'terms' of the relationship are not met.

Pathway to change 4: CSE can improve reporting and response to VAWG.

Though less examined, CSE can also play a key role in providing information on and strengthening VAWG reporting and response mechanisms, through provision of information and linkages with other VAWG related organisations and services. In this way, CSE may provide a platform to address GBV in and around schools⁵. This report finds evidence that CSE can play a key role as part of a multi-pronged approach to VAWG response. Plan UK and other stakeholders are at the forefront of approaches to tackle SRGBV with school-based clubs, rights-based approaches and awareness raising activities showing evidence of impact.

However, addressing school-related gender-based violence (SRGBV) in particular is challenging, with evidence of successful approaches limited. Consequently, low reporting of VAWG cases persists, with insufficient and weak GBV response mechanisms undermining efforts.



Women participate in a community programme on SRHR in Uganda. - Photo: Plan Staff

⁵ UNESCO (2012c)

IMPLICATIONS FOR CSE PROGRAMMING

Based on the findings presented in this report, we make a number of recommendations for NGOs, donors and national governments for how to best support CSE interventions as a mechanism to prevent VAWG. In particular, this report recommends that CSE programmes:

- **Adequately address gender and social norms which underpin VAWG.** The findings confirm evidence that it is crucial for CSE to go beyond individual behaviours and to address gender inequality, social norms and stereotypes – through practical examples which tackle gender inequalities and power dynamics in young people’s lives.
- **Adopt gender-transformative and rights-based approaches.** In particular, address attitudes and entitlement which devalue women’s bodies and agency in sexual decision making, transform harmful notions of masculinities and promote positive attitudes towards LGBTI rights.
- **Link with VAWG prevention programmes and ensure best practice in VAWG prevention.** CSE’s potential to prevent VAWG can be strengthened by adopting best practice in VAWG prevention programming⁶.
- **Build an enabling environment and address social norms around CSE programmes through engagement with duty bearers.** The evidence further highlights the need for integrated community-based approaches to CSE, which build relationships with community members and challenge gender inequitable social norms among the wider community, including parents.
- **Strengthen reporting and response mechanisms including addressing VAWG in and around schools.** Ensure robust and anonymous reporting mechanisms exist, and develop guidelines and support implementation of reporting mechanisms to respond to VAWG in and around schools.
- **Improve monitoring and evaluation (M&E) of CSE interventions and build the evidence base linking CSE to VAWG prevention.** In particular, include specific indicators to measure social norm change and impact on VAWG.



Peninah, the Health Prefect at her school, giving a talk about a range of hygiene and health issues, including menstrual hygiene - Photo: Nyani Quarmyne / Plan

⁶ For example, drawing the significant learning emerging from the DFID Flagship Research and Innovation Fund on what works to prevent VAWG. <http://www.whatworks.co.za/>

Introduction

Comprehensive sexuality education (CSE)⁷ - including learning about relationships, gender, sexuality, sexual and reproductive health and rights (SRHR) and violence - provides structured opportunities for young people to explore, clarify and form life-long healthy attitudes and practices - free of coercion, violence and discrimination.

CSE also builds young people's skills to make informed, autonomous decisions regarding their current and future relationships and to act upon them⁸.

However, gaining access to high quality, comprehensive sexuality education is often difficult or impossible for many young people⁹.

CSE can be seen not only as part of a quality education, or as an intervention exclusively focused on SRHR outcomes, but also as part of a holistic approach to preventing and responding to gender-based violence (GBV), including violence against women and girls (VAWG)¹⁰

Drawing on global evidence on CSE interventions and primary and secondary research in Cambodia and Uganda – including learning from Plan's SRHR programmes, and gathering information from boys and girls – this report looks in more detail at how CSE can influence a positive shift in social norms which underpin VAWG in schools and the wider community.

The report presents a working theory of change linking CSE to VAWG prevention and response through four key 'pathways to change'. The report explores each of these pathways in more detail including challenges and opportunities for CSE programmes. From the findings, the report draws recommendations for Plan UK, national governments, donors and other stakeholders involved in CSE programming for how best to support CSE as part of an integrated, holistic approach to ending VAWG.

UNESCO Definition of CSE

'Comprehensive Sexuality Education (CSE) is an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. The term comprehensive emphasizes an approach to sexuality education that encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality.'

Source: <http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/>



Women participate in a community lesson in Uganda. - Photo: Plan staff

⁷ An in-depth definition of CSE and core curricula is included in annex 1.

⁸ UNESCO (2009)

⁹ UNESCO (2014)

¹⁰ The terms GBV and VAWG are used interchangeably throughout this report, according to the literature, but have a specific focus on intimate partner violence (IPV), non-partner sexual violence, child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C), and violence based on sexual orientation. A definition of GBV and VAWG is included in annex 1.

METHODOLOGY

The methodology involved two distinct phases¹¹. In the first phase, we undertook a desk review of existing global literature on the links between CSE, social norms and VAWG. The desk review was undertaken prior to fieldwork to inform the development of fieldwork tools, the segmentation and sampling strategy, and to enable triangulation with the primary data.

In the second phase, we conducted participatory qualitative research in Uganda and Cambodia, where Plan has supported broad SRHR programming incorporating elements of CSE. Cambodia and Uganda were chosen in order to reflect two very different contexts of CSE provision, so as to compare and contrast experiences.

The methodology involved key informant interviews (KIs) with key stakeholders involved in CSE and VAWG policy and programming as well as KIs and focus group discussions (FGDs)¹² with young people aged 13-25, peer educators, health care providers and teachers involved in Plan's youth-focused SRHR programmes. In total, 31 KIs and 23 FGDs involving over 200 people were conducted in Uganda and Cambodia.

As with all research on sensitive topics such as VAWG and work with young people, ethical considerations were of utmost importance to the research. The research team drew on a range of guidance to ensure robust ethical standards were adhered to and significant effort was taken to minimise risks for both research participants and field researchers¹³.

The findings were used to develop and refine a working theory of change for CSE provision and key principles and recommendations for Plan UK, national governments, the UK Department for International Development (DFID) and other donors for how best to support CSE through formal and non-formal settings as an approach in efforts to prevent VAWG.

Links between SRHR and VAWG

Experiencing violence against women and girls (VAWG) is an important risk factor for HIV, sexually transmitted infections (STIs), unwanted pregnancies and other reproductive health problems (such as complications during pregnancy and unsafe abortions) (WHO, 2013). Women and girls who have experienced violence have a significantly higher risk of being infected with HIV. This risk is further increased by sexual violence, inability to negotiate safer-sex practices, and/or risky behaviour – and once positive, they are more likely to experience violence (UNAIDS, 2014). Furthermore, SRHR can be a source of conflict, as was supported by the study findings in Uganda, where family planning was cited as a major cause of domestic violence.

Sources: WHO 2013; UNAIDS 2014



Girls participate in a workshop in Cambodia.- Photo: Jenny Holden

¹¹ Further information on the methodology can be found in annex 2.

¹² A sample FGD guide is included in annex 4.

¹³ In any research that deals with young people and sensitive topics such as VAWG, it is imperative to pay close attention to the potential to do harm through asking questions or eliciting conversation. The research team followed ethical guidelines as prescribed by the British Sociological Association and also the Child Protection Policy provided by Plan UK and SDDirect. Specifics of the guidelines are provided in Annex 3.

LIMITATIONS

This report finds that evidence around CSE and VAWG prevention is at an early stage both in scope and scale. In particular, there is a dearth of evaluations measuring the impact of CSE on social norm change and levels of VAWG. Since most CSE programmes are designed primarily as SRHR interventions, measurement of impact tends to be limited to SRHR related outcomes. Consequently, there are few CSE programmes which currently measure impact on VAWG, and the social norms which underpin it.

Furthermore, this report recognises that SRHR information provided to adolescents does not always attain the fully comprehensive level needed to shift deeply entrenched social norms which underpin VAWG. CSE is a long way from being institutionalised in most low and middle-income countries, particularly CSE that includes a focus on challenging gender norms that underpin VAWG. The report considers throughout the extent to which the information provided to young people is aligned with a holistic definition of CSE, highlighting key challenges and opportunities to strengthen CSE implementation.

It is important to note that the fieldwork stage was not intended as an evaluation of Plan's SRHR programmes in Uganda and Cambodia. Rather, it provided a platform to gather views and ideas from young people and other stakeholders on elements of CSE, processes of change and key constraints and enablers for young people to utilise their learning in their everyday lives. As such the fieldwork duration was relatively short (8 days in each country) and provided a 'snapshot' of key issues. However, social norm change is a complex process requiring long-term programming and in-depth evaluation methodologies which is beyond the remit of this study.

Nevertheless, this report finds compelling evidence that CSE can be an important mechanism in shifting social norms and preventing and responding to VAWG, as part of a holistic and integrated approach to end VAWG.

VAWG in Cambodia and Uganda

Cambodia and Uganda both have very high rates of various forms of violence against women and girls rooted in aspects of culture related to sexual entitlement and gender relations.

A recent UN multi country study found high levels of intimate partner violence in Cambodia: a quarter of women reported having experienced physical or sexual violence by an intimate partner. Furthermore, one in five men reported having committed rape and over a quarter of all men reported having committed physical violence against a partner (30%). Almost one in ten men (8%) had committed non-partner rape and 2% had committed gang rape.

In Uganda, 28% of women and 9% of men (aged 15-49) report having experienced sexual violence at least once in their lifetime. Six in ten women and four in ten men (aged 15-49) who have been married report having experienced emotional, physical or sexual violence from a spouse.

Source: Fulu, E et al. (2013); UDHS (2011)



18-year-old Phanna, peer educator for youth group supported by Plan Cambodia - Photo: Hatai Limprayonyong (Plan staff)

Theory of Change linking CSE to VAWG prevention and response

RATIONALE

Our theory of change (ToC) is based on evidence and analysis from multiple studies which have shown that effective CSE programmes can have a significant impact on young people’s knowledge, attitudes and behaviour^{14/15}. Table 1 provides examples of how CSE outcomes can be linked to VAWG prevention and response¹⁶.

Table 1: Link between CSE outcome areas and VAWG prevention and response

CSE outcome area	Link to VAWG prevention and response
Reduce misinformation	For example regarding laws, drivers of violence, definitions and the impact of various types of violence.
Increase correct knowledge	For example regarding laws, services and definitions of various types of violence and rights regarding gender equality.
Increase skills to make informed decisions and act upon them	Including negotiating if and when to have sex, and use of contraceptive methods.
Clarify and strengthen positive values and attitudes	Including respecting women and girls’ right to control their own bodies and live free of violence. Recognising and respecting diversity and including different sexual orientations, and opposing violence and discrimination directed against LGBTI people.
Improve young people’s ability to manage and resist peer pressure	Including peer pressure to engage in VAWG (i.e. rape culture on University campuses).
Increase communication with peers, parents or other trusted adults	Including discussions around sexual consent. Improving reporting of VAWG.

The following diagram presents our working ToC on the links between provision of CSE, gender equality, social norm change and prevention of and response to VAWG.

- **At the output level**, this means improving young people’s attitudes and skills, thereby reducing risk factors and increasing protective factors for VAWG, whilst also changing attitudes of the wider community including duty bearers.
- **At the outcome level**, CSE can empower youth and lead to social change in gender power relations and gender equality, and other social norms which underpin violence.

