SETARA Implementation and Scale-up
Perceptions from Key Stakeholders

Introduction

Background

In Indonesia, young people aged 10 to 24 years (65 million) account for 28% of Indonesia's population, with 48 million adolescents aged 10-19 years (Indonesian Statistic Central Agency, 2018). The Indonesian government are expecting that during 2020 - 2030, Indonesia will go through a period called demography bonus, a situation where the productive population age 15-64 composes 70% of the workforce. However, this bonus will only happen if education, health and employment systems are ready to deal with this 'bulge'. Otherwise the opposite can happen, a demography disaster, where there is a high rate of unemployment, high burden in health, and social unrest.

There has been some concerted efforts to prepare demography bonus, ranging from the provision of compulsory education for 12 years, universal access to health care, strengthening the social safety net system, among others. It is expected that this effort will suffice to realize the demography bonus. Adolescent health are supposed to be one of the main foundations to prepare for it. Preliminary studies on adolescent health, specifically during early adolescent revealed the importance of this period to form the basis of an adolescent's life which significantly contribute to the health outcome later in life[1][2][3].

One of the main critical issues that often left behind is the provision of sexuality education during adolescence. It is believed that learning and socialization on more equal gender roles will significantly affect many health outcomes for adolescents.[4] Some evidence in lower and middle income countries such as Kenya and Uganda showed that sexuality education which provided at school with whole school approach (WSA) has significantly increased the proportion of students to feel completely secure, safe, respected by teachers, and able to talk to peer educators while on the other hand decreased the proportion of school drop out and absentees[5].

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[1] Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. Journal of Adolescent Health, 61(4), S3-S4.

[2] Chandra-Mouli, V., Plesons, M., Adebayo, E., Amin, A., Avni, M., Kraft, J. M., ... & Garcia-Moreno, C. (2017). Implications of the global early adolescent study's formative research findings for action and for research. Journal of Adolescent Health, 61(4), S5-S9.

[3] Lane, C., Brundage, C. L., & Kreinin, T. (2017). Why we must invest in early adolescence: Early intervention, lasting impact. Journal of Adolescent Health, 61(4), S10-S11.

[4] Mmari, K., Blum, R. W., Atnafou, R., Chilet, E., De Meyer, S., El-Gibaly, O., ... & Zuo, X. (2017). Exploration of gender norms and socialization among early adolescents: The use of qualitative methods for the Global Early Adolescent Study. Journal of Adolescent Health, 61(4), S12-S18.

[5] Flink, I., Schaapveld, A., & Page, A. (2017). The Whole School Approach for Sexuality Education: Pilot study results from Kenya and Uganda. Rutgers.

More studies are needed to show and build evidence on the benefits and importance of sexuality education particularly from lower middle-income countries such as Indonesia. We believe that adolescents have a right to receive adequate sexuality education. The United Nations Convention on the Rights of the Child states that children and young people have the right to enjoy the highest attainable health, access to health facilities (Article 24), and access to information which will allow them to make decisions about their health (Article 17), including family planning (Article 24) (IPPF, 2010). Yet, for Indonesia, teachers are often reluctant to provide clear and consistent information. Young people as well are ambivalent to receiving sexual and reproductive health information. In a study by Susanto et. al. (2016) nearly two out of five 11-16-year-olds in Indonesia expressed negative attitudes toward the provision of sexual and reproductive health information and/or services, reflecting dominant socio-cultural taboos around sexuality in Indonesia.

Recent trend data suggest that there has been an increase in clandestine abortions among young people. With extended duration of schooling, rural to urban migration and the delay in the age of marriage these trends are only likely to increase. Similar trends are also observed for sexual violence among adolescents in Indonesia. A study conducted jointly by the International Center for Research on Women and Plan International found that of the 1739 12-15-year-old adolescent respondents, 84% reported experiencing some form of violence in school with most (80%) reporting male students as the perpetrators.

Underlying most of these sexual and reproductive health issues are gender inequality and social norms that permit inequitable resource distribution, barriers to education and health services, and discrimination. Young people also have insufficient knowledge and skills to protect themselves and help them make informed decisions about their health.

SETARA (Semangat Dunia Remaja) - Comprehensive Sexuality Education for Junior High School Student

Rutgers Indonesia, previously WPF, has implemented Comprehensive Sexuality Education (CSE) in Indonesia for more than 15 years. SETARA (which means equal in Indonesia language) was adapted from Rutgers' the *World Starts With Me* curriculum. The goal of Setara is to support adolescents healthy and positive sexuality development so as to contribute to adolescents' sexual health and wellbeing, through supporting the cognitive, social-emotional elements of sexuality development, a positive self-image and interpersonal skills (Setara teacher manual 2018 and Rutgers white paper on sexuality development 2019).

Beginning in early 2019, SETARA has been implemented in 16 junior high schools in three different Indonesian sites: Semarang, Lampung, and Denpasar. The curriculum consists of 15 lessons, is teacher-led, and implemented over a two-year period, starting with junior high 1 (7th grade: 12-13-year-old pupils) and junior high 2 (8th grade: 14-15-year-old pupils). Implementation follows the academic calendar and starts each year in August. Teachers implement the lessons, which are administered as intra-curricular within some school subjects such as counselling and science consisting of around 30 pupils. Teachers receive training by Rutgers WPF Indonesia and the Indonesian Planned Parenthood Association / Perkumpulan Keluarga Berencana Indonesia (PKBI). Teachers receive supervision and support by these non-governmental organizations (NGOs), as well

through a community of practice formed by fellow SETARA teachers from different schools who meet periodically.

Complementing SETARA has been the recent (2017) development of the Whole School Approach (WSA) that is being piloted within the school under the Explore 4 Action project. There is no definitive number since all school are expected to adapt WSA.. Components of the WSA include: school assessment, induction meeting with school, development of school action plan, teacher training, parent sensitization meetings, SETARA classroom teaching, creation of teacher and parent forums, and establishment of peer educator groups.

