



Short Communication

Life skills based sexual and reproductive health education (LSE-SRH): teacher educators' knowledge concerns

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Abstract

Adolescence begins with the onset of sexual and reproductive maturity which brings a different colour and taste into the life of every individual. Life Skills based Sexual and Reproductive Health Education (LSE-SRH) for adolescents has been widely advocated to promote responsible sexuality and reproductive behaviour. Teachers should have deeper understanding of sexual and reproductive behaviour of adolescents and how adolescents can be able to apply life skills like self awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical analysis, problem solving, decision making, coping with emotions and coping with stress etc. to avoid and manage risky sexual and reproductive situations competently is highly essential. Keeping in views to these needs and challenges, United Nations Population Fund (UNFPA) with the co-ordination of School and Mass Education (SME) Department, Odisha, has been imparting training on LSE-SRH for Teacher Educators of Odisha since 2014. The main objective of the programme is capacity development of Teacher Educators to enable enhanced capacity of Teachers' Training Institutions, pre-service pupil teachers and in-service teachers on LSE-SRH which will make easy and rapid communication of LSE-SRH through teachers' teaching in the schools.

Keywords: Life skills, sexual and reproductive health education, adolescents, knowledge, teacher educators.

Introduction

According to World Health Organization¹, Life skill is "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Again, according to The National Curriculum Framework-2005 mentioned that the main objective of Adolescence Education is to empower adolescents especially in respect of their reproductive and sexual health concerns and develop the abilities to apply life skills to manage these concerns and avoid risky situations competently. The psycho-social skills signified by them which resolve the valued behaviour and include reflective skills like problem-solving, critical thinking.

These also include personal skills like self-awareness and interpersonal skills like keeping effective communication, maintaining healthy relationship with others. Although there are innumerable life skills, ten of them are considered to be the core skills. These skills are: Decision Making, Problem Solving, Creative Thinking, Critical Thinking, Effective Communication, Interpersonal Skills, Self Awareness, Empathy, Managing Emotion and Coping with Stress². These skills are generic and usually considered to be universally relevant and applicable to all individuals and empowering in their own right. We can able to decide ourselves i.e what is right or wrong in certain cases by

practicing the different life skills. Life skill education is balanced by health and livelihood education and vice versa³.

A study conducted by Todd et al.⁴ reported that only 7% boys and 14% girls have received information about sex. Life Skill Education is effective in educating youth on alcohol, tobacco and other drugs abuse, and relationship from their parents³. A review by UNICEF (2000) found that nutrition, pregnancy prevention and preventing STIs including HIV. Reeves et al.⁵ reported in his study that young people generally agree that secondary schools are suitable sites for sex education. One in five people in the world today are between 10-19 years of age and 85% of them live in developing countries⁶.

To address these challenges, United Nations Population Fund with the co-ordination of School and Mass Education Department of Odisha has been imparting training on Life Skills based Sexual and Reproductive Health Education (LSE-SRH) for Teacher Educators of Odisha during 2014-15.

The objective of the programme was to empower the teacher educators on Life Skills Based Sexual and Reproductive Health Education (LS-SRH). This study was carried out to assess the extent to which the objective of the LS/SRH has been achieved by our teacher educators. The specific objective of this

evaluation study is to assess the current levels of knowledge of LS/SRH among teacher educators. There exists no significant difference between the knowledge level of the male and female Teacher Educators on life skills based SRH Education has been used as the hypothesis of the present study. The present study was confined to all the teacher educators of 30 DIETs of Odisha.

Materials and methods

Research design: On the basis of the objectives of the present study, the researcher used Descriptive Survey Method for collecting data and analyzed the knowledge of Teacher Educators on LSE-SRH.

Population and sample: All Teacher Educators of 30 DIETs of Odisha constituted the population of the study. The investigator followed the Stratified Random Sampling Technique for selection of 25 male arts, 25 female arts, 25 male sciences and 25 female science Teacher Educators as sample. Altogether 100 Teacher Educators (50 male and 50 female or 50 arts and 50 sciences) constituted the sample of the study.

LSE-SRH knowledge survey questionnaire: To assess the knowledge base of the Teacher Educators regarding LSE-SRH, a questionnaire was developed by the investigator. After thorough search of literature and consultations with the experts, the researcher identified seven major dimensions of knowledge on LSE-SRH: i. Knowledge on sexual and Reproductive Maturity of adolescents, ii. Knowledge on sexual and Reproductive cleanliness and hygiene of adolescents, iii. Knowledge on unwanted and teen age pregnancy, iv. Knowledge on unsafe abortion, v. Knowledge on sexually transmitted diseases, vi. Knowledge on balanced diet for adolescents.

