



# Construction Of Perception Scale For Teachers Of St & Sc Development Schools On Life Skills Based Sexual And Reproductive Health Education (Lse-Srh)

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## ABSTRACT

The paper seeks to highlight on developing and standardizing a perception scale to assess the perceptions of teachers in Scheduled Tribe (ST) and Scheduled Caste (SC) Development (SSD) schools on Life Skills-Based Sexual and Reproductive Health Education (LSE-SRH). 70 Statements for the scale were collected and then refined to address key dimensions of LSE-SRH: 1.Sexual and Reproductive maturity of Adolescents, 2.Sexual and Reproductive cleanliness and hygiene of Adolescents, 3.Sexuality of Adolescents, 4. Unwanted and teenage pregnancy, 5.Unsafe abortion, 6.Sexually transmitted diseases, 7.Healthy practices and balanced diet for adolescents. The scale was standardized through content validation and inter-item correlation analysis. Content validation involved expert reviews, retaining 52 items, which were further analyzed for internal consistency using Cronbach's alpha. After rejecting four low-correlation items, the final perception scale consisted of 48 items across the seven dimensions of LSE-SRH Perception. The scale was formatted on a 5-point Likert scale, with higher scores indicating a better perception of LSE-SRH. The maximum score was 240, representing a comprehensive evaluation of SSD School teachers' perception on LSE-SRH. This tool facilitates the comparison of teachers' perceptions across variables such as gender and academic streams. The findings have significant implications for integrating LSE-SRH into educational curricula at various levels. By equipping educators and students with critical knowledge and life skills, this initiative aims to address sexual and reproductive health challenges effectively. It supports the development of responsible decision-making, risk avoidance, and healthy behaviors, ultimately contributing to a healthier, more informed, and empowered society.

**Keywords:** Life Skills, Sexual and Reproductive Health Education, Perception on Life Skills-Based Sexual and Reproductive Health Education (LSE-SRH), SSD School Teachers.

## INTRODUCTION

A particular way of looking at or understanding something is perception. Perception is cognition, understanding and an opinion. Life skills are the abilities that enable individuals to deal effectively with the demands and challenges of everyday life. So life skills are group of personal, psychosocial and interpersonal skills such as self awareness, empathy, effective communication, Interpersonal relationship, creativity, critical analysis, decision making, problem solving, coping with emotion and coping with stress etc. WHO (2008) defines life skills based sexual and Reproductive Health Education (LSE-SRH) is 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 and apply life skills in managing responsible decisions and actions with regards to sexual and Reproductive behaviours to avoid risky sexual and reproductive situations competently. The period from childhood to adolescence is a period of rapid growth and changes. But most of the adolescents deal with these changes without full knowledge, awareness, understanding on LSE-SRH concerns like Sexual and Reproductive maturity of Adolescents, Sexual and Reproductive cleanliness and hygiene of Adolescents, Sexuality of Adolescents, Unwanted and teenage

pregnancy, Unsafe abortion, Sexually transmitted diseases, Healthy practices and balanced diet for adolescents etc., which could make them vulnerable to risky sexual and Reproductive health problems like sexually transmitted diseases, sexual abuse, rape, prostitution, unwanted and teen age pregnancy and unsafe abortion, substance abuse etc. All the situations demand urgent educational intervention for the adolescents. The NCF-2005 mentioned that the main objective of Adolescence Education is to empower adolescents especially in respect to their Reproductive and sexual health concerns and develop the abilities to apply life skills (Self awareness, empathy, Effective communication, Interpersonal relationship, creativity, critical analysis, decision making, problem solving, coping with emotion and coping with stress) to manage these concerns and avoid risky situations effectively. So Perception on LSE-SRH is cognition, understanding and opinion on Sexual and Reproductive maturity of Adolescents, Sexual and Reproductive cleanliness and hygiene of Adolescents, Sexuality of Adolescents, Unwanted and teenage pregnancy, Unsafe abortion, Sexually transmitted diseases, Healthy practices and balanced diet for adolescents etc..