¹⁴ This includes a large-scale review of evidence by UNESCO (2009) considering 87 studies (29 from developing countries) of programmes with experimental or quasi-experimental designs, all curriculum-based (70% implemented in schools, the rest in community or clinic settings), designed to reduce unintended pregnancy or STIs (including HIV) but not to address young people’s varied needs or their right to information. Almost all programmes illustrated an increase in knowledge, and two-thirds had positively impacted behaviour, e.g. delayed sexual initiation (37% of programmes), reduced the frequency of sex (31%) and number of sexual partners (44%), increased the use of contraceptives or condoms (both 40%), or reduced sexual risk-taking (53%) .

¹⁵ A lack of CSE both in and outside of schools is among the immediate causes of adolescents’ sexual and reproductive ill-health.

¹⁶ More information is provided on each of these links in subsequent sections of this report.

Our ToC includes four key 'pathways to change' linked to four key outputs.

- **Pathway to change 1:** Promote gender equitable attitudes among young people, including attitudes towards VAWG.
- **Pathway to change 2:** Improve young people's life skills.
- **Pathway to change 3:** Transform attitudes of the wider community, including duty bearers.
- **Pathway to change 4:** Improve reporting and response to VAWG.

In the subsequent sections of this report, we present each of these four pathways in more detail, highlighting evidence and gaps in evidence, and drawing lessons learned from Plan's experience of SRHR programmes in Cambodia and Uganda.

KEY PRINCIPLES AND ASSUMPTIONS

From a review of the global evidence on CSE, the following broad principles and assumptions for CSE programming have been identified, which are essential if intended impacts in our ToC are to be realised:

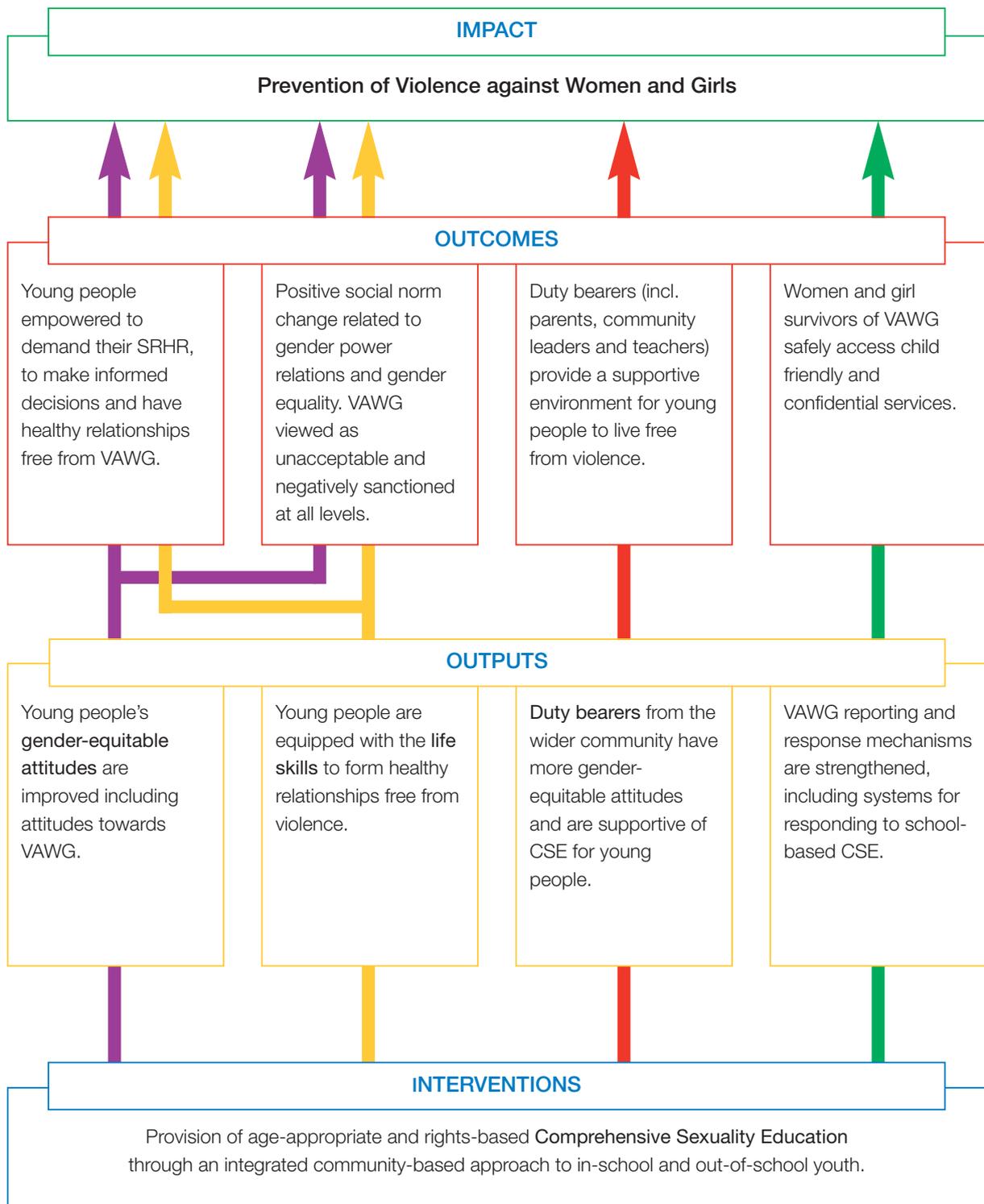
- CSE curricula needs to examine and critically address young people's attitudes towards social and gender-based norms and stereotypes, which condone, perpetuate and underpin VAWG;
- CSE programmes must have sufficient linkages with other VAWG related organisations and services;
- CSE programmes need to have sufficient linkages with efforts to address GBV in and around schools;
- CSE may be delivered in schools at both primary and secondary levels;
- It is equally important to reach children and young people of the same ages out of school (particularly marginalised youth and/or those vulnerable to early sexual debut or sexual exploitation and abuse)¹⁷;
- Effective delivery and scale up of CSE is dependent on appropriate resourcing, infrastructure and political will;
- CSE demands a policy environment (mutually reinforced by wider social norms) which is supportive of young people's SRHR and which supports reporting and response mechanisms to VAWG;
- CSE must be provided alongside high-quality youth friendly SRH services and strong reporting and response mechanisms to VAWG.



Jacinta is a teacher at a secondary school in Uganda - Photo: Floor Catshoek (Plan staff)

¹⁷ UNESCO (2009)

Diagram 1: Theory of change including linking CSE to VAWG prevention



Pathway to Change 1:
 Promote gender equitable attitudes among young people including attitudes towards VAWG.

Pathway to Change 2:
 Improve young people's life skills.

Pathway to Change 3:
 Transform attitudes of wider community including duty bearers.

Pathway to Change 4:
 Improve reporting and response to VAWG.

Pathways to Change

This section explores each of the four potential pathways to change in more detail, including a review of the available evidence highlighting key gaps, and a discussion of key challenges and lessons learned from Plan's SRHR programmes in Cambodia and Uganda.

PATHWAY TO CHANGE I: Promote gender equitable attitudes among young people, including attitudes towards VAWG.

The causes of perpetration and acceptance of VAWG are complex, though commonly understood as being deeply rooted in unequal gender relations and social norms, such as harmful notions of masculinity and rigid gender roles and stereotypes¹⁸. Permissive attitudes towards VAWG and inequitable gender attitudes are associated with a higher likelihood of ever perpetrating physical IPV at an individual and societal level¹⁹. Further, men who hold attitudes of male privilege and entitlement are consistently more likely to perpetrate rape²⁰.

The ability to make informed and free decisions on one's sexuality and the resulting health and wellbeing outcomes are dependent on gender relations and the social norms that shape them. Traditional views of masculinity may condone and perpetuate VAWG. For example, girls and women may be socialised to be submissive and to accept or justify various forms of VAWG. Furthermore, rigid gender norms may further encourage discrimination and violence against LGBTI youth.²¹

What does the evidence say?

Recent analysis on girls' education found that 'sex education is a key terrain for engaging with gender norms'²². Several evaluations of sexuality education programmes have shown an impact on gender equitable attitudes, including attitudes towards VAWG, and in some cases, self reported incidences of IPV:

- **In-school interventions have been shown to have an impact on gender equitable attitudes, including attitudes towards VAWG.** The Gender Equity Movement in Schools (GEMS) is a school-based approach to foster more gender-equitable norms among adolescents in school. It teaches female and male students (12-14) through group activities such as role-playing games, interactive extracurricular activities and discussion and critical reflection-centered lessons which explore topics like girls attaining higher education, reducing GBV, delaying marriage, and more equitable sharing of household tasks with men and boys. An evaluation of a GEMS pilot in Mumbai after two years of implementation among 8,000 students showed that participating students were more likely to support higher education for girls, openly express opposition to GBV and be a champion for delaying marriage.²³



School boys during a lesson in Uganda. - Photo: Plan staff

¹⁸ Such social norms have been shown to be linked to VAWG by the DFID What Works to Prevent Violence Against Women and Girls global evidence review (Fulu et al, 2014).

¹⁹ Flemming et al ; Heise, (2011)

²⁰ Heilman, 2014.

²¹ UNFPA (2010)

²² Unterhalter et al. (2014)

²³ Taskier (2011)

- CSE (and Life Skills Education (LSE)) interventions that specifically seek to target young women and young men have shown improvements regarding young people’s attitudes towards GBV and/ or gender relations and improved communications between peers. For example, *Generation Skillz* is an eleven-session sport-based HIV prevention intervention delivered in secondary schools with boys and girls in South Africa. *Generation Skillz* uses soccer activities, themes and metaphors as the entry point into vital conversations on age disparate sex, multiple partnerships, gender-based violence, and male circumcision. The idea of sports-based programmes is to engage young people ‘where they are’ through activities they enjoy, using role models, to promote more consistent attention and attendance. An early evaluation of the impact of *Generation Skillz*, found very strong evidence of positive effects on knowledge, reported attitudes and reported communication, with significant pre/post changes observed on 19 of the 20 indicators. For example, there was a 10% increase (between pre and post-test) in participants disagreeing with the statement ‘there are times when it is ok for a man to hit his girlfriend’ and a 15% increase in those disagreeing with the following: ‘It is the man’s responsibility to make decisions in a relationship’²⁴. A Promundo rights-based SRH programme targeting boys and men age 14-25 in Brazil found significant positive changes in the majority of gender equitable attitude indicators. A quantitative evaluation of the same approach in India found positive changes in gender equitable attitudes. Further, self-reported sexual harassment of girls and women declined from 80% in the three months prior to the intervention to 43% post-intervention²⁵.

Spotlight: Insights from Plan’s SRHR programmes in Cambodia and Uganda

The research in Uganda and Cambodia found several areas where Plan’s integrated peer-led SRHR programmes appear to have had a positive impact on gender equitable attitudes.

- **Increased gender-equitable attitudes** – in particular relating to equal rights to education among adolescents and adults, and in some instances household division of labour or shared household decision-making. This is an important step towards shifting social norms which discriminate against women and girls.
- **Increased awareness of forms of VAWG, including child, early, and forced marriage (CEFM).** The research found high awareness among programme participants of different types of VAWG, including CEFM. Young people in the focus groups had positive attitudes regarding the importance of consent in all sexual relationships, though in Uganda there is a significant gap between positive attitudes and reported behaviour, with girls and young women reporting that rape within relationships remained common (see next section on life skills for further discussion of shift towards behavioural change).
- **Positive attitudes and aspirations regarding quality relationships.** Young people displayed positive attitudes and aspirations regarding what constitutes good and bad relationships. In particular, young people demonstrated positive attitudes towards future relationships – including the importance of love, understanding, communication, forgiveness, shared decision-making, supportiveness and avoiding conflict.