On each dimension some positive and some negative items were prepared. So the initial pool of items was 56. The draft questionnaire was presented to five experts for their approval. The items approved by the three experts were retained. Thus out of the initial pool of 56 items, 38 were retained in the final questionnaire. Out of the 38 items, 11 items were to measure knowledge on sexual and reproductive maturity of adolescents, 5 items to measure knowledge on sexual and reproductive cleanliness and hygiene of adolescents, 4 items to measure knowledge on sexuality of adolescents, 6 items to measure knowledge on unwanted and teen age pregnancy, 3 items to measure knowledge on unsafe abortion, 5 items to measure knowledge on sexually transmitted diseases and 4 items to measure knowledge on balanced diet for adolescents. There were 38 items in total and the respondents were requested to answer the entire question by putting a tick mark either in True (T), False (F), or Don't Know (DK) column. For each right answer - 2 marks, Don't Know - 1 marks and for wrong answer - 0 mark were given. So the maximum score for the knowledge

section was 76 and the minimum score was 0. A higher score indicated a greater level of knowledge.

Reliability of the knowledge survey questionnaire: The reliability of the questionnaire was determined by test-retest method. Out of the total sample, 50 respondents were chosen randomly and the questionnaire was administered to the same group twice with a gap of 15 days to determine the reliability of the tool. The reliability co-efficient of LSE-SRH knowledge survey questionnaire was shown in the following Table-1 which indicated high reliability of the questionnaire.

Table-1: Reliability of the LSE-SRH Knowledge Survey Questionnaire.

Method	N	'r'	Level of significance
Test-retest	50	0.73	0.01 level

Validity of the LSE-SRH knowledge Survey Questionnaire: When the questionnaire was constructed, five judges were requested to examine each item of the questionnaire and to affirm categorically whether each item of the test was representing an aspect of the knowledge base of LSE-SRH or not. Only those items were included in the inventory which could secure the categorical agreement of the response from at least three judges out of the five. This could ensure the content validity of the LSE-SRH knowledge survey questionnaire.

The statistical techniques of mean, standard deviation, t-test and percentage analysis are used for the analysis and interpretation of data.

Results and discussion

The effects of life skills training programme has been carried out in different countries from time to time. Several studies have been reported that the knowledge and attitude of the trainee have been increased due to such programme. Again students are also highly attracted towards the programme and feel the importance of life. But Kinsman et al.⁷ that there is no impact in most of the people regarding HIV transmission and condoms. Here we discuss about the knowledge of teacher educators about LSE-SRH.

Knowledge of teacher educators on sexual and reproductive maturity of adolescents: All teacher educators agreed with the statement "Adolescent boys and girls experience the changes taken place in them". It was a very common concept. 98% teacher educators opined that the normal age for the starting of menstrual cycle was 11-14 years. Teacher educators (98%) also replied that height and weight of both boys and girls increased during adolescence. 77% teacher educators opined that voice of both boys and girls was changing during adolescence while 23% viewed that it was the only case of boys. On response to the question, "growth of hairs on private parts", 97% teacher

educators believed that it was true for both boys and girls. Only 48% Teacher Educators were aware about wet dreams taking place in boys, while 44% were not agreed with them. 87% teacher educators knew about girls' menstruation, 68% Teacher Educators opined that increase in the size of genitals was taken place in both boys and girls, 49% TEs were aware about widening of chest and shoulders in boys and 9% TEs in girls, 93% interviewees agreed with the development of breasts in case of girls and 84% interviewees were aware about the appearance of acne both in case of boys and girls. Overall 81.73% Teacher Educators were aware about sexual and reproductive maturity of Adolescents.

Knowledge on sexual and reproductive cleanliness and hygiene of adolescents: In this section five questions were asked to the Teacher Educators. In response to the question, "smoking causes harm to a pregnant women", 89% TEs agreed with this. 75% TEs replied that decision making and problem solving were not easy jobs. 64% teacher educators were aware that pimples did not bear long lasting harmful effects. Only 14% TEs knew that during menstrual period girls should not take part in sports and exercises, whereas 86% TEs opined that girls should lead their normal life as per usual routine. 98% TEs were aware that during menstruation, girls should use clean cloth / sanitary napkin. Overall 68% TEs were aware about sexual and reproductive cleanliness and hygiene of adolescents.

Knowledge on sexuality of adolescents: Most of the teacher educators (97%) agreed that adolescent boys and girls were very much interested to opposite sex. 49% TEs replied that many adolescent boys and girls remain engaged in sexual activities while 38% were not favoring this statement and 13% were being silent. In response to the item, "the physical power of a boy weakens after ejaculation", 67% TEs were with this while 16% were not and 17% remained silent. 80% teacher educators were aware that nocturnal emission was an event in which semen was discharged during sleep. Overall 73.25% TEs were aware about sexuality of adolescents.

