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Comprehensive Sexuality Education and Adolescent Sexual Wellbeing: Setara Theory of Change

From a Conceptual Framework for Adolescent Sexual Wellbeing to a Theory of Change and Evaluation of the Setara CSE Programme in Indonesia

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Content

Introduction

This white paper presents a Theory of Change for the in-school CSE programme "*Setara*" for 12 to 15 year old adolescents in Indonesia. Setara seeks to improve adolescents' sexual wellbeing, as well as other aspects of their health and development. The Theory of Change presented in this white paper was developed to guide the implementation and evaluation of Setara as part of the *Explore4Action* programme in Indonesia, but can be adapted and used in other programmes as well. The ToC in this white paper is informed by a theoretical model for healthy sexuality development that is presented in a separate white paper, *Adolescent sexual wellbeing: a conceptual framework* (Kågesten, A. & Van Reeuwijk, M. 2020). The model also informs the Setara evaluation indicators, which are measured through the Global Early Adolescent Study as part of the Explore4Action programme[1].

The programme is expected to lead to short-term outcomes in the form of healthy sexuality competencies (such as SRH knowledge, gender equal attitudes, respect for human rights, communication and negotiation skills), which in turn improve long-term outcomes in the form of personal and relational sexual wellbeing, as well as mental health. In addition, it is expected that the programme increases individual agency among students, such as perceived voice and ability to make decisions, plan and set goals. In this white paper, we present a full description of Setara, the ToC and the evaluation framework.

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

Background on Setara

The Indonesian programme Setara[2] (*SEmangaT duniA RemajA*, or "Teen's Aspirations"), meaning "Equal", is a 2-year, rights-based, teacher-led CSE intervention for standards 7 and 8 in junior high school (students are 12-15 years old). The goal of Setara is to support adolescents' healthy and positive sexuality development so as to contribute to their sexual health and wellbeing, through supporting the cognitive, social-emotional elements of sexuality development, a positive self-image and interpersonal skills (RutgersWPF 2019).

Setara has been implemented by various partner organisations in Indonesia for seven years, in more than 108 schools in six provinces. Mode of delivery depends on the school and context, but is mostly intra-curricular, under the subject of "counselling". Rutgers WPF Indonesia provides technical support to the implementing organisations, in particular via the training of teachers who deliver the sessions in schools. Setara consists of eight chapters in standard 7 and 20 chapters in standard 8, in line with evolving capacities (see **Table 1**, page 11). Implementation follows the academic calendar and starts each year in August. Teachers implement the lessons (intra-curricular or extra-curricular, depending on the school), which take place with classes or 'school clubs' consisting of around 30 pupils. Teachers receive training from Rutgers Indonesia or the implementing partner and become part of a "community of practice" for collegial support.

Complementing Setara is the Whole School Approach (WSA) implementation model, recently developed by Rutgers. The WSA seeks to create a safe and enabling school environment with sufficient support and capacity to implement Setara sustainably and independently of external funding and resources (Rutgers, 2016). Components of the WSA include school assessment, induction meeting with school, bi-annual self-assessment, development of school action plan, teacher training, classroom teaching, creation of teacher and parent forums, and establishment of peer educator groups.

Setara is based on Rutgers *The World Starts with Me* CSE curriculum (WSWM) that was originally developed in 2003 with and for secondary school students in Uganda, in close collaboration with Ugandan partner organisations, schools and teachers. With guidance from Rutgers, the original Ugandan WSWM was then adapted to the socio-cultural contexts of Kenya, Indonesia and Indonesian Papua in 2005. Adaptations to other countries, contexts and target groups followed, including Thailand, Vietnam, Pakistan, Ethiopia, Ghana, Malawi, Bangladesh, Zambia and Burundi. Some of these adaptations are computer based and combine sexuality education with building IT skills and creative expression. *The World Starts With Me* is usually implemented in secondary schools, but adapted versions have also been developed for other settings such as primary schools, teacher training, health care settings working with young people born and living with HIV, young people's prisons and schools for young people with hearing and visual impairments. In 2009, the programme was recognised in UNESCO's International Guidance for Sexuality Education as a model for CSE programmes (UNESCO 2009), while in 2004 it won the global Golden Nica Award for electronic and interactive innovation.

The many different versions of WSWM for each country and institutional setting are all adapted according to the same protocol of ***Intervention Mapping,*** in which youth are meaningfully involved, specifically sharing the same basic principles, approaches and core components (Leerlooijer et. al. 2011).

2 https://rutgers.id/fokus-kami/pendidikan-seksualitas-komprehensif/setara-semangat-masa-remaja-untuk-siswa-smp/

Guided by an Advisory Board with key stakeholders, a trained working group of educators and young people adapt WSWM into a locally contextualised draft version, based on a needs assessment and situation analysis, which is piloted and which results in a local version. In the years following that version, improvements or further adaptations are often made in line with changing socio-political climates, insights from research and with increasing implementation knowledge (for lessons learned on implementation, see Vanwesenbeeck et. al. 2015).