In Cambodia, where Plan’s broadly comprehensive sexuality education curriculum included information on sexual diversities and sexual rights, the research also found positive signs regarding:

- **Increased understanding and acceptance of sexual diversities** – young people involved in Plan Cambodia’s programme displayed positive attitudes towards sexual minorities, defending young people’s rights to explore their sexuality without discrimination or persecution. By contrast, in Uganda, where such information was notably absent from the peer-led curriculum, discussion of sexuality rights of LGBTI people proved challenging.

Shifting gender equitable attitudes in Cambodia, quotes from FGDs with young people

“I learned about sexual violence – such as if the husband wants to have sex but the wife does not want to” (*out-of-school boy, age 19, Cambodia*)

“It is in people’s nature [their sexuality] – you cannot force people to be different” (*out-of-school girl, age 17, Cambodia*)

²⁴ Kaufman et al. (2012)

²⁵ Pulerwitz and Barker (2008)

Key gaps and challenges:

Specific **gaps and challenges** in CSE implementation affecting its potential as a mechanism to transform gender equitable attitudes were identified by the desk-based research and field work:

- **Despite evidence on gender equitable attitudes, most CSE programmes do not go far enough in transforming gender relations.** A 2012 UNESCO sexuality curriculum review of ten countries in East and Southern Africa²⁶ found that any attention paid to gender concepts tended to be weak or contradictory. Gender tends to be taught as a standalone module, rather than being integrated throughout the curriculum with messages around equality focused on the right to education – rather than equality in a broad sense – and with a lack of specific examples of how this relates to relationships and SRHR. This presents challenges for how and whether young people are able to apply broad learning on gender equality to their relationships (including sexual relationships).
- **Insufficient emphasis on sexual rights including LGBTI rights.** A key challenge for CSE to lead to shifts in gender relations are social norms which deny sexual rights. A UNESCO review of CSE policies and implementation strategies in 28 countries across Asia and the Pacific found only six countries included a detailed discussion of sexuality, and only a minority made a reference to sexuality education in their respective education strategies²⁷. In Uganda, standard sexuality education delivered in schools has a strong focus on promoting abstinence among students, and there is a notable absence of any focus on sexual rights. Although the revised curriculum²⁸ is expected to include very limited information on homosexuality, the Ugandan Government is keen to emphasise that curricula will not sanction different sexual diversities as acceptable norms. Furthermore, in Uganda the focus groups highlighted confusion among young people and their parents around what constitute sexual rights – with a common belief that women’s refusal to have sex violates men’s rights. In Cambodia, young people’s ideas around gender equality did not extend to sexuality, with young people considering unmarried women who have premarital sex as ‘bad girls/women’ whilst accepting premarital and transactional sex among young unmarried men due to their ‘strong sexual needs and desires’²⁹. The lack of emphasis on sexual rights presents a significant limitation to delivery of *comprehensive* sexuality education hindering overall effectiveness of the impact on all forms of VAWG, including violence based on sexual orientation.
- **Insufficient engagement with wider gender and social norms (including harmful notions of masculinity) condoning and perpetuating VAWG.** In both Uganda and Cambodia, young people who had been engaged in Plan’s sexuality education programmes still had a certain degree of tolerance of VAWG under certain circumstances, often linked to a misunderstanding of the ‘causes of violence’ and unequal gender and social norms which condone VAWG. In Uganda, the endline evaluation of Plan Uganda’s programme found that recognition of physical abuse or partner battering as violence actually decreased by 28% between baseline and endline³⁰. Even accepting potential methodological limitations of the evaluation, this finding is alarming and requires attention – potentially signalling community backlash. The research in Cambodia found that young people and their parents alike believe that while

Gender inequitable attitudes from focus groups with young people in Cambodia and Uganda

“If a girl is tricked into sex with her boyfriend and loses her virginity then she is a victim, if she chooses to have sex with him then she is not a good person” (*out-of-school girl, age 19, Cambodia*)

“Women should be trained...they should know that these rights...should not violate the rights of the man” (*father, Uganda*)

“If men are like that and seek lots of sex workers, they can still get a wife. But if women has sex before marriage, she can never find a husband!” (*Out-of-school boy, age 19, Cambodia*)

²⁶ UNESCO (2012c)

²⁷ UNESCO Bangkok (2012).

²⁸ At the time of the fieldwork, the school-based curriculum in Uganda is currently being reformed and will make sexuality education part of the compulsory life skills education component, and also make it an examinable subject.

²⁹ In a recent study in Cambodia, almost half of all men (49%) had had sex with a sex worker or engaged in transactional sex (Fulu et al, 2014).

A study of high-risk men in Phnom Penh found that drinking and seeking commercial sex in groups are common forms of bonding among young men, and peer pressure to engage in such activities is high (PSI/FHI, 2007).

³⁰ Plan Uganda (2014) Adolescent Sexual Reproductive Health and Rights Final Report

in most cases IPV is not acceptable, there are certain conditions where a wife needs to be punished for bad behaviour (for example if she is caught 'playing cards' rather than looking after the household). Furthermore, in both Cambodia and Uganda cross-generational and transactional sex are common and often born out of necessity to meet basic needs – this can leave adolescents less able to negotiate safer sex and more vulnerable to conflict if the 'terms' of the relationships are not met. These findings highlight the importance of CSE to engage in gender norms more broadly.

- Norms held by duty bearers that either undermine what young people learn in CSE or make it difficult to practice what they learn³¹. There is evidence that teachers may experience discomfort in teaching about sexuality and gender³². Further, in Uganda, fathers of young people in the focus groups held strong views condoning rape within marriage.

Implications for CSE programming

- The results of several studies – including a five-country International Men and Gender Equality Survey (IMAGES) undertaken in Chile, Croatia, India, Mexico and Rwanda among men age 18-59³³ – highlight the importance of gender-transformative and rights-based approaches which tackle attitudes and entitlement that devalue women's bodies and their agency in sexual decision-making³⁴.
- Rights-based approaches to CSE should include non-discriminatory information provided to promote acceptance and understanding of sexual diversities. As the research in Cambodia found, where non-discriminatory information on different sexual orientations is provided, young people have less discriminatory and more accepting views towards LGBTI rights. Although LGBTI violence was not the focus of this report, our findings suggest that in an era where LGBTI rights are moving backwards in many countries, CSE may be an increasingly important mechanism in prevention of LGBTI violence.



Youth group from Svay Chek Commune, Cambodia - Photo: Hatai Limprayoonpong (Plan staff)

³¹ This will be dealt with in more detail under the third pathway to change section.

³² Haberland and Rogow (2014)

³³ Heilman et al. (2014)

³⁴ Additional conclusions from the IMAGES study include CSE must integrate alcohol abuse such as binge drinking into violence prevention programmes; and a non-violent 'life course' should be set as early as possible.

- Changes in the attitudes of men and boys are integral to gender equality and efforts to prevent VAWG. Evidence shows how working with young men and boys can bring about positive changes in gender inequality, discriminatory social norms and VAWG³⁵. Plan's approach in Cambodia and Uganda could be strengthened with targeted approaches to working with men and boys including by promoting alternative and positive masculinities. Evidence shows that programmes and messaging specifically targeting men and boys in spaces in which they spend time (e.g. through sport or at clubs/sporting events) are an important way of engaging this group, and have demonstrated impact on attitudes regarding gender relations and VAWG and violent behaviour (self-reported)^{36/37}.



School girls participating in a workshop in Uganda. - Photo: Plan staff

³⁵ For example, a systematic review of 65 studies of programmes aimed at individual and group level behaviour change of boys and young men age 12-19, found substantial evidence of the effectiveness of interventions to improve men and boys' attitudes towards VAWG, as well as discriminatory gender norms which condone or allow VAWG to occur. (Ricardo et al, 2011)

³⁶ Kaufman et al. (2012)

³⁷ Pulerwitz and Barker (2008)

PATHWAY TO CHANGE 2: Improve young people's life skills

Life skills approaches to CSE aim to increase positive decision making regarding social relationships by developing young people's psycho-social skills through participatory learning. Within a life skills approach to CSE, young people can gain increased capacity for critical thinking, decision-making and communication, and build competencies and skills that enable young people (girls and boys) to make choices about sexuality and reproduction that are self-affirming and respectful of others.

Within the perspective of an individual's 'life course', each life stage (including infancy, childhood and early adolescence, adolescence and young adulthood) has specific risks associated with the perpetration and experience of violence (such as drug and alcohol abuse, multiple partners and quality of relationships), but also an opportunity to target these development-related risk factors through provision of age-appropriate CSE at opportune times³⁸.

Learning life skills with regards to negotiating relationships can minimise risk factors and increase protective factors from VAWG. CSE can empower girls and boys to be able to negotiate the terms of sexual activity, and to reject violence.

What does the evidence say?

Evidence shows that approaches targeting young people (specifically young women) with CSE have had positive impacts on life skills including confidence, self-efficacy³⁹ and decision making with links to improved gender relations and reduction in VAWG. In addition, a number of approaches have been associated with a reduction in known risk factors⁴⁰ associated with improved gender relations and GBV. For example:

- **Out of school 'safe space' interventions for girls can also lead to improvements in gender equitable attitudes and social norms in emergency settings.** The Population Council's integrated approach *It's All One Curriculum*⁴¹ (targeting in-and out-of-school youth age over 15 years) is a unified approach to sexuality, gender, HIV, and human rights education that includes modules on interpersonal relationships, communication and violence. The International Rescue Committee (IRC) partnered with the Population Council to design a programme for vulnerable adolescent girls age 10-14 years in the Dadaab refugee camp in Kenya in 2011, based on the Population Council's Safe Space Model and an adapted Life Skills Curriculum which focused on issues including self-esteem, gender-based violence, adolescence and puberty, SRH, reproductive health, savings and goal-setting. The programme design involved the wider community from the beginning including identifying safe spaces, beneficiaries and older girl mentors. **The final qualitative programme evaluation found improvements in the girls adopting progressive gender norms, and improvements against indicators associated with an increase in self-esteem and decision-making**⁴².
- **CSE can improve young people's self efficacy, providing protective factors from VAWG.** An evaluation of a 3 year Comprehensive Sexuality, Family Life and HIV/AIDS Education programme in Nigeria showed participating girls were better able to take on leadership roles and make informed decisions in their relationships. A 2006 review of a CSE intervention with grade 9 learners in South Africa based on the 'Project Northland' alcohol prevention and 'Reducing the Risk' safer sex programmes in North America, which sought to reduce sexual and alcohol risk-taking behaviour, found significant differences from baseline to follow-up between the intervention group and the control group on intention to use a condom, drinking before or during sex and, among females, ability to refuse sex⁴³.
- **Online platforms also show potential to improve young people's knowledge and life skills to better deal with sexual coercion and violence.** An evaluation of the *Unite for Body Rights* project in Uganda (2011-2015) which includes an online CSE curriculum for young people (age 12-19 years) - including 14 evidence-based lessons around self-esteem, healthy relationships, sexual development, physical and social well-being including safer sex, gender equality and sexual rights - showed participants had better SRH knowledge and intentions, and self-efficacy in dealing with sexual coercion and violence⁴⁴.

³⁸ World Health Organization/London School of Hygiene and Tropical Medicine (2010)

³⁹ Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behaviour, and social environment.

