



SEXUALITY **EDUCATION** **DURING** **COVID-19**

Exploring the potential of adapting the Dance4Life empowerment model to the digital environment.

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ACKNOWLEDGEMENTS

Dance4Life wish to thank all actors involved in the effort of designing, evaluating and implementing the digital version of the sexuality education curriculum Journey4Life, and to those who assisted in the development of this article:

The franchisees – China Family Planning Association - CFPA (China), Theory for Social Change (Ghana), Rutgers WPF (Indonesia), Family Health Options Kenya - FHOK (Kenya), Blessings Welfare Association and ITA (Pakistan), AFEW (Kazakhstan, Kyrgyzstan, Ukraine); Focus Media (Russia).

The Trainers4Life community

Dance4Life colleagues - Kari Ingeborg Postma (Partnership Manager and International PR) and Annelon Rouwendal (Brand Specialist).

The Covid-19 pandemic has challenged the delivery of Comprehensive Sexuality Education (CSE) worldwide.

The closure of schools and the limitations imposed to people meeting in groups, has pushed organisations to find alternative ways to provide CSE.

The Dutch social franchise [Dance4Life](#) and its [franchisees](#) (the local partner organisations) have promptly responded to the challenge, adapting their [Journey4Life curriculum](#), the sexuality education component of the Dance4Life [Empowerment Model](#) to the digital environment.

Evidence on digital CSE is still lacking, but recent studies on young people's use of digital spaces to gather information about relationships and sexuality and on the effectiveness of online CSE, provided useful guidance on how to explore this new way of delivering the Journey4Life.

Available evidence shows some positive outcomes of digital CSE in behaviour change, generally positive results on psychological outcomes such as confidence and attitudes, and increased knowledge. The most effective digital CSE programmes have been found to be adaptations of existing face-to-face programmes with a strong theoretical background. (Guse et al., 2011; Wahdam et al., 2019). The literature also highlights the opportunity the digital environment offers to create an anonymous safe space for young people and to increase freedom of expression. However, it also warns of censorship that internet providers are able to apply to CSE content and of the need of safeguarding young people especially from cyber-bullying and digital gender-based violence. Recommendations on how to develop and implement digital CSE programmes address the importance of co-creating content with young people, and of focusing on interactive learner-centred pedagogy. (Oosterhoff et al., 2017; UNESCO, 2020a, 2020b, 2020c). Building on this evidence Dance4Life and its franchisees developed, implemented and evaluated a prototype of the digital version of the Journey4Life. The process of the planning, development and implementation of this intervention is aligned to the recently published [WHO guidelines on "Youth-centred digital health interventions: a framework for planning, developing and implementing solutions with and for young people"](#) (WHO, 2020).

This short article illustrates the effort made by Dance4Life and its franchisees, to quickly adapt the Journey4Life sexuality education curriculum to the new Covid-19 reality. The final objective is to be able to combine the face-to-face and digital versions of the Journey4Life in the future. This article describes the role that franchisees played in requesting Dance4Life to start the process of developing a digital version of the Journey4Life and how the needs assessment they conducted set the foundation for the design of the sessions. It addresses the result of the involvement of the [Trainers4Life](#) in a co-creation process, leading to the development of the digital Journey4Life sessions. It also covers implementation and offers some findings from two of the evaluations conducted.

The article does not aim to be comprehensive, but to offer preliminary insights from the prototype of the digital Journey4Life. The challenging time faced by the CSE community required us to quickly adapt our programmes and to experiment with alternative ways to deliver CSE. Given that there is quite limited data about CSE in digital spaces, there is value for many actors working in the sector, to gather insight from initial stages of digitalising CSE curricula, in order to incorporate learnings into their own programmes and guidelines.

