# Life Skills Based Sexual and Reproductive Health Education (LSE-SRH): Comparing Attitude of Arts and Science Teacher Educators of Odisha

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Abstract: Adolescence begins with the unset of sexual and reproductive maturity which brings a different colour and taste into the life of every individual. The influence of modern media especially TV and Internet, the degrading moral and spiritual values in the world of consumerism, emerging life styles of adolescents and youth, increasing crimes with girls & women and the menace of HIV & AIDS have warranted preventive interventions for a better world. Hence Life Skills based Sexual and Reproductive Health Education (LSE-SRH) for adolescents has been widely advocated to promote responsible sexuality and reproductive behaviour. The National Curriculum Framework (NCF, 2005) has emphasized this. 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 develop desirable attitude towards the people suffering from sexual and reproductive disease/problem, LSE-SRH awareness programme, LSE-SRH related policies, Sexual and reproductive Health Education programme. There is no significant difference between the attitude of arts and science Teacher Educators. The positive attitude towards Life Skills based Sexual and Reproductive Health related issues helps adolescents avoid and manage risky sexual and reproductive situations like sexually transmitted diseases, sexual abuse, HIV/AIDS, unwanted &teen age pregnancy, unsafe abortion and drugs &substance abuse etc. competently. Keeping in views to these needs and challenges, United Nations Population Fund (UNFPA) with the coordination of School and Mass Education (S&ME) Department, Odisha, has been imparting training on LSE-SRH for Teacher Educators of Odisha since 2014. The main objective of the programme is capacity building 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, Adolescents, Attitude towards LSE-SRH, Teacher Educators

#### **I. INTRODUCTION**

Adolescence is a critical period for the development of the self-identity. Because the period from childhood to adolescence is one of the rapid growths and changes. Most adolescents deal with these changes without full knowledge, understanding and positive attitude towards Sexual and Reproductive Health related issues, which could make them vulnerable to risky sexual and reproductive health problems like Sexually transmitted diseases, sexual abuse, rape, prostitution, unwanted pregnancy and unsafe abortion. All these situations demand urgent educational intervention to the adolescents. The NCF, 2005 mentioned that the main objectives 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. Development of life skills such as critical thinking skills, interpersonal communication skills, negotiation/refusal skills, is also very critical for dealing with the demands and challenges of everyday life. There is growing realization that the health needs of adolescents, particularly their reproductive and sexual health needs, require to be addressed. Since these needs predominantly relate to sex and sexuality, which is culturally a very sensitive area, they are deprived of opportunities to get the appropriate information. Development of child and adolesecnt Health and Development, WHO (2008) defines SRH (Sexual and Reproductive Health Education) as educational experiences that develop the capacity of adolescents to understand their sexuality in the context of biological, psychological, socio cultural and reproductive dimensions and to acquire skills in managing responsible decisions and actions with regards to SRH behaviours.Hence, there is an urgent need to develop desirable attitude towards Life Skills Based Sexual and Reproductive Health Education, such as : attitude towards the people sufferring from sexual and reproductive disease/problem, LSE-

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SRH awareness programme, LSE-SRH related policies and Sexual and Reproductive Health Education programme. Oladepo and Akintayo (1991) conducted study to assess the attitude of 351 secondary school teachers of Indian in Nigeria towards the inclusion of sex education in the school's curriculum. Requests revealed that married female teachers and those aged 40 years and above were less favourable disposed to the introduction of sex education in schools. Bandhan and Kashyap (2004) reported with the objective to assess the awareness and attitude of senior secondary level school teacher regarding HIV/AIDS and teaching of sex education in the schools. A total of 158 school teachers of 43 schools selected randomly from different zones of Delhi were included. The information regarding age, sex and qualification of the teachers and various aspects of HIV/AIDS including attitude towards sex education and HIV positive person was collected using a self administered and semi structured pre-tested proforma. It was found that the attitude towards sex education was observed to be encouraging but only 70% teachers had positive attitude towards HIV positive person and 60% of the teachers have ever discussed the issues of HIV/AIDS with their students. The female teachers had more positive attitude than their male Teacher.