⁴⁰ Please note risk factors to VAWG are complex and many are beyond the scope of CSE programmes (i.e. intra-household cycles of violence, exposure to violence as a child, levels of education and poverty). However, a review of the evidence shows that CSE has the potential to reduce a number of known risk factors to violence on the side of the perpetrator, such as harmful use of drug and alcohol abuse, acceptance of violence, (as discussed in the previous section on attitudes), multiple partners and quality of relationships.

⁴¹ Developed in collaboration with CREA (India), Girls' Power Initiative (Nigeria), the International Planned Parenthood Federation (IPPF), IPPF/Western Hemisphere Region, International Women's Health Coalition and Mexfam (Mexico).

⁴² IRC Kenya (2011), K. and Ghata, D. (2010)

⁴³ Karnell et al (2006)

⁴⁴ Rijdsdijk, Liesbeth et al. (2011)

Spotlight: Insights from Plan's SRHR programmes in Cambodia and Uganda

Although it was beyond the scope of the research to measure changes in behaviour, the study found some **anecdotal evidence** that Plan's peer-led SRHR programmes in Cambodia and Uganda **may have improved young people's (boys and girls) skills to negotiate the terms of sexual activity**, particularly in relation to the terms of consent, and how to deal with peer pressure. In particular, young people in the focus groups had positive attitudes regarding the importance of dealing with conflict through communication rather than violence, and of ensuring consent of both parties in sexual decision-making.

Plan's peer-led approach which incorporates both information and participatory learning exercises was appreciated by young people who enjoyed the participatory format and the opportunity to talk and learn informally with their peers. Furthermore, the benefits of the approach in building the capacity and knowledge of the peer educators themselves (who receive regular supervision sessions with SRH providers and Plan staff) was particularly evident with young peer educators displaying positive gender equitable attitudes, leadership skills and confidence.

Tackling alcohol and drug abuse is seen as an important component of preventing VAWG, including through CSE programmes⁴⁵. Messages on drug and alcohol abuse were incorporated into both peer-led curriculums and community dialogue activities and **study participants reported that they felt such messages had impacted levels of drug and alcohol abuse within the target communities.**

Ability to negotiate terms of sex quotes from FGDs

'We learned you should talk to your sweetheart and ask each other if you want to have sex and if you are sure before you decide' (*in-school girl, age 15, grade 9, Cambodia*)

'If he really loves me, he will respect my decision' (*out-of-school girl, age 17, Cambodia*)

'Girls have been empowered to decide...if the boy wants sex and the girl does not, the relationship ends' (*in-school boy, age 14, Uganda*)

Key gaps and challenges:

Specific **gaps and challenges in CSE implementation** affecting its potential as a mechanism to improve life skills including negotiation skills, self efficacy and decision-making as these relate to VAWG, were identified by the research:

- **Influence of wider gender inequitable attitudes and social norms on decision making.** In Uganda, the research found that SRH decision making – in particular around family planning – can itself be a source of violence in relationships, with such decisions thought to be the overall responsibility of men as the head of households. For optimal SRHR outcomes and impact on VAWG to be realised, it is clear that **CSE curricula needs to directly address gender, decision-making and power relations in intimate relationships.**
- **Self efficacy versus victim blaming.** The research in Uganda and Cambodia found that messages and teaching related to prevention of violence was heavily focused on women and girls with participants reporting to have learned ways to 'prevent' violence such as running away, avoiding risky places, telling perpetrators that they are on their period and not going out at night. Such messages perpetuate gender norms and stereotypes which limit girls' mobility and feed into existing ideas of blaming women for violence perpetrated against them (i.e. for being the wrong place, dressing inappropriately). This finding further highlights a need to integrate critical thinking regarding gender norms across the curricula.
- **Quality of delivery.** The potential of CSE to impart skills as well as knowledge is highly dependent on the skills, attitudes and knowledge of individuals (including peer educators and teachers). A review of sexuality education in Asia⁴⁶, found it was 'not yet sufficiently participatory in school or in the wider community'. It also found that 'perhaps most importantly, there needs to be a much stronger emphasis on adolescent participation in policy, strategy and programme design, including learner-led and effective peer education activities'. CSE delivered in schools requires a very different pedagogic approach to teaching than that of many other classroom subjects – and capacity of teachers to deliver such a participatory approach will vary. Haberland and Rogow (2014) note that most education systems are "poorly equipped" to foster such skills – often providing lessons, including CSE, in

⁴⁵ Bell, E. (2013)

lecture and rote learning format in overcrowded classes. The research highlights the need for adequate training and support to those delivering CSE that does not just impart knowledge but builds young people's skills as well. In particular, capacity building around teaching methods and concepts of gender may be needed.

- **Insufficient time and resources to deliver CSE.** In Uganda and Cambodia, interviewed teachers struggled with allocating sufficient school time for sexuality education, and there were no guidelines for implementation of the CSE curriculum in Cambodia⁴⁷. This poses two major challenges to implementation: firstly, it is not clear at the school level who should be responsible for the delivery of the curriculum, and secondly, teachers have no allocated time or resources for provision of the curriculum. In addition, teachers cited lack of sufficient resources for implementation. In particular, in Cambodia there are no resources for CSE textbooks for pupils, and in Uganda, textbooks were unavailable in most schools, and teaching manuals were inadequately distributed.
- **Attitudes of implementers may promote an abstinence approach.** Plan's approach and curriculum in Uganda incorporated the ABC approach – abstain, be faithful and use a condom, though in practice implementers (who are themselves heavily influenced by social norms) place stronger emphasis on abstinence under the age of 18, and particularly while still in school. Whilst in Cambodia, the approach and curricula taken was more in line with CSE, including messages on delaying sex until you feel ready, in practice implementers were found to place heavy emphasis on abstinence before marriage. The messages around delaying sex and repressing feelings of sexual desire came out strongly during the focus group discussions with young people and from the self-reported behaviour of the participants of the research, and are reportedly reducing non-marital and underage sexual relationships. Whilst this was seen as a key success of the programme by the implementers themselves, this report cautions that research on sexual behaviour of young people in such strict cultural environments is challenging, and so such findings do not necessarily reflect a decrease in sexual activity, but rather an increase in attitudes which oppose under age – and in the case of Cambodia – pre-marital sex. These attitudes risk pushing the discussion underground and hinder efforts to equip young people with the skills necessary to form and negotiate positive sexual relationships. Inadvertently this risks further marginalising youth who do not conform to such societal norms on appropriate sexual behaviour for youth.
- **Reaching those most at risk of perpetrating and experiencing violence, including out-of-school youth.** In Uganda, it was noted by programme implementers that sensitisation on alcohol abuse and violence did not always reach those who needed it and if they did reach them they did not always have good attendance. In Cambodia, where increasingly large numbers of youth are mobile, reaching young people who migrate from their home area is a key challenge. Efforts to reach the most vulnerable (often out of school) girls and boys require not only targeted outreach, but curricula that address the inequality in their lives, provide socioeconomic support, and are integrated with empowerment initiatives⁴⁸.



A peer educator rides her bicycle to and from school in Uganda. - Photo: Plan staff

⁴⁶ Plan USA (2010)

⁴⁷ Note, in Cambodia, at the time of this research an extra curricula CSE curriculum had been piloted and now 'rolled out' to 8 of Cambodia's 25 provinces. With UNFPA support, 50 core national trainers from the Department for School Health have been trained to deliver CSE curriculum to teachers and school directors through 6 regional training centres. Following the training, it is then up to individual schools to develop implementation plans for how, when and whether the curriculum will be developed. However, there are no national guidelines to support implementation.

⁴⁸ UNESCO (2012c)

Implications for CSE programming

- These findings confirm evidence that it is crucial to go beyond individual behaviours, to use a holistic and broad perspective that understands the individual within relationships and the broader social context, in order for young people to be able to apply what they have learned in their everyday lives. For example, curricula need to discuss the specific circumstances faced by young women and young men and provide effective skills and methods of avoiding unwanted or unprotected sexual activity in those situations. Curricula should set out to address gender inequality, social norms and stereotypes, and should avoid harmful gender stereotypes, with practical examples directly tackling gender inequalities and power relations as they relate to sex, sexuality, SRH and relationships. In particular, as argued in the previous sub-section, activities need to challenge a sense of male sexual entitlement which devalues women's bodies and their agency in sexual decision making.
- In order to ensure that young people are adequately supported to apply what they have learned through CSE to their own lives, schools and CSE programmers should ensure adequate support and reporting mechanisms are in place for VAWG survivors (see pathway 3 below).
- In line with international evidence this report strongly discourages against abstinence approaches to CSE. In order for CSE to be effective, approaches need to challenge social norms denying youth sexuality and hindering open discussion with boys and girls about sex, sexuality, SRH and relationships. These findings highlight the need for CSE to be delivered in a non-judgemental way, to challenge social norms which stigmatise youth sexuality, and to focus on positive approaches to teaching which include information on pleasure and sexuality, whilst emphasising messages around consent, the right to say no, and not having sex until you are ready – both emotionally and physically.



Women participate in a community workshop in Cambodia. - Photo: Jenny Holden

PATHWAY TO CHANGE 3: Transform attitudes of the wider community including duty bearers

Engaging with the wider community is vital in order to shift wider social norms to tackle VAWG (as discussed in pathways 1&2). Evidence suggests that attitudes of the wider community – including school principals, teachers and parents – may be opposed to provision of sexuality education or reluctant to provide it because of a lack of confidence and skills, or prevalent social norms. Support from the wider community is crucial for CSE to be implemented, to reinforce messages and to prevent a backlash⁴⁹. However, such opposition is not insurmountable and community-integrated approaches to CSE have the potential to change social norms by influencing adults (for example, teachers and parents) and the wider social environment.

What does the evidence say?

Targeted approaches to engaging the wider community, including duty bearers, have been key to a number of successful approaches to tackle VAWG. For example:

- **Dialogue with community members** including girls, boys, parents, religious and traditional leaders, school teachers and representatives of the judiciary, police, education and health authorities was a key factor explaining the success of ActionAid’s Transforming Education for Girls in Nigeria (TEGIN), to ensure that violence against girls was seen as a social issue rather than a girls-only problem⁵⁰.
- **Sensitisation of religious leaders and institutions** on the importance of quality life skills education (LSE) – including gender discrimination and VAWG - has been key to the approach taken by the Karachi-based NGO, Aahung, in Pakistan. In addition, the programme sought their input in developing the content of the curriculum and building capacity of public and private school teachers in Karachi to integrate LSE into the school curriculum. The LSE curriculum has now been integrated in public and private schools in Sindh province, and continues to expand its reach⁵¹.

Spotlight: Insights from Plan’s SRHR programmes in Cambodia and Uganda

Plan’s integrated approach to SRHR included community dialogues targeted at parents and facilitated by influential community leaders to underpin efforts by promoting positive attitudes and knowledge on SRHR and VAWG. In Uganda, head teachers as well as two teachers from each school received capacity building and sensitisation on SRHR by Plan staff.

Through these activities the research found some evidence of:

- **More supportive attitudes of duty bearers.** A key component of Plan’s integrated community approach to sexuality education are activities aimed at sensitising duty bearers, including parents, community leaders, religious leaders and local health services. The fieldwork found some evidence that this approach was shifting the attitudes of duty bearers to be more supportive of young people accessing SRHR related information.
- **Increased discussion of youth sexuality.** Plan’s approach to sexuality education in Cambodia and Uganda purposively works with mixed-sex groups, which appears to be breaking down taboos of discussion of sex and sexuality among boys and girls.

Shifting wider social norms in Cambodia and Uganda

“Before the programme, young people were afraid of talking about safe sex, even talking about condoms people think they will be called a bad person” (*female peer educator, age 19, grade 12, Cambodia*).