INTRO

THE URGENT NEED TO DIGITALISE THE JOURNEY4LIFE

A request from the franchisees

At the onset of the Covid-19 epidemic, Dance4Life established a Creative Crisis Response task force, to gather best practices from the innovative ideas put in place by franchisees to mitigate the effects of Covid-19. Two interactive webinars were organized. During the first webinar, franchisees from China, Kenya and Russia presented online activities they had instigated to respond to the stay-home measures. Most participants reacted expressing the need to develop digital tools and strategies to engage young people online, getting inspiration from the face-to-face Journey4Life. Independently, some franchisees experimented with activities and sessions inspired by the Journey4Life on different platforms, with positive results in terms of appreciation from the participants. Lessons learned were shared in the second webinar, leading to a strong consensus on starting a more structured design process of digitalisation of the Journey4Life.

The needs assessment conducted among young people

In July 2020, eight Dance4Life franchisees conducted a rapid needs assessment among young people, in order to investigate their interest in attending CSE online sessions, what type of content they wanted to be covered and which technological channel they preferred to use.

Dance4Life developed a short questionnaire and franchisees administered this among young people in Ghana, Kenya, Indonesia, Pakistan, Kazakhstan, Kyrgyzstan, Russia, and Ukraine. Each franchisee reached a group of young people, resulting in one group in each country except for Pakistan, which reached two groups, as there are two Pakistani franchisees.

Dance4Life provided a [questionnaire](#) of 12 items addressing general information, interest about online CSE sessions, use of technological tools and channels and preferred content of the sessions. The data was analysed separately by each franchisee who then developed a short report and later discussed their findings in a third webinar organised by Dance4Life with all franchisees involved.

Since each franchisee was free to choose how to administer and analyse the questionnaire, a comparison between findings was not possible. However, the separate review of each report still provided Dance4Life with a useful indication about how to tailor the online sessions to the different contexts. See Table 1.

GENERAL INFORMATION

A total of **1091 young people** participated in the needs assessment.

In Kenya and in the Eastern Europe and Central Asia (EECA) region (Kazakhstan, Kyrgyzstan, Russia and Ukraine) the majority of respondents were **16-19 year olds**; in Ghana and Pakistan the majority of respondents were **20-24 year olds**; a balanced sample in terms of age was reached in Indonesia, where **32.9%** of young people were **12-14 year old**, **31.4%** were **16-19 year olds** and **35.7%** were **20-24 year olds**.

Across all countries, the majority were **girls**, with TfSC Ghana also reporting young people identifying their gender as "*other*" (15%).

In terms of location, most young people declared to live in an **urban area**, which would explain the high accessibility to internet across all countries.

Young people were asked about their previous experience with face-to-face CSE. In Kenya and Pakistan the majority had not participated in any **face-to-face** sessions, while in Ghana, Indonesia, Kazakhstan, Kyrgyzstan, Russia and Ukraine, the majority had already attended some sessions.

When specifically asked about previous exposure to the face-to-face Journey4Life, the majority of young people in Ghana, Indonesia and Pakistan stated they had never taken part in the Journey4Life sessions, while in Kenya and in the EECA Region, the majority had. This reflects the sample choices of the franchisees for the needs assessment. In general, all franchisees involved had already implemented the Empowerment Model before the Covid-19 outbreak.



Interest in online CSE and use of online channels

The majority of respondents expressed an interest in online CSE sessions and, as mentioned, stated they could easily access the internet through their phones or computers. When investigating their current use of internet in accessing CSE information, findings show that in Indonesia, Kazakhstan, Kyrgyzstan, Pakistan and Ukraine, the majority of respondents did not search for this type of information, while in Ghana, Kenya, and Russia they did.

In order to understand which online channel was more appropriate for the delivery of the digital Journey4Life, young people were asked about their preferred online channel for the sessions. Channels allowing instant messaging, such as WhatsApp and Telegram were selected most frequently. Zoom was also chosen as second choice by Indonesian respondents, while Instagram was chosen by young people in Kazakhstan, Kyrgyzstan and Ukraine as second choice, and in Russia as a third choice.