The researcher reviewed studies on Life Skills-based Sexual and Reproductive health Education (LSE-SRH), which informed the development of the dimensions and statements for the Perception Scale on LSE-SRH. **Bandhan and Kashyap (2004)** found that the attitude towards sex education was observed to be encouraging, but only 70% of teachers showed positive attitude towards HIV positive person and 60% teachers have ever discussed the issue of HIV/AIDS with their students. It was found that female teachers had more positive attitude than their male counter parts. **Kalanda (2010)** studies on life skills and Reproductive Health Education and found that knowledge of LS / SRH was low amongst Primary School pupils and it was slightly higher amongst Secondary school students LS/SRH had also led to behavioral changes amongst pupils, students and teachers. Lack of teaching materials, poor orientation of teachers on LS/SRH, and teaching time were the major Challenges affecting the teaching of LS/SRH. **NCF 2005** clearly outlined that rather than a stand-alone program the Adolescent Education Programmes (AEP) should become an integral part of school education and the responsibility of transacting life skills based education to secondary school students are fixed up on secondary teachers. **Rizal (2010)** found that majority of early adolescent (10-14 yrs.) did not know anything about adolescent issues, however the other group (15-19yrs) had very little knowledge on adolescent health issue. Sex and Sexual health were viewed as a taboos, not to be a topic for discussion. Formal sex Education was perceived as minimally available in science and Biology lessons in schools which are inadequate to inform individual to address the adolescent challenges. The success of LSE-SRH in schools is indirectly related to the expertise, awareness and positive attitude of teachers of schools and their willingness to provide instructions to students through regular classroom transaction. Hence the role of Teachers is very significant in promoting awareness, perception and positive attitude among adolescents / students towards LSE-SRH.

In tribal societies, sexual and reproductive matters are often approached with a more casual and open perspective, reflecting the norms and values of their cultural and social context. So the Tribal adolescents are very much vulnerable to risky sexual and reproductive health problems like sexually transmitted diseases, sexual malpractice, sexual abuse, rape, prostitution, unwanted and teen age pregnancy, unsafe abortion, substance abuse etc. Hence Tribal adolescents need to be aware, understand and develop desirable attitude towards life skills based Sexual and Reproductive Health Education (LSE-SRH) so that the tribal adolescents can be able to manage and take responsible decisions and action with regards to the sexual and reproductive behaviors to avoid risky sexual and reproductive situations competently.

Since 2010, life skills-based sexual and reproductive health (LSE-SRH) education has been implemented in **Scheduled Tribe (ST) and Scheduled Caste (SC) development (SSD) schools** in Odisha, with technical support from **KISS**, Bhubaneswar. Teachers in these schools have been actively educating adolescents on LSE-SRH. To effectively guide tribal adolescents in developing awareness, understanding, and a positive attitude towards LSE-SRH, it is essential for teachers to possess the necessary awareness, understanding, perception, and desirable attitudes themselves. Hence, assessing the perception of teachers in SSD (Scheduled Tribe and Scheduled Caste Development) schools regarding LSE-SRH is crucial. For this purpose, a standardized perception scale has been developed and validated by the researcher. After reviewing extensive literature, the following seven (07) dimensions have been identified as key components for evaluating teachers' perceptions of LSE-SRH in SSD schools:

1. Sexual and Reproductive maturity of Adolescents.
  2. Sexual and Reproductive cleanliness and hygiene of Adolescents.
  3. Sexuality of Adolescents
  4. Unwanted and teenage pregnancy.
  5. Unsafe abortion.
  6. Sexually transmitted diseases.
  7. Healthy practices and balanced diet for adolescents,
- which can be assessed by a standardized perception scale on LSE-SRH meant for the teachers of SSD Schools.

## METHODOLOGY

To construct and standardize a perception scale on life skills-based sexual and reproductive health education (LSE-SRH) for teachers of Scheduled Tribe and Scheduled Caste Development (SSD) schools, a systematic approach was followed, including the following steps:

- 1. Collection, Development and Modification of Statements** Relevant statements were gathered and refined to ensure alignment with the objectives of the perception scale. The statements were carefully modified to address following seven (07) dimensions of LSE-SRH, ensuring clarity, relevance, and cultural sensitivity.

