

POLICY PAPER

[Making the case for better SRHR policy in Indonesia and Belgium through the Global Early Adolescent Study \(GEAS\)](#)

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Early adolescence (10-14 years) is one of the most critical periods of human development, as health and well-being at this age have lifelong consequences. While it is considered one of life's healthiest periods, it is also a period in which many transitions occur and health behaviours are established. During this phase of life, sexual feelings emerge, sexual experimentation begins, and gender and related roles and norms become more important. These crucial developments make early adolescence an optimal window of opportunity for promoting more gender-equitable attitudes. However, despite the importance of this age, early adolescence remains one of the most poorly understood stages of life. To address this gap, Johns Hopkins Bloomberg School of Public Health, the World Health Organization and research partners in 11 countries have implemented the Global Early Adolescent Study (GEAS – www.geastudy.org).

The Global Early Adolescent Study: examining the impact of gender norms on health and well-being trajectories

GEAS is a multi-site longitudinal study designed to explore the role of gender norms in informing the health and well-being of urban poor adolescents from early to late adolescent years. The study is being coordinated by the World Health Organization and Johns Hopkins Bloomberg School of Public Health, and implemented in 11 countries across five continents. The GEAS currently operates in urban poor communities in the following regions: Shanghai (China); Kinshasa (Democratic Republic of Congo (DRC)); Flanders (Belgium); Semarang, Denpasar, Lampung (Indonesia); New Orleans (USA); Blantyre (Malawi), Cape Town (South Africa); Nairobi (Kenya); Sao Paulo (Brazil); Cuenca (Ecuador) and Santiago (Chile). Various partners of the GEAS are also ANSER members: the International Centre for Reproductive Health (Belgium), the University of Cuenca (Ecuador), University of the Western Cape (South Africa), Rutgers (the Netherlands), Karolinska Institutet (Sweden) and Johns Hopkins Bloomberg School of Public Health (USA).

The GEAS consists of three phases. During the first qualitative phase, young adolescents and their parents/guardians were interviewed about how it felt to become a wo/man in their neighbourhood. The results of this phase were then, in a second phase, combined with existing scales to design new scales that allow measurement of gender norms and young adolescents' sexual health and well-being. In the

third phase, a longitudinal cohort study has been implemented using these scales. In most countries the third phase is ongoing. In four countries, the GEAS is paired with an intervention to evaluate their impact.

The GEAS in Belgium and Indonesia

The following text presents findings from the GEAS in Belgium (led by Ghent University) and in Indonesia (led by Rutgers, in partnership with Universitas Gadjja Mada (UGM)).

In Belgium, 1,008 first-grade students from 23 Flemish (the northern part of the country) secondary schools completed the survey. In Indonesia, survey responses were collected from 4,684 adolescents in the seventh grade from 18 junior high schools across three sites.

As the survey is part of an international research project, a standard set of questions was used across the countries. Nevertheless, each country was also allowed to add other questions to the survey or to focus on specific topics in their analysis, based on their societal, political and programmatic context. Therefore, in Belgium, the survey was complemented with questions related to gender identity, sexual orientation and gender expression. In Indonesia, GEAS data was collected from nine schools delivering a comprehensive sexuality education curriculum, and nine control schools, with the aim of showing the impact of the curriculum on gender norms and sexual well-being outcomes. Questions were added to reflect specific areas the curriculum aims to influence, such as feelings of guilt about sexuality, and confidence in accessing contraception.

At the time of publication, the research teams in both countries have completed the baseline study and have started to disseminate the research results among politicians. To do so, they each used different strategies. The Belgian team developed an infographic and disseminated it within their networks. In Indonesia, the GEAS is part of a broader research and advocacy programme in which results have been used in a range of influencing activities at national and local levels. Below we present the results and strategies of both research teams so far.