The main sexual and reproductive health and rights (SRHR) challenges identified by young people across all countries were the three main challenges Dance4Life wants to decrease: HIV, adolescent pregnancy and gender-based violence (GBV).

Preferred content of the sessions

In line with the usual contextualisation process of the face-to-face Journey4Life, Dance4Life together with each franchisee, explored young people's priorities in terms of the content to be covered by the digital Journey4Life. The main Sexual and Reproductive Health and Rights (SRHR) challenges identified by young people across all countries, were the three main challenges Dance4Life wants to decrease: *HIV, adolescent pregnancy and gender-based violence (GBV).*

This confirmed the need for the Empowerment Model to be implemented across all countries. When asked about priority topics for the sessions, many topics mentioned were in line with those addressed by CSE programs (including the face-to-face Journey4Life), such as *communication within relationships; relationship with parents; gender equality; puberty and physical changes; saying "no" to violence and unwanted sex; bullying and violence; pregnancy and childbirth; SRHR; contraceptive methods; sexual behaviours.*

However, other topics were raised as challenges faced by young people, perhaps influenced by the current Covid-19 times but which are still not often included in CSE programs such as: *mental health and SRHR, and Covid-19 and SRHR.*

TABLE 1 Summary of findings from needs assessment

	BWA (Pakistan)	ITA (Pakistan)	Rutgers (Indonesia)	FHOK (Kenya)	TfSC (Ghana)	AFEW (Kazakhstan, Kyrgyzstan, Ukraine)	Focus Media (Russia)
GENERAL INFORMATION							
Number of respondents	136	433	140	164	40	50	128
Age of respondents	Majority 20-24 year olds (50.7%)	Majority 20-24 year olds (63.5%)	12-14 year olds (32.9%); 16-19 year olds (31.4%); 20-24 year olds (35.7%)	Majority 16-19 year olds (54.2%)	Majority 20-24 year olds (98%)	Majority 16-19 year olds (74.7%)	Majority 16-19 year olds (55.5%)
Gender of respondents	Girls 57.4% Boys 42.6%	Girls 58.4% Boys 40.9%	Girls 67.9% Boys 32.1%	Girls 62.2% Boys 37.8%	Girls 50% Boys 35% Other 15%	Girls 69.9% Boys 30.1%	Girls 82.8% Boys 17.2%
Location of respondents	83.1% Urban area	83.4% Urban area	89.3% Urban area	56.7% Urban area	72% Urban area	80.7% Urban area	89.8% Urban area
Previous participation to face-to-face CSE	65.4% No	58% No	77.2% Yes	51.2% No	55% Yes	72.3% Yes	64.3% Yes
Previous participation to the face-to-face Journey4Life	77.2% No	75.1% No	69.3% No	50.6% Yes	72% No	68.7% Yes	50.8% Yes
GENERAL INTEREST IN ONLINE CSE							
Interest in online CSE sessions	Yes 61%	Yes 68.1%	Yes 73.6%	n/a	Yes 90%	Yes 55.4%	Yes 75.8%
Current search of CSE information online	No 55.1%	No 62.4%	No 62.9%	Yes 51%	Yes 95%	No 57.8%	Yes 67.2%
PREFERRED CHANNELS AND TOOLS							
Access to internet	Yes 60%	Yes 75.3%	Yes 65.7%	n/a	Yes 80%	Yes 45.8%; Yes: but scared parents or family members can see 28.9%	Yes 83.5%
Preferred online channel for the sessions	WhatsApp	WhatsApp	WhatsApp, Zoom	WhatsApp	WhatsApp	Telegram, Instagram	Telegram, WhatsApp, Instagram
PRIORITY CONTENT							
Main SRHR challenges in your context	Gender Based Violence HIV	Gender Based Violence HIV Adolescent pregnancy	Adolescent pregnancy Gender Based Violence	Adolescent pregnancy HIV Gender Based Violence	Adolescent pregnancy Gender Based Violence	Adolescent pregnancy Gender Based Violence HIV and STIs	Adolescent pregnancy Gender Based Violence HIV
Top 5 SRHR topics to address	1) Relationship with parents 2) Say NO to violence HIV 3) Gender equality 4) Covid and SRHR	1) Mental health and SRHR 2) Puberty and physical changes 3) Child marriage 4) Where to access health services 5) Saying NO to unwanted sex	1) Mental health and SRHR 2) Bullying and violence 3) Gender equality 4) Communicating within relationships 5) Covid and SRHR	n/a	1) Communicating within relationships 2) Contraceptive methods 3) Sexual and Reproductive Health and Rights 4) Pregnancy and Childbirth 5) Say NO to unwanted sex	1) Mental health and SRHR 2) Communicating within relationships 3) Bullying and violence 4) Gender equality 5) Sexual behaviours	1) Mental health and SRHR 2) Communicating within relationships 3) Gender equality 4) Say NO to unwanted sex 5) Sexual behaviours