CSE Implementation Barriers
SETARA is one of many CSE curricula targeted to adolescents in Indonesia. Other organizations such as UNFPA, UNICEF, and the National Family Planning Board have developed their own curricula. However, studies have indicated that many CSE programs face common implementation barriers at multiple levels. Some of these barriers include community and parental resistance, teacher unpreparedness, program complexity, insufficient funding, monitoring-related issues, and broad variations of program adoption and implementation (UNESCO, 2019). Given these barriers, it has been challenging to scale up CSE curricula, particularly in Indonesia. According to Velies et al (2018, unpublished), while there have been numerous pilot projects for adolescent sexuality education and health in Indonesia, the majority are not coordinated with one another nor do they share common goals at the national level. There are some reasons revealed such as the orientation of the module which mostly project-oriented and lack of planning for sustainability.

Purpose of Report

Given the importance of CSE in Indonesia and the need to have a program scalable at the national level, this report presents the results of a qualitative study among key stakeholders in Indonesia. The objectives of this study were as follows:

- To identify the primary barriers and facilitators for effective and sustainable implementation of SETARA;
- To identify key stakeholders' perceptions of the key elements of SETARA;
- To determine the mechanisms for improving acceptability and appropriateness of SETARA across multiple stakeholder groups, and formulate recommendations;;
- To provide recommendations for scale up by local and national government of SETARA

The study was assigned by Rutgers Netherlands, as part of the Explore4Action research program. Explore4Action[6] is a research and advocacy program that evaluates how sexual and reproductive health attitudes, behaviors and outcomes are impacted by Setara. The overall goal of Explore4Action is to build evidence to support the implementation and scale-up of CSE and age-appropriate strategies to improve Adolescent Sexual and Reproductive Health (ASRH) in Indonesia.

Explore4Action is a joint initiative of Rutgers (Netherlands and Indonesia), the Center for Reproductive Health of Gadjah Mada University Yogyakarta (Indonesia), local branches of the Indonesian Planned Parenthood Association (PKBI), Johns Hopkins University (USA) and Karolinska Institutet (Sweden). Explore4Action is supported by a National Advisory Committee consisting of key national stakeholders

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[6] https://www.rutgers.international/programmes/explore4action-youth-centred-research-improve-adolescent-sexual-and-reproductive-health

from the Indonesian Government, academics and civil society organizations, and Local Advisory Committees in the three research sites with representatives of local government and other local stakeholders.

Explore4Action includes three research tracks, and an advocacy track to make the case for better sexual health education and services for adolescents and young people across Indonesia. Evidence is gathered at three sites in Indonesia: Semarang (Java), Bandar Lampung (Sumatra) and Denpasar (Bali). The three research tracks are:

- The Indonesian arm of the longitudinal **Global Early Adolescent Study**[7] **(GEAS)** identifies factors that predispose young people to sexual health risks or that promote healthy (sexual) development and behavior. Through three measurements in 2018, 2020 and 2021, GEAS will compare schools implementing SETARA with control schools and measure the impact of CSE on young people's health and wellbeing.
- **Youth Voices Research** is a qualitative participatory research engaging young co-researchers to explore the experiences of 12-24 year olds in relation to sexuality (how they experience "growing up") and how messages and expectations around gender and sexuality influence their behavior and sexual health needs.
- **Implementation research** to evidence what is needed for successful implementation and effectiveness of CSE in Indonesia.

The current study on stakeholder perceptions on implementation and scale-up of Setara, is part of the implementation research track. Findings will contribute to understanding and explaining GEAS impact evaluation results of Setara at three sites in Indonesia, as well as to identify the best strategies for scaling up of Setara. Insights will be used to inform and improve program delivery and scale-up. Rutgers intents to share the results and insights with relevant stakeholders including program managers, teachers, government officials, NGOs, community leaders, development professionals, as well as youth activist to support better delivery of CSE for adolescent.

The preliminary findings from this study were presented and discussed at the September 2019 teacher summit in Yogyakarta, with an audience of 50 Setara teachers, government officials, implementing partner organisation, and youth from six different provinces where Setara is being implemented. Study results were presented, validated and discussed, and outcomes of those discussions are integrated in this report.

2. Methods

Study design

In-depth interviews were conducted with multiple stakeholder groups, including but not limited to teachers, government officials, civil society organizations, religious leaders, and staff of partner

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[7] https://www.geastudy.org/indonesia

organizations. Each respondent was asked about how they interpreted CSE, and specifically SETARA, based on their life experiences and background. Qualitative methods were chosen as we were interested in gathering more meaningful responses about the extent to which CSE is understood and experienced across various stakeholder groups.

Timeline and informant selection

Data collection was undertaken between May - June 2019 in Jakarta, Semarang, Bandar Lampung, and Denpasar. Selection was purposive, aiming to recruit stakeholders who have an interest in CSE. A general announcement was made in four sites by sending emails directly to prospective respondents about the study. Special consideration was made to selecting individuals from organizations which might be supportive and resistant toward CSE for junior high school students. In total, 56 out of 60 informants were recruited for the in-depth interviews across the four sites.

Number of respondents for in-depth interviews												
	Male	Female	Head masters	Teachers	Government Officials	Implementing Partners	Religious leaders	Local NGO	UN agency	Academics	Professional association	Total
Jakarta	7	3	0	0	1	1	0	4	1	2	1	10
Semarang	3	9	4	2	5	3	1	1	0	0	0	16
Bandar Lampung	6	9	4	4	2	1	1	3	0	0	0	15
Denpasar	4	11	2	2	8	2	1	0	0	0	0	15
Total	24	32	10	8	16	7	3	8	1	2	1	56

Procedures

In-depth interviews were conducted in the Indonesian language by RR (first author of the report). Interviews lasted around 30-60 minutes, were audio recorded, and conducted in private areas according to the participants' preferences. Notes were also taken during the interviews.

Rutgers Netherlands (MR) with technical support from an evaluation specialist from Johns Hopkins Bloomberg School of Health (KM) developed the interview guides, which consisted of topics such as respondents' involvement with SETARA, their perception of SETARA/CSE, key barriers and opportunities related to SETARA implementation, barriers and opportunities for scale up, perception toward the overall research program, and possible support that can be provided by Rutgers or PKBI.