In Indonesia, Rutgers WPF Indonesia has guided the adaptation and implementation processes of WSWM from 2005 up to now, leading to the development and implementation of these versions:

- 2005 DAKU! "My Teen is wonderful" – for secondary schools
- 2006 Aku dan Kamu "You and Me" – for Kindergarten
- 2007 MAJU "Move Forwards" – for audibly challenged youth (with Ministry of Special Education)
- 2007 Langkah Pastiku "My Firm Step" – for visually challenged youth (with Ministry of Special Education)
- 2007 SERU "Exited" – for youth in Juvenile Justice Correctional institutions
- 2007 HEBAT "Great" – a version with emphasis on drugs prevention
- 2009 DAKU – adaptation for Papua setting
- 2012 SETARA "Equal" – for very young adolescents in junior high schools

Rutgers WPF Indonesia is a technical consultant to the Indonesian Ministry of National Education in the development, piloting and scale up of the government's Reproductive Health Education programme, which borrows many components from Setara.

Evaluating the Effect of Setara: Explore4Action (E4A)

Setara is currently implemented by partners of the One Vision Alliance in Indonesia, through the Get Up Speak Out programme with funding from the Dutch Ministry of Foreign Affairs. Explore4Action is a research and advocacy programme that evaluates how sexual and reproductive health attitudes, behaviours 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 Centre for Reproductive Health of Gadjah Mada University Yogyakarta (Indonesia), local branches of the Indonesian Family Planning Association (PKBI), Johns Hopkins University (USA) and Karolinska Institutet (Sweden). Explore4Action is supported by a National Advisory Committee consisting of key national stakeholders from the Indonesian Government, academics and civil society organisations, 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**[3] **(GEAS)** identifies factors that predispose young people to sexual health risks or that promote healthy (sexual) development and behaviour; tshrough three measurements in 2018, 2020 and 2021, GEAS will compare schools implementing SETARA with control schools and measure the impact of CSE
- **Youth Voices Research** is a qualitative participatory research engaging young co-researchers to explore the experiences of 12 to 24-year-old adolescents in relation to sexuality (how they experience "growing up") and how messages and expectations around gender and sexuality influence their behaviour and sexual health needs
- **Implementation research** to evidence what is needed for successful implementation and effectiveness of CSE in Indonesia

3 https://www.geastudy.org/indonesia

Theory of Change for Setara

Figure 1 shows the Theory of Change (ToC) for Setara, focusing on outcomes both in the short (e.g. early adolescence) and longer term (e.g. late adolescence). It is expected that the programme leads to short-term outcomes in the form of healthy sexuality competencies (such as SRH knowledge, gender equal attitudes, respect for human rights, communication and negotiation skills), which in turn improve long-term outcomes in the form of personal and relational sexual wellbeing, as well as mental health. In addition, it is expected that the programme increases individual agency among students, such as perceived voice and ability to make decisions, plan and set goals.

In order to achieve these outcomes, several components are important to deliver Setara (inputs), which can be categorised as:

- **Approach** (essential characteristics that guide content and delivery)
- **Content** (topics covered)
- **Pedagogy** (method used for education)
- **Implementation** (creating conditions for quality delivery)

Below we describe each of these components in more detail, followed by an overview of the expected outcomes and indicators.

Approach: rights based, positive and gender transformative

First, Setara applies a ***rights-based approach*** to sexuality education, which is rooted in the principle that young people have sexual rights, such as access to information and services and self-determination. A rights-based approach goes beyond health-oriented goals such as reducing unintended pregnancies and STIs, to aim for empowerment via a broad curriculum focused on gender norms, violence, individual rights and responsibilities in relationships, sexual orientation, sexual expression and pleasure. It applies a participatory teaching approach which aims to engage young people in critical thinking. Implicit in a rights-based approach is a positive approach towards sexuality, which acknowledges that human beings, including adolescents and young people, are autonomous sexual beings with the right to have control and agency over their bodies and the right to experience desire, pleasure and happiness in their lives, independently of whether they are sexually active (IPPF, 2017; UNESCO, 2018).

Secondly, Setara uses a ***gender transformative approach*** which strives to examine, question, and change rigid gender norms and imbalances of power (Haberland, 2015) via the following steps:

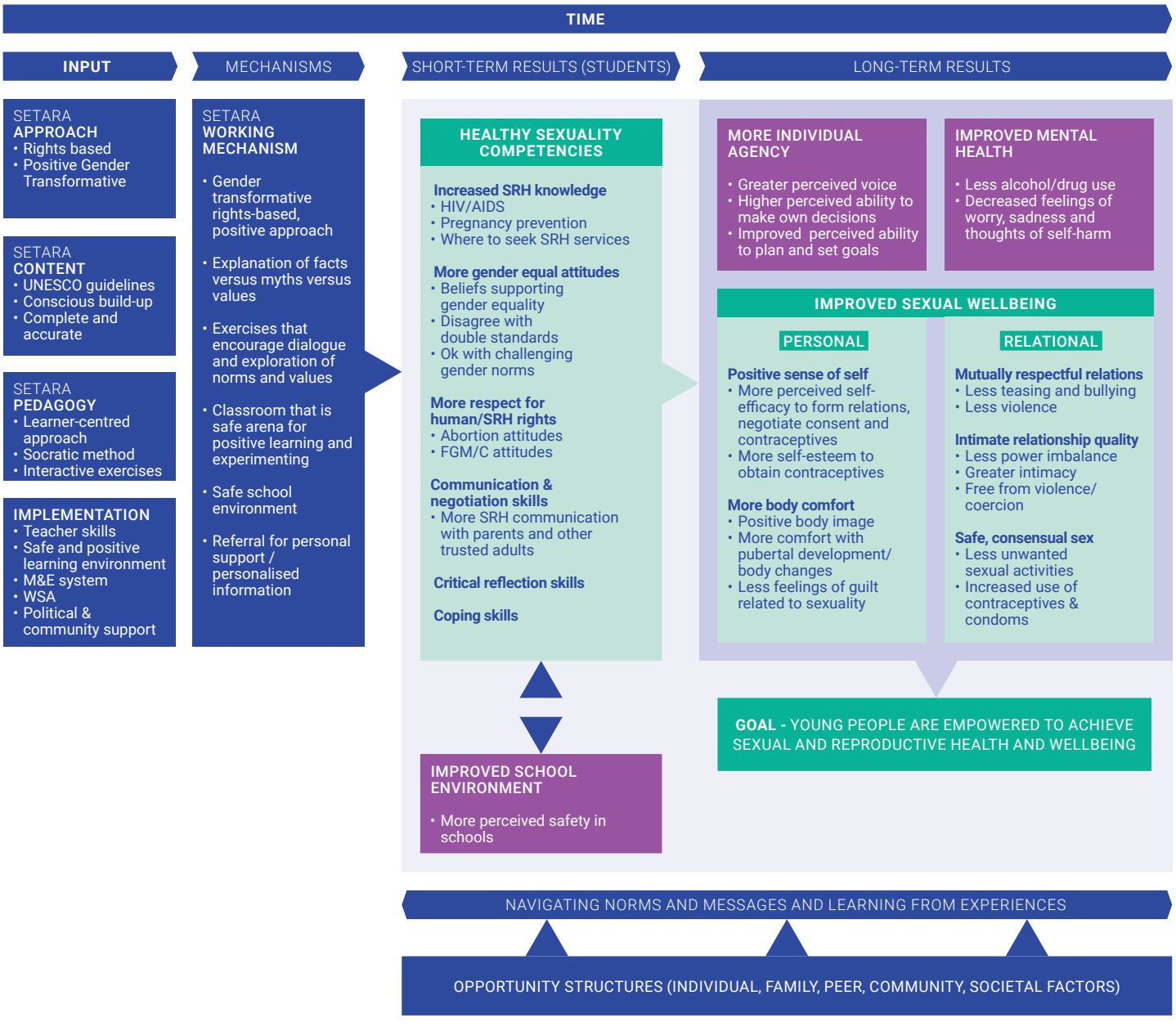
- Encouraging *critical awareness* about unhealthy, rigid and harmful gender and sexual norms
- *Questioning* the costs of harmful, inequitable gender norms in relation to SRHR and making explicit the advantages of changing them
- *Replacing* unhealthy, inequitable gender norms with redefined *healthy, inclusive and positive* gender and sexual norms, masculinities and femininities *through building on positive existing norms* around fairness, consent, non-violence, tolerance, empathy, and non-discrimination

By applying a gender transformative approach, we expect that harmful, rigid gender norms will change into more equitable and positive ones, and can lead to improved SRH of men/boys and women/girls, and the prevention of GBV[4], depending on the scale of the intervention and which groups and institutions (layers of the

4 Based on Gupta 2000, Rolleri 2014 and USAID/IGWG 2011.

FIGURE 1

Theory of Change for the CSE programme Setara



socio-ecological model) that are involved. Setara in combination with the Whole School Approach primarily targets students and teachers, hence we expect more gender equality and less GBV within schools. In some cases, Setara/WSA is part of a larger (multi-component) programme that includes community interventions and provision of services. In such cases more impact can be expected on GBV, gender equality and SRHR compared to settings where there it is limited to CSE only.

Content: relevant topics in CSE

Being a *comprehensive* sexuality education programme, the content of Setara is developed in line with the needs and developmental stages of children and adolescents (as per technical guidelines from WHO & BZgA, IPPF and UNESCO for age specific topics – see **Table 1** below). Setara follows a sequential and logical build up, is scientifically accurate and is as complete as possible given the context. An overview of the content of the standard 7 and 8 curriculums is shown in **Box 1 and 2**, respectively. In the socio-cultural context of Indonesia, a number of these elements had to be "toned down" or even taken out of the Setara curriculum in order for it to be acceptable to teachers and other stakeholders and follow the Indonesian law. As such, Setara does not *explicitly* mention contraception, sexual orientation, gender identity, pleasure, or abortion (although some of this content is included in reference sources for students). It also means that certain visual representations of information were censored, as anatomical pictures were culturally interpreted as "dirty" or pornographic. Discussions about acceptability of topics and pictures are ongoing and the cause of much moral debate. Hence, we see various versions of the curriculum over time depending on the outcomes of such discussions and following the ebbs and flows of opposition and support for CSE.

