



Global Advanced Research Journal of Educational Research and Reviews (ISSN: 2315-5132) Vol. 1(6) pp100-105, July, 2012
Available online <http://garj.org/garjerr/index.htm>
Copyright © 2012 Global Advanced Research Journals

Full Length Research Paper

Understanding on life skill education and adolescent reproductive sexual health in tribal districts of Odisha

Prasanta Kumar Parida

Asst. Professor, School of Rural Management, KIIT University, Patia, Bhubaneswar-751024
E-mail: prasanta.parida@ksrm.ac.in

Accepted 25 June, 2012

Adolescence of age between 10-19 Years is in vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. This period results in sexual, psychological and behavioral maturation. Adolescents are a diverse group and are in varying situations of risk, status and environments. For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. Some young people are especially vulnerable. In the 15–19 years age group, only 60% girls attend school, as compared to the boys which is more than 80%. (NFHS-3). The differentials increase with age and area of residence, as only 13% of the girls aged 15-17 years attend school in the rural area. The objectives for undertaking this study are to understand the concept of LSE and ARSH among the tribal adolescents, to assess the knowledge, attitude and practice on ARSH among the tribal adolescents. We conducted a study in selected tribal dominated districts of Odisha. The major findings were physical change in early adolescent age and attractions towards enjoyment are the main focal points for adolescent. Due to this change the adolescent face physical attraction towards opposite sex. Knowledge on Reproductive Transmission Infection (RTI): It is found that infection in reproductive organs is known by 30.7% of the respondents, 23.4% of them have responded that infections through sexual contact spread and around 13% told to have itching in private body parts. Benefits of Adolescent education programs: It is observed that 33% of respondent feel that their fear in life has been dispelled and some have responded they are more confused in life. The intervention of LSE through the converge of different departments are essential. Before initiating interventions for students there should be intervention program to orient teachers.

Keyword: Adolescents, LSE and ARSH issues and tribal's

INTRODUCTION

Approximately *one billion youth live* in the world today. Almost 85% live in developing nations, with 60% in Asia alone. The youth population in the developing countries will increase to 89.5% by 2025. In the Indian context, almost 23% of the population consists of young people in the age group 13-24 years⁸. Therefore it is imperative that youth related issues form an integral part of the development programs and policies at the national and international level. Adolescents are a diverse group and are in varying situations of risk, status and environments.

For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. During adolescence, hormonal changes lead to onset of puberty, sudden and rapid physical growth and development of secondary sexual characteristics. Psychological and emotional changes like assertion of self identity and independence, sex drive, and attraction towards the opposite sex take place simultaneously. Adolescents begin extending their relationships beyond the family. They feel an inclination

for distancing themselves from parents and expanding their social circle to carve an important place amongst peers.

The idea of reproductive rights is inherent to the definition of reproductive health, and these rights are integral to globally recognized human rights. Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to adolescents and the opportunities and risks they face. These include gender equality and the rights to education and health, including ARSH information and services appropriate to their age, capacity and circumstance. Actions to ensure implementation of these rights can have tremendous practical benefits: empowering individuals, ensuring well-being, stemming the HIV/AIDS pandemic, alleviating poverty and improving socioeconomic prospects.

Adolescent student population constitutes a significant part of the total strength of the institution. These adolescents face various obstacles in accessing the services, one of which is receiving accurate information regarding reproductive and sexual health. In addition, adolescents are often not aware of adolescent-friendly sources of care, which combined with their limited knowledge hinders their ability to make informed choices to protect and promote their own well-being.

It is very important to arm young people with the right information at the right age and equip them with skills that will help them make informed decisions. However, doing this is challenging in view of the cultural restrictions and social taboo on sex that exist in many countries including India. In India, adults are not always open to discuss about sex, sexuality and changes during adolescence with young people, thus shrouding the same in a veil of mystery and silence. It is also generally assumed that adolescent sexual activity is low in India¹¹, though many recent studies have shown otherwise¹². Efforts are being made by public and private sector to reduce disparities of opportunities for education among tribal adolescents. Access to formal education system is being increased mainly through residential schools of the government. Only a few private institutions have taken initiative to open residential schools for tribal adolescents to improve access and address issues of equity.