KM provided technical assistance to RR during analysis and report writing, the draft report was reviewed and approved by Rutgers NL (MR).

Data analysis

The recordings of the interviews were transcribed verbatim and were not translated into English as researchers who conducted the analysis were fluent in Indonesian. Recordings and transcriptions were then compared to ensure transcriptions accurately captured the content of the interviews. RR with technical support from KM conducted the analysis using thematic analysis based on guidance from Braun and Clarke (2013) which consists of six phases: familiarization of data, determining the coding, seeking the theme, reviewing the theme, determining the theme, and writing the report. We organized the data by employing a qualitative research analysis software NVivo 11 to organize common topics into particular codes, and to group similar codes into particular themes.

RR and KM met to distinguish the initial codes and made decisions to recode some of the emerging categories. Coding concluded when all the data was assigned to a code, and saturation was achieved.(Guest, 2012). To compare codes across sites and stakeholder group, matrices of the key codes were created. Patterns were identified by color coding quotations and analyzed to determine the extent to which the cultural context of the site and the level of management (local versus national) played a role in the overall themes.

Leadership Structure of Indonesia

Indonesia has multiple layers of governance. To help understand the leadership structure, and the levels of leadership that our interview respondents represent, we developed a table of the national and local governance structure and their mandate related to sexuality education (Table 1). This overview also helps to understand the recommended pathways for scale-up.

At the national level, there is President in the executive branch and the four technical ministries. In the legislative branch, the DPR, or House of Representatives which consists of 560 elected-representatives from all over Indonesia. On the Judiciary side, there is Great Court which serves as the judicial branch for any matters related to law enforcement and Constitutional Court.

At the local level, there is the provincial and regent/city governments. Within these levels, there are the same three branches of government as what is held at the national level. In the executive side, there is a city mayor. In the legislative, there is DPRD or local house of representatives which the numbers vary from one place to another. On the city level, the judiciary is managed by district court.

Indonesian national and local governance structure

	Executive	Legislature	Judiciary	Remarks
		National level		
Government	Presidential office	House of Representative (DPR)	Constitutional Court	

bodies	⇕ **Coordinating Ministry of Human Development and Cultural Affairs** ⇕ **Technical Ministries:** **Ministry of Health** **Ministry of Education** **Ministry of Religious Affairs** **Ministry of Home Affairs** **National Development Planning Agency**			
Mandate and authority	President and Coordinating Ministry of Human Development and Cultural Affairs: to ensure all four technical ministries work in synergy Ministry of Health: develop the initial module of reproductive health education Ministry of Education: implement the module in the school area under their authority which include general public school, general vocational school, private school, private vocational school Ministry of Religious Affairs: implement the module in the school area under their authority which include general Islamic school (madrasah) and private Islamic school) Ministry of Home Affairs: ensure that the coordination in place between involved ministries and local government National Development Planning Agency: harmonize all development planning to be in line with the current administration's vision and mission, RPJMN (National medium term	To draft, pass and revise a law called *Undang-Undang*	To review and change the law if it's proven to be unconstitutional	

	development planning), and current law.			
Policy-related output and program	President : Perpu (Executive regulation replacement of Undang-undang (bill)), Perpres (Presidential regulation), and PP (Executive regulation) Technical ministries: Ministry of Health: Regulation. In the reproductive health education, they initiate to develop the module Ministry of Education: Regulation. In the reproductive health education, they are implementing and monitoring the module implementation in their school area Ministry of Religious Affairs: Regulation. In the reproductive health education, they are implementing and monitoring the module implementation in their school area Ministry of Home Affairs: Regulation. They are monitoring and ensuring coordination is in harmony National Development Planning Agency: RPJMN (National medium term development planning)	A national law called *Undang-undang*. The DPR until recently never discussed about the revision of Law 20/2003 on the national education system	Judicial review was proposed by NGO coalition during 2015 - 2016 to insert 'reproductive health education' clause at Law 20/2003 on the national education system, but got rejected	While the constitutional court has rejected judicial review related to Law 20/2003 and DPR never put the revision on their priority, the executive has been moving with their own direction by integrating reproductive health education in the school.
	City level			
Government bodies	**City Mayor with the assistance of Local Secretary** ↕ **Education Office** **Health Office** **Religious Office** **Provincial/city/regent Development Planning Agency**	**City House of Representative**	**District court**	

Mandate	City Mayor with the assistance of Local Secretary: To manage and harmonize all government bodies under their authorities. City mayor is a political position, meanwhile local secretary is a government agencies which translate all mayor policy and direction into specific action	To draft, pass and revise a local law called *Perda* or Peraturan Daerah	District court has no mandate and authority in deciding whether a local regulation deem as constitutional or not. It will be referred to the constitutional court	
	Education Office: to implement and monitor the curriculum in general public school, general vocational school, private school, private vocational school			
	Health Office: to monitor the implementation of the module but with limited authority			
	Religious Office: to implement and monitor the curriculum in general Islamic school (madrasah) and private Islamic school)			
	Provincial/city/regent Development Planning Agency: to harmonize and approve all development proposal from the Education, Health, and Religious Office			
Policy-related output and program	City Mayor with the assistance of Local Secretary: to produce perwali or city mayor decree. No decree has been made so far related to reproductive health education	No *Perda* ever passed specifically on Reproductive Health Education	N/A	There are different types of junior high school in Indonesia. The public school include general public school (SMP Negeri) and general vocational school (SMP Kejuruan). The private school include general private school (SMP Swasta) and vocational private school (SMP Kejuruan Swasta). Meanwhile for Islamic school it is under Ministry of Religious Affairs which include general Islamic school (Madrasah Tsanawiyah Negeri) and private Islamic school (Madrasah Tsanawiyah Swasta)
	Education Office: Memorandum of understanding to implement and monitor the curriculum in general public school, general vocational school, private school, private vocational school			
	Health Office: Monitor the school health program. No specific program on reproductive health.			
	Religious Office: Memorandum of understanding to implement and monitor the curriculum in general Islamic school (madrasah) and private Islamic school)			
	Provincial/city/regent Development Planning			

	Agency: RPJMD (Local medium term development planning)			

Please describe here (in relation to above) what Rutgers and PKBI have tried / are trying and (failed to) achieved with regard to permissions for implementation of Setara.