An important 'working mechanism' component is related to clarification and ***differentiation between facts and myths***. Myths and misconceptions around sex and sexuality exist across all cultures and contexts, often related to the taboo of talking about sexuality as well as cultural ideas around pollution, dirt, sexual power, sin and how these relate to the supernatural world (e.g. the ideas that masturbation weakens the body, that menstruation is dirty, or that desire is sinful) (Douglas, 2003). These myths cause insecurities among adolescents who often feel insecure about their (developing) bodies and have a need to feel "normal" (see for instance Van Reeuwijk & Nahar 2013). Debunking such myths about sexuality through the provision of accurate and complete information is one of the most important tasks of CSE. We therefore expect decreased feelings of insecurity and fear as well as increased feelings of body comfort and self-confidence among participants.

Furthermore, the Setara content is designed to distinguish between ***facts and values*** by asking students to critically reflect on topics such as gender discrimination – what they think about that, why they think it happens, etc. It is the teacher's task to facilitate this clarification, ideally as non-judgmentally as possible, but discussions about these topics often provoke value judgements. For example, if a student says that "homosexuality is unnatural", their teacher should identify this as a value statement and correct with "you believe homosexuality is unnatural – now let's investigate the facts we have versus what we feel and think". Such an approach should help increase adolescents "sexual literacy" as well as their interpretation and navigation of different values/opinions and information around gender and sexuality from various sources (e.g. media, parents, peers).

TABLE 1

Frameworks for age specific topics provided by WHO & BZgA, IPPF and UNESCO

	Standards for Europe (WHO & BZgA, 2010)	IPPF Framework & Toolkit (IPPF 2017)	International Guidance (UNESCO, 2018)	Setara CSE curriculum (Rutgers WFP 2019)	
Age groups	6 groups: 0-4, 4-6, 6-9, 9-12, 12-15, 15+ years	3 groups: under 10, 10-18, and 18-24+ years	4 groups: 5-8, 9-12, 12-15, 15-18+ years	12-13 years (standard 7)	14-15 years (standard 8)
Categories of learning objectives	Knowledge, attitudes, skills	Knowledge and attitudes, skills, engagement	Knowledge, attitudes, skills	Knowledge, attitudes, skills ("Competencies")	
Main thematic categories	1 The human body and human development 2 Fertility and reproduction 3 Sexuality 4 Emotions 5 Relationships and lifestyles 6 Sexuality, health and wellbeing 7 Sexuality and rights 8 Social and cultural determinants of sexuality	1 Gender 2 Sexual and reproductive health and HIV 3 Sexual rights and sexual citizenship 4 Pleasure 5 Violence 6 Diversity 7 Relationships	1 Relationships 2 Values, Rights, Culture and Sexuality 3 Understanding Gender 4 Violence and Staying Safe 5 Skills for Health and Wellbeing 6 The Human Body and Development 7 Sexuality and Sexual Behaviour 8 Sexual and Reproductive Health	1 My Journey Starts Here 2 My Body and I 3 Towards Maturity 4 Understanding My Emotions 5 Gender 6 Rights and Decision Making 7 The People Around Me 8 Me Today	1 Relationships 2 Gender 3 Risky behaviours 4 Sexual behaviours 5 Pregnancy 6 Sexually Transmitted Infections 7 HIV and AIDS 8 Violence 9 Mental health 10 NAPZA (Narcotics and Drugs) 11 Support 12 Aspirations

Box 1 - Setara module - standard 7

1. **My Journey Starts Here**
   - *I'm Ready to Start the Day!*
   - *A Snapshot of Present-Day Teenagers in Indonesia*
   - *Am A Healthy and happy Teen*
2. **My Body and I**
   - *Exploring Myself Further*
   - *Changes During Puberty*
   - *My Changing (Female) Body*
   - *My Changing (Male) Body*
3. **Towards Maturity**
   - *Menstruation*
   - *Wet Dreams*
   - *Learning About Your Body Is Not Taboo*
   - *Maintaining Personal Health*
4. **Understanding My Emotions**
   - *Recognize Your Emotions*
   - *I Am Happy*
   - *Managing Stress*
   - *I Am Happy Being Myself*
5. **Gender**
   - *Growing Up as Girls and Boys*
   - *Stigma and Discrimination*
6. **Rights and Decision Making**
   - *Values and Rights*
   - *Boundaries and Consent*
   - *Decision Making Ability*
7. **The People Around Me and I**
   - *Those Who Matter to Me*
   - *My Friends and I*
   - *My Family and I*
   - *Healthy Relationships*
8. **Me Today**
   - *The Many Lessons from SETARA (exhibition)*

Pedagogy: Learner-centred approach

Traditionally, teachers have been the 'directors' of the learning process and students played a receptive role in education. Over the past few decades, innovative approaches have been developed that show that learning always builds upon knowledge that a student already possesses, and that students construct their own knowledge on the basis of interaction with the environment and the inputs provided. (Giroux, 1994) Learning then becomes more than receiving and processing information transmitted by teachers. Students learn best when they can construct their own understanding of the information and material by critically engaging with personal experiences and information. Learner-centred approaches allow students to actively participate in learning processes and encourage distinctive learning styles. Because learning can be seen as a form of personal growth, students are encouraged to utilise reflective practices to think critically about their own lives (IPPF, 2017). This is key in empowering them to become capable of representing themselves and making their own decisions.