“We teach them that they have rights to information, to reproductive health, to go to the health facilities to access medical help and also to get information ... to decide on what they want to have in future life, the number of children you may want to have ... the family planning method you would want to have in future” (*senior female teacher, Uganda*)

⁴⁹ UNESCO (2009)

⁵⁰ Antonowicz, L. (2010)

⁵¹ Fancy and McAslan Fraser (2014)

Key gaps and challenges:

- **Non-supportive community attitudes.** Mobilising community support for SRHR interventions with young people generally relies on emphasising traditional norms in support of delaying sex and emphasising such norms to achieve the twin development aims - delayed marriage and childbirth⁵². Attitudes of duty bearers, including parents, teachers, school heads and community leaders, may not always be supportive of CSE provision that promotes a more transformational approach to gender relations, which may affect whether and how the curriculum is delivered. An evaluation of Plan's Building Skills for Life programme⁵³ found parents remained concerned about the teaching of SRHR to their children, and some were misinformed about course content. However, evidence does suggest that an approach combining community mobilising, SRHR advice and services and empowerment of young people can lead to better access to SRH services for young people and greater community acceptance of that access⁵⁴.
- **Prevalent social norms around cross-generational and transactional sex.** In both Cambodia and Uganda cross-generational and transactional sex are common and often born out of necessity to meet basic needs – this can leave adolescents less able to consent to, refuse or negotiate safer sex and more vulnerable to conflict if the 'terms' of the relationships are not met. These findings highlight the importance of CSE to engage in gender norms more broadly⁵⁵.

Implications for CSE programming

- The evidence further highlights the need for integrated community-based approaches to CSE, which build relationships with community members and challenge gender inequitable social norms among the wider community, including parents.
- Promoting the health and well-being of girls through better SRHR information and services has been used as an entry point by NGOs and CSOs to achieve more empowering goals for young women, such as more equal gender relations. It is clear that addressing VAWG can be similarly promoted as an aim that promotes the health and well-being of girls. More empowering messages can then be introduced and explored with communities, i.e. that tackling men's dominance over women is key to eradicating VAWG.



Women participate in a community workshop in Uganda. - Photo: Plan staff

⁵² Bell, E. and Fraser McAslan, E. (2014)

⁵³ Fancy et al. (2013) and Heaner and Littlewood (2014)

⁵⁴ Ibid.

⁵⁵ For example, in a recent study in Cambodia, almost half of all men (49%) had had sex with a sex worker or engaged in transactional sex (Davis and Miles, 2014) Young female sex workers are particularly vulnerable to violence. A 2012 study exploring life experiences and HIV risks of young entertainment workers found that for most women surveyed their first sexual experience had been non-consensual with one third having had their virginity sold to a client. (MoYES, 2012)

PATHWAY TO CHANGE 4: Improve reporting and response to VAWG

CSE that includes a focus on violence, abuse and harmful practices should include advice on how to seek help for students who are experiencing or witness violence. It is therefore important that safe, easily-accessible, child-sensitive and confidential reporting and referral mechanisms are in place to accompany CSE.

Schools are an important place for girls and boys to learn that violence and abuse will not be tolerated, that they can safely report it and will be taken seriously, and that there will be services in place to support them should they wish to do so⁵⁶.

What does the evidence say?

The evidence base on approaches to responding to school-related gender-based violence (SRGBV) and on schools responding to violence against girls (and boys) experienced outside the school, is limited⁵⁷.

However, several international stakeholders, including Plan International, are at the forefront of approaches to tackling SRGBV, with some evidence of impact in the following areas:

- School-based clubs have a positive impact on response to SRGBV, by raising awareness of VAWG, provision of reporting mechanisms, and increasing reporting of cases of GBV⁵⁸.
- Engagement of students in school affairs through rights-based approaches have an impact on levels of SRGBV by raising awareness of students rights, in particular related to GBV⁵⁹.
- Improvements in awareness of forms of GBV.

Improving reporting mechanisms within local communities and in and around schools remains particularly challenging⁶⁰. However, recent findings from an evaluation of the INGO Raising Voices behavioural intervention to create safer schools in Uganda are promising:

- As part of the DFID Girls' Education Challenge Fund, Raising Voices is working to create safe schools in Uganda using the 'Good School Toolkit', with the objective of ensuring over 17,000 marginalised girls complete primary education in a safe learning environment. The Toolkit uses a 'tested and proved' 6-step process for behavioural change techniques, which promote good teachers, a good learning environment and responsive and progressive administrations, supplying practical ideas to be adapted and used within schools. Through activism and the media, the project also works on gender and social norms about the value that is placed on girls and girls' education. To evaluate the Toolkit's effectiveness, researchers from the London School of Hygiene & Tropical Medicine (LSHTM), in partnership with Raising Voices, conducted a randomised controlled trial (RCT) in the Luwero District of Uganda. **The Toolkit reduced physical violence from school staff by 42%**. Furthermore, the toolkit appears to have been successful at changing the school environment with students in intervention schools reporting improved feelings of well-being and safety at school⁶¹.

VAWG response in Cambodia

In Cambodia, response mechanisms for survivors of violence are insufficient and hindered by the following challenges.

- Inconsistent levels of services for survivors;
- Lack of access to safe shelter for most women in Cambodia (shelters are primarily in urban settings);
- Local authorities lack skills in providing safe, survivor-centred interventions;
- Police and courts minimize the severity of violence against women (VAW), resulting in routine lack of response except in cases with injuries;
- Lack of protocols for VAW identification and response in the health care system;
- Survivors of VAW lack money for transportation and legal fees;
- Lack of confidentiality – VAW cases are routinely discussed without the survivor's permission.

Source: Ministry of Women's Affairs (2012)

⁵⁶ Fancy and McAslan Fraser (2014b)

⁵⁷ Jones (2008)

⁵⁸ Parkes and Heslop (2011)

⁵⁹ Ibid.

⁶⁰ Leach et al (2014).

⁶¹ Parkes and Heslop (2011)

Spotlight on Plan Cambodia and Uganda's SRHR programmes

Key to Plan's SRHR project activities in Cambodia and Uganda is the provision of essential information and linkages to GBV support services. Young people interviewed were aware of several local level platforms and mechanisms where they could report cases of GBV, including toll free anonymous hotlines. In Cambodia, the CSE project has also established strong linkages with a local GBV organisation and improved the capacity of health care staff to treat and respond to rape cases.

Key Gaps and Challenges:

- **Low reporting of VAWG persists.** Despite efforts to improve reporting and response to VAWG, incidences of reported VAWG cases were very low in both of Plan Cambodia and Plan Uganda's target areas, due to social stigma, a lack of anonymous reporting mechanisms, and ineffective VAWG response mechanisms.
- **Young people's participation in reporting mechanisms in schools can be undermined by poor follow-up or feedback.** Experience from Plan Uganda showed how students may lose interest and confidence in reporting mechanisms without adequate response to student's complaints⁶².
- **Fear of the response** (even when the response mechanism is effective). A child protection response to VAWG often involves compulsory reporting. A young person may fear confiding in a person in authority for fear that the process will escalate beyond their control – including the notifying of guardians, removal from home and even repercussion on the abuser.
- **Improvements in reporting and response mechanisms within the wider community is challenging** due to entrenched gender norms and inequitable attitudes, suspicion of outside initiatives and under-resourced or under-developed community structures, as well as weak government response systems⁶³.
- **Insufficient and weak GBV response mechanisms for survivors of VAWG.** (See box on page 25)

Implications for CSE programmes

- There is a need for CSE to link up with VAWG reporting and response mechanisms, including support for survivors of VAWG.
- Develop clear guidelines for and reporting mechanisms to respond to VAWG in and around schools, including developing teacher codes of conduct with input from young people.
- It is important to monitor response as well as reporting of VAWG cases, and to focus resources on bridging gaps in reporting and response.
- Hotlines and other anonymous reporting platforms were favoured by young people as a means to access information and report abuse. For example, in one local school in Cambodia, a local organisation had installed telephones in a private room which can be used by students to call an SRH hotline.



Young participants joining the group discussion on reproductive health in Svay Chek Commune - Photo: Hatai Limprayoonpong (Plan staff)

⁶² Fancy and McAslan Fraser (2014)

⁶³ Ibid.

Gaps in the evidence: The impact of CSE on VAWG prevention

Whilst the impact of CSE on health outcomes has been well documented⁶⁴, the desk review of the evidence on CSE programming conducted as part of this study found that overall the evidence base on CSE's impact on VAWG is at an early stage in both scope and scale, with a dearth of rigorous evaluations of CSE interventions.

- A recent global review of the evidence found that evidence of school-based interventions on VAWG has been deemed insufficient because most CSE interventions have not sufficiently measured VAWG as an outcome⁶⁵. Consequently, evaluations that demonstrate a significant impact on women and girls' experiences or men and boys' perpetration of VAWG were deemed to be still relatively rare. In other cases when VAWG was measured, it was difficult to detect a change in rates of violence because the indicators used generally captured attitudes towards VAWG rather than (self-reported) experiences.
- Evaluations of the impact of CSE on social norms are rare and lack rigour. A recent global review of the evidence of what works to prevent VAWG found that there is particularly limited evidence on interventions which work on social norm change including transforming masculinities and interventions that address violence in schools.
- Indicators do not incorporate contextual factors (such as power in sexual relationships, the context of sex, the broader school environment and other factors influencing sexual risk), and rarely measure changes in broader social norms⁶⁶.

In the final section of this report, specific recommendations are made in relation to how to improve M&E of CSE interventions to measure impact on gender equality, social norms and VAWG.



Girls participate in an SRHR workshop in Cambodia. - Photo: Jenny Holden

⁶⁴ This includes a large-scale review of evidence by UNESCO, considering 87 studies (29 from developing countries) of programmes with experimental or quasi-experimental designs, all curriculum-based (70% implemented in schools, the rest in community or clinic settings), designed to reduce unintended pregnancy or STIs (including HIV) but not to address young people's varied needs or their right to information. Almost all programmes illustrated an increase in knowledge, and two-thirds had positively impacted behaviour, e.g. delayed sexual initiation (37% of programmes), reduced the frequency of sex (31%) and number of sexual partners (44%), increased the use of contraceptives or condoms (both 40%), or reduced sexual risk-taking (53%).

⁶⁵ Fulu et al (2014)

⁶⁶ Fulu et al, (2014) and Leach et al (2013)

Conclusions and Recommendations

The findings of this report support strengthening CSE delivery and incorporating components on gender including GBV, as a mechanism to reduce gender inequality and shift harmful social norms which underpin VAWG. Several evaluations of CSE programmes have found that – when implemented well – CSE can have an impact on harmful gender-based norms, gender equality and VAWG⁶⁷. Furthermore, the qualitative research with young people and stakeholders involved in Plan’s SRHR programming highlighted a number of promising practices regarding CSE provision as well as areas to be strengthened.

However, more evidence on ‘what works’ in preventing VAWG as part of CSE delivery is needed, particularly evaluations of whole-school interventions and school curriculum-based interventions⁶⁸, and evidence of what works to shift social norms which underpin VAWG in schools and the wider community.

This report makes the following recommendations for Plan UK and other NGOs, donors and national governments for how best to support CSE as a key mechanism to prevent and respond to VAWG.