#### **Research Context**

## Comparing Attitude of Odisha's Teacher Educators towards Life Skills based Sexual and Reproductive Health Education and related issues

The present Training of LSE-SRH to Teacher Educators is the best way to fight against the unsafe, ignorant and risky sexual and reproductive behaviours of the adolescents. Evaluation of students' opinion and teachers' feedback have strongly indicated that students respect and remember teachers/other adults who have shown an interest in their problems and provides a space for their queries to be answered while growing up (NACO and UNICEF-2014). The Success of LSE-SRH in schools is indirectly related to the expertise of Teacher Educators and their willingness to provide instructions to pupil teachers because the pupil teachers are the perspective teachers of schools who can spread the LSE-SRH easily and rapidly through regular classroom transaction about to all the students of Odisha. Hence the role of Teacher Educators is very significant in promoting knowledge and awareness among pupil teachers regarding LSE-SRH. In this regard, the investigators' thought of studying attitude of Teacher Educators towards sexual and reproductive Health related issues and also to see how they would be able to communicate informations and LSE-SRH to the perspective teachers. A study conducted by the department of Adult and Continuing Education, University of Madras (1948) reported that adolescents lacked proper knowledge about reproduction particularly about contracception. In Youth and Adolescents' Health Conference, Cairo 2011, all the participants fully supported young people's (both girls' & boys') rights to have information and access to counseling and services related to both of their general and reproductive health. Adolescent Education Programme (AEP) aimed to train teachers to educate student community both in and out of school about life skills, HIV Prevention and HIV related stigma and discrimination (NACO2007). To live a healthy and peaceful life by obtaining sexual and reproductive health and hygiene, LSE-SRH is now the top most priority in the Govt. of India's educational agenda. The Success of LSE-SRH Programme in school is indirectly related to the expertise of both arts and science Teacher Educators and their willingness to provide instructions to pupil teachers in pre-service training programme for spreading of LSE-SRH in schools through normal classroom transaction which justifies the training of Teacher Educators on LSE-SRH. Hence the study reflected on the following context:

Copmarision of attitude of Scicne and Arts Teacher Educators towards LSE-SRH related issues : It has the following sub-sections

- i) Attitude towards the people suffering from sexual and reproductive disease/problem
- ii) Attitude towards LSE-SRH awareness programme
- iii) Attitude towards LSE-SRH related policies
- iv) Attitude towards SRH Education Programme
- v) Mean score comparision of Arts and Science Teachers Edudators' attitude towards LSE-SRH related issues

#### **Conceptual Framework**

#### Life Skills

It is the abilities for adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life. There are 10 corelife skills. 'Adaptive' means a teacher is flexible in approach and is able to adjust in different circumstances. 'Positive behaviour' implies that a teacher is forward looking and even in difficult situations, can find a ray of hope and opportunities to find solution.

- The ten core life skills as laid down by WHO are:
- Self- awareness: It includes recognition of 'self', our character, our strengths and weaknesses, desires and dislikes.
- **Emapthy:** It is the ability to understand and care about the feelings, needs & desires of other people.
- **Effective communication:** It means that we are able to express ourselves, both verbally and nonverbally, in ways that are appropriate to our cultures and situations.

- **Interpersonal relationship:** The skills help us to relate in positive ways with the people we interact with.
- **Creative thinking:** It is a novel way of seeing or doing things that is characteristic of four components 1. fluency (generating new ideas), 2. flexibility (shifting perspective easily), 3. originality (conceiving of something new), and 4. elaboration (building on other ideas).
- **Critical analysis:** It is an ability to analyse information and experiences in an objective manner.
- **Problem solving:** It helps us to deal constructively with problems in our lives.
- Decision making: It helps us to deal constructively with decisions about our lives.
- **Coping with emotions:** It means involving recognizing emotions within us and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately.
- **Coping with stress:** It means recognizing the source of stress in our lives, recognizing how this affects us and acting in ways that helps us control our levels of stress, by changing our environment or lifestyle and learning how to relax.

#### SRH (Sexual and Reproductive Health) Education

Sexual and Reproductive Health (SRH) Education here means educational experiences that develop the capacity of adolescents to understand their sexuality in the context of biological, psychological, socio-cultural and reproductive dimensions and to acquire skills in managing responsible decisions and actions with regards to SRH behaviours.

- **Teachers Educators:** Teacher Educators are those teachers who are teaching of DIETs, BIETs and ST Schools of Odisha.
- Attitude towards LSE-SRH related issues: In this study the term attitude refers to the participants 'attitude towards the adolescents having sexual and reproductive health problems, SRH awareness programme, communication skills, related policies and Education etc.