Influence of gender norms on the (sexual) health of young adolescents in Belgium

The Belgian GEAS team has chosen to publish the research results at a number of levels: (1) a classic final report for fellow researchers and other stakeholders; (2) an infographic which presents the main findings for policymakers; and (3) an extensive article in one of the largest newspapers in the country for the general public. In addition, the team also plans to contact a number of policymakers to explain the results in person. On the next page you will find the infographic the team has developed.

The full research report is available in Dutch on the ICRH website: <https://www.icrhhb.org/storage/attachments/attachment/57.pdf>.

[Selected findings from the GEAS Belgium: influence of gender norms on the \(sexual\) health of young adolescents \(11-14 years old\)](#)

In annex 1

[Selected findings from the GEAS Indonesia](#)

In annex 2

Making the case for sexuality education in Indonesia using GEAS data

The GEAS in Indonesia

In Indonesia, the Global Early Adolescent Study (GEAS) is part of a broader research and advocacy programme, Explore4Action, a joint initiative between Rutgers, Universitas Gadjadara (UGM), three local chapters of the Indonesian Planned Parenthood Association (PKBI), Johns Hopkins University and Karolinska Institutet. Explore4Action aims to build evidence to support the scale-up of comprehensive sexuality education (CSE) in Indonesia. GEAS data was collected in 'intervention schools' delivering the Rutgers SETARA CSE curriculum, and in control schools, allowing an investigation of how adolescents' gender socialisation and sexuality development is affected by the curriculum. The GEAS is complemented by a qualitative participatory research track, Youth Voices, and an implementation research track evidencing what is needed for successful implementation of CSE in Indonesia. Findings from the three research tracks are combined in advocacy efforts at both local and national level, aiming to make the case for the scale-up of CSE across the country.

Policy background

The Indonesian government has officially approved sexuality education in schools. However, this pledge has not yet been implemented. UNFPA and a range of other organisations have worked with the government to develop modules, which have been approved, but there has been no commitment in terms of budget and no consensus on how these can be implemented within saturated school curricula. With adolescent sexual and reproductive health (ASRH) a shared responsibility across multiple departments (including the Ministries of Education, Health, and Women and Family Affairs, and the National Population and Family Planning Board (BKKBN)), no one department is taking responsibility for moving the agenda forward. Progress has been further impeded by the general election in 2019 and ensuing change of Presidency, followed by COVID-19, which diverted attention, energy and budget to more urgent matters of the pandemic.

Using GEAS to make the case for comprehensive sexuality education

One of the key ways in which GEAS data has contributed to the aim of building evidence to support the scale-up of comprehensive sexuality education (CSE) in Indonesia is through their inclusion in policy briefs and online policy dialogues. Explore4Action partners UGM and Rutgers WPF Indonesia used the GEAS data to develop policy briefs for five key government departments: the Ministries of Health, Education, and Women Empowerment and Child Protection, the National Population and Family Planning Board (BKKBN) and the National Development Planning Agency (BAPPENAS, which is responsible for national budgeting). Key entry points were identified in the policy frameworks of each department, relevant GEAS data that related to department priorities was highlighted, and tailored recommendations for each department followed. For the Ministry of Health, the data focused on mental health; for the Ministry of Education and Women Empowerment on gender attitudes. For BAPPENAS, data on adolescent issues and development was linked to achieving the Sustainable Development Goals. For BKKBN and the Ministry of Education, GEAS data highlighting adolescent sexual and reproductive health (SRH) issues and needs were presented, including SRH knowledge and communication; safety, violence and aggression; and future aspirations. The role for sexuality education to help address these issues was argued, followed by recommendations on how the departments can support its implementation and scale-up. The policy briefs are available in English at <https://rutgers.international/programmes/explore4action/explore4action-resources>.