RECOMMENDATIONS FOR PLAN AND OTHER NGOS

Ensure CSE curricula adequately addresses gender, social norms which underpin VAWG, and VAWG

- Expand coverage of gender issues and social norms in the curriculum to make it more inclusive, more engaging and less abstract.
- Integrate gender equality messages as they relate to relationships, sex and consent throughout the curriculum, rather than as a stand-alone module.
- Engage young people in the design of the curriculum and training materials to ensure style and language used is easily understood and appreciated by young people, and that curricula address the reality of young people’s sexual lives. Encourage and support extra activities that engage young people, teachers and community members in raising and discussing relevant issues.
- Train implementers in gender-sensitive and participatory teaching methodologies. Provide regular support to those delivering CSE curricula in the form of mentoring, training and capacity building.
- Address harmful social norms and attitudes that may hinder the effective delivery and implementation of CSE. Such norms may include cultural, religious or social norms around gender and gender roles including norms around girls’ sexuality. Specifically address gender bias and target key duty bearers including teachers, parents and community leaders, and traditional and religious leaders.

Adopt rights-based and gender transformative approaches

- Incorporate gender transformative approaches which promote non-violent masculinities oriented towards respect and equality through sustained interventions. Directly challenge violent masculinities and attitudes which condone VAWG. Include ways of challenging gender stereotypes, changing attitudes and behaviour. This includes what constitutes VAWG and GBV as well as the causes and impacts – so directly challenging victim blaming⁶⁹.
- Work with teachers and school management to ensure curricula and CSE teaching delivered in schools is gender sensitive and conducted in a non discriminatory and non judgmental manner. In conservative environments, consider the use of multimedia platforms to deliver key messages whilst working on attitudinal barriers.
- Ensure messaging includes the right of young people regardless of age, sexuality and marital status to realise their SRHR.

⁶⁷ For example, Taskier (2011); Fancy and McAslan-Fraser (2014); Kauferman et al (2012); Pulerwitz and Baker (2008)

⁶⁸ Note: whole-school interventions are ‘holistic’ interventions that include the entire school (e.g. policies in place for addressing violence together with providing training to staff and management and also providing girls’ clubs), whereas school-based interventions could be any discrete activity based at school, e.g. provision of a stand-alone curricula or holding specific school assemblies, or an initiative looking to improve school attendance just through better infrastructure.

⁶⁹ For example challenging misconceptions that women are raped because of the way they dress.

- Avoid abstinence approaches, and sensitise, train and support implementers to teach positive CSE incorporating information on pleasure and sexuality instead of relying on negative messaging and abstinence approaches to youth SRHR.

Strengthen links with VAWG prevention programmes and ensure best practice in VAWG prevention

- Explore linkages with other GBV services, campaigns and interventions.
- Review programme design through a 'VAWG prevention lens' based on existing evidence of what works. (See box below).
- Recognise that addressing VAWG without challenging gender norms may encourage victim blaming and make it harder for survivors of VAWG to report abuse.

Build an enabling structure and social norms around CSE programmes through engagement with duty bearers

- Adopt integrated community-based approaches to CSE, which directly challenge such social norms among the wider community, including parents.

Strengthen reporting and response mechanisms including addressing VAWG in and around schools

- Ensure anonymous methods exist (and are well advertised in schools) for young people to access information and report incidents – and ensure linkages with legal and health services
- Develop guidelines for and reporting mechanisms to respond to VAWG in and around schools, and closely follow their implementation. Involve social workers in their development to ensure that they do not do more harm than good.

Improve monitoring and evaluation of CSE interventions and build the evidence base linking CSE to VAWG prevention

- In order to generate evidence and track impact on VAWG, ensure programme logframes include specific indicators related to VAWG. There is a need for more robust evaluations of CSE programmes, which include changes in the school and wider social environment, as well as a need for longer-term evaluations, which measure impact on attitudes and behaviour after the lifetime of the intervention.
- However, given the lack of evidence related to the prevention of violence and the difficulties of determining violence reduction over the long term, CSE evaluations may focus on evidence of progress against outcomes which will signal a shift in social norm change.

A sample of indicative indicators which can be used to track impact on VAWG, social norms and gender equality is included in table 2 (page 43).

RECOMMENDATIONS FOR DFID AND OTHER DONORS

Strengthen linkages across education, SRHR and VAWG initiatives to incorporate CSE

- In line with the evidence presented in this report, support greater collaboration and learning across education, SRHR and VAWG teams on CSE, also capitalising on DFID's focus on girls' education and family planning (effective CSE that includes a focus on VAWG should have a positive impact on the school environment and girls' ability to go to school).
- View CSE programmes as a critical part of a multi-sectoral response to VAWG that aims to transform laws, social norms and services.

What works in VAWG prevention?

A review of what works to prevent VAWG by Ellsberg et al (2014) found that **effective violence prevention interventions should:**

- have a clear theory of change
- target different age groups
- include gender-transformative or holistic approaches
- combine face-to-face work with other approaches, including skills-building components
- challenge the acceptability of violence and endorse communication and shared decision-making among families
- support a critical discussion of gender norms and relationships
- seek to achieve community-level impact
- work with male and female community members
- have a participatory approach and engage multiple stakeholders.

Support sustained CSE interventions as a mechanism to improve life skills and prevent VAWG

- Support sustained school-based, sports-based and/or peer-to-peer education interventions that target young men and boys and young women and girls in places where they spend time and that promote life skills and support positive masculinities.
- Acknowledge the long time frames needed to achieve social norm change, and where possible support long term funding commitments.
- Accompany commitment on CSE with lobbying for supportive legislation and the implementation of legislation that protects girls and responds to VAWG.

Build the evidence base

- Commission rigorous evaluations of CSE interventions – including evaluations of which approaches are most effective in leading to sustained social norm and behaviour change related to VAWG.
- In order to measure sustained impact on behaviour change, support longer term evaluations which measure impact beyond the intervention period.
- Provide M&E support – share best practice in VAWG prevention programming to best measure sustained impact on VAWG – including and beyond attitudinal change.

RECOMMENDATIONS FOR NATIONAL GOVERNMENTS

Adopt policies supportive of CSE and gender equality

- Adopt policies which support gender-transformative CSE delivery through both formal and informal spheres as a key mechanism to enable youth to realise their SRHR but also as a key mechanism to prevent VAWG (recognising that this will also have a positive impact on SRH outcomes).
- Strengthen policies around provision of youth friendly SRH services.
- Support policies and legal frameworks on prevention of VAWG.

Support national implementation through school curricula and out-of-school platforms

- Develop guidelines for best practice implementation of CSE – including clear guidance for who should deliver the curriculum, training for educators, age groups, location, duration, intensity, style of delivery, subjects covered, values promoted, supporting activities, child protection etc.
- Mainstream sexuality education in national curricula to ensure enough resources and time is allocated and that inclusion is mandatory.
- Support teaching of CSE through high quality participatory training, refresher courses and on-the-job mentoring.
- Provide sufficient resources for implementation including teaching supplies for more participatory, interactive learning.
- Ensure information is inclusive, e.g. catering for minority groups and disabilities.
- Provide sufficient and sustained human and financial resource allocation for CSE delivery.

Improve VAWG reporting and response

- Support multi-sector collaboration targeting school-based GBV.
- Ensure adequate legal and policy frameworks for CSE provision and VAWG prevention and response.

ANNEX I: Definitions of CSE and VAWG

DEFINING COMPREHENSIVE SEXUALITY EDUCATION

This report takes a broad approach to CSE in line with the UNESCO (2009) principles, which stipulate the following CSE concepts be included in curriculum content¹:

- **Relationships** (families; friendship, love, romantic relationships; tolerance and respect; long-term commitment, marriage and parenting);
- **Values, Attitudes and Skills** (values and attitudes, norms and peer influence, decision-making, communication, refusal and negotiation skills, finding help and support);
- **Culture, Society and Human Rights** (sexuality, culture and rights; sexuality and the media; social construction of gender; GBV including sexual abuse, exploitation and harmful practices);
- **Human Development** (sexual and reproductive anatomy and physiology; puberty; body image; privacy and bodily integrity);
- **Sexual Behaviour** (sex, sexuality and the sexual life cycle; sexual behaviour and sexual response);
- **Sexual and Reproductive Health** (pregnancy prevention, HIV and STI Risk Reduction; HIV/AIDS stigma, care, treatment and support).

Furthermore, IPPF principles also include pleasure/positivity as an additional essential component to be included in CSE curricula² (including being positive about young people's sexuality; understanding sex should be enjoyable and not forced; aspects of gender and pleasure; sexual wellbeing; safer sex practices and pleasure; masturbation; love, lust and relationships; addressing social stigma associated with pleasure).

Main approaches to sexuality education include³:

In-school/formal spaces:

- Mainstreaming the CSE curriculum across different subjects
- Teaching CSE as a designated subject
- Teaching CSE as an extra-curricular activity.

Outside of school/non-formal spaces:

- Through informal adolescent/youth clubs, usually as part of life skills training or sports programmes
- Using community-based initiatives
- Providing CSE through online or multi-media platforms.

¹ UNESCO (2009)

² IPPF (2010)

³ UNESCO (2009; 2010a; 2014)

DEFINING VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) AND GENDER-BASED VIOLENCE (GBV)

The terms **Violence Against Women and Girls (VAWG)** and **Gender-Based Violence (GBV)**, are based on an agreed definition from 2013 at the **UN Commission on the Status of Women**, which has also been **adopted by the UK Department for International Development (DFID)**. They are defined as follows:

‘Gender-based violence is a form of discrimination that seriously violates and impairs or nullifies the enjoyment by women and girls of all human rights and fundamental freedoms. Violence against women and girls is characterised by the use and abuse of power and control in public and private spheres, and is intrinsically linked with gender stereotypes that underlie and perpetuate such violence, as well as other factors that can increase women’s and girls’ vulnerability to such violence. ... ‘violence against women and girls’ means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’⁴.

GBV and VAWG are used interchangeably throughout this report, according to the literature, but have a specific focus on **intimate partner violence (IPV)**, **non-partner sexual violence**, **child, early and forced marriage (CEFM)** and **Female Genital Mutilation/Cutting (FGM/C)**, and violence based on sexual orientation. Young people, and particularly girls and young women, are at risk of experiencing forms of violence including:

- 29.4% of 15-19 year olds have experienced violence in dating and marital relationships⁵.
- One in three girls in developing countries is married before 18, one in nine before the age of 15⁶.
- Over 125 million girls and women worldwide have been subjected to FGM/C, with more than 3 million girls at risk of undergoing it each year on the African continent⁷.
- Worldwide, an estimated 150 millions girls and 73 million boys have experienced sexual violence⁸. A recent Violence against Children (VAC) survey highlighted that one-third of females surveyed had experienced sexual violence prior to age 18, and in all five countries polled, for more than one in four girls the first sexual intercourse was unwanted⁹.
- The lifetime prevalence rate of childhood sexual abuse is 18% for girls and 7.6% for boys – with much higher rates of abuse in Sub-Saharan Africa, where in some countries around one in three girls have experienced sexual abuse in childhood¹⁰.
- Globally, evidence suggests that GBV perpetrated in and around schools affects millions of young people each year¹¹. A recent study undertaken by Plan International and ICRW found that 7 out of 10 children in Asia have experienced some form of violence in or on the way to school¹².

