



**Global Early  
Adolescent Study**

# **GEAS Intervention Supplement**

**Summary of Key Findings**



# Acronym Key

GEAS – Global Early Adolescent Study

SRH – Sexual and Reproductive Health

GUG – Growing Up GREAT!

JAH – Journal of Adolescent Health

CSE – Comprehensive Sexuality Education

MoU – Memorandum of Understanding

MoNE – Ministry of National Education

UNFPA – United Nations Population Fund

RHE – Reproductive Health Education

MOH – Ministry of Health

MOE – Ministry of Education





**Key Assumption:** While more is known about the impact of gender stereotypes and norms on health over the life-course, far less is known about how best to intervene in early adolescence to foster equitable gender norms for improving SRH outcomes.

## Key Questions:

**What outcomes are more likely to be impacted by gender transformative interventions?**

Does this vary by site, population, and program?

**What implementation factors matter most?**

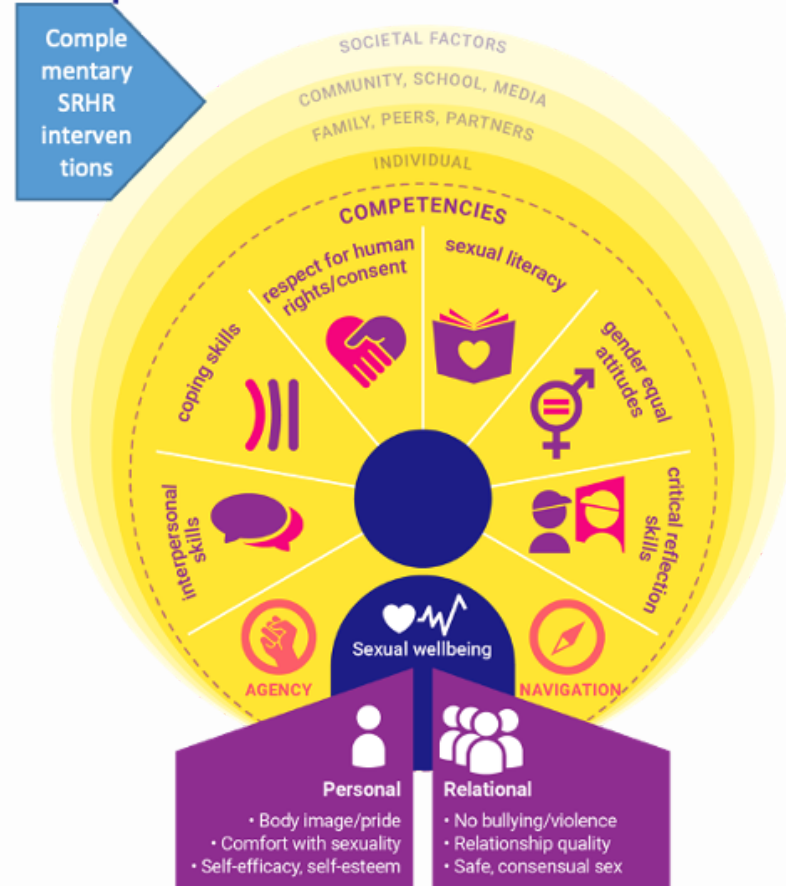
How might these vary by site?

**What are the key learnings and best practices that have relevance for other gender transformative interventions?**

## Setara

- 2 year CSE intervention for standards 7 & 8 junior high school (12-15 yr) including 3 GEAS sites in Indonesia (Bandar Lampung, Denpasar and Semarang)
- Based on UNESCO Technical Guidelines for CSE, adapted from Rutgers 'The World Starts with Me' curriculum in 2005
- **Goal:** Support adolescents **healthy and positive sexuality development**, through strengthening set of core competencies that support adolescents 'navigation' of norms, messages, expectations and goals in relation to sexuality, in order to increase their sexual wellbeing
- **In 2020:** Adapted into an online-module in response to COVID-19
- **In 2021:** MoU with MoNE & UNFPA to scale up hybrid curriculum (RHE / Setara) to 34 provinces