Description of Interviewees

Interview respondents represented various levels of the government, in addition to respondents from schools (headmasters and teachers), PKBI staff, lawyers, and religious leaders. In general, the higher the position of an interviewee, the less likely he or she was to have knowledge or understanding about SETARA or CSE. On the other hand, if our interviewee was a teacher or a headmaster, he/she was much more likely to have knowledge about SETARA.

In Lampung, non-school stakeholders, such as representatives from legal aid organizations, did not have any knowledge of CSE, although some did comment it could protect their children from violence. In Denpasar, however, non-school stakeholders had previous knowledge of CSE through DAKU, which was a CSE developed for high school students by Rutgers. In Semarang, stakeholders from non-government had no experience with SETARA or CSE but encouraged PKBI to advocate for passing the law related to sexuality education.

The full list of interviewees including their description can be found in the annex 1.

Context in three areas - Semarang, Bandar Lampung, and Denpasar

Semarang, Central Java

Semarang is located in Central Java with predominantly Javanese culture. As the main island in Indonesia, Java holds 60% of the country's population (230 million). Semarang is a port city and capital of Central Java with a population of approximately 3.2 million. The majority (86%) are Muslim, followed by Protestantism and Catholicism. The current administration in the city of Semarang is the Indonesian Democratic Party of Struggle (PDIP), which is a secular-nationalist party.

Within this area, the relationship between PKBI and other stakeholder groups is relatively positive. However, PKBI has decided to engage each stakeholder on an individual basis, as opposed to forming a joint local advisory board, to ensure each is well informed of SETARA's implementation. SETARA was initially implemented in three general public schools and one Islamic-based school. A fifth school is now implementing SETARA after additional funding was received by the local education office and Rutgers. Based on Nadhatul Ulama (NU), the largest Islamic organization in Indonesia, sexuality and

reproductive health education have already been accommodated in Islamic teaching within this province.

Bandar Lampung, Lampung

Lampung is the gateway to Sumatera island from Java. Although Lampung is close to Jakarta (the capital city of Indonesia), it is one of the poorest provinces in Sumatra island. As a hub for many migrants, Lampung has been described as a melting pot for Javanese and Sumatra people. Bandar Lampung is the capital of Lampung and is the third largest city in Sumatera island with approximately one million people. About 90% of the population is Muslim, followed by Protestantism (3.7%) and Buddhism (3.6%).

SETARA is currently implemented in five public schools and one private school in this city. However, Lampung is currently facing the biggest challenges with regards to accepting the SETARA curriculum. Part of the reason behind this is that PKBI Lampung lacks relationships with NGOs, religious leaders, and academics to unify an effort to advocate for CSE.
Interviews with Islamic clerics in Lampung also demonstrate that although adolescent reproductive health is included in Islamic teaching, there are restrictions in the schools about what topics can be discussed. Consequently, most teachers have requested to delete teaching about gender equality, contraception, depictions of the sexual organs, and LGBT populations in the newer version of SETARA. Aside from that, it is important to note that Lampung is one of the areas where SETARA has been implemented since 2013 compared to Semarang and Denpasar which have it later in 2018. The enabling environment in Lampung might be difficult for implementation, however they have the most experienced teachers compared to other areas.

Denpasar, Bali

Being a tourist destination for both local and international visitors, Bali has the second lowest poverty rate in the country. As a Hindu province, Bali has also embraced CSE programming since its inception. In the Hindu teaching, aspects related to sexuality and reproductive health is included in the framework of family and marriage. There is a concept called Catur Asrama, which is a four-path framework for humans to go through their life and one of them is marriage. Before entering into marriage life, couples must promise not to commit adultery, rape, neglect their children, and be mature enough to enter marriage.

Denpasar is the capital of Bali and is home to approximately 900,000 people. SETARA implementation began in 2017 among three public schools and two private schools. SETARA has been widely accepted in this area, in part because of the strong local advisory committee. One respondent even suggested formalizing the local advisory board through a Mayor's Decree to ensure implementation of SETARA can be further expanded.

Process for introducing SETARA in three sites

Within the three sites where SETARA implemented, there are different types of schools and management structures. These structures are important to note as they influence the way SETARA is implemented in each site.

Type of school	Type of school curriculum	Authorized Government Agency
General Junior High Public School (SMP)	Standardized national curriculum	Ministry of Education
Islamic Junior High Public School (SMPIT)	Standardized national curriculum with integration of Islamic value and teaching in each subject	Ministry of Education
Islamic Junior High School (Madrasah Tsanawiyah)	Standardized national curriculum with additional subjects distinct from the general subjects, such as Islamic law, Koran, Hadith, etc.	Ministry of Religious Affairs
General Private Schools	Standardized national curriculum	Ministry of Education

Semarang

In addition to introducing SETARA to selected school officials, PKBI went to the Mayor's office to get political support for SETARA. In general, support for SETARA was divided between school officials from the public schools versus the representatives from the local religious office which manages the Islamic schools. While the local religious office was initially included in the Mayor's office to discuss SETARA implementation, representatives from the local religious office felt they were never asked for their permission to implement SETARA.

> *"PKBI were not supposed to go to Madrasah (Islamic school) since it belongs to the Ministry of Religious Affairs. Any activity conducted in Madrasah should be under our permission and need to come to us. That's why, to be honest, I didn't approve the activity in MTS 1{name of*

school}. Any institution who is willing to go into our 'house' is not supposed to go to the 'bedroom' first." (F, Local Religious Office)

This miscommunication between the local religious office and the Islamic Junior High School (Madrasah) has created a number of challenges to implementing SETARA in the schools. Two specific aspects are described below:

1) *Content of curriculum*: Parents have voiced concerns that teaching sexuality will encourage children to engage in sexual activity. Related, there is concern about teaching children about sexual diversity, and in particular LGBT, which is considered to be a sensitive topic in Indonesia.

