INTRODUCTION

Intimate partner violence can be defined as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" [1]. The significant life-long consequences of partner violence have been well documented, and include debilitating mental health and adverse sexual and reproductive health outcomes [2]. The onset of partner violence is primarily during adolescence and young adulthood, placing young people on a path towards violence either as perpetrators or victims, with more victims being women and girls and a majority of men perpetrators [3]. It is increasingly recognized that primary prevention efforts are needed early in life to stop partner violence before it occurs [2].

Worldwide prevalence of partner violence among adolescents is high. A World Health Organization (WHO) report, based on data from 81 countries, estimates that 29.4% of ever-partnered adolescent girls (15 to 19 years) have suffered physical and/or sexual partner violence [4]. Partner violence is commonly perpetrated in marital or cohabitant relationships; it usually involves controlling behaviors and physical, sexual, and emotional abuse. However, adolescent girls may experience partner violence even earlier.

As girls reach puberty they may suffer forced sexual debut or experience sexual harassment or assault in previously safe contexts like their homes, schools or communities [3]. Furthermore, emerging evidence suggests that before marriage or cohabitation, violence can be present in adolescent relationships, in the form of controlling and possessive behaviors or through “dating violence,” which can be defined as sexual or physical violence occurring in the context of a relationship that is neither marriage nor long-term cohabitation [2]. Experiencing partner violence early in life can have long-lasting repercussions on the physical, psychological, and economic well-being of adolescents and young adults [5]. Comprehensive sexuality education promotes the right of adolescents to receive education about their bodies, relationships, and sexuality by equipping them with skills, attitudes, values, and knowledge needed to determine and enjoy their own sexuality. It has the potential to prevent partner violence by addressing inequitable relationships and the harmful gender norms that perpetuate violence early in life. Adolescence is a developmental stage marked by rapid cognitive, physical and psychological changes that lead to increased gender role differentiation and new experiences around intimate relationships [3, 5]. Sexuality education can reach many adolescents and reshape violence-related gender norms in this key developmental stage.

The International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR), together with the London School of Hygiene and Tropical Medicine (LSHTM) and Fundación Mexicana para la Planeación Familiar (Mefam), have collaborated to present a series of three policy briefs to outline emerging evidence on the potential of sexuality education as a prevention strategy for partner violence based on a study in Mexico City. This first policy brief outlines the mechanisms by which sexuality education can address partner violence among adolescents.

THE EXTENT OF THE PROBLEM

In Mexico, intimate partner violence is common. According to recent estimates, 43.9% of women aged 15 years and older in Mexico report at least one incident of partner violence in their lifetime [6]. A study carried out by the National Polytechnic Institute (IPN) in 2009 with 14,000 students (14 to 17 years) showed that more than half of all participants reported romantic jealousy in their relationship, and 10% of women and 13% of men said they had used...
controlling behavior more than once in their relationships, including monitoring their partner’s cell phone, email or social media [7].

WHAT LEADS TO VIOLENCE IN A RELATIONSHIP?

A range of factors may be associated with a decreased (protective) or increased (risk) likelihood of partner violence. For the adult population, many protective and risk factors have been documented both for perpetration and victimization; evidence suggests these may be similar to those faced by adolescents [3]. Risk factors common to both victimization and perpetration at the family level include witnessing violence in childhood, experience of child sexual abuse, child emotional abuse or neglect, harsh parenting practices, and lack of connectedness with adults. Within adolescents’ immediate social network, risk factors include bullying, having friends with delinquent behaviors or who approve of or experience partner violence, relationships that are characterized by power imbalances, and conflict within relationships. At the individual level, risk factors also include harmful alcohol and substance abuse, as well as believing that violence is justified and should be tolerated as a private matter. At the population level, traditional gender norms and social norms supportive to violence appear to be the root causes of partner violence [2].

Sexuality education courses that follow an empowerment and gender-transformative approach address several of the risk factors associated with partner violence. The International Technical Guidance on Sexuality Education (ITGSE) highlights the need to examine and address gender inequalities and stereotypes as a central characteristic of effective sexuality education curricula [8]. IPPF’s sexuality education approach recognizes sexual and reproductive health as a human right, promotes gender equality, and fosters knowledge, values and skills necessary for sexual and reproductive health. Studies suggest that sexuality education has the potential to prevent partner violence by addressing gender and power dynamics in relationships, and empowering adolescent girls and other marginalized adolescents to see themselves as equal members in their relationships and able to protect their own health [9].