In order to achieve a rights-based, gender transformative approach, Setara uses the ***Socratic method***: a dialectical approach involving discussion to discover beliefs, assumptions and arguments and eliminate contradictions so as to come to more general and shared solutions to value conflicts. Increasing a person's capacity for critical self-examination and critical thinking about one's own culture and traditions, contributes to social justice and compassionate societies (Nussbaum, 1997; Nussbaum, 2011). This model of learning is closely aligned with the rights-based approach and what has been called "critical pedagogy" (e.g. Kincheloe 2008), aiming to improve young people's lives not merely through behavioural change but also through cognitive and social transformation. The didactic vision is also aligned with current educational strategies such as outcomes-based learning and competency-based education (e.g. Power and Cohen 2005).

Box 2 - Setara module - standard 8

1. **Introduction**
   - *I'm a teenager*
2. **Relationships**
   - *Peers, friends, and romantic partners*
   - *Love and Commitment*
3. **Gender**
   - *Gender*
4. **Risky behaviours**
   - *Risky behaviours*
5. **Sexual behaviours**
   - *Sexual Behaviours and solicitations*
6. **Pregnancy**
   - *Pregnancy*
   - *Unwanted Pregnancy*
   - *Child Marriage*
7. **Sexually Transmitted Infections**
   - *Sexually Transmitted Infections*
8. **HIV and AIDS**
   - *What are HIV and AIDS*
9. **Violence**
   - *Violence*
   - *Sexual and Gender-based Violence*
   - *Dating Violence*
10. **Mental health**
    - *Mental health*
    - *Technology, Internet and Social Media*
    - *Technology, Internet and Social Media*
11. **NAPZA (Narcotics and Drugs)**
    - *NAPZA*
12. **Support**
    - *Someone always got my back*
13. **Aspirations**
    - *My aspirations*
14. **Closing**
    - *I have learned a lot!*

Setara does this via a variety of interactive activities such as group work, assignments, essays, presentations, talk shows, role-plays, discussions and exhibitions. The exercises aim to strengthen critical thinking and self-reflection, but are also important to promote self-expression, mutual understanding, empathy and respect. An important task for the teachers is to create equal space for boys and girls to express themselves, and to correct judgment or reinforcement of harmful norms and values ("practise what you preach"). The methods and materials used are considered fun and appealing by many students and teachers. For example, teachers have expressed they find that Setara gives them the 'tools' to facilitate discussion of sensitive issues, and that they also apply the pedagogy during topics other than CSE. Some teachers also say that Setara improves the rapport and relationship between them and their students.

Implementation: Creating Conditions for Quality Delivery of Setara

Competence and training of teachers

The skills and competence of teachers are central to the delivery of CSE (UNESCO, 2009, 2018). In Setara, the operationalisation of a rights-based, positive and gender transformative approach is largely dependent on the skills and attitudes of teachers to deliver sessions according to the curriculum. In addition, teachers need to be able to create a classroom setting that is a safe arena for self-expression and positive learning: students need to feel they are allowed to make mistakes and encouraged to try-out and share their ideas. Furthermore, the teachers themselves are considered important role-models for adolescents and can put across important lessons about gender equality, e.g. through creating equal space and opportunities for boys and girls to ask questions and express themselves. For Setara, in some sites the content is implemented by counselling teachers, who already have qualifications, characteristics and experience with active listening and supporting students' personal development. This makes counselling teachers well equipped to work with a learner-centred approach.

Teacher training is central to ensure that teachers have the relevant knowledge, skills, competence and comfort to implement Setara. All teachers undergo a one-week course with refresher training that is adjusted to teacher needs. Sessions focus heavily on "value clarification" where trainers and teacher participants examine and clarify facts versus values and personal reflection on where own ideas about 'good and bad' are coming from. The goal of the training is for participants to be more comfortable with delivering the content following a positive, rights-based and gender transformative approach. The core of these value clarification exercises is similar to the core of the exercises and methodologies used in the actual curriculum. In essence, this is the core of the Socratic method where teachers go through exercises and come to a new, more shared understanding of sexuality. By going through this process themselves, they are better able to replicate this dialectical method when delivering Setara.

The teacher training aims to build the skills of teachers to create a ***safe and positive learning environment***, a setting that encourages students to express themselves without fear of making mistakes or being judged. The interactive exercises are designed to encourage dialogue, but they require a skilful facilitator who corrects or interferes when students make fun of each other, or when disagreement prevents working constructively towards new insights.

Monitoring and support: Teachers prepare a plan of lessons for Setara that schedules the sessions into their lessons plan. This lessons plan is shared and discussed with the implementing partners' project officer responsible for quality and monitoring of Setara implementation. The teachers keep a logbook for Setara, documenting sessions provided, session time, number of students and if elements were skipped or altered and why. Project staff visit the schools and teachers once per month to discuss if the lessons were provided according to the lessons plan and to evaluate challenges and adaptations.

Through these interactions the teachers receive personalised advice from the project officer.