Building on these policy briefs, Rutgers WPF Indonesia and Universitas Gadjadara (UGM) then organised a series of five policy dialogues targeted at different governmental departments. The policy dialogues aim to refocus government attention on adolescent sexual and reproductive health issues amidst the

COVID-19 pandemic, and to make a strong case for the implementation and scale-up of CSE in Indonesia. Each dialogue is moderated by a relevant expert, and includes a high-profile government representative, alongside an academic from UGM who presents the policy brief and relevant GEAS results, a youth representative and a representative of a relevant NGO. Considering restrictions imposed by the COVID-19 pandemic, the policy dialogues are taking the form of online webinars.

“KEY ENTRY POINTS WERE IDENTIFIED IN THE POLICY FRAMEWORKS OF EACH GOVERNMENT DEPARTMENT, RELEVANT GEAS DATA THAT RELATED TO DEPARTMENT PRIORITIES WAS HIGHLIGHTED, AND TAILORED RECOMMENDATIONS FOR EACH DEPARTMENT FOLLOWED.”

In October 2020, the first online policy dialogue was held with BKKBN, the National Population and Family Planning Board. The webinar was attended by 189 participants, including government representatives, academics, students and NGO stakeholders from all across Indonesia. The online format allowed for the engagement of a much broader range and larger number of direct participants than would have been possible had the event been held in person in Jakarta. The event was also streamed live on YouTube and is available for viewing online on the Rutgers WPF Indonesia YouTube channel. During the dialogue, the policy brief was presented by an academic from UGM, followed by responses from a government stakeholder, a youth representative and an NGO representative. Though currently only baseline data, the GEAS data played a strong role in providing a robust academic basis for showing adolescent SRH issues and needs, and how these interlink with a lack of communication on sexuality, with gender norms, violence and aggression, and with mental health. The data opened the space for arguing the need to invest in SRH interventions for adolescents, in particular the role that sexuality education can play and that this has to start in early adolescence. While the government representative was bound by their department’s position and no hard commitments were made, the online policy dialogue created space for academic, NGO and youth voices to be heard, and demonstrated support and pressure from multiple angles for the implementation of CSE.

Looking ahead

The policy dialogue with BKKBN was the first of five events to be held in October-December 2020. Following the five policy dialogues, a national workshop is planned where all five institutions will be invited to jointly discuss budgeting and strategy for the integration of CSE curricula in the national educational curricula, alongside UNFPA and other organisations who have worked on developing an Indonesian CSE module to promote collaboration and to build on previous efforts.

The policy briefs and dialogues are complemented by a range of other local and national influencing efforts, including working with youth advocates in local areas to support the interpretation of GEAS findings for local advocacy, collaborating with local government stakeholders to run budget workshops to identify funding options and opportunities for CSE, and collaborating with other networks at a national level.

In 2021, the second wave of GEAS data will generate evidence on the results of the CSE curriculum and how gender norms influence health and well-being trajectories for adolescents.

ANNEX

Annex 1. Infographic – Selected findings from the GEAS Belgium: Influence of Gender Norms on the (Sexual) Health of Young Adolescents (11-14 years old)

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SELECTED FINDINGS FROM THE GEAS BELGIUM: INFLUENCE OF GENDER NORMS ON THE (SEXUAL) HEALTH OF YOUNG ADOLESCENTS (11-14 YEARS OLD)

RESEARCH QUESTIONS

1. How do adolescents think men and women should behave in society?
2. How do gender norms evolve during adolescence and what are the main influencing factors?
3. How do gender norms influence health during adolescence?

POLICY RECOMMENDATIONS

1. Offering comprehensive sexuality education in each school, paying attention to:
 - equality and respect for sexual diversity and gender diversity
 - mutual respect and building nonviolent relationships
2. Raising awareness about the fact that sexuality is part of human development and that gender diversity and sexual diversity exist, also among young adolescents, through:
 - awareness campaigns
 - offering thematic educational tools for schools
 - including these topics in the curriculum of future teachers and youth educators
3. Supporting research that investigates gender norms and their consequences on health.