2) *Delivery*: A few religious leaders reported that SETARA should consider the local and religious contexts and not make the teaching secular.

Lampung

Introducing SETARA in Lampung was also met with several challenges. While public school officials were the first to be introduced to SETARA, representatives from the local education office felt they should have first been contacted about SETARA since they considered any school activity to be under the government's monitoring.

> *"I was a bit shocked at the first time since they established the connection to the school rather than to us. Further, they presented that this school has implemented the program." (E,* Local Education Office)

Unlike in Denpasar and Semarang, in which permission from the Mayor's was granted to PKBI, PKBI Lampung found it difficult to get permission. Additionally, the Chair of the Headmaster Association was initially very skeptical of SETARA and consequently became very suspicious of anyone who was associated with implementing SETARA, in part because it was developed from a European organization. PKBI Lampung was also concerned that students could take photos of the content and spread it online. This concern was not unfounded. During the Global Early Adolescent Study's (GEAS) baseline survey, a student actually took a photo of a sensitive question and spread it online, including to government officials in the province.

Similar to what was observed in Semarang, resistance to implementing SETARA primarily came from teachers and school officials from the Islamic-based schools. The resistance was primarily related to the content of the curriculum and, in particular, the following topics:

1) *Gender equality*: The word SETARA means 'equal' and officials at the schools worried that trying to teach about 'gender equality' was going against Islam, as there was already a concept of what it was to be male and female.

2) *Sexual orientation*: Teaching about sexual orientation and sexual diversity was considered too sensitive of topics to be taught at schools.

*"If I can see, SETARA from the wording itself means equal between male and female. Meanwhile in Islam it is different since they have different responsibilities. Males in the Koran are supposed to be the leaders of females." (*A, teacher at SMPIT Fitrah Insani*)*

"In SETARA, we are allowed to have sexual orientation such as bisexual and others, meanwhile there is no such concept in Islam which makes us disagree with the concept in this book." (F, teacher at SMPIT Fitrah Insani*)*

Denpasar

The PKBI in Bali went to all the schools directly and then to the local education office for further approval. Compared to Semarang and Lampung, SETARA was well-accepted and support for the program was further strengthened after a local advisory group was established to provide open communication about the implementation of SETARA in all of the schools.

Notably, across all three sites, we found that in schools where the headmaster was a counseling teacher, there was stronger support for implementing SETARA. Counseling teachers have witnessed several cases among students related to sexual and reproductive health, yet they often have limited tools to equip them to handle such cases. SETARA was perceived from all of these subject teachers as an excellent resource for them to help them with their students.

"It has been included in our standard operating procedure. As a counseling teacher that student is our client and we need to have empathy to their problem. SETARA is efficient in handling students with their problem since we have the specific procedure to handle the issue" (W, SMP 3 Denpasar, Bali*)*

*"During period of 1990s I found a lot of problems related to reproductive health, however I did not have the knowledge nor the competency to address the issue. Meanwhile teachers in other subjects, such as natural science and religion, also can give only advise, not specific knowledge. That is why I have always been supporting the teachers here to teach about reproductive health." (*R, Headmaster SMP 22 Lampung*)*

"Problems related to sexuality, such as sexual activity, have consequences such as pregnancy, getting infected to disease, and dropping out of school. That is why I have been trying to prevent and thanks to God until 2019 it is relatively secure as there are no issue with students." (S, Headmaster SMP 28 Semarang*)*

Motivation to support/accept SETARA

While there were many challenges faced, particularly in Semarang and Lampung, respondents still shared a number of reasons for why SETARA should be accepted and supported. From the section above it seems that teachers believe that it is their role to discourage / warn about romantic relationships and dating ("negative behaviours of students"), and feel that Setara helps them in that

role, even though this is not an intended goal of Setara. Below is a listing of more reasons metioned by stakeholders at the three sites.

Mapping of motivation to support/accept SETARA

	Motivation
Semarang	● SETARA helps parents communicate with their children about sexuality ● SETARA teacher training strengthens overall teaching ● Trusting relationship with PKBI helps increase acceptance of SETARA ● SETARA is viewed as innovative and interesting ● SETARA can help young people navigate misinformation about sexual and reproductive health
Bandar Lampung	● Growing concern for adolescent health and well-being ● Teachers exposed to SETARA have been convinced of its benefits ● SETARA is viewed as innovative and well-structured ● Administering SETARA during counseling subject allows for students to engage in other subjects without disruptions
Denpasar	● SETARA can support student development ● Exposure to previous family planning programs increases overall support for SETARA

Stakeholders in Semarang saw SETARA as innovative as it helps the school showcase a new approach to working with adolescents and addressing their issues properly. SETARA was also perceived to increase students' confidence to speak up.

> *"I didn't have any innovative program once I was appointed as headmaster. When SETARA came through, and PKBI and I learned that no such program existed before, I became so interested and convinced. I also saw that children are getting to know more about their bodies and feel more confident about themselves. I imagined myself when I was their age, I wouldn't have such bravery" (S, Headmaster, SMP 22 Semarang)*

Government officials in Bandar Lampung are able to support SETARA, as long as PKBI and the schools apply for permission before the program starts. Public officials even suggested that PKBI secure a process for forming a local advisory group. Several respondents also pointed out that resistance toward SETARA can be reduced by sharing that SETARA can offer tools to handle issues related to adolescent sexuality.

"I used to face a lot of issues such as teenage pregnancy, but I didn't know how to handle and I got no knowledge as well as competence to teach and manage the issue. Subjects such as natural science and religion are very general and it adds up with the current technological development where student finds information through social media and afraid to ask the teacher. I think it is very good that SETARA was transferred to teacher. The response is very good" (R, Headmaster, SMP 22 Bandar Lampung)

Meanwhile in Denpasar, support for SETARA and CSE in general can be found among all stakeholders. Exposure to previous family planning and HIV programming was found to be significant in shaping the current acceptance.

*"I used to work in social welfare office and also managed the family planning program, so it is not that different that I get to know about reproductive health" (*G, Local Education Office*)*

Modes of SETARA Delivery

The table below illustrates the various modes of SETARA delivery across the three sites, and the key perceptions of each.