DEVELOPMENT AND IMPLEMENTATION OF THE DIGITAL JOURNEY4LIFE

Adapting the Theory of Change

Based on the findings from the needs assessment Dance4Life developed a specific Theory of Change for the digital Journey4Life and a measurement framework with outcomes indicators. The main difference between the face-to-face Journey4Life and the digital version is that the face-to-face Journey4Life is delivered through creative facilitation and experiential learning with a specific focus on building socio-emotional learning (SEL) competencies.

Although Dance4Life maintained interactivity in the online experience, more time is needed to be able to adapt to the digital environment using the experiential learning approach and to present the SEL competencies as a core element of the digital Journey4Life. Therefore, Dance4Life decided to still explore the SEL competencies in the digital environment but with less emphasis on them.

Another main difference between the face-to-face Journey4Life and the digital version is that the face-to-face Journey4Life is the CSE component of the whole Empowerment Model, which requires franchisees to ensure enabling environment with two additional components in place; Youth Friendly Services and Community Support.

While the Covid-19 outbreak still allows some digital community sensitisation and advocacy activities, it significantly reduced young people's access to SRHR services, limiting the possibility to ensure all components of the Dance4Life Empowerment Model.

Designing the digital sessions

Dance4Life designs its products and services in co-creation with its partners and users. The face-to-face Journey4Life was co-created together with young people. In the same way, the process of development of the digital version of the Journey4Life was iterative and consisted of experimentation, testing and adaptation. Dance4Life involved program staff, Trainers4Life, peer facilitators and young people at every stage of its development.

Dance4Life provided support with developing tools and guidance to facilitate the generation of insights and learning from the co-creation process. [Lessons learned](#) from the process were recorded with running experiments in different countries.

Based on the exchange franchisees had during the webinar organized by Dance4Life, and insights coming from discussions with the Trainers4Life, the use of a technological channel that young people know well, use in their daily lives, and can easily access without the need for heavy data or fast internet connection became a priority. The needs assessment conducted also provided specific technological channels to use. The final choice was based on both the needs assessment and feasibility for the franchisee.

Where internet connection is not strong and widely available (Ghana, Kenya and Pakistan) the technology chosen is **instant messenger** (WhatsApp), useful for (i) text messaging, use of emoji's and GIFs, (ii) sharing photos, videos, files and links; (iii) voice recording. However, the franchisees from China, Indonesia, Kazakhstan, Kyrgyzstan, Russia and Ukraine opted to go forward with **video conferencing** (Zoom and Tengxun) sessions and combine them with instant messaging (WeChat, Telegram).

Dance4Life mobilised 14 young Trainers4Life from seven different countries (China, Ghana, Kenya, Indonesia, Nepal, Russia and Uganda) who are trained in [design thinking](#), to develop and test sessions for these two forms of digital technologies – Instant Messaging and Video Conferencing. See Table 2.