#### II. METHODOLOGICAL APPROACH

#### **Research Design**

On the basis of the objectives of the present study, the researcher used Descriptive Survey Method for collecting data and analyzed comparision of attitude of Teacher Educators towards LSE-SRH related issues. **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 science and 25 female science Teacher Educators as sample. So 100 Teacher Educators constituted the sample of the study.

#### Attitude Scale on LSE-SRH

To assess the attitude of Teacher Educators towards LSE-SRH related issues, an attitude scale was developed by the investigator. After thorough search of literature and consultations with the experts, the researcher identified four major dimensions of attitude towards LSE-SRH related issues:

- i) Attitude towards the people suffering from sexual and reproductive disease/problem.
- ii) Attitude towards LSE-SRH awareness programme.
- iii) Attitude towards LSE-SRH related policies.
- iv) Attitude towards SRH Education programme.

On each dimension some positive and some negative items were prepared. So the initial pool of items was 50. The draft scale was presented to five experts for their approval. The items approved by minimum three experts were retained. Thus out of the initial pool of 50 items, 21 were retained in the final Attitude scale. Out of 21 items, 6 items were to measure the attitude towards the people sufferring from sexual and reproductive disease/problem, 4 items were to measure the attitude towards LSE-SRH awareness programme, 6 items were to measure attitude towards LSE-SRH related policies and 5 items were to measure attitude towards Life Skills based SRH Education programme. This scale was formatted in a five point Likert Scale [Strongly Agree(SA), Agree(A), Neutral(N), Disagree(DA), Strongly Disagree(SD)]. The score 5, 4, 3, 2 and 1 was assigned to the responses of the positive items Strongly Agree(SA), Agree(A), Neutral(N), Disagree(DA) and Strongly Disagree(SD) respectively. The negative items such as items were scored in a reverse order as 1, 2, 3, 4 and 5 for the responses Strongly Agree(SA), Agree(A), Neutral(N), Disagree(DA), Strongly Disagree(SD) respectively. Thus the maximum score of the scale was 105 and the minimum was 21. A higher score indicated a better attitude towards different LSE-SRH related issues.

### Reliability of the Attitude Scale on LSE-SRH

The reliability of the attitude scale was determined by test-retest method. Out of the total sample, 50 respondents were chosen randomly and the scale 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 attitude scale on LSE-SRH is shown in table 2.3 which indicates the high reliability of the scale.

Table-1 Reliability of the attitude scale on LSE-SRH											
Method	Ν	' <i>r</i> '	Level of significance								
Test-retest	50	0.71	0.01 Level								

#### Validity of the Attitude scale on LSE-SRH

When the attitude scale was constructed, the researcher had requested five judges to examine each item of the scale and to affirm categorically whether each item of the scale was responding an aspect of the attitude of the respondents relating to LSE-SRH issues or not. Only those items were included in the scale 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 attitude scale.

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

#### Data analysis

The observation of the study was both qualitative and quantitative in nature. For interpretation of results the percentage of responses to each item was made and inferences were done accordingly. For the mean score comparision of the attitude between Scicne and Arts Teacher Educators towards LSE-SRH related issues, the inferential statistics such as 't' test was employed.

Attitude of Teacher educators towards the people suffering from sexual and reproductive disease / problem, LSE-SRH awareness programme, LSE-SRH related policies and SRH Education programme were analysed.

#### **III. LITERATURE REVIEW**

Oluloya, Oyediji & Johnson(1992) reported that 700 secondary school teachers in Nigerias Logos, Kaduna and Cross River States education. 53.56% of respondent were female and 31.5% had been married. Their average age was 28.3 years. One third of the teachers were not parents and only 15.5% had children as old as their students. The teachers expressed agreement with the importance of school sex education (11.6%) the potential for family planning to improve health (82.9%), concern with rapid population growth (68.7%) and awareness that teenage pregnancy and sexually transmitted diseases are major social problem in Nigeria (84.7% and 74.9% respectively). Most identified ages 10-14 years as the ideal time to talk to children about sex. Half considered it the mother's responsibility to provide sex education.

Wolffers(1997) investigated that studies in South East Asia have shown that most media have done little to change existing cultural value and prejudice about the sexuality and the situation of people who are living with HIV or AIDS. They were good at educating people that HIV and AIDS exist but mainly in a frightening way because they have seldom given enough in depth information to contextualize this information.