⁴ Oxford Policy Management (2014)

⁵ WHO (2013)

⁶ UNFPA (2014)

⁷ UNICEF (2013)

⁸ Greene et al. (2013)

⁹ See CDC <http://www.cdc.gov/violenceprevention/vacs/index.html>

¹⁰ WHO with UNDP and UNODC (2014)

¹¹ UNESCO (2015)

¹² Nandita Bhatla et al (2015)

Young people are diverse, and some groups of girls and women are especially vulnerable to violence, including but not limited to adolescent girls, women and girls with disabilities, those living in poverty, women and girls living with HIV, migrants, sex workers and those belonging to minority groups (including young people self-identifying as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)). These overlap to create multiple identities (e.g. a young female migrant). Due to their vulnerability and often being 'hard-to-reach', these groups also have specific needs when it comes to their sexual and reproductive health which must be addressed – including the stronger discrimination and disapproval (which includes physical and verbal abuse) that they face regarding expressions of their sexuality¹³.

GBV also includes physical and sexual violence based on sexual identities and orientation and can be perpetrated by both males and females “within and across gender lines”. It has been noted that within education settings, violence-based on homophobia (more likely to occur in schools with aggressive policing of heterosexual boundaries), sexism or racism is often hidden in the euphemistic and gender-neutral term ‘bullying’, which deflects from schools’ obligation to make learning spaces safe and equitable for all by addressing violence based on particular identities. Such violence is much more hidden and less investigated than more commonly recognised ‘boy-on-girl’ sexual violence¹⁴.

It is important to recognise that men and boys also experience GBV, particularly sexual abuse and violence – for example during childhood, or when they fail to conform to common interpretations of gender and sexual identity norms, or in the attempt to “strip them of their heterosexual status and [make them] feel stigmatized by association with same-sex relations”¹⁵. However, gender-based violence perpetrated within intimate and personal relationships against women and girls by men and boys, and is reflected in much of the literature, and as such is the focus of this study.

¹³ UNFPA (2010b)

¹⁴ Leach et al. (2013; 2014)

¹⁵ Pawlak and Barker (2012)

ANNEX 2: Methodology

RESEARCH QUESTIONS

The research was designed to explore the following questions:

Table 1: Study Research Questions

Globally	<ul style="list-style-type: none">• To what extent can CSE in formal or informal education spaces promote gender equality and reduce discriminatory social norms (as they relate to VAWG) and contribute to prevention of VAWG?• What approaches to and elements of CSE programming are linked to greatest progress around gender equality, social norm change related to VAWG, and contributing to preventing VAWG? To what extent have these approaches been integrated within CSE programming in formal and informal environments?• What are the key barriers and enabling factors to effective implementation of CSE in formal and informal environments?
Cambodia, Uganda	<ul style="list-style-type: none">• What is the situation regarding CSE in Cambodia and Uganda in terms of policy and implementation in both formal and non-formal spheres?• What are the barriers and opportunities that exist to successfully providing CSE in formal and non-formal settings in countries such as Uganda and Cambodia and how might these be overcome or realised (from the perspective of donors, government, NGOs, the community and young people themselves)?• What is Plan's approach to delivering CSE in Cambodia and Uganda? How successful has this been at promoting gender equality, social norm change and contributing to prevention of VAWG? What have been the key barriers and successes? How do these translate into assumptions necessary for a TOC linking CSE with prevention of VAWG?• How are boys and girls engaging with CSE through Plans programmes in Cambodia and Uganda, and how are they using what they have learnt in their every day lives? To what extent does their learning relate to gender equality, social norm change and prevention of VAWG?
Globally including Cambodia, Uganda	<ul style="list-style-type: none">• What are emerging lessons, recommendations and good practice in the field of CSE in formal and informal spaces?• From the evidence and field research, what is the theory of change linking CSE interventions with gender equality, social norm change and prevention of VAWG?

METHODOLOGY

The methodology involved **two distinct phases**:

- Phase one: a **desk review** of existing global literature on the links between CSE, social norms and VAWG; and
- Phase two: **participatory qualitative research** in Uganda and Cambodia.

Phase One: Desk Review

The literature for the desk review was identified through a search of online databases and search engines, a review of a number of NGOs' (providing CSE or SRH or VAWG programming) websites and their publications, and further drew on SDDirect's institutional knowledge and networks (such as reports developed for the DFID VAWG Helpdesk and documents gathered and analysed for the What Works to Prevent Violence Research and Innovation Fund), as well as relevant programme and research documents shared by Plan UK.

The included literature was primarily published within the last 10 years and initiatives reviewed included those providing CSE and SRH education more broadly to adolescents and young people both in formal education settings and in non-formal spaces such as adolescent clubs, with consideration of whether these are promoting consensual and respectful relationships addressing social norms and attitudes condemning GBV and VAWG. Literature on sexuality or SRH education with no reference to gender and/or relationships and/or VAWG was excluded.

Evidence from initiatives that have been formerly evaluated was prioritised, though initiatives which had not been evaluated but which were deemed relevant in terms of their programme focus and/or were deemed promising were included as well. In addition, a range of themes as relating to these topics (such as the current evidence base on VAWG prevention) were also explored in order to 'fill in the gaps' of current evidence.

The desk review was undertaken prior to field work to inform the development of field work tools, the segmentation and sampling strategy, and to enable triangulation with the wider fieldwork data. The findings of this review feature throughout this report.

Phase Two: Participatory Qualitative Research with young people in Uganda and Cambodia

Primary qualitative research was undertaken in Uganda and Cambodia where Plan has supported broad SRHR programming incorporating elements of CSE. Cambodia and Uganda were chosen in order to reflect two very different contexts of CSE provision, in order to compare and contrast experiences. The aim of the field-based research was to assess progress to date of CSE provision in both countries, including key challenges to scale and coverage. In addition, through participatory qualitative research with young people and duty bearers engaged in Plan's programmes, the research aimed to explore further potential links between CSE provision, social norm change on gender equality and VAWG, and to gain insights regarding processes of change— how young people are engaging with different elements of CSE and enabling factors and barriers for them to utilise their learning in their everyday lives. A brief overview of each programme is presented in table 2.

The methodology involved key informant interviews (KIs) with key stakeholders involved in CSE and VAWG policy and programming as well as KIs and focus group discussions (FGDs) with young people aged 13-25, peer educators, health care providers and teachers involved in Plan's youth-focused SRHR programmes. In total, 31 KIs and 23 FGDs involving over 200 people were conducted in Uganda and Cambodia, including 16 FGDs with young people aged 13-25.

The focus group discussions included participatory exercises designed for use with young people, to elicit information on challenges facing young people in their relationships, attitudes towards relationships and access to services and information. Field work was undertaken by experienced qualitative researchers from SDDirect with support from Plan UK, Plan Cambodia and Plan Uganda programme staff during March 2015.

Data analysis was an iterative process undertaken initially during the field work stage. Following field work, the data was further analysed using content analysis methods according to the key research questions, and findings from both countries were compared for similarities and differences, in order to draw meaningful conclusions on the situation in both target countries and, where appropriate, drawing lessons globally through triangulations with evidence generated through the desk review. The findings were used to develop and refine a working theory of change for CSE provision and key principles and recommendations for Plan UK, national governments, DFID and other donors for how best to support CSE through formal and non-formal settings as an approach in efforts to reduce VAWG.

Table 2: Summary of Plan's sexuality education programmes in Cambodia and Uganda

Plan's Sexuality Education Programme	<i>Promoting Healthier Life Choices with Adolescents</i> , Plan Cambodia and Reproductive Health Association of Cambodia	<i>Promoting Adolescent Sexual Reproductive Health and Rights</i> , Plan Uganda and Communication for Development Foundation Uganda
Country	Cambodia	Uganda
Year	2011-2014 (CSE component added in the final year)	2012-2014
Objectives	To increase awareness, attitudes and behaviour related to CSE among adolescents (10-24); improve access to youth-friendly health and VAWG response services, strengthen links between stakeholders and activities to support adolescent SRH at community level.	Reduce early pregnancy and GBV among 30,500 adolescents (13-19) through making informed SRH choices, reducing risky practices (including physical, emotional and sexual abuse) and improving communication skills among caretakers.
Approach	1 year of life skills component incorporating CSE (including aspects of VAWG and gender equality) through peer-to-peer approach; complementary capacity building of health centre staff and key community stakeholders.	Peer-to-peer for SRH information and life skills (notable gap: sexuality rights); community dialogues to promote positive attitudes on adolescent SRH; capacity building of teachers and health workers; extra-curricular activities e.g. school health clubs, drama; toll-free information hotline for adolescents.
Measuring outcomes	VAWG indicator on reporting of rape cases, awareness of issues including VAWG, sexuality and sexual rights No measure of attitudes on violence, self-reported experience or perpetration.	VAWG indicator on knowledge of forms of violence/ prevention measures and accessing VAWG response services. No measure of attitudes on gender equality or self-reported experience or perpetration.

ANNEX 3: Ethical Considerations

The research team will abide by Plan's Global Child Protection Policy in addition to our own internal policy.

Core principles which will be followed include:

- All members of the research team must read the Plan's and SDDirect's Child Protection Policy and formally agree to conduct research in accordance with the policy.
- If the research raises concerns over a Child's welfare or results in disclosure of child abuse, Plan has a responsibility to ensure that actions are taken to address this. Processes around managing this occurrence in accordance with local office procedures and Plan's Child Protection Policy should be discussed at the outset of the research.
- Researchers should never make any contact with a Child or family members associated with Plan's work that is not supervised by a (or another) member of Plan Staff. Such contact may include but is not limited to visits and any form of communication via social media, emails and letters.
- Research must always treat children in a manner which is respectful of their rights, integrity and dignity, considers their best interests and does not expose them to, or place them at risk of, harm.

In addition, in line with SDDirect's own **Child and Vulnerable Adults Protection Policy** our research team will also abide by the following principles:

- Our research is designed to take into account age, gender and cultural appropriateness
- We will spend time to ensure that children are clear about the aims of the research and what involvement means from them in terms of risk and benefits and obtain informed consent.
- We will ensure that support is available to children, if needed, during and after the research process. An important part of research planning is anticipating potential adverse consequences of involvement in research and ensuring that arrangements are made to address these;
- We will ensure that research participants receive adequate support during the research process to be able to participate fully (e.g. issues of language, literacy);
- Our researchers know how to act in cases where a participant could become distressed or traumatised during the course of an interview / group discussion. Interviews will be terminated if any distress is caused.
- We will work with Plan country office to set out clear guidance with respect to the disclosure of information during the research that necessitates the researcher to break confidentiality and pass on their concerns (for example child protection);
- We will ensure that personal information is treated sensitively and confidentially and anonymity is preserved (subject to defined limits).

We set out clear guidance with respect to the disclosure of information during the research that necessitates the researcher to break confidentiality and pass on their concerns (e.g. child protection); Personal information is treated sensitively and confidentially and anonymity is preserved (subject to defined limits).

- No names, addresses or other details that could allow identification of respondents will be recorded in notes or transcripts.
- In any recorded interviews researchers will be instructed not to mention identifiable names during the discussion.
- Key informants are always harder to anonymize in studies of this kind as findings will generally need to be quoted with reference to the kind of informant. During KIs, FRs will be instructed to carefully check which information may be attributed and which is off the record or anonymous. Where appropriate, names will be withheld or changed.
- As with all data files, audio files will be kept securely (password-protected on a secure server, CDs or devices locked in a secure cabinet) and no record of the respondents' names or addresses will be kept with the file, but unique identified codes will be used.
- All researchers will have received training and detailed instructions on the importance of maintaining confidentiality and these procedures for doing so.
- No researchers will conduct interviews in their own community or with people they know personally.
- The limits to confidentiality will be clearly defined and explained to respondents. Confidentiality will only be broken in a case where a respondent or a child under the age of 18 is judged to be at risk of serious harm (see section on "do no harm" above).

Care will be taken in both analysis and write-up stages to ensure that informants are referred to by code number or in generic terms (e.g. women, aged 20).