A TOTAL OF

17 different sessions lasting 90-120 minutes were developed for **instant messaging platforms**

10 different sessions lasting 60-90 minutes were developed for a **video conferencing format**

TABLE 2 Topics and learning objectives of the sessions included in the digital Journey4Life

TOPIC	LEARNING OBJECTIVES
Get to know each other, group building, setting guidelines	/ Participants feel welcomed and excited about the learning journey
	/ Participants know the purpose of the group and how to behave in it
	/ Participants start to get to know each other
Living with Covid-19 – mental health, well-being and relationships during Covid-19	/ Participants reflect on their own mental well-being in times of pandemic
	/ Participants know who to refer to when they need help and support
	/ Participants are aware of safe ways to have relationships during Covid-19
Why sexual and reproductive health and well-being matters	/ Participants understand why sexual and reproductive health and rights are important issues for young people like themselves
	/ Participants feel inspired to know more about their sexual health and well-being
	/ Participants have the links to websites/online services to inquire more information on sexual and reproductive health
My body is changing – puberty changes and self esteem	/ Participants know about the physical and psychological changes young people experience during puberty
	/ Participants demystify myths about menstruation and wet dreams
	/ Participants understand that these changes can affect self-esteem and be a reason for bullying
	/ Participants are inspired to inquire how puberty was for their parents/family members
I have a dream – personal goals and ambitions	/ Participants are aware of who they want to be in the future
	/ Participants are aware about some of the personal strengths they have
	/ Participants feel inspired to discuss their ambitions with their parents/family members
My relationships and boundaries during covid19	/ Participants are aware of the different kinds of relationships that they have in their surroundings/lives.
	/ Participants understand how COVID19 affects relationships
	/ Participants become aware of their own personal boundaries and the boundaries of others
Sexually transmitted infections and HIV	/ Participants know the different STIs (incl. HIV) and their characteristics
	/ Participants know how to prevent themselves from getting an STI and HIV
	/ Participants know where they can get tested for HIV and STIs
Menstruation, pregnancy (safe abortion) and safe sex (contraceptives)	/ Participants understand the process of a menstrual cycle
	/ Participants know how to prevent pregnancy
	/ Participants know the different contraceptives
	/ Participants know where to get such contraceptives and access safe abortion
Gender norms and gender-based violence	/ Participants understand what are gender norms and how they manifest in their reality
	/ Participants understand what are some of the negative influences of gender norms on inequality in their family/community/society
	/ Participants can recognize the different types of GBV
	/ Participants know where to report GBV
I know my rights - human rights and sexual and reproductive rights for young people	/ Participant know what human rights are
	/ Participants are aware they have the right to information, contraceptives and Youth Friendly Services
	/ Participants know where to find information and services which are youth friendly
Getting in to action - reflection and brainstorm, planning and implementation of online activation	/ Participants have come up with at least 1 idea per team to implement an online activation on different SRHR topics
	/ Participants are excited to do their online activity/campaign to spread awareness of SRHR issues in their online community
	/ Participants are prepared to run joint online activations using social media to tackle an issue of SRHR that affects them

After the sessions were designed, the franchisees chose the topics they considered most important to cover using the findings from the needs assessment conducted in their countries. Together with the Trainers4Life and peer-facilitators (Champions4Life), they contextualised and translated the sessions.

THIS PROCESS RESULTED WITH

4 contextualised digital Journey4Life curricula for instant messaging (Ghana, Kenya, Indonesia and Pakistan)

5 contextualised digital Journey4Life curricula combining video conferencing and instant messaging (China, Kazakhstan, Kyrgyzstan, Russia, and Ukraine)

Implementation of the digital Journey4Life

After contextualisation and translation of the digital Journey4Life, peer facilitators (Champions4Life) were trained by the Trainers4Life to deliver the sessions to young people.