In India 30% of India's population (327 million individuals) is in the age group of 10-24 years (Source: WHO, 2007). Youth are vulnerable to sexually transmitted infections, including Human Immunodeficiency Virus, and account for 31% of AIDS burden in the country (Source: NACO, 2007). Though age at marriage is increasing; data from NFHS-3 (National Family Health Survey 3) shows that 27% young women and 3% young men in the age group of 15-19 year were married at the time of the survey (2005-06).

LSE and ARSH interventions in Orissa

A considerable proportion of women who marry before the legal minimum age of 18 years, around 19% of the girls married below 18 years of age. Female mortality rates are higher, compared to males in the 15–24 years bracket. In the 15–19 years age group, only 60% girls attend school, as compared to the boys which is more than 80%. (NFHS-3). The differentials increase with age and area of residence, as only 13% of the girls aged 15–17 years attend school in the rural area; rural girls are the most disadvantaged. More than 64% of girls aged 10–19 years suffer from severe/moderate anemia (NFHS-3) which leads to a higher-age specific mortality. More than 1/3rd of women in the age group of 20-24 years got married before the legal age of 18 years. Inadequacy of a service provider to cater to the needs result in lack of knowledge and misguidance by the local providers which may at times lead to fatal consequences. It is vital to provide adolescents with relevant and accurate information, education, commodities, health care services and secure environments. These will equip them with the life skills they need to make a smooth transition from childhood to adulthood and also develop into aware, responsible and conscientious citizens. All this can be achieved through creating an enabling environment at the community as well as the service delivery level. To create mass awareness at the community and household ICDS, to empower adolescent girls, all AWW have been entrusted with the responsibility of providing correct and relevant information on nutrition and health.

THE PROPOSED STUDY DESIGN

The present study was undertaken among the tribal adolescent in the selected districts of Odisha. The objectives for undertaking this study are to understand the concept of LSE and ARSH among the tribal adolescents, to assess the knowledge, attitude and practice on ARSH among the tribal adolescents and to determine the factors that could create enabling environment available for undertaking LSE to promote ARSH program in a mass penetrating approach.

The study was conducted in selected tribal dominated districts of Odisha. We have chosen randomly the districts and within the district randomly the blocks and villages were selected. We used a quantitative method with a structured questionnaire was administered to the adolescents between the age of 12-19 years male and female in the selected villages. We have selected around 800 respondents randomly from 80 villages in 8 districts of Odisha. Simple random method was applied so that the selection procedure is equivalent to selection with

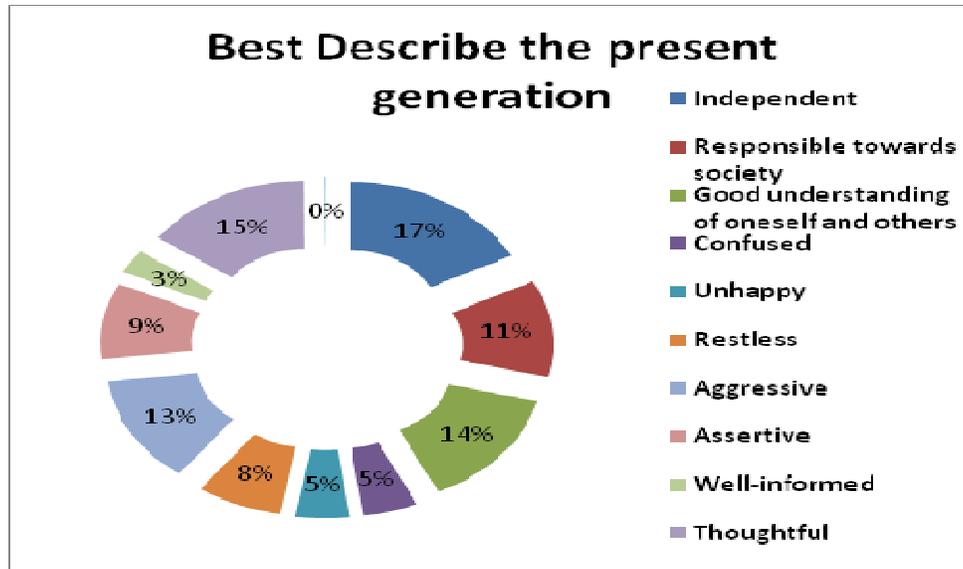


Figure 1. What best describes the present generation of adolescents
Sources: Field survey

probability proportional to size. Systematic samples of adolescents household were then selected from each of the group in which all available ones were selected for sample. The respondents were categorized by the age of the adolescents as early, mid and late adolescent so that all type of respondents would be covered. We took proportionate of male and female ratio in order to reach the gender unbiased data from the population.