Perceptions of delivery mode	Semarang	Bandar Lampung	Denpasar
SETARA under counselling subject (BK) - In some schools which implement SETARA, the SETARA curriculum can take up to 75% of the counseling subject. There is a concern that SETARA might dismiss other topics related to student development, and only focus on sexual and reproductive health, but this has not been addressed yet.	1 Islamic junior high public school (Madrasah Tsanawiyah) 3 general junior high public school (SMP)	1 Islamic junior high general public school (SMPIT) 3 general junior high public school (SMP)	2 general junior high public school (SMP) 1 vocational junior high private school (Tourism SMP)
SETARA as stand-alone subject There are four schools which provide specific hours for SETARA to be a stand-alone subject. This was because staff from the Ministry of Education did not allow any additions to the school subjects as they were managed by the national education system law.		3 general junior high public school (SMP)	1 general junior high public school (SMP)
SETARA as part of homeroom teacher subject In one private school in Bali, we found SETARA to be taught as a stand-alone subject delivered by the homeroom teacher over the weekend. In this case, SETARA is viewed as extracurricular and can be delivered on a Saturday by the homeroom teacher.			1 general junior high private school (SMP)

SETARA as extracurricular and personal development – In two schools in Lampung SETARA was delivered as a stand-alone subject as part of an extracurricular activity. In an Islamic school, it was delivered after Friday prayers, after lunch.		1 Islamic junior high general public school (SMPIT) 1 general junior high public school (SMP)	
SETARA under natural science and sports subject. In two schools in Lampung, SETARA was being implemented by either the natural science teacher or the sports teacher. Each teacher dedicated some of their allotted time in these subjects towards SETARA.		2 general junior high public school (SMP)	

Teacher Delivery of SETARA

Denpasar: Among the three sites, Denpasar was least likely to encounter any challenges with delivering the curriculum. A few teachers did mention that SETARA sometimes overlapped with other school activities, but the majority felt that the curriculum was welcomed and accepted across all local stakeholders.

Semarang: While there were few challenges reported by the teachers, with most reporting that the time allotted to topics was too short, the local implementing partners (PKBI Central Java) reported the most problems. One of the problems was with the SETARA's promotion of healthy adolescent sexuality, which was not aligned with their beliefs about adolescent sexuality. PKBI officials also believed that teachers often had difficulty in administering some of the games within their classrooms due to their different level of knowledge.

> *"Sometimes the problem lies on how the teacher delivers the module to students due to their level of knowledge. We found some of them are not elaborating enough of the aim and objectives of the chapter. Sometimes I also asked the student whether they understand what the teacher said and some of them can't comprehend it well" (*L, PKBI Staff in Semarang*)*

There was also a power differential between the junior PKBI officials and the more senior teachers in the schools, which often created issues for providing technical assistance to the teachers.

> *"I feel like as a young person, the senior teacher is sometimes undermining us. However, we need to conduct the technical assistance to ensure the program runs well according to the plan" (I,* PKBI Staff in Semarang*)*

In general, the Islamic-based schools often had more resistance to implementing the SETARA curriculum compared to the public schools in Semarang.

Bandar Lampung: While Bandar Lampung was found to be the most difficult area to implement SETARA, we revealed that the capacity of the teachers to deliver the program has been quite sufficient. This may be related to the fact SETARA was initially introduced to Bandar Lampung in 2013, compared with Semarang and Denpasar which were exposed to the program later in 2017. Additionally, PKBI Lampung has implemented other CSE modules for senior high schools with Rutgers since 2005 and, therefore, had the experience already to implement SETARA, despite difficulties with the government.

> *"We have implemented CSE since 2005. I am one of the earliest master trainers for CSE at school when it was implemented in Bandar Lampung among other regions. We still have the network of teacher which has been trained for CSE in senior high school" (H*, PKBI Staff in Bandar Lampung)

Perceived benefits of SETARA

When asked about the perceived benefits of SETARA, there were four main themes that were mentioned across all three sites:

1) Improved teaching and communication;
2) Improved student knowledge and attitudes about SRH
3) Decreased negative behaviors among students;
4) Increased self confidence and empathy among students

Improved teaching and communication. Four stakeholders at school level across all three sites mentioned that SETARA would be useful in improving teachers' communication skills with students and help them to be more open and available to speak with students about certain sensitive topics.
> *"Most of teachers who deliver SETARA are homeroom teachers. We know for sure who's dating who. They are very open to us such as breaking up with their boyfriend or girlfriend. They will talk to us about that and so we know all the gossip" (B,* Teacher, Denpasar)

> *"Every time I teach SETARA, it made me really enjoy the teaching process. When I taught natural science, I can be really fierce to students. The students will ask me to insert SETARA materials every time I become really fierce to make the teaching situation more enjoyable" (SM,* Teacher, Bandar Lampung*)*

Several also thought that the SETARA curriculum would increase teacher knowledge about classroom management.

> *"Teaching SETARA improved my skills in making the best of the time I have in the class. Since I am also appointed to be master trainer, it gave me skills to manage my time to train teachers from other schools to deliver SETARA to their students." (A,* teacher, Semarang*)*

Improved student knowledge and attitudes about SRH. Respondents across all three sites also thought that SETARA would be able to improve student knowledge and attitudes about sexual and

reproductive health, In particular, they felt that the curriculum would help students improve their knowledge about reproductive organs and menstruation

> *"One student told me that she used to be so stubborn at home. After getting exposure from SETARA and the modules, she can explain what actually happened with herself that she's currently going through puberty and drastic emotional changes" (M, Teacher, SMP Saraswati*}

Decreased negative behaviors among students. Respondents from Semarang and Bali mentioned that they felt the SETARA curriculum could reduce risky related to dating and other behavioral problems among students.

