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Does CSE contribute to the empowerment of young people? The case of Burundi

Dr. Judith Westeneng, Rutgers & University of Amsterdam, the Netherlands

Introduction

Over the past decade studies among Burundian youth consistently describe political fragility and violence, increasing poverty resulting from serious land shortage among a densely populated predominantly rural society, a young population (65% < 24 years) facing substandard education, inadequate health information and services, and serious damage to and contradictions within their moral and social environment (e.g. breakdown of family systems, lack of parenting skills and support; intergenerational loss of trust) [1,2,3]. The intertwinement and synergistic interaction of these adverse social, moral and health conditions [3] in the SRHR domain manifests in low coverage of youth friendly SRH services (YFS) and contradictory messaging for young people, insufficient information from parents due to taboos and lacking competence to discuss sexuality, and low quality sexuality education; all contributing to increased risks for STI/HIV infections, financial needs-based sexual relations, unintended pregnancies, abortions, undocumented children, and staggering levels of sexual and gender based violence (SGBV) [2,4,5,6].

Since 2016 the Embassy of the Kingdom of the Netherlands supports a Consortium consisting of CARE, Cordaid, UNFPA and Rutgers to implement a large-scale holistic programme to improve young people's SRHR, combining: 1) sexuality education in- and out-of-schools to provide reliable information and capacitate young people; 2) strengthening health staff and health facilities to provide youth friendly services; and 3) creating an enabling environment by community awareness, addressing harmful social norms, involving parents and religious leaders, and by strengthening young people's economic opportunities. This Consortium works closely with four involved Ministries (health, education, youth, and gender). The current study focuses specifically on sexuality education in schools. To improve the quality of sexuality education in schools a manual for school clubs was developed targeting youth at upper-primary and lower secondary schools. It includes themes on bodily changes, rights, love and sexuality, pregnancy, STIs and HIV, SGBV and parent-child communication. The Consortium applies a phased roll-out of the programme. In each province, the intervention is being introduced in a limited number of sites per year. Each year, new sites (communes) are added. Per site, 8 schools are selected based on their vicinity to the health centres touched by the intervention. The sex education is provided by trained teachers and peer educators in after-school health clubs. Participation is voluntary. The number of club members varies strongly per school, from 40 to 200 pupils. The manual consists of 14 chapters, followed by an exposition organized by the members to present to other pupils, to parents and other community members what they have learned, using sketches, theatre, songs and drawings. Schools usually take 1 or 2 sessions to complete one chapter. Local NGOs, supported by the Consortium, are responsible for initial sensitization meetings at schools, training teachers and peer educators, and follow-up visits.

According to Conceptual Change Theory the ability to learn and feel enabled to implement what is taught, depends on the interaction between the existing cognitive framework of sexuality and the message taught [7]. Cognitive dissonance due to competing sexual scripts hampers the internalisation of these messages, thus limiting the effectivity of sex education. Hence, the success of this new strategy will greatly depend on the extent to which it attunes to young people's lived realities, builds on their habitual social competencies, realistically addresses the SRHR choices confronting them, and is supported by their social environment. In short: the extent to which young people are able and enabled to bring into practice the knowledge and skills that are offered to them.

Despite worldwide evidence for the effectivity of CSE programs in schools in terms of health outcomes, evidence is scarce regarding (causal pathways to) broader outcomes (e.g. social-emotional and communicative skills, gender equity) whereas these are crucial for positive change and consolidation of SRHR in the long term [8,9,10]. There is an urgent need for addressing these knowledge gaps. The phased roll out of the intervention in Burundi provides a unique opportunity for participatory and mixed methods research to help close the gaps and strengthen the manual's evidence base, widen its scope and increase its effectivity. As such, the main research question is: How does CSE contribute to their outcomes in terms of both SRHR knowledge, attitudes, social-emotional skills, agency, and wellbeing, and which (f)actors and processes inhibit, enable, or strengthen them to bring into practice the knowledge and skills acquired by CSE? The research is led by the University of Amsterdam, working in collaboration with Makerere University in Uganda, Rutgers and CARE International in Burundi, and is funded by the Netherlands research council (NWO-WOTRO).

