



# Implementation And Impact Of Life Skills Education Based Adolescent Reproductive Sexual Health Program In Tribal Residential Schools Of Odisha

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## ABSTRACT

The number of persons in the age group of 10 to 19 years is defined as adolescents. As per the Census 2011, India has 25,31,60,473 persons between 10-19 years, comprising 20.9 percent of the country's total population. India has the largest adolescent population country in the world. As per the last census in 2011, Odisha's population was 42 million. Out of these 42 million 40% of the population belong to marginalized communities i.e. 23 % are from Schedule Tribe and 17% from Schedule Caste. Since the adolescents of these marginalized communities are first-generation learners, they face a lot of challenges that prevent them from achieving their full potential. Some of the major challenges they face are related to proper education, health care, Safety, security, and many more. Adolescents, particularly girls between 10 to 19 years of age from tribal communities are more vulnerable and face challenges like dropout due to early marriage, sexual abuse, and teenage pregnancy. The study explains the process of implementation of Life Skills Education (LSE) based Adolescent Reproductive Sexual Health education program in Residential Schools across Odisha.

**Keywords:** Life Skills Education (LSE), Adolescent, Tribal, Residential Schools

## Introduction

Adolescents of Tribal communities have limited access to complete and age-appropriate information on their reproductive and Sexual health. Consequently, they become vulnerable to various challenges i.e. sexual abuse, physical and mental harassment, early marriage, teenage pregnancy, and many more. Life Skills Education (LSE) based Adolescent Reproductive Sexual Health education is defined as “Abilities for adaptive and positive behaviors that would enable individuals to deal effectively with the demands and challenges of everyday life”. The main objective of Life Skills



Education (LSE) based Adolescent Reproductive Sexual Health education is to enhance the ability to take responsibility for making proper decisions for their choice, resisting negative peer pressures, avoiding risk-taking behaviors, how to say ‘NO’ to external negative pressures, etc. A person spends his/her precious adolescent period in School. Organizations such as UNICEF and UNFPA have taken various steps to implement Life Skills Education (LSE) based Adolescent Reproductive Sexual Health education in educational institutions all over Odisha as well as India.

## Life Skills Education and Its Importance

Life Skill-based Adolescent Reproductive Sexual Health education helps adolescents during their transit from Childhood to adulthood. It helps adolescents to understand and acquire various skills which would boost their self-confidence and assert their identity. It enhances teacher-student relationships leading to a reduction in the dropout at schools, drug and substance abuse, sexual harassment, and teenage pregnancy. Life Skill-based Adolescent Reproductive Sexual Health education improves better relationships within society and keeps adolescents away from risky situations. Further, it helps to understand and prevent various diseases such as HIV and AIDS which affects the physical and mental health of adolescents. It also motivates adolescents to perform better in the field of educational, cultural, and social relationships. Life Skill-based Adolescent Reproductive Sexual Health education helps to find new ways of self-awareness, problem-solving, building relationships, understanding of abuses, negotiation skills, etc.

In the year 2015 SC, ST Research and Training Institute (SCSTRTI) introduced Life Skills Education Based Adolescent Reproductive Health Education in ST and SC Development Department Residential Schools in Odisha with the support of the United Nations Population Fund (UNFPA). This program includes 1670 SSD Residential Schools across 30 Districts of Odisha State.

## Objective

23% of the total population of Odisha belongs to Schedule Tribe (ST). Adolescents particularly girls face many challenges such as dropping out at the secondary level due to Early Marriage, Abuse, and Harassment, Teenage Pregnancy, etc. To enhance reach to the marginal community and address those problems, The Schedule Tribe Schedule Caste Development, Minorities and Backward Class Welfare Department (SSD) has established 1670 Residential Schools which include 510 Sevashram Schools, 766 Ashram Schools, 337 High Schools, 19 Education Complex for Particularly Vulnerable Tribal Group (PVTGs), 13 Eklavya Model Residential Schools, 22 Upgraded Higher Secondary Schools and 3 Teacher Training Institutes. The objective of implementing Life Skills Education Based Adolescent Reproductive Health Education in SSD residential Schools are

- To enhance knowledge on Adolescent Reproductive Health Education among Adolescent students, particularly girls.
- To Promote Student friendly environment by improving monitoring mechanisms.

- To Convergence with Health sector initiatives such as Rashtriya Kishore Swashtya Karyakram (RKSK) and Rashtriya Bal Swashtya Karyakram (RBSK).

## Methodology

To implement Life Skill based Adolescent Reproductive Sexual Health Education in SSD residential Schools in Odisha the following methods were adopted:

- IEC Material Development
- District-Level Planning and Coordination Meeting
- Orientation Training of District, Block level Officials.
- Training Of Headmasters, Teachers, AMNs, and Matrons of SSD Residential Schools.
- Training of Peer Educators
- Classroom sessions by trained teachers
- Review meetings

## Implementation

For effective implementation of Life Skill-based Adolescent Reproductive Sexual Health Education in SSD residential Schools, a workshop was organized to develop need-based resource materials for upper primary classes. Further resource persons were engaged in developing wall posters on the Safety and Security of borders, Hostel Management Guidelines, student workbooks, Training Manuals, and Session calendars, and distributed in all the schools. Then, planned and organized district-level planning and convergence meeting under the chairmanship of the District Collector

and other line department officials to brief about objectives, key activities, monitoring indicators, and reporting mechanisms. Convergence was established with the health department and education department for strengthening the weekly Iron Folic Acid Supplement (WIFS) and Adolescent Health Day (AHD) program.