Being autonomous actors, the franchisees implemented the digital Journey4Life in different ways and at different points in time. At present, some of them have finished implementation, others are still in the planning phase and Kenya could not implement. See Table 3.

Safeguarding

An important aspect of delivering CSE in digital spaces has been the safeguarding of young people who participate in the sessions. Together with the franchisees, Dance4Life explored in which ways to ensure that young people are protected and feel safe to participate in the sessions. Given that the organizations used software that has been developed by commercial companies, Dance4Life could not make technical intervention, yet, deliberate efforts were made to provide safety. These include:

- / Agreeing and sticking to group rules that ensure safe space, respect of confidentiality and privacy of the members of the group
- / Allowing young people to opt out from sharing information and choosing what they feel comfortable to share
- / Deploying the role of safe-guardian to be present in the group (or their contact details to be shared) as a point for referral in case of an incident, and making sure that reporting procedures are clear and defined for the safe-guardian and the franchisees.



TABLE 3 Overview of the implementation of the digital Journey4Life

	Number of young people reached	Age of young people reached	Number of participants per group	Number of sessions for each group	Duration of implementation	Frequency of the sessions	Number of peer facilitators involved	Digital channel used	Topics covered during the sessions
BWA (Pakistan)	2970	12-26 year olds	10-20 participants depending by their age	6 sessions	6 weeks	2 hours per day	22	WhatsApp	Puberty; Personal ambitions; Relationship and boundaries; Gender Based Violence (GBV) in physical and digital era; Gender equality; Youth Friendly Health services; HIV/AIDS ; Abuse, Harassment and violence.
ITA (Pakistan)	134	12-24 year olds	15 participants	6 sessions	2 Weeks	2 hours per day	14	WhatsApp	Puberty; Personal ambitions; Relationship and boundaries, GBV in physical and digital era; Gender equality; Youth Friendly Health services; HIV/AIDS and Sexually Transmitted Infections (STIs); Adolescent pregnancy.
Rutgers (Indonesia)	1804		15-20 participants	8 sessions	7 weeks	4 hours per week	79	WhatsApp and Zoom	Puberty; Personal Ambitions & living with Dreams; Healthy Relationships; GBV (online and off-line); Adolescent pregnancy; HIV/AIDS and STIs; Gender norms; Youth Friendly Health Services.
TFSC (Ghana)	150	17-25	n/a	n/a	6 weeks	4 hour per week	19	WhatsApp	Menstruation; Contraceptives; Adolescent Pregnancy and abortion; STIs; Human Rights and Sexual Rights; Gender norms; GBV; Relationships and Boundaries.
AFEW (Kazakhstan)	95	14-22 year olds	7-10 participants	10 sessions	3 months	1 hour twice a week	13	Zoom; Discord	HIV and STIs; Puberty; Pregnancy; Contraception.
AFEW (Kyrgyzstan)	72	14-19 year olds	8-12 participants	7 sessions	3 weeks	90 minutes twice a week	20	Zoom for sessions; WhatsApp for discussion and additional information	Social norms; HIV and STIs; Body changes; Contraception; Stigma and discrimination; Difference between sex and gender; Equality and diversity.
AFEW (Ukraine)	135	12-22 year olds	10-25 participants	10 sessions	n/a	Depending by the group, 60-90 minutes once or twice a week	9	Zoom; Telegram and Instagram for chats	n/a
Focus Media Russia	250	14-19 year olds	7-12 participants	n/a	n/a	1 hour per week	20	Zoom; Telegram	Contraception; Ability to say NO to unsafe sex; Discrimination; Violence; Anxiety during COVID; Mental health; Health services.
CFPA (China)	200	10-18 year olds	n/a	5 sessions	6 weeks	1 hour per week	10	Tengxun Video for sessions; WeChat for daily communication	Puberty; Relationship and boundaries; GBV in physical and digital era; Gender equality; Youth Friendly Health services; HIV/AIDS and STIs; Adolescent pregnancy.

