

EngenderHealth ICFP 2022 Abstract

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Abstract Title

Knowledge, Attitudes, and Perceptions regarding Sexual and Reproductive Health among Adolescents in Bihar, India: Findings from an Adolescent-Led Peer Education Project

Significance/background

Envisaged as a paradigm shift to address adolescent health beyond the sexual and reproductive health (SRH), the Government of India in 2014 committed to ensuring the holistic development of adolescents through the introduction of the national Rashtriya Kishor Swasthya Karyakram (RKSK) program. The program targeted adolescents aged 10 to 19 with the aim of ensuring universal health coverage of essential services for adolescents. RKSK covers nutrition, SRH, mental health, injuries and violence (including sexual and gender-based violence), substance abuse, and noncommunicable diseases. RKSK specifically addresses the SRH needs of adolescents using a multipronged strategy that includes clinical and community-based interventions. The community outreach program includes several components, including peer education, adolescent health days, adolescent-friendly health clinics, and adolescent-friendly clubs—all of which aim to support the goal of creating an enabling environment for adolescent health and well-being. In 2017, EngenderHealth initiated the TARUNYA project in eight blocks (i.e., administrative units) of the Sitamarhi district of Bihar to enhance implementation of the SRH component of RKSK. At the community level, through TARUNYA, EngenderHealth identified and trained peer educators to conduct interventions at group meetings, adolescent health days, and adolescent-friendly health clinics.

Main question/hypothesis

The evidence from our project evaluation is important given the limited evidence base around the impact of youth-focused participatory models for improving adolescent health in India. We hypothesized that supporting RKSK intervention strategies at the individual and community levels through a peer-led approach would effectively increase accurate knowledge and perceptions across SRH issues among adolescents aged 15 to 19 years in the Sitamarhi district as compared to control areas. This study aimed to examine adolescents' (1) change

in the knowledge, attitudes, and perceptions regarding SRH; and (2) identify the levers of the program intervention responsible for the change.

Methodology (location, study design, data source, time frame, sample size, analysis approach)

We implemented a two-armed pre-post quasi-experimental design to examine the impact of the community-based peer education intervention. The study team implemented the assessment across the 17 blocks of the Sitamarhi district in Bihar. We implemented two rounds of population-level surveys to establish time 1 (2019) and time 2 (2020) estimates. Our target population included adolescents aged 15 to 19 years, selected from peer education intervention areas and areas without the presence of the peer education intervention. The study team implemented the first cross-sectional survey in August 2019 (N=1,632) and the second in October 2020 (N=1,717). We developed a knowledge and perception metric defined as correct responses to all the domain-specific questions. Our analysis included unadjusted summary statistics, bivariate analyses in the form of chi-squares to assess differences across demographics, and program input variables at time 1 and time 2 by intervention group. We conducted a regression-adjusted difference-in-difference model. We implemented logistic regression models constructed with time, type of intervention, and time by type of intervention. We completed statistical analyses using STATA version 16.0. We obtained ethical approval for the study from Sigma institutional review board.

Results/key findings

We recruited an almost equal number of boys and girls in both survey rounds. The mean age of survey participants ranged from 17.1 years for males to 17.8 years for females (the mean age of the overall sample from both rounds was 17.4 \pm 1.0 years). A total of 10% of respondents from both rounds reported doing paid work in past 12 months. Findings suggest positive change across survey rounds in all knowledge- and perception-based questions around SRH issues. Absolute percent-point change in the knowledge questions around SRH issues between time 1 and time 2 ranged from 6% to 32% in intervention blocks. The difference-in-difference analysis showed a net impact change of 24% ($p < 0.05$) in the adolescent correct knowledge metric. Findings from the perception-based questions suggest an absolute percent-point change ranging from 12% to 40%. The net impact change in the correct perception metric was 32% ($p < 0.05$). Adjusted multiple logistic regression analyses indicated that the increase over time in correct knowledge and perceptions of SRH issues among adolescents from intervention groups was greater than the nonintervention group. Respondents who had interacted with peer educators had significantly higher correct knowledge of SRH issues compared to those who did not interact with peer educators (adjusted odds ratio: 4.8, 95% confidence interval: 2.1–8.6). Similarly, respondents who were aware of adolescent-friendly health clinics had significantly greater odds of practicing better menstrual hygiene management than those who were not aware (adjusted odds ratio: 3.1, 95% confidence interval: 2.3-9.5).

Knowledge contribution

The results showed that a peer-led approach to implementing RKSK intervention strategies at the individual and community levels was effective in increasing accurate knowledge and perceptions of SRH issues among adolescents aged 15 to 19 in the Sitamarhi district. Findings suggest different elements of the program intervention, such as peer interactions and awareness of the adolescent-friendly health clinics, positively affected adolescents' correct understanding and awareness of SRH issues. Our results suggest that community mobilization may be an effective way to create an enabling environment for a sustained response to the RKSK efforts, including in support of demand generation and quality supply-side service provision. Further research is required to understand how an adolescent-led peer education program may contribute to changes in behavior because of the improved knowledge and awareness among adolescents.