> *"We got to see a lot of students were dating in corners or quiet places all over the school. Sometimes they just skipped school to go for dating. Now that they know about the knowledge, they are still dating but they are now well-equipped and doing it responsibly" (N,* Teacher, SMP Saraswati, Bali*)*

> *"I have been pushing for SETARA since 2017 since there have been some teenage pregnancy case before. Thanks to God since 2017 until now in 2019 we are still safe and no case occurred yet" (S,* Headmaster, SMP 28, Semarang*)*

Increased self confidence and empathy among students. Across all three sites, respondents mentioned that SETARA could increase student self confidence and empathy towards others

> *"Students are getting more confident in sharing and discussing topics such as dating and relationship. We asked them their views on dating and we gave them the concept. If they said it is allowed, then why not?" (K,* Headmaster, SMP 3, Denpasar*)*

> *"I found that the students are getting more open to diversity among themselves and I rarely hear cases about bullying again among them" (R, T*eacher, SMP 19, Band*ar Lampung)*

> *"When I used to teach about reproductive organs they will be making it as a joke. But now after a few sessions, they are more in control of themselves, and know it from a scientific perspective and able to mention their organ as it is, not using other words" (A,* Teacher, SMP 22, Semarang*)*

Key Curriculum Chapters

When respondents were asked about the most important chapters of the SETARA curriculum, no single chapter emerged as "most important." Puberty was deemed as important by Semarang and Bandar Lampung, whereas in Denpasar, respondents mentioned the topics related to relationships, such as communication with parents, dating, and emotion, as being the most important.

Promoting the Scale Up of SETARA

From the interviews with stakeholders, we incur that the following factors positively contribute to implementation and quality of Setara:

- *Enabling environment: the informal lobbying to the government, good communication among stakeholders, the release of Memorandum of Understanding*
- *Teachers-related factor: the spirit of the teacher in delivering the module (whether they are passionate or not), the way teachers present the module, teachers' initiative in engaging discussion with students.Approach or method within SETARA: interactive games, there is only reflection at the end of study not evaluation which provide a pressure-free situation, novelty of materials*

When respondents across the three sites were asked about how SETARA and other CSE modules could be scaled up, we noticed their responses could be grouped along three key areas: advocacy around securing additional funds; increasing the acceptability among stakeholder groups; and making specific policy changes. Each is described further below:

Increasing funding streams

Advocacy efforts for increased funding was mentioned primarily among respondents in Denpasar, Bali. Although PKBI Bali has only implemented the SETARA program since 2017, they have already started doing advocacy work for funding, that have involved several government agencies. This advocacy work can be targeted differently, depending on whether the agency is the local education office or a developmental planning agency, or even local house of representative officials. A few respondents suggested that if funding for adolescent reproductive health or sexuality education was to grow, advocacy efforts should start with the local health office (DINKES) or local education office (DISDIK) by having them propose activities and budget to the provincial/city development planning agency (BAPPEDA). Bappeda is the approval authorization agency that would check any proposed budgets that could be deemed as RPJMD (Local Mid-Term Development Planning) and be synchronized with RPJMN (National Mid-Term Development Planning). Other funding mechanisms mentioned were:

1) Utilizing the Dana Desa or Rural Fund – the Ministry of Rural Development allocates approximately one billion Rupiahs (or around $70,000 USD for one year) to every village in Indonesia.
2) Utilizing the BOS Fund (School Operational Support Fund): The Ministry of Education has allocated funds for schools annually through the BOS Fund. This fund is flexible and can be used in any way to advance the quality of education. If can be used to support CSE if reproductive health is integrated into the national curriculum by the Ministry of Education.
3) For longer term funding, a Local Regulation (Perda) may work best to get long term commitment by the government. Perda ideally is a derivation from a national law. There are two options for passing a Perda: First is through the mayor's office and proposed to the local house of representatives. Second is through the local house of representative and proposed for approval by the mayor. However, efforts to pass a Perda is often met with challenges and may take decades before a Perda is passed.

Improving acceptability across stakeholder groups (parents, teachers, and government agencies)

Parents: Parental involvement to support CSE arose during the interviews as one of the issues that needs to be addressed. In the three areas that we observed, respondents expressed the need to have a tool for parents to help them talk to their children about sexuality education.

Teachers: To help grow teachers' acceptability of SETARA, a few respondents suggested that it might help to better frame the curriculum as a tool that could help teachers with student violence in their schools. Other suggestions were to make changes within the SETARA curriculum, such as including topics that deal with the utilization of technology, adolescent development, assertiveness, HIV/STIs, drugs, planning for the future, and the negative aspects of pornography. At the same time, several topics were suggested to be removed from the curriculum, such as dating and relationships, safe sex, non-heterosexual attraction, and anal sex.

National government agencies: Respondents indicated that several ministries would like CSE to be integrated into school curricula and believe that most ministry officials would like adolescents to have access to CSE. To ensure this, some possible options are to have:
- *Memorandum of Understanding*: This is the easiest mechanism and has been practiced in all three areas. PKBI, as the implementing partner of SETARA, can get permission from the school and the local education office to implement SETARA..
- *Release of Mayor's Decree* (Surat Keputusan): Another mechanism that can be used to have CSE implemented in schools is through a mayoral decree, known as Surat Keputusan. An example of how this was used was with women's rights. In Semarang, a group of women's rights activists tried to establish an integrated service program for victims of domestic violence. They were targeting their advocacy efforts to the Mayor's office and the Mayor release the decree. The decree has been in force since 2005 until the local House of Representatives passed a legislation on 2016 which make it stronger through local regulation. The weakness of the decree is it can be dismissed by new mayor if it considered unfit to their vision.

Conclusions and Recommendations

This study explored the current situation of SETARA and CSE implementation in Indonesia. The findings showed distinct differences and similarities across the three sites with regards to how SETARA was introduced and received. While SETARA was viewed as beneficial by most teachers (particularly counseling teachers) and school officials, respondents provided several suggestions for how SETARA could be improved to better reflect the needs of adolescents and the acceptability of different stakeholders. Below are our conclusions and recommendations based on this research:

All levels of government have the authority to advocate for CSE in schools. Our findings showed that national and local government agencies do have the power to advocate for CSE implementation in schools. The interviews revealed that even though the local government may be hesitant to implement SETARA if there is no mandate from the national government, they have the authority to do so. Even among some of the local government officials, while they often coordinate efforts with the national government, they actually prefer to implement the program on their own. Even at the school level, the headmaster has the power to implement the program on their own. In Lampung, while doing this without the government's approval may spark controversy, respondents did reveal that a headmaster has the power to do so.