Systematic steps were followed while designing the tools, with adequate consultation and review of literature in this regard. Based on the need one set of questionnaires were developed to assess the LSE and ARSH domains of tribal students. To study health care awareness and early adolescent adoptability futures we framed the LSE and ARSH questionnaire in such a way that behavior, attitude and adolescent characteristic may reflect in the output of the report. We try to find out the community awareness and how their father or mother guiding them in their life. We conducted around 750 interviews by the trained KISS students in their locality.

FINDINGS AND DISCUSSION

Data has been collected from 8 districts of Orissa with a proportionate representation of the tribal population or students’ studying in KISS. More no of interviews. The educational background of the respondents are not that strong that is why it is likely that enough knowledge on the life skill education and awareness on reproductive health may not be sufficient in order to educate the adolescent in the household.

Each and every human being has a way of life or a

substance to leave in the life. This is more often seen among the adolescents who are fast mover to a dream life. For an adolescent we see that joy, tension and self expression are main components of life to be the main fact for way forward. At this age some of the respondents have also expressed stress is also a point to be considered. When the physical and mental activities of human being start changing with time, it is evident to observe that relationship among the family members with the adolescent will also start changing. Around 36% do adolescent have expressed “I am asking more questions” to the family members due to increase in curiosity and due to change in behavior I get more scolding from the family members.

When in the growing age the curiosity of life and challenges in work start, it is a general statement to take help or members around us start helping in the way of life. Father played a major role in education on studies, knowledge on outside world, national and international activity and aspiration of life. Mother helps to understand way of life and relationship building. Friends play a major role in outside amusements like entertainment, TV watching, discussion of change in body parts and love with romance activities. There were many advices and statements given to the adolescents during the growing age because in this age parents feel that there may be some wrong direction the child could make which may lead to other direction not on the main aspect of life. It is observed that either parents of the child agree themselves in many occasions but 15% of adolescent told they shout and fight on tests situations. Around 12% of the parents ignore these statements in life. It is very important to understand the present generation because

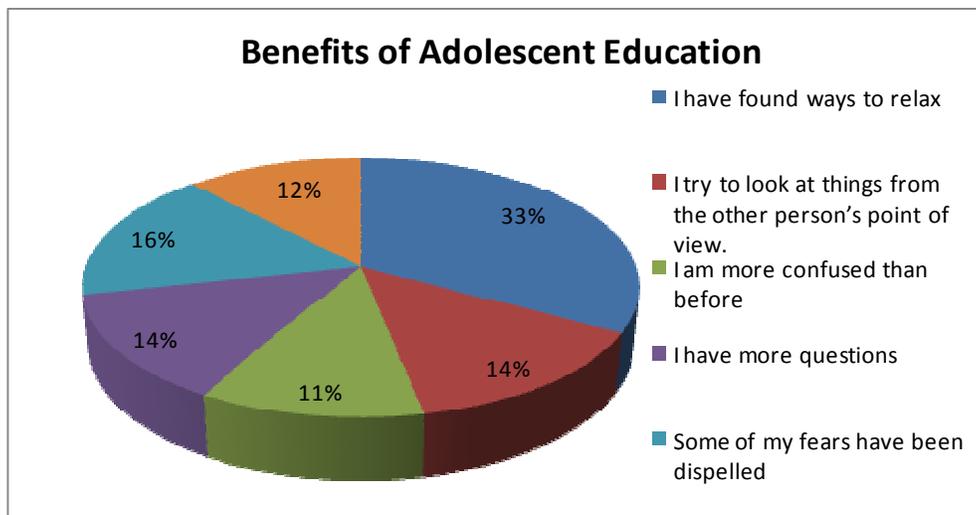


Figure 2. Benefits of Adolescent Education programmes
Sources: Field survey

we consider them as the youth with taking care of society and family in coming days. We observed that responsible towards society, aggressive and well informed are some of the main components in life for the present generation. When we are preparing any kind of LSE approach the program content should have some information on the society and how adolescent can take benefit out of that may be considered. Independent, unhappy and restlessness are some of the topic to be covered in ARSH approach for the adolescents.

