

The association between exposure to comprehensive sexuality education and sexual and reproductive health knowledge and practices among unmarried and married adolescent girls in India

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BACKGROUND

- Community and school based sexuality education has a positive effect on adolescents' awareness and attitudes toward Sexual and Reproductive Health (SRH)¹
- Comprehensive Sexuality Education (CSE) empowers adolescents' to make informed decisions²
- Unwillingness to discuss adolescent SRH among government stakeholders and other influential community members limits implementation the Adolescent Education Programme in India since its rollout in 2005
- Few studies/evaluations have explored the effect of exposure to CSE on SRH practices among adolescents in India
- Sparse research on CSE exposure among girls particularly vulnerable to early marriage

Objectives:

- To examine the extent to which exposure to CSE among unmarried and married girls differed by markers of vulnerability, including schooling status, household economic status and caste
- To assess the association between CSE exposure and SRH knowledge and practices, such as menstrual hygiene, contraceptive use and treatment-seeking for symptoms suggestive of genital infections

METHODS

Measures of awareness of Sexual and Reproductive Health matters:

- Was aware of at least two of the three key biological pregnancy facts: whether pregnancy can occur due to kissing or hugging, whether a woman can get pregnant the first time she has sex and on which days in a menstruation cycle pregnancy is most likely
- Had specific knowledge of at least one modern birth spacing method: Includes oral contraceptive pills, emergency contraceptive pill, condoms, IUCD/Copper-T, and injectables
- Was aware of legal age of marriage for girls
- Recognised adverse consequences of early marriage
- Knew about at least one symptom of sexually transmitted infections (STIs)

Measures of healthy practices

- Used sanitary napkins during menstrual period
- Reported menstrual problems or symptoms of genital infections in last 3 months and sought treatment for these symptoms/problems
- Reported current contraceptive use among married girls

- Appropriate multivariate regression analyses were conducted to explore associations between exposure to CSE and SRH outcomes measures

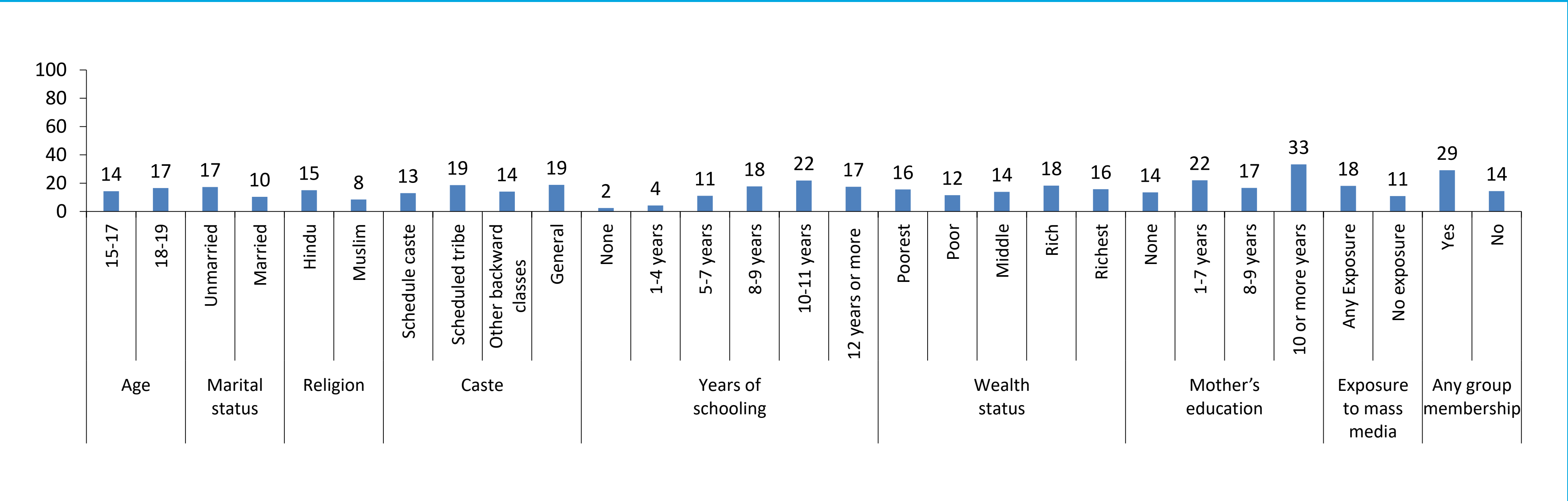
1. Jejeebhoy, S. J. 2017. *Supporting Transitions from Adolescence to Adulthood: Evidence-informed Leads for Investment*. New Delhi: Bill and Melinda Gates Foundation.
2. United Nations Population Fund (UNFPA). 2013. *Motherhood in Childhood*. New York: UNFPA.