> **RECOMMENDATION: Improve the acceptability of SETARA across key stakeholders.** Given the importance of the relationship between local government agencies and schools for improving the acceptability in a given site, communication channels and information should be maintained between the agencies. In some sites, it might make sense to develop a local advisory board and ensure that representatives from local government agencies, schools, and religious organizations are involved to advocate for CSE in schools.

Support for sexuality education in school is increasing among religious leaders. Our interviews with officials from Islamic-based schools and religious clerics in Islam and Hindu revealed that they are very supportive about having sexuality education since it is also already included in the religious teaching. For example, in Islam, it is compulsory to teach about puberty and hygiene to adolescents so that they can always be clean whenever they are doing prayer. Meanwhile in Hindu, it is necessary for young people to prepare for marriage, and in that preparation, it is important to teach adolescents about sexuality and reproduction.

> **RECOMMENDATION:** Utilize religious organizations and leaders to help advocate for increased acceptability of sexuality education in schools. Religious leaders from schools and organizations who have already helped to implement or advocate CSE in the schools could also be utilized for advocacy efforts among religious leaders in other Indonesian sites.

SETARA's implementing partners has benefited from the collaboration with E4A program. SETARA program in its early development used to be a program which focus more on program delivery and did not use rigorous and strong research component to support the program compared to the current program which in collaboration with E4A program. These benefits reflected during the interview which PKBI as implementing partners had almost all the school ready for implementation, the teachers and headmasters had been supportive and even in Bali all government stakeholders have been on the same page to support SETARA. This won't be possible if the program only focuses on the delivery, and not expand its reach into the policy makers.

> **RECOMMENDATION**: The implementing partners need to keep up with the good work that they have been doing so far. It is important to stick with the current plan on the program deliveries and stakeholders engagement. There are different challenges and progresses in each area, furthermore a continuous support and mutual cooperation needs to be maintained.

Some modules of SETARA are still considered too sensitive in some locations. While most of the modules are accepted by the stakeholder respondents, there are still certain topics/aspects that are considered too vulgar to teach. These included showing images of the reproductive organs, as well as the topics of sexual diversity, gender, and contraception.

> **RECOMMENDATION: CSE should be tailored to the needs of the community.** It is important to keep in mind the distinct needs and cultural values of a community, especially when a CSE curriculum is first being introduced. To understand these needs, it may be important to first introduce the curriculum to all key stakeholders within a location and gather their opinions about how the curriculum may be adapted to fit the needs and values of the community.

Teachers are more likely to support SETARA because of the benefits they observe. Specific benefits mentioned by the teachers across the sites included improved teaching and communication, improved student knowledge, decreased negative behaviors among students, and increased self confidence among the students. As a consequence, they were most likely to support its implementation.

> **RECOMMENDATION: Utilize teachers to help spread support to other local school districts.** Teachers who have implemented SETARA can be the best advocates for scale up. Teacher meetings and seminars can be used to help explain the curriculum and benefits that have occurred as a result of implementing the program.

SETARA can be delivered using a variety of different channels. Our findings indicated that because the national government cannot add any more subjects, such as CSE into the curriculum, school officials across sites used a variety of different delivery modes to implement the curriculum. Some inserted SETARA into existing modules, such as biology, sports, and counseling, while others delivered the curriculum as an extra-curriculum activity.

> **RECOMMENDATION: Provision of technical assistance to the government is very crucial in ensuring CSE is well-delivered.** The national government is supportive for getting technical assistance and input from civil society organizations in delivering CSE at school. Building and maintaining good relationships and networks with the government should be seen as a key investment.

Parents have largely been ignored in CSE implementation. Despite parents being one of the key stakeholder groups, respondents felt they have largely been ignored. Many respondents felt that CSE programs should find ways of including parents to also help them support teaching adolescent sexual and reproductive health.

> **RECOMMENDATION: Include parents in advocacy and implementation efforts.** There is currently no systematic strategy to involve parents in advocating and implementing CSE in schools. Parents should be trained to help not only communicate with their children about sexuality and reproduction, but also be advocates for increased CSE support.

Advocacy for budgeting is possible under the current legislation in Indonesia. We found several examples of how local government and NGO organizations have obtained funding for implementing CSE programs. Many have successfully utilized current policies to help them leverage funds to implement CSE in schools.

RECOMMENDATION: **Possible pathway for advocacy.** Below is a matrix for how advocacy might look like in each branch of the government, with opinions for how likely the chances of success would be for each pathway.

Possible pathway for CSE advocacy

Level	Target	Expected output	Duration	Chance for success
National	Constitutional court	Revision of national education system law	Short to middle term	Strong likelihood for failure
	Joint Ministry of Health, Education, Religious Affairs, and Home Affairs	Assisting joint ministries in implementing CSE module at school curriculum	Short term	Strong likelihood for success as long as ministries have a good working relationship for assistance. which assist them
	National Development Planning Agency (Bappenas)	Advocate Bappenas to include CSE in the RPJMN (National Medium Term Development Planning)	Short term	Strong likelihood for success as long as Bappenas trust the organisation that they are working with
	House of representative	A new national bill on reproductive health education or revision to the national education system law	Long term	Likely for success, but not be high priority by the parliament
Provincial/ city/ district	Mayor	Mayor decree on reproductive health education	Short to middle term	Likely for success in area where the enabling environment has been supportive such as in Denpasar and Semarang
	Local education office	Memorandum of Understanding for reproductive health education at school	Short term	Strong likelihood for success as long as implementing partners can convince officials
	Local development planning agency (Bappeda)	CSE is included in the RPJMD (Local Medium Term Development Planning)	Short term	Strong likelihood for success as long as implementing partners can convince officials
	Local house of representative	Perda on reproductive health education	Long term	Likely for success but this needs a long endurance and effort in advocacy

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