EVALUATION IN KAZAKHSTAN AND INDONESIA

An evaluation was planned across all countries involved in the prototype of the digital Journey4Life. A pre-post [questionnaire](#) (baseline-endline) was developed by Dance4Life and reviewed by each franchisee to make it context-specific. The questionnaire is composed of 13 questions assessing changes in knowledge, confidence around SRHR issues, gender equal attitudes, attitudes towards norms, behaviours and in socio emotional learning (SEL) competencies.

Additionally, 5 process questions on the online experience have been added to the end-line questionnaire. At this stage, with limited resources and time constraints, the objective of the evaluation was to have a first indication of the potential of the digital Journey4Life.

At present, evaluations have been concluded in Kazakhstan and Indonesia, but they are taking place or are planned in the remaining countries. Both evaluations took place in October 2020. Data were collected by the franchisees and sent to Dance4Life for analysis. As the questionnaire was contextualised, findings cannot be compared across countries. For this reason they are presented separately. Only statistically significant results are reported.



Evaluation of the digital Journey4Life in Kazakhstan

In Kazakhstan, a total of 103 young people responded to the baseline questionnaire, compared to 63 responding to the endline questionnaire. The franchisee AFEW Kazakhstan decided to change part of the questionnaire: the knowledge questions focus specifically on HIV and on knowledge about how to reach specific health services; questions on gender equal attitudes and behaviours are also more specific to the context.

Knowledge

After exposure to the digital Journey4Life, a higher percentage of young people acknowledge that:

- / “HIV is transmitted from an HIV-positive mother to her child during pregnancy, childbirth and breastfeeding” (90% at endline compared with 60% at baseline)
- / “Antiretroviral therapy does not completely remove HIV from the body” (78% at endline compared with 66% at baseline)
- / “Antiretroviral therapy suppresses the virus and allows the body to restore the immune system” (83% at endline compared with 59% at baseline)

In addition, more young people know which health services to visit if they “need to get tested or treated for STIs” (84% at endline compared to 66% at baseline) or if “they need to get tested for HIV” (92% at endline compared with 74% at baseline).

Confidence

After exposure to the digital Journey4Life more young people show confidence to “discuss pregnancy, HIV/STIs, gender-based violence issues with their sexual partners” (97% at endline compared with 88% at baseline)

Gender equal attitudes

After exposure to the digital Journey4Life, a higher percentage of people disagree with the following statements:

- / “Girls should be cleaner and tidier than boys” (79% at endline compared with 57% at baseline)
- / “Boys should always defend themselves, even if it means a fight” (41% at endline compared with 26% at baseline)
- / “Protection from unwanted pregnancy is the responsibility of girls only” (83% at endline compared with 61% at baseline)



Evaluation of the digital Journey4Life in Indonesia

In Indonesia, a total of 110 young people responded to the baseline questionnaire, compared to 76 responding to the endline questionnaire. At both timelines the majority of respondents were girls (above 60%), Muslim (above 90%) and have attended face-to-face CSE (above 50%). Almost all of them were from urban areas.

Rutgers Indonesia chose to use the blueprint questionnaire, adding specific questions related to the context but preserving the main scales. For this reason, results are reported as average scores, instead of percentages of respondents.

At endline, process questions assessing online experience were asked.

Confidence

On a scale from 1 (I totally can't do that) to 5 (I totally can do that) the average score for confidence among participants increased from 2.65 points to 3.29 in relation to the statement: *"If someone wants to have sexual intimacy with me, I feel able to either say yes or no (depending on what I want)"*.

Gender equal attitudes

On a 4-point scale (1= I strongly disagree – 4= I strongly agree), the average score for gender equal attitudes in relation to the item *"boys should help with chores in the household"* increased from 3.05 to 3.38.