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RESULTS

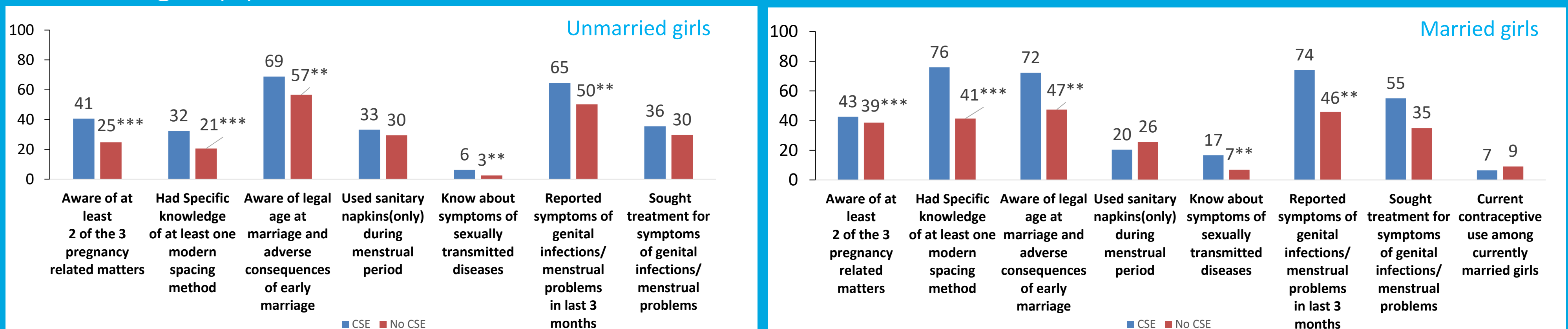
- Overall, only 15% adolescent girls received CSE (17% of unmarried girls and 10% of married girls)

Figure 1. Percentage of adolescent girls who received comprehensive sexuality education by key background characteristics



- Exposure to CSE varied significantly by years of schooling completed, membership in formal adolescents' groups and mother's education
- Exposure to CSE did not differ by age, religion, caste or household wealth status

Figure 2. Bivariate associations between exposure to CSE and selected outcome measures among unmarried and married adolescent girls (%)



Note: *p<0.05, **p<0.01, p***<0.001

Table 1. Odds ratios for selected outcome measures among those exposed to CSE, results of multivariate logistic regressions

	Unmarried girls	Married girls	All girls
Aware of 2 of the 3 biological pregnancy facts ¹	1.97***	0.92	1.59**
Correct knowledge of modern contraceptive methods ¹	1.56**	3.15**	1.80***
Aware of legal age at marriage as well as adverse consequences of early marriage ¹	1.31	1.51	1.34
Use of sanitary napkins during menstrual period ¹	1.03	0.40*	0.88
Knew about symptoms of sexually transmitted diseases ¹	2.02	2.22	2.06*
Reported symptoms of genital infections/ menstrual problems in last 3 months ¹	1.61**	2.88**	1.78***
Sought treatment for symptoms of genital infections/ menstrual problems ¹	1.58*	2.78**	1.87***
Current use of modern contraception among currently married girls living with spouses ²		0.59	

Note: ¹. For both unmarried and married girls, odds ratios are adjusted for current age, education, work status, caste, religion, wealth status, current school attendance, parental education, exposure to mass media and group membership. For analyses of "All Girls", marital status was also controlled.
². Odds ratios are adjusted for current age of married girl, work status, caste, religion, wealth status, current school attendance, husband's education and having a bank account.

p<0.05, **p<0.01, p***<0.001

CONCLUSION

- Girls exposed to CSE had significantly higher odds of being better informed about SRH topics, compared with those who had no CSE exposure. They were additionally more likely to recognise menstrual problems and symptoms of STIs and to seek treatment for such problems
- No association found with respect to exposure to CSE and use of sanitary napkins and use of modern contraception (for married girls)
- Among girls who reported symptoms suggestive of genital infections in the three months prior to the interview, those exposed to CSE were more likely than those who weren't to report having sought treatment for these problems
- CSE has made significant difference in increasing SRH knowledge, however this study did not show a significant association between CSE and uptake of contraceptive use or improved menstrual hygiene
- Findings suggest the need for adapting CSE to have a broader impact as well as the need for further research on how CSE might help improve adolescents' SRH behaviours