

ASSESSING THE POTENTIAL OF COMPREHENSIVE SEXUALITY EDUCATION FOR INTIMATE PARTNER VIOLENCE PREVENTION AMONG ADOLESCENTS IN MEXICO CITY

Brief 2 of a series of 3 addressing CSE as a strategy for intimate partner violence prevention

INTRODUCTION

Comprehensive sexuality education (CSE) has the potential to address intimate partner violence (IPV) among adolescents. A rights-based approach to sexuality education aims to provide children and adolescents with the skills, knowledge, and attitudes they need to make healthy decisions about their sexuality [1]. In 1994, the International Conference on Population and Development's Programme of Action expanded the definition of sexuality education to include addressing violence and gender inequality. Since then, an increasing number of curricula worldwide are integrating an 'empowerment' approach to CSE by incorporating themes of power and gender and promoting equitable relationships among adolescents [2], [3]. CSE adopting an empowerment approach has the potential to increase awareness and reduce tolerance of IPV, influence the gender and social norms that condone violence, and contribute to equitable relationships [4].

Adolescence is the developmental stage where youth start interacting with other-gender peers with more frequency, and by around 15 years of age most adolescents begin dating [5]. These early intimate relationships are formative experiences through which relationship dynamics emerge that can persist throughout adulthood [6]. For example, verbal conflict, jealousy, infidelity, and controlling behaviors such as limiting friendships and monitoring social media are associated with physical violence perpetration in dating relationships [6, 7]. Interventions that address relationship dynamics early in life, while they are moldable, have the potential to prevent IPV.



To learn more about IPV prevention strategies that can work among adolescents, the International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR), together with the London School of Hygiene and Tropical Medicine (LSHTM) and Fundación

Mexicana para la Planeación Familiar (Mexfam), partnered to design and implement a study. The objective was to understand the mechanisms through which CSE contributes to the prevention of IPV and to more equitable relationships among 14- to 17-year-old students in Mexico City. The study was implemented at the Cetic 154 "Adela Velarde" a state-run technical secondary school in a commercial zone in Mexico City. Students were primarily of lower-middle socioeconomic class and traveled to school from different parts of the city.

IPV IN MEXICO

Throughout Latin America, norms condoning violence and gender inequality intersect to make IPV prevention particularly relevant. According to a 2016 national survey in Mexico, 43.9% of women age 15 and older reported experiencing IPV with a current or past partner and 25.6% said they experienced IPV in the past 12 months. One quarter of women also reported experiencing physical and/or sexual violence at school [8]. In a 2007 national survey on dating violence among adolescents, 76% of respondents reported experiencing psychological violence, 15% physical violence, and 16.5% of female respondents said they had experienced sexual assault; a higher proportion of female than male participants reported perpetrating physical violence in a relationship [9].

THE INTERVENTION

The CSE intervention examined in the study consisted of 20 total hours of manual-based curriculum developed by Mexfam based on the 2016 international standards of the United Nations Educational Scientific and Cultural Organization. The recently updated

curriculum included an empowerment and gender-transformative approach that emphasized IPV prevention by promoting critical thinking around power dynamics within relationships. Gender was a cross-cutting theme, and topics included sexuality, sexually transmitted infections,

unintended pregnancy, violence, and relationship skills, in addition to information on where and how to access health services. The curriculum used multiple participatory techniques to reinforce key course messages, particularly those related to gender and IPV, through self-reflection and group discussion. It was delivered by Mexfam's Gen-te Joven health educators (aged 30 or younger) in weekly sessions over a school semester to groups of around 20 participants aged 14 to 17.

METHODOLOGY

To assess the mechanisms by which CSE programming can prevent IPV, we conducted a longitudinal quasi-experimental study with qualitative and quantitative components. During the planning phase, a Theory of Change (ToC) was developed through a participatory process among researchers, program staff, and health educators (detailed in Policy Brief 1). The ToC was used to inform data collection and analysis.

The morning session of ninth graders at the school was randomly selected as the intervention group and the afternoon session as the comparison group. Students were eligible to participate if they were in a study classroom, 14 to 17 years of age, assented to participate, and had parental consent. Students who opted into the qualitative research were sampled to ensure diversity in terms of gender, relationship status, and IPV experiences.

The data collection methods used included: a) observation of CSE sessions; b) baseline and endline questionnaires with 124 students who received CSE during the study (intervention) and 116 students who received CSE after the study concluded (comparison); c) repeat interviews with nine intervention students every one to two months throughout and after the intervention; d) one-time in-depth interviews with 20 intervention students conducted two to three months after the intervention ended; and e) focus group discussions with 24 intervention students, 17 comparison students, five teachers, and five CSE health educators after the intervention concluded.

RESULTS

The median age of the 240 participating students was 15 years, with half of respondents identifying as male and half as female. Approximately two thirds (63%) of participants reported having had some type of romantic relationship, 32% having engaged in sexual contact, 10% having engaged in sexual contact against their will, and 11% having experienced some form of relationship violence. When asked about the school environment, 19% of participants reported having seen or experienced relationship violence and 34% having seen or experienced sexual harassment at school.

