

Long-Term Impacts of Online Sexual Education in Colombia

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During March of 2022, I had exploratory meetings in Bogotá and Medellín with Profamilia, a local non-profit organization that has been present throughout Colombia providing sexual and reproductive health services, resources, advocacy, and education for over 55 years. During conversations with experts on many different teams at Profamilia, we assessed the feasibility of my applied economics research ideas related to stigma and sexual and reproductive health, brainstormed new ideas together, and discussed avenues for potential collaboration. These qualitative interviews helped inform the economic analysis I hope to conduct for my dissertation.

In addition to informing my dissertation, during my time in Colombia I learned several important lessons about field research. I learned early in my trip that one of my original ideas would not be feasible due to the way Profamilia pharmacies are laid out. Although I was initially disappointed, I realized that it was essential for me to move on quickly because I was learning so much new information that I could focus on for different research ideas. It was important for me to be open to many ideas because my main goal was to explore topics that are feasible and important to Profamilia. During my field research, I also learned how valuable it is to connect with people and brainstorm at every opportunity. Some of my favorite memories from the trip were conversations over lunch with my main contact at Profamilia and a recent economics graduate from Universidad de los Andes about what we had learned in the meetings that morning. Additionally, asking locals I met on the weekends about their opinions on various government policies was very enlightening. I would definitely recommend to anyone else doing early stage exploratory field research to connect with locals and learn at every possible opportunity.

The Tinker Field Research Grant through the UC Berkeley Center for Latin American Studies allowed me to conduct these preliminary investigations, learn more about Colombian culture, and develop strong contacts and partners at Profamilia, who I hope to continue to work with in the years to come. My main research idea centers on the long-term impacts of online sexual education in Colombia.

Motivation: teenage pregnancy & sexually transmitted infections (STIs) are prevalent in Colombia

In 2015, 17.5% of Colombian girls between 15 and 19 years old had been pregnant at least once (Demographic and Health Survey of Colombia, 2015). Throughout the world, teenage pregnancy has been associated with lower educational outcomes and worse health (Cantet, 2020).

Additionally, public health researchers have found a “persistently high burden of STIs in Colombia” (Korenromp et al., 2018). Although sexual education is mandated in a Colombian law from 1994 (Ley 115 de Febrero 8 de 1994), in practice the implementation can be minimal.

Observations from local experts: there are many barriers to accessing and exercising sexual and reproductive health rights in Colombia

Experts on Profamilia's research and education teams described many barriers to accessing and exercising sexual and reproductive health rights including lack of education, cultural barriers related to religion (Colombia is a predominantly Catholic country) and machismo, stigma, economic barriers, and barriers to navigating the health system. The education team at Profamilia described a pressing need to understand how sexual and reproductive health education programs reduce these barriers in order to help improve and expand their sexual and reproductive health education programs.

Research questions:

1. What are the long-term effects of sexual and reproductive health education?
 - On outcomes such as contraceptive use, secondary school test scores and graduation, university attendance, cases of teenage pregnancy and STIs, attitudes about gender roles, age and education level at the time of birth of the first child, opinions about sexual education for children
2. How does sexual and reproductive health education reduce barriers to accessing and exercising sexual and reproductive rights in Colombia?
 - Barriers such as religion, machismo, stigma, financial, and navigational

Contribution: long-term follow up on novel outcomes, expansion of a novel dataset, and investigation of mechanisms

Many existing papers show the benefits of sexual education on changing knowledge and attitudes (review papers include Fonner et al. (2014) and Goesling et al. (2014)), but they focus less on ways in which education may change indirect outcomes and break down barriers. To our knowledge, this project would be the first to look at long-term impacts of a large randomized sexual education program on secondary school completion, age and education level at the time of having the first child, and attitudes about sexual education for children in addition to exploring mechanisms through which sexual education may reduce stigma and other cultural barriers to accessing sexual and reproductive health services. This paper would extend existing knowledge by focusing on how education changes attitudes and behaviors, not just the behaviors themselves. This work has great potential to influence public policy by helping to rigorously quantify long-term impacts of sexual education programs and elucidating ways to improve them by understanding the mechanisms through which education increases access to sexual and reproductive health services.

Methodology: follow up on an study from over 10 years ago using administrative data and a new survey

In 2009 and 2010, Chong et al. (2020) partnered with Profamilia to implement a randomized controlled trial to study the effects of an online sexual education course on knowledge, attitudes, and redemption of condom vouchers. The online course was created by Profamilia and took place over the course of 6 months during the school day. The sample included 4,599 ninth grade students (both boys and girls) in 138 classrooms in 69 public secondary schools in 21 Colombian cities. The final follow up survey was conducted 6 months after the end of the course. The idea of this project is to follow up again with these students (who are now approximately 27 years old) in two ways:

1. Match the students with administrative government data on outcomes such as high school test scores and graduation as well as university attendance
2. Conduct a follow up survey to explore contraceptive use and mechanisms through which sexual and reproductive health education reduces barriers related to religion, stigma, etc.

Next steps: I am still in contact with Profamilia about questionnaire development, their original course materials, and the logistics of implementing the follow up surveys. I am also trying to access administrative data sets including high school graduation and test scores from Instituto Colombiano para el Fomento de la Educación Superior (ICFES), university attendance from Sistema para la Prevención de las Deserción en la Educación Superior (SPADIES), employment and income from Planilla Integrada de Liquidación de Aportes (PILA), and health care utilization from Registro Individual de Prestaciones de Salud (RIPS). I plan to discuss this research project during my qualifying exam in May 2022.

References

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