Although we find this is a growing age in life so experiencing physical attraction is usually a part of growing up mentioned by 33% of the adolescents. Most persons experience physical attraction only after marriage, with one's life partner is also mentioned by many adolescents as part of physical attraction in this early age. The tribal community growth of the boys and girls are getting maturity quickly and they try to get more and more society responsibility because they need to earn for the family and take responsibility of the parents. It is seen from the study that apart from development of physical structure the male and female in tribal community also show change in voice by 17%, increase in height and weight by 16% and widening of other parts of body.

The knowledge on menstruation is a process which should come from the mother to the siblings and some other knowledge will be shared by the friends in due course of time. It is seen that enough knowledge on the activities of change that happen due to menstruation is positive among girls. Kavita has been good in sports. Suddenly, when she turned fourteen she became shy and embarrassed to wear sports clothes, or to run, play or cycle. The perception of the girl in this situation suggest that they are empowered with the society and

change to the extent that 29% admit that they will wear the same cloth that other sportswomen are wearing.

It is evident the perception and attitude of parents are different for the boys and girls in the society. This case of Arif and Niloufer are twins. Both of them are good painters and want to become artists. Their parents encourage Niloufer but discourage Arif. They feel that Arif needs to think about earning enough to support a family in the future. It is seen that boy should earn for the family and girl should take care of family. In this study we try to discuss who is responsible for the differences between boys and girls in the family. It is seen that 58% women are better caring than men due to people's mindset, biological differences suggest that women are more decorative and 80% mindset suggest that women are more emotional than men. In overall it suggests that girls are more controlled by heart but men are controlled by mind and muscles. Different people have different knowledge on anemia. Around 26% of adolescents have responded on anemia patients have low hemoglobin count in their blood, 20.3% majority of Indian adolescents suffer, from anemia, 26.5% told it is important to include green leafy vegetables and other iron-rich vegetable in the diet of anemia patients and anemia patients should take iron tablets, and not bother about nutritious diet responded by 16% of adolescents. Mother played a important role in disseminating family planning information to the growing adolescent in the house. Where any type of adolescent program played a major role responsive by 51% of the respondent.

Any program that is done to educate the adolescents in the society has some impact on the growing age of the respondents. It is observed that 33% of respondent feel that their fear in life has been dispelled and some have responded they are more confused in life.