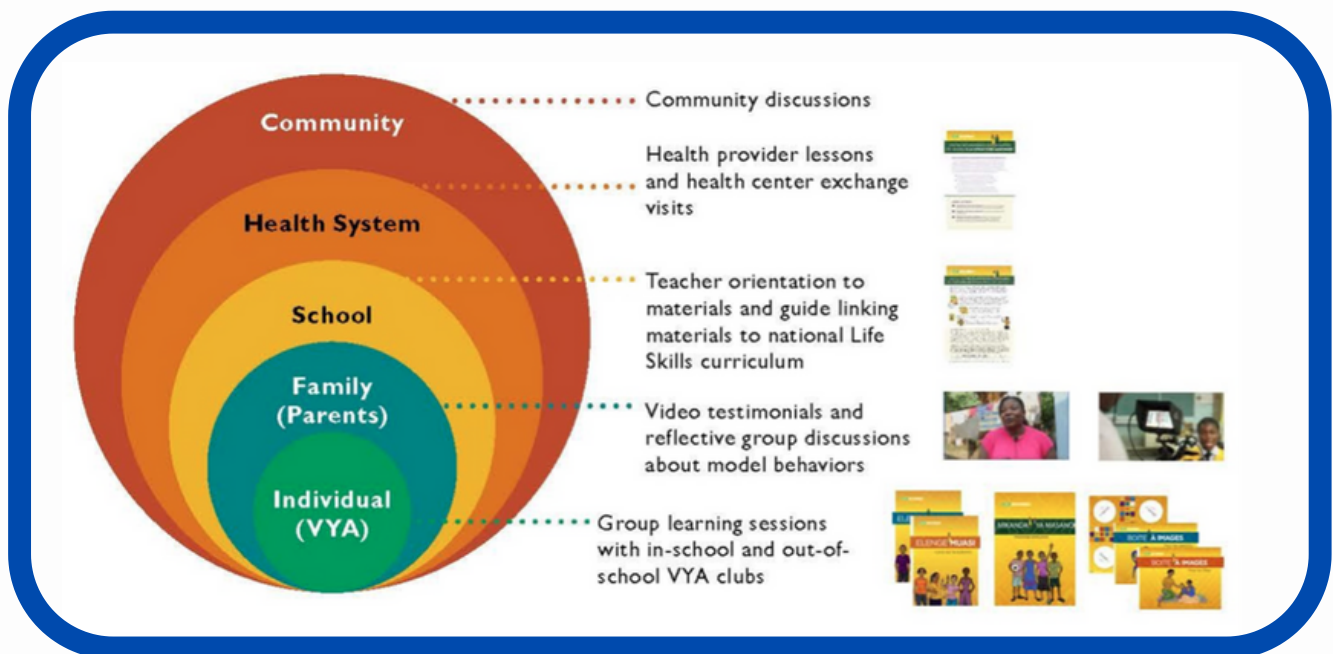
### Conceptual model for adolescent sexual wellbeing





# Growing Up Great!








- Gender-transformative sexuality education program for in-school and out-of-school VYAs in Kinshasa, DRC
- Aims to increase SRH knowledge and gender-equitable attitudes, improve adolescents' skills and healthy behaviors and create an enabling environment for ASRH
- **Designed for scale and sustainability:**  
Included in MOH National Adolescent Health Program 2021-2025 strategic plan as flagship approach for VYAs and Integrated into MOE Family Life Education Directorate's in-service training for teachers