Prabhakar (1975), regardless of age, sex, type of school and religions affiliation, most of the students favoured the introduction of population education in secondary school.

Kathunia (1988) found mother's education to be a significant variable contributing to population awareness.

Patnaik (1989) reported that the level of education seemed to be a significant variable in determining attitude towards population education. In Bundelkhand Region of Madhya Pradesh (2001), the finding is: Students have accepted small family norm from social religious and economic point of views.

Nagda et. al (1974) reported that more than 65% of the girls considered population education and family planning as identical. Desmukh (1976) concluded that boys were more aware of the population problem than girls.

Murthy (1991) found that higher caste Hindu girls seemed to have better perception and concept of sex and reproduction as compared to Harijan and Muslim girls.

#### **IV. FINDINGS**

#### Comparison of the Attitude of Arts & Science Teacher Educators towards LSE-SRH Related Issues Attitude of TEs towards people suffering from sexual and reproductive disease/problem Table – 2: Comparison of the attitude of Arts and Science TEs towards the people suffering from sexual

and reproductive disease/problem

Item	Dimensions	Arts	rts					Science				
No.	Atitude of TEs towards people suffered from sexual		%	%	%	%	%	%	%	%	%	
	and reproductive disease/problem	SA	А	Ν	DA	SD	SA	А	Ν	DA	SD	
01	You have the courage to shake hand with a HIV infected person.	37	22	0	2	2	76	20	0	0	4	
02	An unmarried pregnant adolescent/adult deserve support from her families and community.	40	46	0	8	6	46	48	0	4	2	

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03	The names of the individuals with sexually transmitted	6	20	18	34	22	22	26	6	20	26
	disease due to unsafe sex should be kept confidential										
	to protect them against discrimination.										
04	People with sexual and reproductive problem should	28	64	2	4	2	26	68	2	2	2
	inform others about their problem/disease.										
05	One would feel uncomfortable if he/she found out	2	32	8	40	18	2	34	12	26	26
	he/she was working with someone with sexually										
	transmitted disease.										
06	One would feel embarrassed if one of his/her family	4	38	22	22	10	8	48	14	24	4
	member had undesirable sexual deeds.					DK					DK
						4					2

The table reveals that 37% Arts and 76% Science TEs are strongly agree that they have the courage to shake hand with a HIV infected person. 40% Arts and 46% Science TEs again strongly support that an unmarried pregnant adolescent/adults deserve support from her families and community. Only 6% Arts and 22% Science TEs strongly opine that the names of the individuals with sexually transmitted disease due to unsafe sex should be kept confidential to protect them against discrimination. 28% Arts and 26% Science TEs are strongly agree that people with sexual and reproductive problem should inform others about their problem/disease. 18% Arts and 26% Science TEs are strongly disagree that one should feel uncomfortable if he/she found out he/she is working with someone with sexually transmitted diseases. Only 10% Arts and 4% Science TEs are strongly disagree that one would feel embarrassed if one of his/her family member had undesirable sexual deeds. *Attitude of TEs towards LSE-SRH awareness programme* 

#### Table-3: Comparison of attitude of Arts and Science TEs towards LSES-RH awareness programme

Item	Dimensions	Arts					Science	9			
No.	Attitude of TEs towards LSR-SRH	%	%	%	%	%	%	%	%	%	%
	awareness Programme	SA	Α	Ν	DA	SD	SA	Α	Ν	DA	SD
01 We should give equal dignity to male & female.		82	18	0	0	0	82	14	4	0	0
02	A menstruating girls is profane and untidy.	10	14	6	34	30 DK 6	8	16	6	18	44 DK 8
03	Clean cloth is not so important for a person to maintain reproductive health & hygein.	2	2	6	44	46	10	0	2	42	46
04	Everybody has right to know about sexual and reproductive health education irrespective of age.	66	24	2	8	0	52	22	2	14	10

The table reveals that 82% Arts and 82% Science TEs are strongly agree that we should give equal dignity to male and female. 30% Arts and 44% Science TEs are strongly oppose that a menstruating girl is profane and untidy. 46% Arts and 46% Science TEs are strongly disagree that clean cloth is not so important for a person to maintain reproductive health and hygiene. 66% Arts and 52% Science TEs strongly opine that everybody has right to know about sexual and reproductive health education irrespective of age. *Attitude of towards LSE-SRH related policies* 