**TABLE –I : No. of items / statements of Draft perception scale under 07 dimensions**

Sl. No.	Dimensions	No. of items
1.	Sexual and Reproductive maturity of adolescents	04 positive and 06 negative items
2.	Sexual and Reproductive cleanliness & hygiene of adolescents	01 positive and 09 negative items
3.	Sexual of adolescents	07 positive and 03 negative statements
4	Unwanted and teenage pregnancy	07 positive and 03 negative items
5	Unsafe abortion	04 positive and 06 negative items
6	Sexually transmitted diseases	05 positive and 05 negative items
7	Healthy practices and balanced diet for adolescents.	05 positive and 05 negative items
	<b>TOTAL</b>	<b>33 positive and 37 negative items</b>

The draft perception scale on LSE-SRH consisted of 70 statements, including 33 positive items and 37 negative items. The scale was designed using a 5-point Likert format with the following response options: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (DA), and Strongly Disagree (SD).

For positive items, scores were assigned as follows:

Strongly Agree: 5, Agree: 4, Neutral: 3, Disagree: 2, Strongly Disagree: 1

For negative items, the scoring was reversed:

Strongly Agree: 1, Agree: 2, Undecided: 3, Disagree: 4, Strongly Disagree: 5

This scoring method ensured more accurate measurement of perceptions across both positive and negative dimensions.

## 2. Standardization of the Perception Scale

The standardization of the draft perception scale was carried out using two key techniques:

a) Content Validation and b) Inter-item Correlation Analysis

a) Content Validation

The draft perception scale was reviewed by six experts for content validation. Items accepted by at least four experts were retained, while the remaining items were rejected. Following this process, 52 items were retained, and 18 items were excluded out of total 70 items of draft perception scale. The retained items were categorized as follows:

**TABLE –2 : No. of items / statements of perception scale retained after content validation under 07 dimensions of LSE-SRH**

Sl. No.	Dimensions	No. of items retained
1.	Sexual and Reproductive maturity of adolescents	07 items
2.	Sexual and Reproductive cleanliness & hygiene of adolescents	09 items
3.	Sexual of adolescents	06 items
4	Unwanted and teenage pregnancy	06 items
5	Unsafe abortion	07 items
6	Sexually transmitted diseases	07 items
7	Healthy practices and balanced diet for adolescents.	10 items
	<b>TOTAL</b>	<b>52 items</b>

This rigorous validation ensured that the perception scale was comprehensive, focused, and aligned with the intended objectives.

### b) Inter-item Correlation Analysis

To evaluate the internal consistency of the perception scale, inter-item correlation analysis was conducted on the set of 52 items retained after content validation. Cronbach's  $\alpha$  value was computed to measure the reliability of the perception scale by inter-item or item-item correlation analysis among the set of 52 items of the scale. The formula used for calculating Cronbach's  $\alpha$  value is:

$$\text{Chronback's } \alpha = \frac{k}{k-1} \left(1 - \frac{\sum si^2}{st^2}\right)$$

Where k = number of items.

si<sup>2</sup> = Variance score on each item

st<sup>2</sup> = Variance of total score on the entire test.

This analysis ensured the internal consistency of the perception scale, confirming its reliability as a standardized tool for assessing the perceptions of teachers in SSD schools on LSE-SRH.