# Journal of Adolescent Health Interventions Supplement



## Original Articles

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-  *Implementing Interventions to Address Gender and Power Inequalities in Early Adolescence: Utilizing a Theory of Change to Assess Conditions for Success:* **Mmari et al.**
-  *Balancing quality, intensity and scalability in a multi-level sexual and reproductive health intervention for very young adolescents in DRC:* **Gayles et al.**
-  *Adolescent-Parent Relationships and Communication: consequences for pregnancy knowledge and contraceptive awareness:* **Siewwright et al.**
-  *Short-Term Effects of a School-Based Comprehensive Sexuality Education Intervention Among Very Young Adolescents in Three Urban Indonesian Settings: A Quasi-Experimental Study:* **Pinandari et al.**
-  *Creating an Enabling Environment for Comprehensive Sex Programming in Indonesia: Lessons Learned from Implementation Research:* **van Reeuwijk et al.**
-  *Understanding how gender transformative interventions affect adolescent sexuality: a cross cultural perspective:* **Hunersen et al.**
-  *The impacts of two gender transformative interventions on early adolescent gender norms: a difference in difference analysis:* **Beckwith et al.**

## Commentaries

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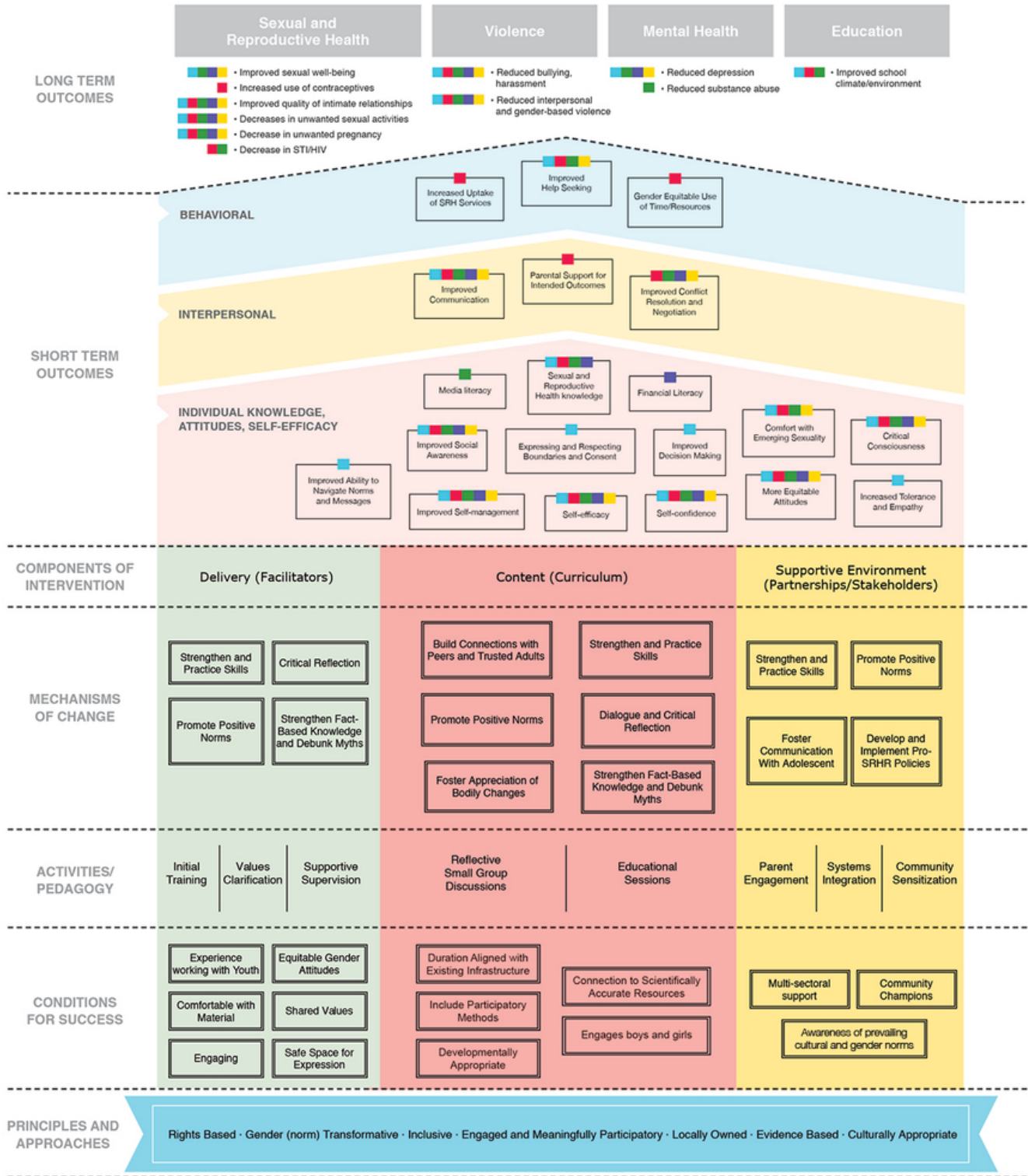
-  *Are Gender-Transformative Interventions Effective Among Very Young Adolescents?:* **Kristin Mmari**
-  *Youth Commentary on Adolescent Interventions:* **Tisungane Sitima, Khevin Angga Putra**