Drawing from qualitative and quantitative data, the findings of the study suggest different ways that Mexfam's comprehensive sexuality education course influenced participants:

CSE participants learned to identify types of violence within relationships

There was an increase in the types of IPV that students identified, from an average score of 15.4 at baseline to 17.7 at endline (out of 21 possible). This improvement may reflect facilitated discussions that took place during the course, in which participants learned about and debated different types of IPV. Such participatory activities, often based on vignettes relevant to their lives, were particularly useful in evoking critical reflection and relating course topics to their own lives and relationships.

CSE participants questioned if jealousy and possessive behaviors were signs of love

Participants discussed the contrast between equitable vs. negative relationship dynamics. For example, whether limiting who your partner talks to, or monitoring a partner's social media, were acceptable behaviors in a relationship.

"[The course helped me] identify [jealousy], because if he is jealous or he asks for you password or screams at you or pushes you, well, then it is no longer a healthy relationship. If he curses at you [...] he is insulting you..." (young woman, 15)

CSE participants reflected on gender roles and norms

Participatory activities that questioned prevailing gender norms promoted reflection about gender-related beliefs.

"[A classmate] began to change his way of thinking about [gender roles] [...]. He opened up a lot, a lot to this topic, to the point of saying 'ok, well I am wrong, but I can improve.' [...] He has changed a lot. We all tell him that, like, he is no longer machista [having strong or aggressive masculine pride]." (young woman, 15)

CSE participants learned how to support each other to address IPV

The proportion of participants who said they considered IPV to be a private matter that should be resolved by the family declined from baseline to endline. Several participants mentioned discussing IPV with family and friends during and after the CSE course and supporting others who were experiencing controlling or violent relationships.

"[A friend] told us [...] she wanted to leave her boyfriend but [...] he didn't let her [...]. He told her that if she left him he was going to kill himself. And we told her that she should leave him, and talk with his mother or another adult who could look after him [...]. Because of the [CSE] course I knew how to help her [my friend]." (young woman, 15)

CSE participants began to address harmful behaviors in their own relationships

Participants also said the course prompted them to talk with their partners about how they treated each other.

"You know how we talked about relationships [during the course]? [...] I thought about it, and then I made the decision that I wanted to talk with her [my girlfriend]. I told her, 'I hate when you control me.'" (young man, 15)

Participants mentioned that some of their classmates appeared to decrease the possessive behaviors in their relationships, and that others left controlling or violent relationships.

"A [female] classmate broke up [with her boyfriend]. During the course, she used to break up and get back together with her boyfriend [repeatedly]. I believe she broke up [this time] for real [...]. I think she paid more attention when we discussed violence [during the course]. I think that is why she broke up with him." (young man, 15)

CSE participants became more prepared to seek information, support and services

The proportion of participants who could identify where to access support in cases of IPV increased from 27% to 69% from baseline to endline. The Mexfam health educators said they were contacted by CSE participants who were seeking information and referrals.

"I have a friend that went to the health center [...]. I think she overcame her embarrassment to go during the course." (young man, 15)

CONCLUSION

The use of qualitative longitudinal interviews throughout CSE implementation offered a unique window into the gradual processes of change that participants can experience during IPV prevention programming. Interviewing participants every one to two months can be especially beneficial when working with adolescents, who are at a developmental stage characterized by rapid cognitive, physical, and emotional changes [10]. Repeat in-depth interviews during and after the intervention helped us understand the nature of the shifts in attitudes and behaviors that are suggested by the quantitative data.

The study findings highlight several pathways through which school-based CSE appears to help prevent IPV among adolescents. Participants: a) reflected about and modified their understandings regarding minor forms of violence in a relationship, such as jealousy and controlling behaviors; b) identified negative relationship dynamics in their own, their friends and family members' relationships and sought to construct more equitable relationships; c) acquired information and skills to communicate about IPV and actively engaged in conversations around this topic with their intimate partners, friends, and family members; and d) learned how to access support services for cases of IPV in their communities.

RECOMMENDATIONS

- **Comprehensive sexuality education should be incorporated into school curricula to promote equitable relationships among adolescents.** The results of this study suggest that comprehensive sexuality education, as a relationship-focused prevention strategy, has potential to promote equitable and non-violent relationships. Intervening during adolescence is opportune as this is a key developmental stage in which relationship dynamics are being defined.
- **Comprehensive sexuality education should engage pedagogical techniques and participatory activities relevant to participants' lives.** Relevant content and participatory activities encourage critical reflection that can contribute to changes in attitudes, beliefs, and relationship dynamics. It is important for curricula to highlight non-violent behaviors that are a part of any equitable and satisfactory relationship, as well as the elements of violent relationships.
- **Comprehensive sexuality education should offer information on where and how to access youth-friendly sexual and reproductive health services.** This should include discussing the right of young people to access health services and how to access support for cases of IPV. If possible, CSE programs should refer participants to trusted providers for free or low-cost services tailored for young people.
- **Research on IPV prevention should emphasize close collaboration between research and programmatic teams.** Collaboration is key at every stage of the research process, from developing a theory, defining the methodology, collecting and analyzing data, and disseminating results. Co-produced research helps ensure that study findings are programmatically relevant and put into practice after the study concludes [11].
- **Research evaluating the impact of IPV prevention programs may benefit from using qualitative longitudinal methods to learn about the processes of change that interventions can facilitate.** Repeat interviews conducted every one to two months before, during, and after an IPV prevention program can help detect subtle changes in attitudes, knowledge, and behaviors that might be overlooked with other research methods.

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