Research/Program Brief #8

Education as a means to improve family planning: Evidence from Bihar and Uttar Pradesh

Education, especially at the secondary level, has been a critical driver for behavior change towards recommended individual and community practices in health and related decision-making. Family planning (FP) is no exception. Unlike maternal and child health, FP is usually not perceived as a natural process and, therefore, has not been internalized as an intrinsic layer in health practices and programming. Hence the health benefits of FP practices are often undervalued in individual and familial spaces unless understanding is deep and comprehensive. Adolescence is a critical period to build that understanding. Educational institutions such as schools and colleges are uniquely placed to enable adolescents, particularly girls, to complete secondary education. These can prove to be critical milestones in achieving positive sexual and reproductive health (SRH) outcomes. They also provide important avenues for generating appropriate knowledge about adolescent health and rights with long term consequences. Prioritizing educational institutions, including schools and colleges, as platforms for FP programming is an important opportunity with long-term social and development impacts.

Using evidence from population-based studies conducted by the Family Planning Monitoring Learning and Evaluation (FP-MLE) consortium in UP and Bihar, the National Family Health Surveys (NFHS), and existing literature, this brief emphasizes the value of education and roles of educational institutions in improving FP outcomes, and provides recommendations towards these goals.

Education as a driver of healthy family planning behaviour

Evidence across low and middle-income countries (LMICs), including India, suggests that higher education among girls demonstrates positive effects on delaying age at marriage, desire for smaller family size, contraceptive knowledge, and spousal communication. Positive association has been noted for any formal education and is seen to be more pronounced for secondary education. Evidence indicates that women and couples journey towards contraception is impacted by education. For instance, in Bihar, educated women were less likely to get married early (18 years or before), have the first baby at or before the age of 21 years, and more inclined to use contraception and adopt any modern contraceptive method in her lifetime. Along with the role of education in this pathway, exposure to sexual and reproductive health programs during adolescence played a catalytic role in enabling girls continue their education and achieve positive SRH outcomes. There is ample evidence to show the negative impact of early marriage, teenage pregnancy and unsafe abortion on girls' education, mental health and well-being, and the girls critically requires responsive and comprehensive FP information, and services.

- Higher education of women was associated with delayed age at marriage and first birth in Bihar and UP . For example, women with 10 or more years of schooling were married four years later than those without any schooling (19.1 years vs. 15.6 years in Bihar; 20.5 years vs. 16.6 in UP); and had their first child two or three years later (18.8 years vs. 20.8 years in Bihar; 22.3 years vs. 19.9 years in UP)[i].
- Women with at least 10 years of schooling were reported as having a lower mean age at first contraceptive use (23.6 in Bihar; 22.8 years in UP) compared to those without any schooling (25.8 years in Bihar; 23 years in UP)[ii]. In Bihar, higher education (8+ years) was a strong significant predictor of reversible method being the first modern method of contraception (adjusted odds ratio 4.3, p<0.0001).
- In Bihar, women with no schooling reported an average of 1.4 children more than women with 10 or more years of schooling (a TFR of 3.77, compared with 2.42 among 10–11 years of schooling and 2.20 among 12+ years of schooling). Similarly, women with no schooling had an average of 1.1 more children than women with 10 or more years of schooling in UP (a TFR of 3.52, compared with 2.39 among 10–11 years of schooling and 1.88 among 12+ years of schooling)[iii].
- In Bihar, while knowledge of any one method was high irrespective of education, the differences in knowledge increased significantly for 5 or more methods (15% among those who had more than 8 years of schooling while 5% for those who had none) in context of knowledge regarding all five modern spacing methods (injectables, IUCD /copper-T, Mala N/daily pill, chhaya pill/centchroman, and condom). Relative likelihood of having better knowledge regarding all the 5 methods was significantly higher among educated adolescents, especially those with 8 or more years (adjusted odds ratio 2.58, p<0.05)

School as a critical space for improving knowledge and attitudes on sexual and reproductive health

Schools are a critical space to enable adolescents to develop comprehension and cognitive capacities and inculcate values through subjects taught, day-to-day interaction and messaging from teachers and peers. Thus, these spaces could play an important role in improving the understanding of reproduction and FP among adolescents both by increasing the intrinsic feeling of being empowered and creating an enabling environment. As institutions, schools have larger and sustained roles in normalizing conversations with adolescents on sexual and reproductive health issues including agency, choice, consent, and positive gender roles and norms. With increasing enrolment of girls and boys, schools also provide a valuable space for reaching a large number of adolescents, implement strategies and approaches to promote and reinforce school retention, and promote sexual and reproductive health and rights (SRHR).

In India, education and other aligned government departments have promoted several programs within schools which can have a positive impact on school retention, delaying age at marriage, as well as growth and development of young people[iv]. For example, Apni Beti Apna Dhan, a conditional cash transfer program introduced in 1994 by the Government of Haryana, resulted in increased educational attainment. Similarly, the Kanyashree scheme in West Bengal, and Sukanya Samriddhi Yojana by the Government of India have financed girls' education to encourage continued education and delaying their marriage at least up to the legal age of marriage. Other initiatives like Poshan Abhiyaan or mid-day meals not only provide nutrition but also bring students, including school-age girls, to the school. Programs like Swachh Bharat promote toilets in schools that could reduce dropout rates and absenteeism, especially among adolescent girls, by providing a safe and hygienic place for promoting menstrual health. The Sabooj Sathi initiative in West Bengal provides bicycles to girls, and a similar scheme in Bihar provides financial aid for buying bicycles for girl students. These programs and schemes help in reducing early dropout rates among girls and in-turn delay the age at marriage.