**TABLE -3 : Item-Total Statistics**

Item No.	Scale Mean	Scale Variance	Corrected Item-Total Correlation	Cronbach's Alpha Value	Item accepted/rejected
Tool_2_1	167.47	168.41	-0.232	0.701	Accepted
Tool_2_2	167	158.429	0.374	0.676	Accepted
Tool_2_3	167.4	141.114	0.746	0.642	Accepted
Tool_2_4	166.93	156.924	0.502	0.673	Accepted
Tool_2_5	166.8	155.457	0.691	0.669	Accepted
Tool_2_6	169.13	158.981	0.13	0.683	Accepted
Tool_2_7	168.6	181.4	-0.529	0.729	Accepted
Tool_2_8	168.67	130.952	0.673	0.63	Accepted
Tool_2_9	168.6	141.114	0.721	0.643	Accepted
Tool_2_10	169	137.429	0.702	0.637	Accepted
Tool_2_11	167.8	156.6	0.251	0.677	Accepted
Tool_2_12	168.07	162.495	-0.007	0.691	Accepted
Tool_2_13	167.93	143.21	0.632	0.649	Accepted
Tool_2_14	168.6	154.971	0.163	0.682	Accepted
Tool_2_15	168.07	155.352	0.158	0.683	Accepted
Tool_2_16	169.07	128.352	0.801	0.618	Accepted
Tool_2_17	167.13	162.124	0.091	0.684	Accepted
Tool_2_18	168.33	164.667	-0.083	0.697	Accepted
Tool_2_19	169	146.429	0.735	0.652	Accepted
Tool_2_20	169.13	169.695	-0.237	0.707	Accepted
Tool_2_21	168.67	180.095	-0.59	0.724	Accepted
Tool_2_22	163.24	164.38	0.911	0.379	<b>Rejected</b>
Tool_2_23	167.87	172.838	-0.345	0.712	Accepted
Tool_2_24	167.67	171.667	-0.373	0.706	Accepted
Tool_2_25	168.47	152.552	0.265	0.674	Accepted
Tool_2_26	168.13	162.41	-0.016	0.694	Accepted
Tool_2_27	167.93	154.352	0.308	0.673	Accepted
Tool_2_28	1622.98	147.159	0.981	0.341	<b>Rejected</b>

Tool_2_29	168.07	172.924	-0.424	0.709	Accepted
Tool_2_30	168.87	150.695	0.398	0.666	Accepted
Tool_2_31	167.4	166.686	-0.192	0.695	Accepted
Tool_2_32	167.53	166.41	-0.308	0.692	Accepted
Tool_2_33	168.2	141.314	0.747	0.643	Accepted
Tool_2_34	167.67	153.952	0.43	0.669	Accepted
Tool_2_35	163.13	152.98	0.932	0.367	<b>Rejected</b>
Tool_2_36	167.27	163.495	-0.013	0.687	Accepted
Tool_2_37	167.33	166.524	-0.179	0.695	Accepted
Tool_2_38	167.73	171.067	-0.322	0.706	Accepted
Tool_2_39	168.13	155.981	0.245	0.677	Accepted
Tool_2_40	167.13	161.41	0.146	0.683	Accepted
Tool_2_41	168.47	152.981	0.372	0.669	Accepted
Tool_2_42	163.75	172.48	0.904	0.387	<b>Rejected</b>
Tool_2_43	167.6	166.543	-0.158	0.697	Accepted
Tool_2_44	168.47	139.552	0.779	0.639	Accepted
Tool_2_45	167.73	159.781	0.107	0.684	Accepted
Tool_2_46	168.33	161.095	0.027	0.691	Accepted
Tool_2_47	166.8	155.457	0.691	0.669	Accepted
Tool_2_48	167.2	161.457	0.15	0.683	Accepted
Tool_2_49	167	154.429	0.69	0.667	Accepted
Tool_2_50	166.93	167.781	-0.341	0.696	Accepted
Tool_2_51	169.8	164.457	-0.075	0.695	Accepted
Tool_2_52	166.93	155.21	0.64	0.669	Accepted

### DISCUSSION OF THE RESULT

After content validation by six experts, the reliability of the set of 52 retained items of perception scale was evaluated based on Cronbach's  $\alpha$  values. Items with Cronbach's  $\alpha$  values between 0.6 and 0.8 indicated moderate correlation and were considered acceptable for retention in the final tool. Out of the 52 items retained after content validation, the following results were observed: 4 items had a Cronbach's  $\alpha$  value below 0.4, indicating very low correlation with other items. These items were rejected. 48 items had a Cronbach's alpha value above 0.6, indicating acceptable internal consistency. These items were retained in the final perception scale. The maximum score on the scale was 240 (48 items  $\times$  5 points each). A higher score reflected a better perception on LSE-SRH. So the final perception scale consisted of 48 items (both positive and negative items), distributed across 7 dimensions of LSE-SRH perception:

**TABLE -4 : Dimensions wise no. of items in final perception scale (standardized)**

Sl. No.	Dimensions of Perception on LSE-SRH	No. of items	No. of items (Positive & negative items)
1.	Sexual and Reproductive maturity of Adolescents	Items No. 01-07	07 items (2 Positive & 5 Negative items)
2.	Sexual and Reproductive cleanliness and hygiene of Adolescents	Item No. 08-16	09 items (0 Positive & 09 Negative items)
3.	Sexuality of adolescent.	Items No. 17-21	05 items (04 Positive & 01 Negative items)
4	unwanted and teenage pregnancy	Items No. 22-26	05 items (04 Positive & 01 Negative items)

5	unsafe abortion	Items No. 27-32	06 items (02 Positive & 04 Negative items)
6	sexually transmitted diseases	Items No. 33-38	06 items (03 Positive & 03 Negative items)
7	healthy practices and balanced diet for adolescents	Items No. 39-48	10 items (05 Positive & 05 Negative items)

### **Perception Scale (Standardized) on Life-Skill based Sexual and Reproductive Health Education**

#### **Personal data of the Teacher**

1. Name of the Teacher :
2. Designation of the Teacher :
3. Name of the School :
4. Gender : Man/ Woman / 3<sup>rd</sup> Gender
5. Educational background : Arts / Science

This perception scale consists of 48 statements. Each statement has 05 alternatives, such as : Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD). Dear Teacher, Please read each statement carefully and give a tick mark (✓) against the alternative that you think to be the most appropriate. (The sub heads or Dimensions of Perception on LSE-SRH (A, B, C, D, E, F, G) are written for the reference of the Expert for content validity of the Tool. The name of Sub heads (A, B, C, D, E, F, G) will be erased from the final Perception Scale)

#### **A : Perception of the teacher Sexual and Reproductive Maturity of Adolescents**

1. During puberty, child's body is changed and become physically like that of an adult. SA, A, U, D, SD
2. Menstrual cycle takes place in both girls and boys. SA, A, U, D, SD
3. Widening of Chest, Increase of height, change of voice take place only in case of boy. SA, A, U, D, SD
4. Increasing the size of genital organs of the body take place both in boys and girls. SA, A, U, D, SD
5. Increasing the size of private parts of the body take place only in case of girls. SA, A, U, D, SD
6. Awareness on Sexual and Reproductive maturity should be developed not before the age of 14 years. SA, A, U, D, SD
7. Nocturnal emission takes place in both boys and girls. SA, A, U, D, SD

#### **B) Perception of the teacher on Sexual and Reproductive Cleanliness and hygiene of Adolescents.**

8. During menstruation, using clothes is more safe than using sanitary napkin. SA, A, U, D, SD
9. Using inner garments of siblings (own brother & Sister) is not so harmful. SA, A, U, D, SD
10. No need to wash the inner garments everyday by detergent/ Dettol, simple water wash is okay. SA, A, U, D, SD
11. Medicines & creams are more effective for simples than Washing and cleaning the face. SA, A, U, D, SD
12. Pimples bear long lasting harmful effect. SA, A, U, D, SD
13. There is no matter whether the clothes used in menstrual Period are washed in pond water or tube well water SA, A, U, D, SD
14. Sun drying of the clothes used in menstrual period is Required, but not so important. SA, A, U, D, SD
15. For urine discharge of girls, using toilet is more safe than open field / land. SA, A, U, D, SD
16. As menstruation is a monthly regular process, one should Not be too serious about cleanliness of the materials or Water to be used during menstrual period. SA, A, U, D, SD

#### **C) Perception of the teacher on Sexuality of adolescents.**

17. Adolescent boys and girls are very much interested towards opposite sex to talk, to spend time, to touch. SA, A, U, D, SD
18. People having attraction towards same sex are mentally ill. SA, A, U, D, SD
19. May adolescent boys and girls remain engaged in sexual malpractices. SA, A, U, D, SD