ANNEX 4: Sample Guide

Focus Group Discussion Guide 1 (maximum 2 hours)
Young people (age 13-22) involved in Plan's CSE programmes

CRITERIA FOR SELECTION OF PARTICIPANTS

The FGD will include 8-10 young people involved in a Plan CSE programme.
All FGD participants must meet one of the criteria below:

Adolescent girls (13-15 years old) (Cambodia only)	<input type="checkbox"/>	Adolescent girls in school (16-19 years old)	<input type="checkbox"/>
Adolescent boys (13-15 years old) (Cambodia only)	<input type="checkbox"/>	Adolescent boys in school (16-19 years old)	<input type="checkbox"/>
Adolescent girls in school (13-15 years old) (Uganda only)	<input type="checkbox"/>	Adolescent girls out of school (16-19 years old) (Cambodia only)	<input type="checkbox"/>
Adolescent boys in school (13-15 years old) (Uganda only)	<input type="checkbox"/>	Adolescent boys out of school (16-19 years old) (Cambodia only)	<input type="checkbox"/>
Adolescent girls out of school (13-15 years old) (Uganda only)	<input type="checkbox"/>	Young married women (17-22 years old)	<input type="checkbox"/>
Adolescent boys out of school (13-15 years old) (Uganda only)	<input type="checkbox"/>	Young married men (17-22 years old)	<input type="checkbox"/>

INSTRUCTIONS FOR RESEARCHER AND TRANSLATOR

Prior to FGD

1. Ensure the FGD takes place in a quiet and private place, which is accessible for all participants.
2. Ensure every member of the group fits one of the above criteria and that everyone has given their informed consent to take part.
3. Facilitate the session so that different people can give their opinions to the same question.
If certain members of the group are very quiet, be sure to try to include them and try to not let one or two members dominate the conversation.
4. Be friendly, encouraging and patient and make all participants feel at ease.
5. If any child reports abuse, report to Plan programme officer, based on the in country child protection protocol.

Equipment needed

Flip chart paper, post it notes, coloured pens

During FGD

6. Introduce yourself and explain the purpose of the research. Request permission for the FGD to be recorded and explain any logistics. Suggested introduction:

"Hello, my name is...and I am working for Plan UK. Thank you very much for talking to me today and for giving me your time. We are conducting a study that is looking at whether CSE provided to young people (which means projects/ programmes either in school or out of school which provide young people with information, skills and values to be able to exercise their SRHR and to make decisions about relationships, health and sexuality) can help to reduce violence committed against women and girls. Today, we would like to talk to you about your community, relationships, violence in your community and your experiences with Plan's programmes. Everything you say today will be kept confidential and there are no right or wrong answers, we are just interested to hear your opinions so please do not be shy. What you tell me today will in no way affect your access to any services or programmes. If you want to talk to anyone in private about any of the topics we discussed today or any abuse experienced by you or others, please ask us after the session or you may also call the Plan Programme Office (add name here). We have provided you with an information sheet which has the telephone number you may call. We may talk about some topics that you may find difficult to discuss. If you feel bad or strange, please tell us. You do not have to talk about anything that makes you feel uncomfortable at any time. The session will last about 2 hours and we will be providing refreshments. Do you have any questions about the study before we start?"

INTRODUCTION (15 minutes)

Intro and ice breaker on relationships (ask each member of group to introduce themselves and to name three people who are important to them and why)

Exercise 1: Communication and Relationship mapping (up to 2 hours in total)

Objective: to stimulate the discussion on, access to services and information around SRHR and VAWG, and experiences of Plan's programmes.

Time: 2 hours

Activity description: Mapping and discussion

Exercise 2a: Instructions (1 hour)

1. Ask the group to draw one big map of their community including all the places where they spend time. Ask them to include all the place where they can go to learn and to access services. *Probe: School, health centre, shops, TV, restaurants, bars, houses, football field, police station (15 minutes)*
 2. Ask the group to add to the picture all the people they have relationships with. *Probe: Parents, health care providers, boys/girls (older/younger), religious leaders, community leaders, teachers, peer educators (10 minutes)*
 3. Use the picture to stimulate the discussion below on communication, access to services and information around SRHR and VAWG:
-

Discussion questions

Gender roles and safety

- Where in the community do boys spend time? (*Probe: what do they do there?*)
- Where do married men spend time? (*Probe: what do they do there?*)
- Where do girls spend time? (*Probe: what do they do there?*)
- Where do married women spend time? (*Probe: what do they do there?*)
- Is it different (where boys and girls, married men/women spend time)? Why do you think that is?
- Are the type of activities they do different? Why do you think that is?
- Are there places on the map where it is not safe for girls and women to go? Why? What about for boys and men? Why?

Relationships

- Where do young people in romantic relationships spend time?
- Are there places where young people in romantic relationships can not spend time together in public? Why?
- What kind of risks do you think young people in romantic relationships face?

Communication and learning

- Who on the map can you talk to about romantic relationships/sex/sexual health/bodily changes? (*Probe: riends, parents, health care provider – for all why/why not?*)
- What information do you receive about romantic relationships/sex/sexual health/bodily changes from these sources?
- Did you find this information useful for your life? Why/why not?
- Where or from who do you learn how to act in romantic relationships? Where do you get advice if you are having a problem in a romantic relationship?

Services

- Who on the map can you talk to if someone has violently hurt you or a friend? (*Probe: friends, parents, police, health care provider – for all why/why not?*)
- Where on the map can women or girls go to if a boy or man is pressurising them to have sex and they do not want to? (*Probe: friends, parents, police, health care provider – for all why/why not?*)
- Where on the map can women or a girl go who has been raped? (*Probe: friends, parents, police, health care provider – for all why/why not?*)
- Where on the map can people receive SRH services? (*Probe: such as contraception or treatment for STI/Unplanned pregnancy/condoms/HIV test*)
- Is this the same for boys and girls?
- Can young people like yourself or the girl in the picture use these services? Why/why not? Will you be treated fairly there? Why/why not? Is it the same for girls and boys?
- How can services be more appealing and accessible for young people? For example SRH services, how can they be appealing and accessible for young people like yourselves?

Exercise 2B: Instructions 1 hour

1. Explain that you would now like the group to think about their experience with Plan's CSE programme (namely _____ in Uganda; _____ in Cambodia)
2. Ask them what type of activities they were involved in to get them to remember the programme.
3. Ask them to go back to look at the map and to think about and discuss and draw or write about any changes that the programme has brought about in the different relationships on the map.
4. Start with an open question. 'Thinking about your community, and especially the relationships on the map. What do you think it the biggest change the programme has brought about?' Allow the group to discuss and to draw/write changes on the map. (15 mins)
5. Use the following questions to stimulate discussion.

Activities and learning

Relationships

- What did the programme activities change about the relationships on the map?

Probes:

- Did it change the way you talk to your peers/boys/girls/teachers/parents/health care providers in terms of sex, sexual health and relationships?
- Did it change what you think is a good relationship or a bad relationship? How?
- Did it change the decisions you make about your relationships?

Values, Attitudes and Skills

- Did the activities change how you think boys/men/women and girls should act in relationships? How?
- Did the activities affect how boys and girls normally behave in relationships? How?
- Did the activities make it easier for young people like you to say no to sex or to negotiate for safe sex? How?
- Did it change where you go to access SRHR information and services?

Culture, Society and Human Rights

- Did you learn anything about your rights as young people? What did you learn?
- Has the programme changed what you think of as rights of women and rights of men?
- Has the programme changed your opinion of what women can do and what men can do? How?
- Did you learn anything about violence in relationships (*Probe: for example wife beating, violence within romantic relationships, sexual violence including rape, sexual coercion, sexual exploitation or any other form of violence against women?*) What did you learn? Has this been useful for you? Why/why not?
- Did you learn anything about early marriages? What did you learn?
- Did you learn about any harmful things sometimes done towards women and girls within relationships? What did you learn?
- Did you learn anything about sexuality? What did you learn?
- Did it affect attitudes to violence against women and girls? (*Probe: for example wife beating, violence within romantic relationships, sexual violence including rape, sexual coercion, sexual exploitation*) How and in what ways?
- Do you think it affected the incidence of violence against women and girls? How and in what ways?

Human development

- Did you learn about your body and how it changes? What about boys/girls bodies and how they change as children become adults?
- Did you learn about how children are conceived?
- How did this make you feel after learning this new information? (*Probe: confidence, privacy, bodily integrity*)

Sexual behaviour

- Did you learn about safe/unsafe sexual behaviour? What did you learn?
- Do you think it is easy to practice what you have learned? Why/why not?

SRH

- Did you learn about SRH? (*Probe: Pregnancy prevention/STI and HIV prevention and treatment/contraception?*) What did you learn?
- Do you think it is easy to practice what you have learned? Why/why not?

Plan's approach

- Can you tell me about how you learned through the programme? (i.e. did you learn through peers, teachers, SRH services)
- What did you think about this approach?
- What did you like most about the activities?
- What did you like least about the activities?
- What was challenging about using what you have learned in your own life?
- What was most useful for you?
- What would you like to know more about when it comes to sex and relationships?
- From whom would you like to learn about violence and sexual health and rights? Why? How would you like to learn about these issues? *Probe: At school? Informally? In youth groups, with girls/with boys?*
- Were your community supportive of the programme activities? (probe: teacher, school, family, parents, grandparents, peers) How did they support you?
- Was anyone not supportive? (probe: teacher, school, family, health care provider) why were they not supportive?
- How do you think the activities could be improved to help reduce violence committed against women and girls

ANNEX 5: Measuring VAWG outcomes

Table 3: Example VAWG Indicators⁷⁰

Indicator	Definition
Intimate Partner Violence	Proportion of girls who experienced physical intimate partner violence during the last 12 months from an intimate partner.
Family violence	Proportion of girls who experienced physical violence during last 12 months from a family member.
Community violence	Proportion of girls who experienced physical violence during the last 12 months from a non family member.
Sexual IPV	Proportion of girls who experienced sexual intimate partner violence during the last 12 months from an intimate partner. Proportion of girls who experienced sexual violence or harassment during the last 12 months from a non-intimate partner.
Response	Number of girls and boys who know where to report incidences of VAWG. Number of survivors who report incidences of VAWG to local authorities. Proportion of VAWG survivors who received appropriate care. Proportion of VAWG cases reported to local authorities which result in a conviction.
School-related VAWG response	Per cent of schools that have procedures to respond to reported cases of sexual and physical abuse. Per cent of schools that have sexual violence and harassment policies and reporting mechanisms in place.
Girls' empowerment	Proportion of girls that feel able to say no to sexual activity.
Attitudes and awareness	Proportion of young people (g/b) who believe it is sometimes acceptable for a husband to beat their wife. Proportion of young people (g/b) who believe it is a wife's obligation to have sex even if she doesn't feel like it. Proportion of young people (g/b) who are able to recognise different forms of VAWG.
Legal awareness	Proportion of people who know any of the legal sanctions for VAWG.
Working with men and boys / duty bearers	Proportion of men and boys who agree that violence against women is never acceptable. Proportion of men and boys who hold gender-related norms that put women and girls at risk for physical and sexual violence. Proportion of duty bearers who support young people's access to CSE that includes a component on VAWG.
Social norms	Proportion of people who agree that a woman has a right to refuse sex. Proportion of people who believe it is a wife's obligation to have sex even if she doesn't feel like it. Proportion of people who believe it is acceptable for a man to beat his wife. Proportion of people that demonstrate non-discriminatory views towards people who are LGBTI.

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