I. Assessments conducted by Technical Support Units of Bihar and UP
ii. http://rchiips.org/nfhs/NFHS-5_State_Report.shtml - iii. http://rchiips.org/nfhs/NFHS-4_State_Report.shtml
iv. Venkatraman Chandra-Mouli, Marina Plesons, Alka Barua, Aparajita Gogoi, Manju Katoch, Mohammed Ziauddin (2018). What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India? American Journal of Sexuality Education.

Evidence from adolescent health programs have identified schools as an effective platform to reach large number of adolescents at an early age and influence their knowledge and understanding on reproductive and sexual health issues[v]. A systematic review of evaluated adolescent health program found schools as central delivery sites for one-third of the program, while another one third of the programs were delivered beyond school hours or in the community[vi]. While considering the potential, it is equally important to account for challenges due to limited availability of teachers, particularly in rural areas; high burden of academic and non-academic activities; teachers' notions of adolescents' sexual and reproductive needs; and preparedness to engage in such issues. Their understanding of and willingness to promote these issues and enhance necessary skills are critical to enabling a school environment where menstruation and other SRHR issues are discussed more productively with adolescents. Evidence suggests that investments in building gender perspective and skills of teachers can result in several improved outcomes for young adolescents, including gender attitude, peer communication, comfort with bodily changes and openness to approach teachers and parents with questions[vii].

Supportive Policy Framework for Intersectoral Convergence Between Education, Adolescent Programming and Family Planning Programs

With increasing enrolments, schools provide excellent opportunities to engage large numbers of adolescents with accurate and comprehensive age-appropriate information and capacitate them with necessary skills. There is an alignment between National Youth Policy (NYP) 2014 and National Education Policy (NEP) 2020 that promotes health and well-being of young people. The NYP has envisioned schools as spaces where targeted awareness programs on health and nutrition can be implemented, empowering young people to make informed choices and decisions to lead healthy lives. The NEP has also stressed upon the importance of linkages between academic and health outcomes and a need for focussed interventions to improve adolescent health through school programs. Building on the positive policy environment pertaining to integration of school-based health programs in efforts like Rashtriya Kishor Swasthya Karyakram (RKSK), sustained political and financial commitments are required to promote reproductive and sexual health of adolescents through schools.

v. Murro R et al., Adding It Up: Investing in the Sexual and Reproductive Health of Adolescent Women in India, New York: Guttmacher Institute, 2021, https://www.guttmacher.org/report/ adding-it-up-investing-in-sexual-reproductive-health-adolescents-india. https://doi.org/10.1363/10.1363/2021.32662.
vi. Paul Montgomery and Wendy Knerr (2018). Review of the Evidence on Sexuality Education Report to inform the update of the UNESCO International Technical Guidance on Sexuality Education. University of Oxford
vii. Achyut P., Bhatla N., Verma H., Uttamacharya, Singh G., Bhattacharya S. and Verma R. (2016). Towards gender equality: The GEMS journey thus far. New Delhi, International Center for Research on Women.

Key recommendations

Based on the above, key recommendations for policy and program action include:

- Supporting adolescent retention efforts, particularly for girls, in secondary and higher education is crucial. Special attention should be given to bring married adolescent girls, who are most at risk of early and frequent births, back to school.
- The adolescent SRH programs should ensure that students in middle and secondary schools, engage in discussions on SRH and receive comprehensive information in school, in order to break taboos around SRH and develop positive attitudes and behaviors related to SRHR.
- Investing in building teachers' perspectives on SRHR of adolescents as well as their skills on how to include this within the school curriculum is crucial to provide safe spaces for adolescents to seek information and demand services.
- School-based health programs need to include several components of FP elements (as part of the healthy family approach) and highlight adolescent rights and choices, especially for girls.
- Operationalizing the existing policies are critical through political commitment, inter-sectoral collaboration and co-ordination at ground level.

We thank the National Health Mission - Uttar Pradesh and the State Health Society - Bihar for their support in conducting the study.

Achyut P, Dutta N, Mazumdar A, Gautam A, Kumari S, Mishra AK, Singh RN, Prakash R, Mahapatra T & FP-MLE Consortium. (2022). Education as a means to improve family planning: Evidence from Bihar and Uttar Pradesh. Research/Program Brief #8. New Delhi: FPMLE consortium.

The Family Planning Monitoring, Learning and Evaluation (FP-MLE) consortium is constituted to provide grounded evidence on efforts to improve family planning in India, with particular reference to Bihar and Uttar Pradesh. The consortium, led by the Population Council, brings together technical support units led by CARE India Solutions for Sustainable Development (CISSD) in Bihar and the India Health Action Trust (IHAT) in Uttar Pradesh, the International Center for Research on Women (ICRW) and the Center on Gender Equity and Health (GEH), UC San Diego, to collectively support the family planning program with data/evidence. This brief is based on research carried out by researchers of the consortium using multiple sources of data. The work of the consortium is funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

For more information, contact pachyut@icrw.org

care
ihat
ICRW INTERNATIONAL CENTER FOR RESEARCH ON WOMEN
GEH CENTER ON GENDER EQUITY AND HEALTH
POPULATION COUNCIL Ideas. Evidence. Impact.