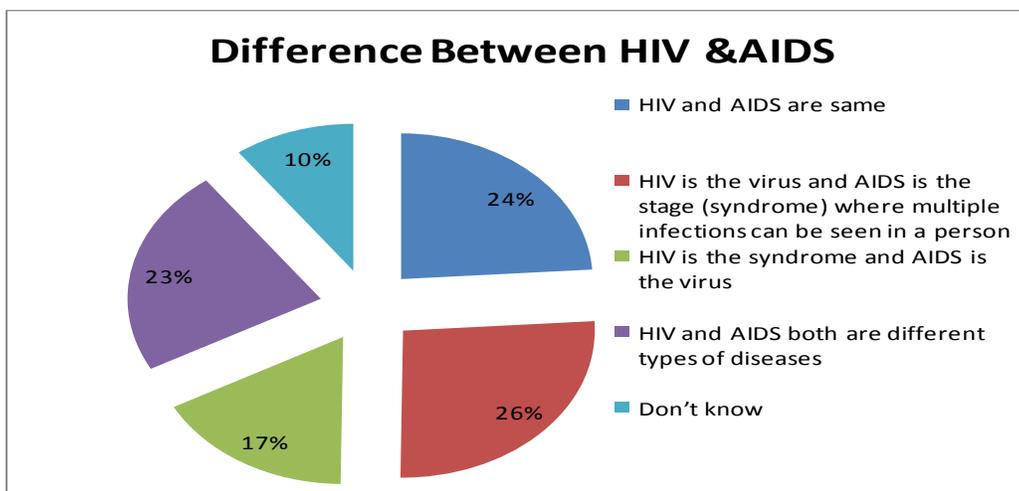


Figure 3. Difference between HIV and AIDS
Sources: Field Survey

The knowledge on RTI should be their among the adolescents in this age of growth. It is found that infection in reproductive organs is known by 30.7% of the respondents, 23.4% of them have responded that infections through sexual contact spread and around 13% told to have itching in private body parts. There is more intervention required on RTI in the ARSH approach for the adolescents. The age of adolescents basically in the growing age there are lot of counselling required for the child because lot of venerable diseases are concern with the life risk at to the community. It is found that the adolescents have equality good knowledge on the RTI issues and its symptoms.

It is the basic knowledge that adolescents should know regarding HIV/AIDS because it is one of the deadly diseases that can only be prevented so adolescent show 14% of the same both have the same symptoms and 26% respond that it spread through virus.

It is also evident that when there is vulnerability of deadly diseases among the tribal adolescents it is studied that how it spreads among the community. It responded by 22% respondent that sharing HIV infected syringes and needles is the main spreading major for the same. It is evident that they also have awareness on other methods on prevention for the same. It is also evident that when there is vulnerability of deadly diseases among the tribal adolescents it is responded by 31% respondent that male condom is the main preventive major for the same. It is evident that they also have awareness on other methods on prevention for the same.

We had a case discussion among Roshan working with a private company. The company decided to test all its employees for HIV as part of the annual medical examination. The responses were mixed viewed from the tribal; adolescent on the importance of the HIV test among the employees. Around 42% of the respondents

have shown somewhat agreement on the subject. When we tried to find out the reason for the same, we had a case discussion among Roshan working with a private company. The company decided to test all its employees for HIV as part of the annual medical examination. The responses were mixed viewed from the tribal; adolescent on the importance of the HIV test among the employees. Around 34% of the respondents have shown somewhat agreement on the subject that it is the right from the employee.

For any type of bad habits it is evident that some or other person had become the influencer for the same. Although it is the cultural dominance among tribals for the drugs and other bad habits. We asked the tribal adolescents regarding the different symptoms on the drugs addiction and what should be the approach to reduce the same among them. It may happen that drug taking may not stop altogether for the tribal community but LSE approach may reduce this symptoms. Although it is the cultural dominance among tribals for the drugs and other bad habits. We asked the tribal adolescents regarding the different symptoms on the drugs addiction and what should be the approach to reduce the same among them. It is seen that 18% responded that chronic bronchitis and tuberculosis. It may happen that drug taking may not stop altogether for the tribal community but LSE approach may reduce this symptoms.

SUMMARY AND SUGGESTIONS

In the domain of ARSH, areas such as Cleanliness, Expressing Physical Problem, Consulting with Others, awareness of disease, Gender Rights, Prejudices, Pregnancy Age, Sex Stereo-type, Discrimination, discrimination, substance abuse and hygienic in Practice,

adolescents knowledge, skills and practice are not adequate.

Physical change in early adolescent age and attraction towards enjoyment are the main focal points for adolescent. Due to this change the adolescent face physical attraction towards opposite sex and try to maintain the friendship and relationship said by 23% of respondents.

The tribal adolescent try to be independent in this growing age which may lead to confuse and unhappy in decision making process. Sometimes this unhappy or confuse state lead to domestic violence and non expression of internal feelings to the parents.

The tribal adolescent have substantial less awareness on HIV/AIDS and its preventive measures. Around 51% of respondents have knowledge on this disease and how to educate other for prevention activity. It is very important to have this intervention in ARSH program at the community level for the tribal adolescents.

Knowledge on Reproductive Transmission Infection(RTI): It is found that infection in reproductive organs is known by 30.7% of the respondents, 23.4% of them have responded that infections through sexual contact spread and around 13% told to have itching in private body parts.