STUDY

WORLDWIDE

coordination by

11 countries

Focus on vulnerable adolescents (11 to 14 years old) in cities

BELGIUM

7 Flemish cities

23 schools first grade 2018-2019

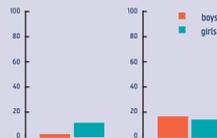
The mothers of half of the respondents were not born in Belgium.

The material welfare of the adolescents is limited.

RESULTS

Gender diversity and sexual diversity

0.8% of the boys and 76% of the girls were once in love with someone of the same sex.



16.7% of the boys and 14.3% of the girls are not exclusively attracted to the other sex.

Gender norms

Adolescents often have stereotypical attitudes related to:

- male toughness versus female vulnerability
- relationship expectations
- homosexuality
- freedom to express oneself (gender expression)
- freedom to express sexual feelings (sexual expression)



Physical and mental health



Social media: 96% of the adolescents have their own mobile phone and a social media account. One fifth of the respondents spend more than five hours a day on social media, chatting online with friends, playing computer games or using interactive media.



More boys (85.2%) than girls (80.3%) indicate being in good health.



Adolescents indicate being happy (average of four (max. five) on happiness scale).



Substance use is limited and is mainly related to alcohol.



32.3% of the boys and 19.7% of the girls feel good about their bodies.

Sexuality

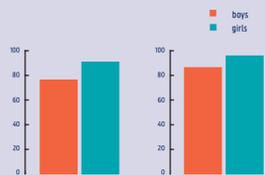
Lack of knowledge about sexuality. Adolescents mainly score lower on questions related to HIV.

For girls, friends are very important for exchanging information about health. Boys and girls also ask other people they trust for information, such as a teacher, trainer, youth worker or religious figure.

About half of the adolescents indicate that they would be embarrassed buying a condom if they needed one. Boys are less embarrassed than girls.

Boys are a little bit more experienced sexually than girls, but in general the respondents have little experience.

About 40% of the adolescents have flirted on social media. Fewer than 5% have ever sent a sexual picture to someone and just over 30% of the adolescents have already received such a picture.



86.3% of the boys and 96.1% of the girls have never had sexual intercourse.

3.2% of the girls and 8.2% of the boys have experience with oral sex, and 0.4% of the girls and 3.2% of the boys have experience with anal sex.

Relations



More than half of the adolescents have friends of the other sex.



Three out of five adolescents had already been in a relationship. Boys have more experience with relationships than girls.



A quarter of the adolescents that were ever in a relationship have been the victim of physical partner violence.



One fifth of the adolescents that were ever in a relationship say they were once a perpetrator of physical partner violence.

50%

of the adolescents who had ever been intimately touched (84 of 1008) indicate that the first time they were touched was without their full consent.

40%

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SELECTED FINDINGS FROM THE GEAS INDONESIA

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SRH knowledge and communication

Adolescents have low knowledge of sexual and reproductive health (SRH) topics including pregnancy, contraception, HIV prevention and access to SRH services.

44.7%

Only 44.7% of students know that a girl can get pregnant the first time she has sexual intercourse.

31.5%

Only a third (31.5%) believe that using a condom can prevent pregnancy.



Girls have less knowledge than boys on all SRH topics.



Communication between parents and children on SRH topics is low.

Pornography and sexting

82.6%

Most respondents (82.6%) have never watched pornography.

4.3% **0.5%**

4.3% of boys and 0.5% of girls reported ever sending a sexual picture of themselves to someone (sexting).



Gender attitudes

- Both boys and girls endorse stereotypical gender traits (such as boys being tough and girls being quiet and humble) and stereotypical gender roles (such as a woman's role being to take care of the home and family, and a man's role being to bring home money and make decisions). Boys had a slightly higher average score than girls.
- Both boys and girls endorse a sexual double standard, meaning they have different views about men and women for similar behaviours. Girls and boys had almost the same score.

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