Table 4: Comparision of attitude of Arts and Science TEs towards LSE-SRH related policies

	Arts					Science					
Attitude of TEs towards LSE-SRH	%	%	%	%	%	%	%	%	%	%	
related policies	SA	А	Ν	DA	SD	SA	А	Ν	DA	SD	
Prevention of HIV/AIDS should be the	54	34	8	4	0	70	20	2	2	2	
responsibility of the individual persons										DK	
rather than society.										4	
A doctor should have the right to decide	10	24	12	38	16	10	32	16	12	28	
he/she wants to treat the patients with										DK	
HIV/ AIDS.										2	
Every one should examine the sexual	34	52	4	8	2	42	40	6	8	4	
and reproductive health.											
The students should not be allowed to	4	4	4	64	24	4	4	12	54	26	
continue in the school who are engaged											
in sexual activities.											
The Supreme Court's permission for	6	32	16	22	24	6	26	16	32	20	
live-in relationship is really appreciable											
	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society. A doctor should have the right to decide he/she wants to treat the patients with HIV/ AIDS. Every one should examine the sexual and reproductive health. The students should not be allowed to continue in the school who are engaged in sexual activities. The Supreme Court's permission for	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.54A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.10Every one should examine the sexual and reproductive health.34The students should not be allowed to continue in the school who are engaged in sexual activities.4	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.5434A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.1024Every one should examine the sexual and reproductive health.3452The students should not be allowed to in sexual activities.44	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.348A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.102412Every one should examine the sexual and reproductive health.34524The students should not be allowed to continue in the school who are engaged in sexual activities.444The Supreme Court's permission for63216	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.543484A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.10241238Every one should examine the sexual and reproductive health.345248The students should not be allowed to in sexual activities.4464The Supreme Court's permission for6321622	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.5434840A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.1024123816Every one should examine the sexual and reproductive health.3452482The students should not be allowed to continue in the school who are engaged in sexual activities.446424The Supreme Court's permission for632162224	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.543484070A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.102412381610Every one should examine the sexual and reproductive health.345248242The students should not be allowed to continue in the school who are engaged in sexual activities.44464244The Supreme Court's permission for6321622246	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.54348407020A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.10241238161032Every one should examine the sexual and reproductive health.34524824240The students should not be allowed to in sexual activities.44642444The Supreme Court's permission for632162224626	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.543484070202A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.1024123816103216Every one should examine the sexual and reproductive health.345248242406The students should not be allowed to in sexual activities.4446424412The Supreme Court's permission for63216222462616	Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.5434840702022A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.102412381610321612Every one should examine the sexual and reproductive health.3452482424068The students should not be allowed to in sexual activities.444642441254The Supreme Court's permission for6321622246261632	

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	ſ	06	The victim of teenage pregnancy should be severely punished.	16	28	10	34	12	32	8	6	30	24
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The table reveals that no Arts and only 2% Science are strongly disagree and 54% Arts and 70% Science TEs are strongly disagree that prevention of HIV/AIDS should be responsibility of the indivisual persons rather than society. 16% Arts and 28% Science TEs strongly oppose that a doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS. 34% Arts and 42% Science TEs strongly opine that everyone should examine the sexual and reproductive health. 24% Arts 26% Science are strongly disagreeing that the students should not be allowed to continue in the school who are engaged in sexual activities. 12% Arts and 10% Science TEs are strongly disagree that the Supreme Court's permission for live in relationship is really appreciable. 8% Arts and 16% Science TEs strongly support that the victim of teenage pregnancy should be severely punished.