In addition, every three months the implementing partner organises a teacher meeting where Setara teachers from different schools in the area come together to have a facilitated exchange about their experiences delivering Setara. At this meeting, teachers share challenges and provide each other with suggestions and support. Some of these groups, which are commonly referred to as Communities of Practice (CoP) have a WhatsApp group that they use to consult each other.

Some schools work with additional evaluation tools, such as an online survey for students to assess how they value Setara and the quality of the teaching. Results from these tools are discussed with teachers and a plan is made for improvement where the results are not good enough.

Whole School Approach

The Whole School Approach (WSA) is an implementation model for sustainable and scalable CSE. It works through a participatory approach with a school committee consisting of teachers, students, PTA members and other relevant school stakeholders. It aims at embedding sexuality education into the school structure, with the schools in the driving seat, and having full ownership of the CSE programme. The school committee conducts a self-assessment and develops an action plan in relation to five areas:

1. School management support
2. Safe and healthy school environment
3. Parents involvement
4. Access to health services and SRHR information
5. Teaching capacity

The implementing organisation (PKBI - IPPA) supports this process by monitoring progress in line with the action plans, so that by the time the project funding is phased out, the schools can continue on their own or with support from the local government offices.

Next to improving quality of delivery, the WSA process helps to embed the CSE programme in a comprehensive support system for ASRH, needed for supporting adolescents to translate their competencies, knowledge and intentions into “empowered action”, i.e. access and utilisation of contraception and SRH services and a supportive and enabling legal and social environment (Igras, S. et. al. 2019). This is necessary to sustain more gender equal attitudes and greater impact on sexual health outcomes such as prevention of unwanted pregnancy, reduction of unsafe abortions, and reduction of SGBV.

Political and community support for Setara

Building and maintaining political and community support for Setara is a continuous effort, as the political climate changes and sexuality education is the subject of many heated and moral debates and prone to backlash. Permission from the relevant government institutions for CSE implementation is needed to avoid implementation being totally dependent on the strength of individual teachers to convince their colleagues and head of school to implement Setara – and to prevent the programme coming to a stop when the teacher leaves.
This permission, through the mayor, the city/province education office or the city/province house of representatives helps to introduce Setara to schools positively and to create support from school staff and parents, especially if introductory meetings are done together with a government representative and the “supervisory visits” are done jointly with the education office. Transparency on content and objectives is important in reducing resistance from parents and other school staff.
The exhibition at the end of Setara is one of the ways the project helps to increase transparency and to increase communication about sexuality related issues between parents and students. In some contexts, building and maintaining political and community support is done as part of the Whole School Approach, or as part of a larger advocacy and scale-up strategy.

Limitations of Setara

Much of the effectiveness of Setara depends on the quality of the implementation, in particular on the skills of the teachers to implement Setara as it was intended. Not all Setara teachers receive the same amount of training and support and more standardisation is needed. Furthermore, shifting teachers' values towards a more positive, rights-based and gender transformative approach is challenging, especially if teachers face resistance from their environments. The training, monitoring and support for teachers is further influenced by the strength and resources of the implementing partner. As noted above, some content (masturbation, abortion, contraceptives, homosexuality) had to be removed from Setara in order to gain approval for implementation. This is likely to have consequences for achieving certain outcomes. Efforts are made to include these topics in the teacher training, in the hope that teachers will address these topics or at least feel able to answer questions from their students about these topics.

As part of Explore4Action, the Implementation Research Track is studying the barriers and facilitators for quality implementation.

Expected outcomes (short and long term)

As shown above in Figure 1, it is expected that Setara will lead to a range of different outcomes both in the short and longer term. Specifically, the programme is expected to build healthy sexuality competencies among students, including increased knowledge about sexual and reproductive health or "sexual literacy"; however, knowledge is not enough, and should always go hand in hand with building skills and attitudes. Thus, it is also expected that students will develop more equal gender attitudes, a common understanding of "consent", improved negotiation and communication skills (within or outside of romantic and sexual relationships), and improved critical reflection skills as well as coping skills to deal with stressful situations (although the latter is not measured as part of the impact evaluation). Setara builds adolescents' knowledge and understanding of risks, but also the skills to critically reflect on norms and expectations – from peers, from society, from media, from family, and from themselves, and to think about where they stand and what path they see for themselves. Furthermore, the skills that are strengthened through these methods should result in a stronger belief in the self, in an increase in self-esteem and self-efficacy and in increased personal (sexual) agency. Ultimately, it is expected that a well-implemented Setara curriculum can contribute to overall mental health and sense of wellbeing among adolescent boys and girls, and decreased rates of peer violence and bullying.

Table 2 in the Annex shows the outcome variables that are included in the Setara impact evaluation (GEAS questionnaire), and **Table 3**, also in the Annex, presents a detailed overview of each indicator measure. As can be seen, we are able to assess several aspects of healthy sexuality and sexual wellbeing in line with the Theory of Change, but not all. For example, measures related to critical reflection and coping strategies are not included in the questionnaire, nor do we have indicators of pleasurable sexual experiences. Some of these constructs can however be explored as part of the qualitative **Youth Voices** research that is conducted in parallel to the impact evaluation.

