

Scaling up, sustaining and enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries.

Venkatraman Chandra-Mouli

Thesis submitted to fulfil the requirements for the degree of “Doctor in Health Sciences”, Academic year 2024-25

Promoters

Prof. Dr. Souheila Abbeddou.

Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences. Ghent University

Prof. Dr. Marleen Temmerman,

International Centre for Reproductive Health (ICRH), Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University

Prof. Dr. Kristien Michielsen,

Institute for Family and Sexuality Studies, Department of Neurosciences, Faculty of Medicine, KU Leuven

Members of the jury

Prof. Dr. Olivier Degomme (chair)

Department of Public Health and Primary Care, Ghent University, Belgium

Prof. Dr. Ines Keygnaert

Department of Public Health and Primary Care, Ghent University, Belgium

Prof. Dr. Benedicte Deforche

Department of Public Health and Primary Care, Ghent University, Belgium

Prof. Dr. Martin Valcke

Department of Educational Sciences, Ghent University, Belgium

Prof. Dr Joshua Amo Adjei

Department of Population and Health, University of Cape Coast, Ghana

Prof. Dr Jose Belizan

Institute for Clinical Effectiveness, Buenos Aires, Argentina

What problem did I set out to study ?

(i) Children and adolescents need and have a right to sexuality education.

(ii) There is convincing evidence from research studies and project evaluations that sexuality education can prepare children for a healthy and happy sexual and reproductive life, and that it does not lead to early, increased or more risky sexual activity.

(iii) In most low-and-middle-income countries, a large and growing proportion of children and adolescents are in school and could be reached with sexuality education programmes, but are not.

Is this a problem of lack of evidence or is this a problem of taking evidence to action ?

(i) There is considerable collective knowledge and understanding of the factors that hinder the provision of school-based and community-based sexuality education, from the national to the local levels.

(ii) There is some knowledge and understanding of how a small number of countries have scaled up, sustained, and enhanced their school-based sexuality education programmes.

(iii) But there is more learning to do, and to put together this learning and to tease out the implications of this learning.

So, this a problem of lack of adequate evidence.

What did I do – and what I learn - in this study ?

(i) I learned how low-and-middle-income countries from around the world had scaled up health problems other than in adolescent health. (Why ? Because large-scale government led adolescent health programmes in low-and-middle-income countries is a relative new phenomenon).

(ii) I learned what aspects of the scale up effort they sought to learn about and what methods and tools they used ?

(Why ? Because different aspects of scale up have been studied and different methods and tools have been used).

(iii) In my study: (a) I identified countries that had scaled up one intervention - comprehensive sexuality education (Why ? Because the list of countries that have done so is not available.). (b) I studied four different aspects of the scale up effort – whether they had been scaled up and sustained, how they put this on national governmental agendas, and how they planned and scaled up, and how they built support and overcame resistance through the journey. (Why? These are the questions the governmental planners and programmers, and organizations that support them want to know). (c) I have already started sharing the stories of these individual countries. The synthesis and distillation effort that is the core of this study has helped me pull out the learning, and the implications of this learning for research and evaluation, for norms, standards and guidance development, and for country programmes. (Why ? Because, clearly we cannot continue to do the same things and expect different results).

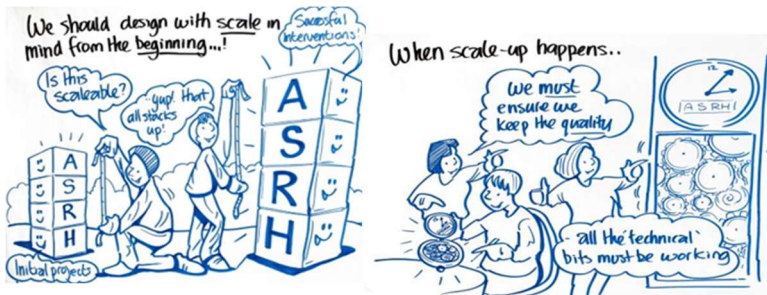
Research Question 1: Are there LMIC that have scaled up, sustained & enhanced [C]SE programmes ?

Yes. Sub-Saharan Africa: Nigeria, Senegal South-Asia: India, Pakistan Latin America: Mexico, Uruguay

Positive deviant countries were defined as those that had achieved nation-wide or substantial sub-national coverage, sustained their programmes for at least three years, and demonstrated some programme results at the programmatic outputs and individual outcome levels.



The artwork is by Graham Ogilvie, a Scottish artist. They are taken from a visual reporting of a meeting that I convened in WHO.



Research question 2: What factors enabled these countries to place the nationwide scale up of [C]SE programmes on their national political agendas ?

Direct transnational influences (especially effective when combined with technical and financial support)

Domestic advocacy (with overt or covert partnership with external partners)

In some places, political windows of opportunity emerged and were used

Positive deviant countries used available opportunities or create new ones to place CSE scale up on the national agenda

Research question 3: What factors enabled these countries to implement their policies & to scale up, sustain & enhance their [C]SE programme?

✓ They planned the scale up effort meticulously
They defined what specifically would be scaled up (the innovation), who would be responsible for supporting the scale up effort (resource organization) & who would be responsible for delivering SE (the user organization). They did this planning with an intimate knowledge & understanding of the environment they were working in (environment).

✓ They managed it actively
They secured resources - human, material & financial for it; advocated for it; tracked how it was doing & actively worked to keep implementation on track through problem solving & action planning

✓ They used data and implementation experiences
They use their own learning & that of others to enhance their programmes.

Building support

- ✓ Even though the foundational basis for the scale up of SE was a national policy, they worked hard to build acceptance/concurrence – how to name it, who to target, what content to include. In doing they made compromises.
- ✓ They reached out to various stakeholders, especially targeting those who were neither supporters or opposers.

Overcoming resistance :

- ✓ Despite this all faced opposition from decision makers or the community at large.
- ✓ They learned to move from being reactive only to being proactive.
- ✓ They learned to prepare for, anticipate & respond calmly & purposefully.

The approaches used by positive deviant countries were not new; these countries brought these approach together and doggedly pursued them.

