ADOLESCENT PARTICIPATION IN FAMILY LIFE EDUCATION PROGRAMS IN UTTAR PRADESH, INDIA

EVIDENCE ON FAMILY LIFE EDUCATION PROGRAMS

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.

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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. We examined differences in FLE participation by sex, urban/rural residence, school enrolment and household wealth quintiles using chi-square tests across a representative sample \((n=8985)\) of adolescents 10-19 years old in Uttar Pradesh. We focused on the following subpopulations: unmarried males 13-19 \((n=2468)\), unmarried females 13-19 \((n=4719)\), and married females 15-19 \((n=1798)\).

RESEARCH QUESTION AND ANALYSIS

Using data from the UDAYA cross-sectional survey (2015-16) in Uttar Pradesh, 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
Adolescent FLE participation in UP was low. Only 16.71% unmarried females, 11.15% married females and 8.49% males reported participation in an FLE program conducted by school, community or a local organization.

Urban-Rural Differences: Urban unmarried females were more likely to participate in FLE programs compared to rural unmarried females (p=0.04). (Figure 1) Urban-rural differences were not statistically significant for males and married females.

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

Differences by Wealth: Adolescent males and females in the richer and richest quintiles were significantly more likely to report FLE participation (P<0.01) compared to adolescents in the poorest quintiles (Figure 3).

CONCLUSIONS AND RECOMMENDATIONS

• Nearly one in five females compared to nearly 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 also needed to understand the implementation and quality of the FLE programs, and barriers to participation.

REFERENCES
4. UNICEF. Risks and opportunities for the world’s largest national population of adolescent girls, 2011.