Knowledge on unwanted and teenage pregnancy: 'Abstinence is the best way to avoid unwanted pregnancy', 59% Teacher Educators favoured this statement while 25% TEs not. 92% TEs opined that some adolescent girls suffered from unwanted pregnancy due to uncontrolled sexual desire and carelessness. 'A woman will not be pregnant, if she has sex during her period', 45% TEs favoured the statement, while 36% TEs not and 19% TEs opined that they had no knowledge on such issue and avoided replying. 75% TEs were aware about the adverse effect on women of taking contraceptive pills regularly for a long period.

All the TEs (100%) of Odisha knew that teenage pregnancy caused health hazards to both mother and child. Most of the TEs (98%) were aware that a woman could suspect that she was pregnant if she missed her period. Overall 78.2% TEs had knowledge on unwanted and teenage pregnancy.

Knowledge on Unsafe Abortion: 51% TEs were aware about harmful effect of unhealthy medicines for immediate abortion of unwanted pregnancy and opined that women should be worried and cautious for such issue. Again 51% TEs informed that taking pills like 'Unwanted 72 hours' was very easy and safe way of abortion of unwanted pregnancy while 27% TEs not. Only 46% of TEs knew that a woman might lose her child birth capacity due to the abortion of first pregnancy, while 27% remained silent on this matter. Overall 41.33% TEs were aware about unsafe abortion.

Knowledge on sexually transmitted disease: 59% TEs admitted that adolescents were extremely vulnerable to sexually transmitted diseases. 95% TEs viewed that HIV commonly spreaded by unsafe sexual activities. Most of the TEs (93%) replied that HIV could be avoided by use of condom. 71% of the TEs were aware that pregnant woman with HIV could give the virus to her unborn baby. 82% TEs knew that AIDS was termed as "Global Emergency" by the World Health Organization. Overall 80% TEs were aware about sexually transmitted diseases.

Knowledge on balanced diet for adolescents: Most of the TEs (90%) agreed that adolescents had a craving for roll, chowmein and cold drinks. 71% TEs informed that one should take food which tastes much, was wrong. Most of the TEs (81%) replied that balanced diet included proteins, carbohydrates, fats, mineral, water along with vitamins. Most of the TEs (95%) informed that to escape from pimples, they should eat fresh vegetables, fruits and remain tidy. Overall 84.25% TEs were aware about the balanced diet for adolescents.

Comparison of Mean knowledge score of male and female Teacher Educators on LSE-SRH: To ascertain whether the knowledge of male and female TEs on LSE-SRH differed significantly or not, the mean score of both male and female TEs were calculated by applying t-test and was presented in Table-2.

Table-2: Comparison of mean knowledge score of male and female TEs on LSE-SRH.

Group	N	Mean	SD	T
Male	50	57.54	5.127	0.211
Female	50	57.78	6.178	

Table-2 represents the comparison of mean knowledge scores of male and female Teacher Educators on LSE-SRH. The difference between the mean knowledge of male and female TEs was not significant because the 't' value was 0.211, which exceeded neither the 0.05 confidence level (1.98) nor the 0.01 confidence level (2.63). Female TEs had just little higher knowledge (M=57.78) than male TEs (M=57.54). Thus, the hypothesis, "there exists no significant difference between the knowledge level of the male and female TEs on LSE-SRH" was accepted.

Conclusion

The behavioral outcomes of Life Skills based Sexual and Reproductive Health Education are acquisition of knowledge about risky sexual and reproductive behavior and their consequences, Enhanced self esteem, Self confidence in managing sexual urge, Assertiveness in refusing harmful pressures, Social sensitivity respect for cultural norms, Effective communicative skills for expressing sexual and reproductive health problems for assistance, Healthy relationship with opposite sex members, better adjustment with friends and family members, Value based decisions and responsible actions in respect of own sexuality and Planning and goal setting for future carrier and family life. Of course the knowledge of Teacher Educators (TEs) of Odisha on LSE-SRH was relatively high throughout this study. But lack of in-depth knowledge of TEs on LSE-SRH may cause misleading information in the learner's hierarchy, i.e. the pupil teachers and present teachers, schools, adolescents and thus society. So Teacher Educators need to be equipped with adequate knowledge on LSE-SRH to enrich the teachers (pre-service and in-service teachers) so that the teachers in the schools can generate situations for collaborative work and participation where learners in group practice life skills and explore responsible and strategic behaviour to safeguard own interest. Thus Life skills based Sexual and Reproductive Health Education makes their life easy, joyful and blossomy.

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