Socio-emotional learning competencies

When young people were asked to think about the type of advice, on a scale from 1 (very unlikely) to 5 (very likely), they would give to a friend *"finding hard to bring up the issue of condom use with his/her partner"*, self-awareness and social-awareness both increased from 3 to 3.53, and from 3.23 and 3.78 respectively.

Online experience

The majority of the respondents declared they understood why they need this course and its objective (95%), and how participants should communicate with each other through the digital channel (95%). 93% of respondents found the peer facilitators easy to reach for questions and 95% agreed that peer facilitators were able to create and maintain a comfortable atmosphere among participants during online sessions.

Respondents did not have difficulties in using the digital channels chosen for the sessions (Zoom and WhatsApp): 88% reported easy access and use and no difficulties to open or download educational materials used during the sessions (videos, pictures, online quizzes). 70% reported convenient access to the technical assistant.

However, the online interaction was not easy for everyone: 25% of respondent described it as difficult, while 16% did not feel comfortable to share experiences with other participants during the online sessions. This can be due to the lack of information provided about privacy and confidentiality as indeed 51% of respondents pointed out they did not receive this sort of information from the peer facilitators.

In addition, the length of the sessions was described as too long for 35% of respondents. The same percentage suggested adding subtitles to the videos.

When investigating more specifically the content of the sessions, 89% of the respondents declare that participation in the digital Journey4Life allowed them to attend sessions they would have otherwise missed.

Among favourite topics addressed by the digital Journey4Life, respondents mentioned; reflection on personal boundaries; body changes during puberty; gender equality; relationships; and general SRHR. Less favourable topics addressed were; contraception; pregnancy; STIs.

Overall, 93% would repeat the experience and 86% would recommend the digital Journey4Life to their friends.



SUMMARY OF FINDINGS AND OPEN QUESTIONS

The majority of participants are from urban areas, which makes it easier for them to access online content. In the future, it is important to find ways to reach out also the most marginalised young people, living in rural areas with limited availability of technology.

Overall, evaluations in Kazakhstan and Indonesia show that the digital Journey4Life contributes to some changes in knowledge, confidence, gender equal attitudes and socio emotional learning.

The greatest benefit of the digital Journey4Life appears to be gender equality, in line with findings from the pilot of the face-to-face Journey4Life (van Enck & Todesco, 2018). This finding shows the potential of digital CSE to increase gender equality, something that needs to be further explored. Some changes in SEL competencies are also visible, and offer an additional outcome of digital CSE to be investigated in the future. However, changes still remain limited. No changes in behaviours were detected. Restricted access to SRHR services and to physical relationships due to Covid-19 might have contributed to this result. An option is to develop new behavioural indicators based on how sexuality takes place digitally. This can also be useful after the pandemic.

An additional need was identified to guarantee the safeguarding of young people accessing digital CSE, and to make interactions more comfortable, ensuring that information about privacy and confidentiality are shared with participants. A question remains if a general safeguarding policy can be developed that could cover the peculiarity of the different technologies that are being used. Ongoing and future evaluations conducted by franchisees will provide additional insights. The hope is that benefits of digital CSE can be added to the implementation of face-to-face CSE in the near future, to harness the strengths of both formats.

CONCLUSION

Covid-19 has required organisations to find alternative ways to deliver CSE. Dance4Life and its franchisees have responded proactively adapting the CSE component of the Empowerment Model to a digital environment.

Building on the available evidence, sessions were co-created with young people and the content and way of delivery were based on the findings of a needs assessment conducted in eight countries.

Aware of the importance to offer insights to the CSE community, Dance4Life conducted pre-post evaluations of the prototype of the digital Journey4Life.

Dance4Life is planning to integrate all findings from the evaluations of this prototype into a final version of the digital Journey4Life, to pilot and evaluate in 2021. It also plans to work on a blended version combining face-to-face and digital sessions to empower young people to lead healthy lives.

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Dance4Life empowers and educates young people. We provide them with the knowledge, skills and confidence they need to protect their health and promote safe sexual choices