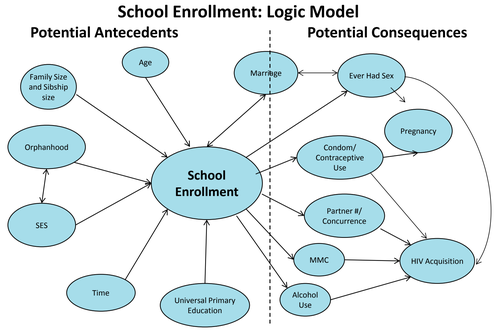
Rising School Enrollment & Declining HIV Risk, 15-19y, Rakai District, Uganda, 1994-2013

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Introduction

- Education influences health literacy, relationship power dynamics, and social and economic empowerment for adolescents and adults
- School enrollment has a protective effect on HIV acquisition in Rakai
- Uganda implemented Universal Primary Education (UPE) in 1997 and Antiretrovirals Therapy (ART) became available in 2004



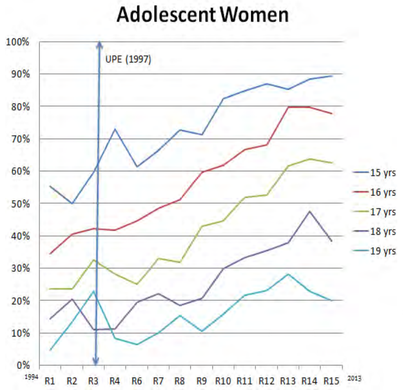
Research Questions

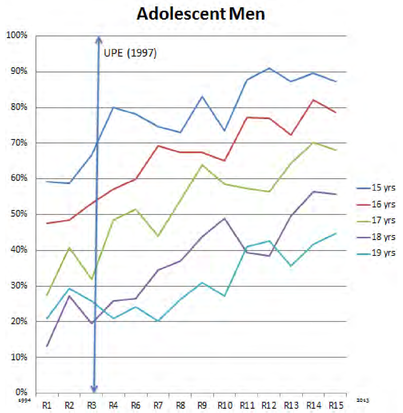
- Identify potential *antecedents* of school enrollment among youth:
  - *Cross-sectional association* with potential risk factors
  - *Ecological association* between trends in risk factors and school enrollment from 1994 to 2013, including UPE and ART
- Identify possible *consequences* of rising school enrollment on:
  - Risk factors for HIV infection and pregnancy
  - Social transitions: sexual initiation, marriage, and pregnancy

Methods

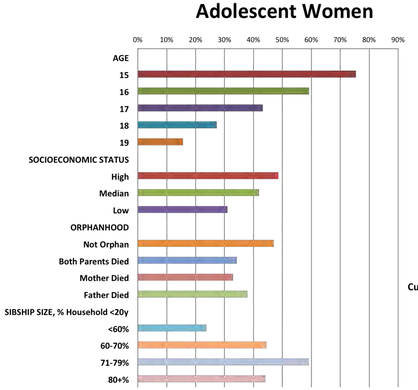
- Longitudinal quantitative data from the Rakai Community Cohort Study
  - Adolescents (n=11,829 person-rounds for women and 9,906 person-rounds for men) from 1994 to 2013 in Rakai, Uganda
  - Logistic and linear regression with robust estimation used to identify independent antecedents of school attendance
- Controlled for rising socioeconomic status (SES) and declines in orphanhood, post 2004

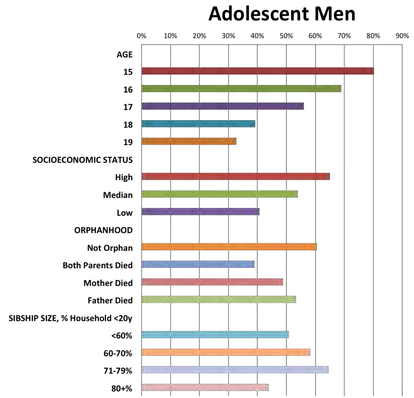
School Enrollment by Age



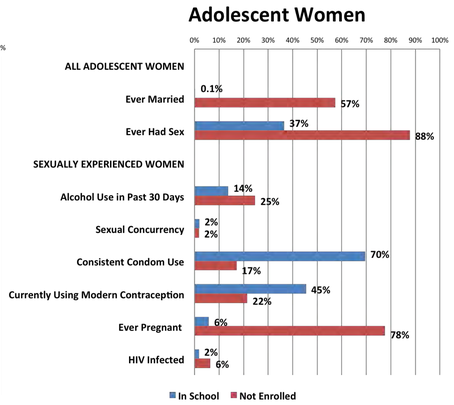


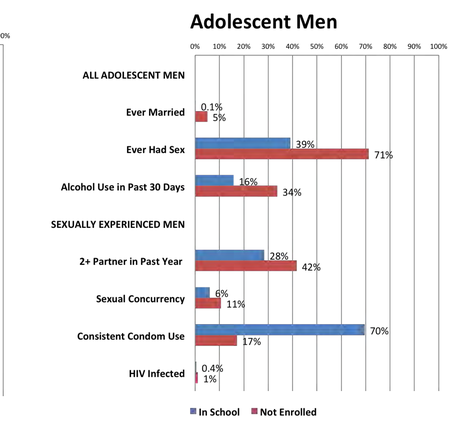
Antecedents





Consequences





Key Findings

- School enrollment rose sharply from 1994 to 2013
- School enrollment was independently associated with age, family and sibship size, SES, orphanhood, and rural residency (for women)
- Rising school enrollment was associated with UPE, rising SES, and declines in orphanhood (post ART roll out)
- School enrollment was a strong protective factor for:
  - HIV infection (prevalence) and ever pregnant
  - Sexual initiation, condom and contraceptive use, alcohol use
  - Multiple partners, sexual concurrency (men only)

Strengths

- Study findings consistent with ethnographic findings (not shown)
- Consistent measurement over twenty years
- Population-based sample

Limitations

- Most data were self reported
- Under-reporting due to school attendance was possible
- The study focused on a single rural district of southwestern Uganda

Implications

- Education was a protective factor for adolescent reproductive health
- Efforts to keep adolescents in school may have multiple positive effects

Acknowledgements

Support for this research paper was provided by the National Institute of Child Health and Human Development at NIH (grant number: 1R01HD072695-01), multiple supports to the Rakai Health Science Program, and the people of Rakai District