Knowledge regarding Anemia: Around 26% of adolescents have responded on anemia patients have low hemoglobin count in their blood, 20.3% majority of Indian adolescents suffer, from anemia, 26.5% told it is important to include green leafy vegetables and other iron-rich vegetable in the diet of anemia patients and anemia patients should take iron tablets, and not bother about nutritious diet responded by 16% of adolescents.

Attitude of male member in the household: We got a response from the adolescents that only male in the role of husband may neat the wife when there is any attitudinal problem, give birth to girls, cook badly in home etc but being the role of brother the male member beat the sister during spending more money, not reading, do not take care of family and stay outside home for longer time

Discussion about life: Father played a major role in education on studies, knowledge on outside world, national and international activity and aspiration of life. Mother helps to understand way of life ad relationship building. Friends play a major role in outside amusements like entertainment, TV watching, discussion of change in body parts and love with romance activities.

Suggestion

The awareness on life skill issues is very limited. It is a fact that LSE for promoting ARSH issues is essential for the adolescents in a curriculum based approach and it should be scientifically implemented through the education system.

There should be some person, step, medium and long term vision to promote ARSH for the adolescents.

Systematic and step wise intervention program should be organized. Subject specific teaching and learning approach should be applied as part of LSE approach to promote ARSH activity so that maximization of the community learning may happen.

Whatever approach tested in order to make LSE a close success in KISS, should also be promoted in a simulated manner all over Odisha. Since all the adolescents in Adolescents are venerable towards sexual and reproductive problems in that age. LSE promoting ARSH should be promoted at a larger extent by taking AWW, ASHA and education system into consideration in order to have e better community approach.

REFERENCE

- Barua A and K Kurz (2001). "Reproductive health-seeking by married adolescent girls in Maharashtra, India", *Reproductive Health Matters*, 9 (17):53-62.
- Dickson-Tetteh K, Pettifor A, Moleko W (2001). "Working with public sector clinics to provide adolescent-friendly services in South Africa", *Reproductive Health Matters*, 9 (17): 160-169.
- Machel JZ (2001). "Unsafe sexual behaviour among schoolgirls in Mozambique: a *Reproductive Health Matters*, 9 (17): 82-90.
- Nzioka C (2001). "Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya", *Reproductive Health Matters*, 9 (17):108-117.
- Rwenge M (2000). "Sexual risk behaviors among young people in bamenda, *International Family Planning Perspectives*, 26 (3):118-123.
- Stanback J and Twum-Baah KA (2001). "Why do family planning providers restrict access to services: An examination in Ghana", *International Family Planning Perspectives*, 27(1): 37-41.
- Temin MJ, Friday EO, Omorodion FO, Renne EP, Coplan P (1999). "Perceptions of sexual behavior and knowledge about sexually transmitted diseases among adolescents in Benin City, Nigeria, *International Family planning Perspectives*, 25(4): 186-190.
- Ravi K Verma, Sureender S and Guruswamy M (1997). What do school children and teachers in rural Maharashtra think of AIDS and sex? *Health Transition Review*, Supplement to Volume 7pp 481-486
www.un.org
- Action for Adolescent Health, Towards a Common Agenda: Recommendations from a Joint Study Group- WHO, UNFPA, UNICEF
- Understanding youth sexuality: A study of college students in Mumbai, Leena Abraham
- Ramasubban (1992). Sehgal, Sharma and Bhattacharya 1992; Jain 1994; Jejeebhoy 1994; Watsa 1994; Rangaiyan 1996; Nag 1996 quoted in R. Verma 1997
- Mano S. Selvan PhD MS2, Michael W. Ross PhD MPH MHPEd1,3, H. L. Kaila PhD4, Suvitha Nagaraj BE5, Opinion on School-based intervention and prevention programmes among Indian adolescents <http://www.avert.org>
- Petition Committee rejects Sex Education Plan, Pramod Kumar, Organiser, 3rd May,09
- User Friendly Research and Statistics for Social Work (2000): A Primer by Prof. Ramachandran.
- What do school children and teachers in rural Maharashtra think of AIDS and sex (1997)? Ravi K. Verma, S. Sureender and M. Guruswamy, *Health Transition Review*, Supplement to Volume 7pp 481-486
- Alexandra McManus and Lipi Dhar (1992).The sexual abuse of children, William Murphy, Lawrence Erlbaum Associates.