#### Attitude of TEs towards SRH Education Programme

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		Arts and Science TEs towards SRH education programme											
Item No.	Dimensions	Arts				Science							
	Attitude of TEs towards SRH Education Programme	% SA	% A	% N	% DA	% SD	% SA	% A	% N	% DA	% SD		
01	Students from Class-VI should be taught about sexual and reproductive health.	22	68	4	6	0	32	56	2	10	0		
02	Teacher Educator would feel comfortable answering students' questions about sexual and reproductive health.	40	40	10	10	0	54	30	0	10	2 DK 4		
03	All Teacher Educators should be trained to provide life-skills based Sexual and Reproductive Health Education (LSE SRH) to the pupil teachers.	64	28	2	2	4	82	14	0	2	2		
04	All states should support a LSE- SRH curriculum from class VI onwards.	42	46	12	0	0	46	40	14	0	0		
05	It should be mandatory for all TEs to teach LSE-SRH in the class.	28	60	10	2	0	34	36	20	8	0 DK 2		

The Table reveals that 11% Arts and 16% Science TEs are strongly agree that students from Class-VI should be taught about sexual and reproductive health. 20% Arts and 27% Science TEs strongly opine that Teacher Educators would feel comfortable answering students' questions about sexual and reproductive health. 32% Arts and 41% Science TEs are strongly agree that all Teacher Educators should be trained to provide Life-skills based Sexual and Reproductive Health Education (LSE-SRH) to the pupil teachers. 21% Arts and 23% Science TEs are also strongly agree that all states should support a LSE-SRH curriculum from class VI onwards. 14% Arts and 17% Science TEs are strongly agree that it should be mandatory for all TEs to teach LSE-SRH in the class.

### Comparision of Mean Attitude Scores of Arts and Science Teacher Educators towards LSE-SRH related issues

To ascertain whether Arts and Science TEs' attitude towards LSESRH related issues differ significantly or not, the mean attitude score of both the groups were calculated and then the significant difference between the means was calculated by employing the 't' test. The obtained results are shown in table 6.

 Table 6: Comparison of mean attitude scores of Arts and Science TEs towards LSE-SRH related issues

Group	N	Mean	SD	ʻt'
Arts TEs	50	78	5.183	0.0176
Science TEs	50	77.4	6.127	

df= 98, Significant neither at 0.01 level nor at 0.05 level

The table reveals that there is no significant difference between the mean attitude of Arts & Science TEs towards LSE-SRH related issues because the 't' value is 0.0176 which is less than the both 0.05 confidence

level (1.98) and 0.01 confidence level (2.63). Thus the 4th hypothesis i.e. "there exists no significant difference between the mean attitude of Arts & Science TEs towards LSE-SRH related issues" is accepted.

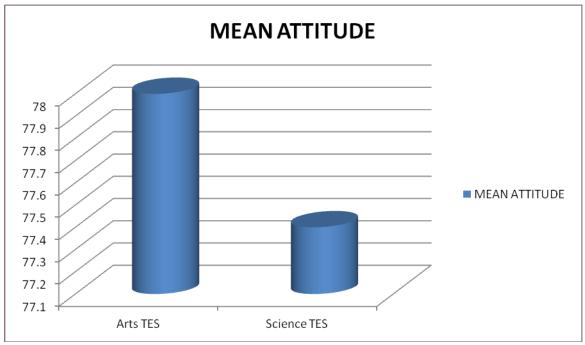


Figure-1 Comparision of mean attitude scores of Arts and Science TEs towards LSE-SRH related issues

#### V. CONCLUDING REMARKS

The behavioural outcomes of Life Skills based Sexual and Reproductive Health Education are acquisition of knowledge and desirable attitude towards Sexual and Reproductive Health related issues such as attitude towards the people suffering from sexual and reproductive disease/problem, LSE-SRH awareness programme, LSE-SRH related policies, Sexual and reproductive Health Education programme to manage risky sexual and reproductive behaviour 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 & reproductive health problems for assistance, healthy relationship with opposite sex members, better adjustment with friends & family members, value based decisions & responsible actions in respect of own sexuality and Planning & goal setting for future carrier & family life. Ofcourse the desirable attitude of Teacher Educators (TEs) of Odisha towards LSE-SRH related issues was relatively high throughout this study. There is no significant difference between the attitude of arts and science Teacher Educators. But lack of desirable positive attitude of TEs towards SRH related issues may cause misleading Sexual and Reproductive Health behaviour in the learners hierarchy, i.e. misleading in the pupil teachers & present teachers, schools, adolescents and thus society. So Teacher Educators need to be developed positive attitude towards SRH related issues to build capacity of the teachers (preservice & in-service teachers) so that the teachers in the schools can generate situations for collaborative work and participation where learners in group practise life skills, develop desirable attitude and explore responsible and strategic behaviour to safeguard own interest. Life skills based Sexual and Reproductive Health Education makes the life easy, joyful and blossomly.

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