Conclusion

The Theory of Change for Setara Comprehensive Sexuality Education presented in this paper, was developed to guide the implementation and evaluation of Setara in Indonesia. It sets out a unique new way of evaluating CSE through applying the framework of adolescent healthy sexuality development. We believe this way of framing and evaluating CSE better fits with the developmental stage, needs and realities of adolescents, wherever they are in the world. It acknowledges that CSE alone is not enough to establish long term sexual and reproductive health outcomes, rather CSE is one of the factors influencing sexual meaning making and behaviour, alongside many other factors. We value CSE for what it can do – when it is implemented well: support adolescents in their journey of growing up as sexual beings, strengthening their understanding and skills to navigate the multitude of feelings, pressures, messages and expectations around gender and sexuality that adolescents face no matter where in the world.
We hope to inspire other CSE and adolescent SRHR programs and their evaluations. Under Explore4Action, the baseline measurement was done in 2018 with more than 4600 students in standard 7 (12-13 years old). The baseline itself indicates the high need to communicate about sexuality with adolescents in Indonesia (Rutgers 2019, CRH-UGM 2020). The same students will be followed up after 18 months (May 2020) and 24 months (May 2021). Results of the impact evaluation and the implementation research will be published and used to inform AYSRHR research and programming, and scale up of Setara.

Annex
Indicators and Outcome Measures for Setara Impact evaluation

TABLE 2

Overview of indicators included in Setara impact evaluation based on ToC

Input	Working mechanisms	Short-term outcomes (students)	Long-term outcomes (students)	Overall goal

• **Approach**
  • GTA
  • RBA
  • Content
  • UNESCO guidelines
  • Conscious build-up
  • Complete and accurate
 	
• **Pedagogy**
  • Learner-centred approach
  • Socratic method
  • Interactive exercises
 	
• **Implementation**
  • Teacher skills
  • Safe and positive learning environment
  • M&E system
  • WSA
  • Political & community support
	• Gender transformative, rights-based, positive approach
	
	• Explanation and clarification of facts, myths and values
	
	• Exercises that encourage dialogue and exploration of norms and values
	
	• Classroom that is safe arena for positive learning and experimenting
	
	• Safe school environment
	
	• Referral for personal support/ personalised information
		Knowledge, skills, attitudes
		• Increased knowledge about SRH, where to seek services
		• More positive attitudes towards gender equality
		• Less agreement with sexual doubled standard norms
		• More communication about SRH
		
		Personal sexual wellbeing
		• Increased body comfort
		• Less feeling of guilt related to sexuality
		• Increased self-efficacy (t0 form relationships, negotiate consent and contraceptives)
		
		Subjective agency
		• More perceived voice and capacity for decision making and planning
			Relational sexual wellbeing (social)
			• Reduced teasing related to gender
			• Reduced peer bullying and harassment
			• Reduced peer physical violence
			
			Relational sexual wellbeing (intimate)
			• More perceived power in intimate relationships
			• Decreased unwanted sexual activities
			• Increased use of condoms and contraceptives
			
			Mental health
			• Decreased depression (worry, sadness, thoughts of self-harm)
			• Decreased alcohol/drug use
			• Better perceived general health
				Young people are empowered to achieve sexual and reproductive health and wellbeing

TABLE 3

Outcome measures for Setara impact evaluation (used in the Indonesian Global Early Adolescent Study)

Focus	Domain	Variable
Competencies (knowledge, skills, attitudes)	Sexual literacy	Sexual health knowledge
		Knowledge of SRH services
	Gender equal attitudes	Attitudes towards gender roles and traits
		Sexual double standard agreement
	Interpersonal relationship skills	Communication skills
Subjective agency	Voice	Perceived voice (general)
	Decision-making	Perceived ability to make decisions
	Planning ability	Perceived ability to plan and set goals

Measurement	Expected direction

• **Knowledge about pregnancy and HIV (VIIA4_1-10)**
  • High = correct answer on 8/10 questions
  • Moderate = correct answer on 5-7 questions
  • Low = correct answer < 5 questions
Sub-analysis to further explore: HIV knowledge (VIIA4_2,6,7,9) vs Pregnancy knowledge (VIIA4_1,3,4,5,8,10)
	Increase

• **Know where to go for SRH services (get condoms, menstrual periods, contraceptives) (VII6b,dc)** • **Embarrassment to get contraceptives or condoms (VIIA6e,f)**	Increase Decrease

• **Gender stereotypical traits scale (9 items, 1-5 with 5=strong agreement), mean score**
  • Boys should always defend themselves even if it means fighting
  • It's important for boys to show they are tough even if they are nervous inside
  • Boys who behave like girls are considered weak
  • Boys should be able to show their feelings without fear of being teased
  • Boys should be raised to be tough so can overcome any difficulties in life
  • Boys should always have final say about decision with his girlfriends
  • Girls are expected to be humble
  • Girls should avoid raising their voice to be ladylike
  • Girls need their parents' protection more than boys
• **Gender stereotypical roles scale (5-items, 1-5 with 5=strong agreement), mean score**
  • A woman's role is taking care of her home and family
  • A man should have the final word about decisions in the home
  • Boys and girls should be equally responsible for household chore.
  • A woman should obey her husband in all matters
  • Men should be the ones who bring money home for the family, not women
	Decrease