Methods & Sample

This study consist of a natural experiment, following the implementation as described above. In three provinces across the country (Bujumbura as urban centre in the West; Gitega in the centre and Muyinga in the North-East), we selected one intervention site touched by the intervention in 2018-2019, as well as one comparison site that will start implementation in 2020. In each site, we randomly selected five out of the eight schools identified for the intervention. We only selected schools that offer classes 7 to 9 (upper primary school). The study combines three approaches:

1. A panel study using a standardized survey, following pupils in three waves: (T0) before the exposure to CSE (September-December 2018); (T1) directly after the last lesson (May-June 2019); and a couple of months after exposure (October 2019). In each school 24 to 30 pupils aged 12-19 years were selected for the baseline survey in 2018, adding up to a total of 829. For T1, we were able to re-interview 90% of them. The remaining 10% had either dropped out of school and could not be traced or of were absent. We replaced most of them by class mates of the same sex and age, adding to a total of 825 interviews. The survey includes measures of e.g. knowledge on pregnancies and contraceptives, attitudes on gender, gender based violence, and relationships, as well as agency, self-esteem, voice, communication, and uptake of health services.
2. Additionally, in-depth interviews have been conducted at T1 with 54 pupils who participated in the school club. These interviews focused on stories of change and (f)actors that enable or inhibit young people to put in practice what they learned from sex education.
3. A process evaluation through: 1) evaluation forms by teachers and pupils; 2) lesson observations by master trainers; 3) focus group discussions with pupils participating in the school club; and 4) (group) interviews with teachers and peer educators.

Results

Intervention implementation has been delayed due to a backlash on CSE between January 2017 and December 2018, as well as a suspension of NGO activities for two months between October and November 2018. The Ministry of Education asked for a revision of the sexuality education manual. This revision was finalized and validated in December 2018. Schools therefore started implementing by February 2019. By late May 2019, during the second data collection phase, only 5 out of 15 schools had already reached chapter 14. Another 5 schools had not yet reached chapter 10, with 1 school having completed only 5 chapters and 2 other schools only 6 chapters. Moreover, not all pupils that subscribed to the club and were selected for an interview in 2018 did participate in the lessons. Preliminary analyses indicate that dedication and motivation by teachers, competing tasks and pressure on teachers for good performances (good student grades in regular subjects), timing of the school club (not all students are willing to stay after school; school canteens seem to help) are determining factors in the quality of implementation. Moreover, the guidance provided by local NGOs matters as well. In the rural area of Gitega, where the local NGO has a dynamic coordinator,

the schools were found to be more active and engaged, and to better comply with monitoring tools (participation lists and evaluation forms). Schools in urban Bujumbura were least active, least progressed with the implementation and did not use the monitoring tools. Follow-up and guidance by the local NGO seem to have been limited. Despite limited progress, pupils have expressed their appreciation and enthusiasm of the programme, scoring the intervention with an average of 8.7 out of 10 (based on 13 focus group discussions, including 107 pupils).

Analyses are ongoing. We expect to find a positive effect of sex education on some of the knowledge questions which score low in the baseline (e.g. fertile period and STI knowledge). We foresee that the intervention will also contribute to more gender equal attitudes, an increased rejection of gender based violence, and more communication on sexuality. We expect less effect on body self-esteem and voice as they score relatively high in the baseline study, although we do foresee that stories of change from the qualitative interviews will show strong effects on the wellbeing in relation to self (e.g. feeling more confident, less anxiety). Furthermore, we expect that most informants will voice the abstinence ideology, classifying sexual relations before marriage as undesirable. Persistent social norms and conflicting messaging in the community are expected to be a hindering factor in putting the acquired skills into practice and in sustaining the effects.

Conclusions & Recommendations
We expect that sex education does contribute to sexual empowerment and development of young people. Yet, that it will need to be strengthened by strong community involvement to address norms at societal level (specifically among the most dominant referent groups), reduce conflicting messaging and create sustainable commitment to embed sex education in existing structures.

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