Global evidence on Family Life Education (FLE) programs among adolescents, including sex education programs, has been mixed, differing by context, provider and curriculum. Encouraging findings for FLE programming point towards increased adolescent contraceptive knowledge\(^1\) and use\(^2\) as well as increased positive attitudes and understanding about sexual behavior and sexuality\(^1,3\). In India, FLE programs have been implemented within middle schools over decades, however, there is limited knowledge on their reach, determinants of participation and their effects on health and wellbeing.

India is home to 243 million adolescents, 21% of the total population.\(^4,5\) This population faces unique sexual and reproductive health (SRH) needs and risks,\(^6,7\) and challenges to health and wellbeing.\(^8-10\) In 2014, Government of India launched the Rashtriya Kishor Swasthya Karyakram (RKSK) program as the national strategy for adolescent health and development.\(^6,7\) RKSK set up a framework of interventions to support adolescents, focusing on SRH, nutrition, mental health, injuries and violence, substance abuse and non-communicable diseases.\(^6\)

**METHODS**

We analyzed data from the *Understanding the Lives of Adolescents and Young Adults* (UDAYA) study on adolescent health and development conducted in 2015-2016. Differences in FLE participation were examined by sex, urban/rural residence, school enrolment and household wealth quintiles using chi-square tests across a representative sample (n=9353) of adolescents 10-19 years old in Bihar. The following subpopulations were our focus: unmarried males 13-19 (n=2199), unmarried females 13-19 (n=3746), and married females 15-19 (n=3408).

**RESEARCH QUESTION AND ANALYSIS**

Using data from the UDAYA cross-sectional survey (2015-16) in Bihar, we examined:

1. The percent of adolescents participating in FLE programs and gender differences in participation.
2. Differences in adolescent participation in FLE programs among boys and girls by
   a. Rural/Urban residence
   b. Being in/out of school
   c. Household wealth
FINDINGS: GENDER DIFFERENCES IN FLE PROGRAM PARTICIPATION

Adolescent FLE participation in Bihar was low. Only 21.71% unmarried females, 10.98% married females and 4.78% males reported participation in an FLE program conducted by school, community or a local organization.

Urban-Rural Differences: Urban unmarried females were most likely to receive FLE, while rural boys were least likely to receive FLE. Urban rural differences were statistically significant for unmarried females (p=0.001) but not for males and married girls. (Figure 1)

Differences by School Attendance: Adolescent males and females who attended school were more likely to receive FLE (p<0.01) compared to those out of school. (Figure 2) FLE participation did not differ by type of school (private or public) attended.

Differences by Wealth:
Married and unmarried females in the richer and richest quintiles were significantly more likely to report FLE participation (p<0.0001) compared to those in the poorest quintiles. Differences across wealth were not statistically significant for males. (Figure 3)

CONCLUSIONS AND RECOMMENDATIONS

• One in five females compared to only one in ten males reported receiving FLE programs.
• FLE participation was low among married females and out of school adolescents, indicating that vulnerable populations most in need of FLE are least likely to receive them.
• More research is needed to understand the implementation and quality of the FLE programs, and barriers to participation.

REFERENCES
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FOR MORE INFORMATION

If you would like more information about this study, or to collaborate with us on its success, please contact Principal Investigator of this research at UC San Diego. Or visit GEH.UCSD.EDU

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