Organized three days capacity building training program for Teachers to promote classroom sessions on Life Skill based Adolescent Reproductive Sexual Health education. Teachers were provided audio-video materials to show students during classroom sessions and to create awareness of different issues. ANMs posted in SSD residential schools were provided training on Health Screening, Health Profiling, Counseling, tracking, referral, and reporting. Introduced School Health Register to keep updated information on adolescent students during School visits. Selected students from different schools across Odisha as Peer Educators to influence other students to provide appropriate information on Life Skill based Adolescent Reproductive Sexual Health education. The peer educators were trained on adolescent issues and also clarified roles and responsibilities during training. Peer educators were provided Manuals, FAQs, Workbooks, and comic videos for reference during session transactions. Trained Nodal Teachers were allotted weekly 2 sessions on LSE for each class in SSD Residential schools. Matrons and CCAs are equipped with hostel management guidelines and manuals so that hostels can be managed smoothly.



All the schools were provided Health Kits and ANMs were instructed to visit at least 2 time to each school for health screening of students. Further, they are instructed to keep a record of screening, referral, and follow-up of the Student's Health Status. The Rashtriya Bal Swasthya Karyakram (RBSK) team of the Health Department was instructed to visit each school once a quarter to observe Adolescent Health Day (AHD). The Following activities have been undertaken during Adolescent Health Day (AHD)

- Health Screening of all the students of the school has been carried out.
- The height, Weight, and BMI of every student are recorded in School Health Register.
- Hemoglobin tests of Students are done at the school level.
- Referral of anemic and sick students to the District Headquarters Hospital for better treatment.
- Counseling of students.
- Ensuring mandatory intake of Iron Folic Acid Supplement (WIFS) for 52 weeks for Anemia control.

Review meetings of Welfare Extension Officers, Head Masters, and ANMs are organized every month to ensure proper implementation of Life Skill-based Adolescent Reproductive Sexual Health education in the schools. Various kinds of methods such as Roleplay, LSE-related Poem/Song, and LSE Based drawing were undertaken during classroom sessions transaction by trained nodal teachers.



### Impact

Implementation of Life Skill based Adolescent Reproductive Sexual Health Education in SSD Residential schools brings a huge improvement in Adolescents, especially in girls. Students became more responsible. It has created awareness among students of their likes and dislikes. Through this program, students learned about stress management and how to cope with different situations in day-to-day life. It has generated awareness of substance abuse and how to say NO to negative peer pressure. Through this program, a special kind of bonding is created between students and teachers. Students become more confident to raise voices against any kind of misconduct against them. Students started using the compliant box. School administrations have ensured 100% safety security of Boarders and adopted 3 tire securities for girl boarders. ANMs, Matrons, and Assistant Hostel Superintendent ensure 100% intake of IFA supplement for 52 weeks (every Monday) for anemia control. Timely referral of sick students by the ANM. The RBSK health team started visiting school once every quarter and organized Adolescent Health Day (AHD) camps. Students have become more expressive which helps them to control ragging at the school level. Teenage pregnancy cases have declined after the intervention of this program. Reporting of abuse cases has increased after the peer educator training program. It is observed that awareness and adoption of better health and hygiene practices have increased among adolescents, especially among the girl students. The implementation of Life Skill-based Adolescent Reproductive Sexual Health education and its effect was discussed in Parent Teacher Association (PTA) meetings every quarter. It has created awareness of substance misuse and tobacco use complaints are declining every day. Students have started participating in various sports and cultural events to showcase their skills and talent.

## Conclusion

This joint initiative of the Scheduled Caste and Scheduled Tribe Research and Training Institute (SCSTRTI) and the United Nations Population Fund (UNFPA) helps to understand the challenges of adolescents especially among the marginalized ST girls' and their emotions. The initiative has helped to address the challenges of an adolescent i.e. Early Marriage, Teenage Pregnancy, Anemia, School Dropout, Abuse, and Harassment, etc. Planned activities under Life Skill-based Adolescent Reproductive Sexual Health education program were accomplished in SSD Residential Schools. The trained Head Masters, Nodal Teachers, ANMs, and Matrons are now taking this initiative forward and promoting Life Skill-based Adolescent Reproductive Sexual Health education for the health and wellbeing of the students of SSD Residential Schools across Odisha. The impact has demonstrated that this kind of initiative can be replicated in other Schools and Hostels in Odisha, So that a large number of Tribal Students especially Adolescents can be benefited out of it.

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