# Theory of Change

## INTERVENTIONS

■ SETARA 
 ■ GROWING UP GREAT 
 ■ CRAFT 
 ■ NISITU 
 ■ VERY YOUNG ADOLESCENCE 2.0



# Key Findings from Impact Studies:



Gender transformative intervention effects are **program**, **content**, and **population** dependent

## Between interventions

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- Greater effects of SETARA on improving gender normative perceptions and SRH communication
- Greater effects of GUG on SRH knowledge

## SETARA-specific: greater effects in Semarang then in Denpasar or Lampung

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- Cultural taboos caused some facilitator discomfort with material
- Inconsistent implementation in Denpasar and Lampung

## GUG-specific: greater effects among out of school adolescents and girls

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- Facilitators gear SRH lessons more towards girls
- Some limitations from governments on what content could be delivered





# Implementation factors that influenced impact

## Delivery/Facilitators

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- Challenging for school teachers to deliver certain topics, especially true for modules on gender and dating relationships in Indonesia
- Teachers need to be more intensely trained in participatory approaches to better engage with adolescents (yet there are logistical challenges with this as well)

## Content

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- In Indonesia, only  $\frac{1}{3}$  of the curriculum was implemented in 2 out of the 3 sites due to COVID-19; Semarang was the only site that had implemented most of the curriculum
- Government refusal to allow certain content be delivered (i.e., contraceptive methods)
- Challenging to structure curriculum content within school day (competes with other subjects, etc.)
- Boys and girls are initially shy; it takes time to build comfort and trust

## Supportive Environment

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- Interventions still primarily focus on adolescents; other key change agents need to be better and more intensively integrated in the design and implementation of gender transformative interventions, including parents, religious leaders, and other policy makers (where applicable)



## Enabling a Supportive Environment: Parent Communication

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**Siewwright et al** used baseline data from Kinshasa, Shanghai, New Orleans, and two sites in Indonesia: Semarang and Denpasar

### Findings:

Across all four sites, communication with a parent about SRH was significantly associated with pregnancy knowledge and knowledge of where to get contraception among females; with boys, it was more mixed;

Associations between parental monitoring and connectedness and SRH outcomes depended on site, population, and outcome

### Takeaways:

Early, accurate, and concrete discussions about SRH between caregivers and adolescents matter for young people; interventions need to ensure parents/caregivers are engaged in intervention design and implementation



# Key Messages:

## Intervention effects on normative gender perceptions differed by program:

Review found that the more accessible the message is and the more engaged a person is with the messaging, the stronger the attitude that is formed (Stewart et al, 2021)

## Intervention effects differed between boys and girls (with girls benefiting the most):

Need to consider and accommodate differences in how boys and girls learn and respond

Studies have showed that while girls respond better to education-based interventions, whereas boys respond better when community mobilization was incorporated

## Challenges in implementation influenced success:

In addition to understanding whether an intervention works, we need to understand how well it was implemented

## Interventions still primarily focus on adolescents:

Other key socialization agents (parents and teachers) need to be better integrated



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