SEXUALITY EDUCATION: A PROMISING APPROACH TO ADDRESS PARTNER VIOLENCE IN SCHOOLS

Despite the potential of sexuality education as a strategy to prevent partner violence, few evaluations of sexuality education interventions have measured partner violence or changes to violence-related attitudes and social norms [10, 11]. To address this gap in the evidence base, IPPF/WHR, LSHTM, and Mexfam carried out a quasi-experimental longitudinal study exploring how a sexuality education intervention may help address unequal gender norms, prevent partner violence and encourage critical thinking among students aged 14 to 17 in Mexico City.

The 20-hour curriculum implemented by Mexfam covered a comprehensive set of sexual and reproductive health and rights topics and was implemented in full by young professional health educators. In 2016, a multidisciplinary team at Mexfam updated the course to adopt a gender-transformative approach – which aims to restructure gender relations, making them more equitable [12]. The course incorporates gender and power relations as transversal themes and includes topics such as sexuality, sexually transmitted infections, violence in erotic-affective relationships, unwanted pregnancy and other related aspects of health. The course employs a variety of participatory techniques to encourage reflexive processes and the questioning of social norms related to gender and violence.

Based on the local context, IPPF/WHR, LSHTM, and Mexfam developed a theory of change that identified four main pathways through which Mexfam’s sexuality education course potentially prevents partner violence.

Pathway 1: Communicating about relationships, sexuality and dating violence

Sexuality education participants acquire skills to communicate about relationships, sexuality and
dating violence in a safe and supportive environment. Participants become more comfortable talking about sexual and reproductive health and intimate relationships and engage in discussions about power imbalances and gender roles within relationships. Participants may share the information they learn in sexuality education with their families, peers, and partners outside the course and become better prepared to solve conflicts in their intimate relationships through constructive dialogue.

Pathway 2: Taking protective and preventative actions related to violence
Sexuality education teaches participants to reflect on their beliefs around violence, as well as identify violence in their own relationships and those around them. Adolescents are equipped with tools to tackle partner violence in their own relationships and those of their peers. Participants begin taking concrete preventative actions such as distancing themselves from violent situations, intervening in violence around them, and verbalizing their intention to engage in violence-free relationships.

Pathway 3: Accessing violence-related and sexual and reproductive health services
Sexuality education participants learn where to seek services for situations of partner violence, understand that they have the right to obtain support services and healthcare, and believe it is possible for them to access care. Therefore, participants will be more likely to take actions such as seeking information, support and services when needed.

Pathway 4: Shifting attitudes and behaviors related to gender and sexuality
Sexuality education participants question harmful social norms that justify partner violence and norms related to gender and sexuality. They embark on a process of change related to their beliefs and behaviors around these topics. As a consequence, participants will become more accepting of sexual diversities and a wider range of gender norms, reject social norms that justify partner violence as a private matter, develop higher self-esteem, begin a process of accepting their own sexuality, and build confidence in their ability to make decisions that favor their own well-being.

Our findings suggest that comprehensive sexuality education, implemented by highly skilled health educators, can be an effective and feasible strategy to support prevention of and response to partner violence among adolescents, in part by contributing to a process of shifting adverse attitudes and gendered social norms. The findings of this study are detailed in the subsequent policy briefs of this series.

RECOMMENDATIONS

• Educational institutions, health providers, and civil society organizations should scale up high-quality comprehensive sexuality education. Students should have access to comprehensive sexuality education that equips them with the skills and knowledge needed to freely express their sexuality and engage in healthy, happy relationships.

• Comprehensive sexuality education should adopt a gender-transformative approach. Sexuality education has the potential to prevent partner violence by addressing gender and power dynamics in relationships, and empowering adolescent girls and other marginalized adolescents to see themselves as equal members in their relationships and able to protect their own health as well as their physical and psychological integrity.

• Comprehensive sexuality education should incorporate and address the issues of violence, gender inequalities, and sexual and reproductive rights. By integrating these topics sexuality education can best support intimate partner violence prevention among adolescents.

• Research on violence prevention interventions should be theory-based and adapted to local contexts. Evaluative research can be designed to examine the mechanisms by which interventions address protective and risk factors associated with partner violence. Studies should reflect the particularities of local context, which will contribute to an accurate depiction of underlying mechanisms that lead to change as a result of the intervention being evaluated.
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