• **Sexual double standard scale, 6 items, mean score**
  • Boys have girlfriends to show off to their friends
  • Boys fool girls into having sex
  • Boys tell girls they like them when they don't
  • Boys loose interest in a girl after they have sex with her
  • Girls should avoid boys because they trick them into having sex
  • Girls are the victims of rumours if they have boyfriends
REFERENCE Moreau et al., 2019: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6293033/
	Decrease

• **Ever talked to anyone about SRH topics (any of the following: body changes, sexual relationships, pregnancy, contraception) (VIIID3-D3a, VIIID4a-e, VIIID5a-e)** *Sub-analysis to further explore*: which specific topics ever talked about; with whom conversation happened (parents, peers, siblings, doctor/nurse, teacher, other)	Increase
• Perceived voice (XIB1a, b,c,d,f,g),, 5-item scale, mean score REFERENCE Zimmerman et al., 2019: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6660556/	Increase
• **Perceived ability to decide when/whom to marry (answer "yes" to XIC1f-g)**	Increase

• **Planning ability scale, 5 items (IN4a-e in Indonesian questionnaire), mean score**
  • I have goals in my life
  • I made a step plan to achieve my goals
  • I will do what it takes to achieve my goals
  • It is important to achieve my goals
  • I know how to realise my plan
(4=Very much like me, 3=exactly like me, 2=somewhat like me, 1=not at all like me)
	Increase

Focus	Domain	Variable
Personal sexual wellbeing	Positive sense of self/identity	Self-efficacy in relationships
	Body comfort	Body image
		Comfort with puberty and emerging sexuality
Relational sexual wellbeing	Social relationships	Any peer bullying/violence experience in past 6 months
		Any peer bullying/violence perpetration in past 6 months
		Gender-related bullying/teasing experiences in past 6 months
		GBV experiences (from peers) in past 6 months
		GBV perpetration (against peers) in past 6 months
	Intimate relationships (if ever in intimate relationships)	Power in intimate relationships
		Unwanted sexual activities
		Condom/contraceptive use at first intercourse
		Condom/contraceptive use with current partner
Mental health	Depression and anxiety	Depression
	Subjective health/wellbeing	Perceived general health
	Substance use	Alcohol and/or other drug use
School-related outcomes	School safety	Perceived safety in schools

Measurement	Expected direction

• **Perceived self-efficacy (IN2a-e, How confident do you think you would be to….)**
  • Talk to a boy/girlfriend about contraception
  • Obtain information about pregnancy prevention
  • Get contraceptives if you need it
  • Tell a boy or girl that you like them
  • Tell a boy/girl if they were doing something you didn't like ("consent")
(Scale development underway)
	Increase

• **Body image (VIIA4-5): proportion responding "about right weight" and "about right height"** • **Body pride (VIIID1a-g): mean score**	Increase Increase
• **Comfort with pubertal development (VIIID2a-c): mean score** • **Feelings of guilt in relation to sexuality (INIa-d): mean score** (Scale development underway)	Increase Decrease
• **Experienced bullying or threats AND/OR** • **Slapped, hit or otherwise physically hurt by a boy or girl in past 6 months (IXC10)**	Decrease
• **Experienced bullying or threats AND/OR** • **Slapped, hit or otherwise physically hurt a boy or girl in past 6 months (IXC10)**	Decrease
• **Teased/called names in past 6 months due to gender (IXC8a-b)**	Decrease
• **Slapped, hit or otherwise physically hurt by opposite sex in past 6 months (IXC10 by sex)**	Decrease
• **Slapped, hit or otherwise physically hurt someone else of opposite sex in past 6 months (IXC12 by sex)**	Decrease
• **Perceived relationship power (Xb4a_1-15 for current relationship or Xb4b_1-15)*** (Scale development underway) *Sample size may be insufficient to compare	Increase
• **Proportion reporting that first sexual touching and/or intercourse was unwanted (XC15/16/17c)*** *Sample size may be insufficient to compare	Decrease
• **Use of contraceptives or condom at first sexual intercourse (XC17e)*** Sub-analysis to look at type of contraceptive method used at first sex (XC17f, XC17f_oth) *Sample size may be insufficient to compare	Increase
• **Proportion using contraceptives/condoms with current partner (XD5a)*** *Sample size may be insufficient to compare	Increase

• **Depression scale, 5 questions on worry, sadness, thoughts of self-harm:**
  • I worry for no good reason
  • I am so unhappy I can't sleep at night
  • I feel sad
  • I am so unhappy I think of harming myself
(Scale 1=strongly disagree, 5= strongly agree)
Cross-site psychometric testing and validation against clinical measures is underway
	Decrease

• **Proportion responding excellent/good to "In general, how is your health?" (VIIA1)**	Increase
• **Proportion ever using alcohol (IXD1)** • **Proportion who ever got drunk (IXD3)** • **Proportion who ever used marijuana or other drugs (IXD6, IXd)**	Decrease
• **Proportion reporting that they often or sometimes feel unsafe in school or classroom (VA4 response 3-4, skip pattern to VA5 options 2 and 1)**	Increase

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