20. Sexual malpractices are casual in Tribal Society SA, A, U, D , SD
21. Adolescent boys & girls are distracted from study due to secretion of sex-hormone in their body. SA, A, U, D , SD
- D) Perception of the teacher on unwanted and teenage pregnancy.**
22. Abstinence is the best way to avoid unwanted and teenage pregnancy. SA, A, U, D , SD
23. Some adolescent girls suffer from unwanted and teenage pregnancy due to their uncontrolled sexual desire and carelessness. SA, A, U, D , SD
24. Social and cultural liberality of tribal society on sex provides more freedom to their adolescents for unwanted& teenage pregnancy. SA, A, U, D , SD
25. A lady can suspect her pregnancy when she loses Her menstrual period. SA, A, U, D , SD
26. Eating more papaya & pineapples is the best way to avoid teen age pregnancy as these fruits have protein breaking enzymes for miscarriage. SA, A, U, D, SD
- E) Perception of the teacher on unsafe abortion.**
27. Women need not be worried about unwanted pregnancy, Because there are many health friendly medicines for immediate abortion. SA, A, U, D , SD
28. Taking pills like 'unwanted 72 hours' 'unwanted 24 hours' etc are very easy and safe way of abortion of unwanted pregnancy SA, A, U, D , SD
29. Medicines for immediate abortion of unwanted pregnancy are harmful. SA, A, U, D , SD
30. There is no problem if a women takes contraceptive Pills regularly for long period. SA, A, U, D , SD
31. Abortion of first pregnancy of a women should not be preferable, because it may decrease her child birth capacity SA, A, U, D , SD
32. One need not go to the medical practitioner for abortion, because there are many pills available in market for easy and immediate abortion. SA, A, U, D , SD
- F) Perception of the teacher on Sexually Transmitted Diseases.**
33. Adolescents are extremely vulnerable to sexually transmitted diseases. SA, A, U, D , SD
34. HIV is commonly spread by having unsafe sexual activities. SA, A, U, D , SD
35. HIV can be avoided by use of condom. SA, A, U, D , SD
36. HIV can't be transmitted from a pregnant mother having HIV to her unborn baby. SA, A, U, D , SD
37. Single use of Disposable syringe is actually wastage of money of the Health Dept. of the Government. SA, A, U, D , SD
38. When blood is taken for a patient from blood bank, testing blood group of that blood is sufficient. SA, A, U, D , SD
- G) Perception of the teacher on healthy Practices and balanced diet for adolescents.**
39. Adolescents have a craving for roll, chowmein and cold drinks. SA, A, U, D , SD
40. One should take food which tastes much. SA, A, U, D , SD
41. During menstrual period, girls should not take part in sports or exercises. SA, A, U, D , SD
42. Carbohydrates & proteinaceous food are more important for adolescents than Vitamins and minerals. SA, A, U, D , SD
43. Smoking causes harm to pregnant woman. SA, A, U, D , SD
44. Eating fresh vegetables and fruits with maintaining tidy are more effective to reduce pimples than taking medicines & using creams to reduce pimples. SA, A, U, D , SD
45. Mental & Physical health of adolescents can be balanced by Yoga and Pranayam. SA, A, U, D , SD
46. Balanced diet is different for different individual depending on age, gender, labor, physical condition (i.e normal woman / pregnant woman/ feeding mother) SA, A, U, D , SD
47. More quantity of food is required for adolescents rather than proportionate nutrients, as adolescence is a period of rapid growth and development. SA, A, U, D , SD
48. Alcoholic drinks are required for the growth & development

of adolescents.

SA, A, U, D , SD

This standardized tool effectively measured teachers' perceptions of LSE-SRH in SSD schools.

## CONCLUSION

The statements included in the perception scale were carefully collected and developed, focusing on critical aspects of Life Skills-Based Sexual and Reproductive Health Education (LSE-SRH). The tool was standardized using content validation and inter-item correlation analysis, with Cronbach's alpha values calculated for each item to finalize the perception scale. The final perception scale consisted of 48 items (both positive and negative items), distributed across 7 dimensions of LSE-SRH perception: 1. Sexual and Reproductive maturity of Adolescents, 2. Sexual and Reproductive cleanliness and hygiene of Adolescents, 3. Sexuality of Adolescents, 4. Unwanted and teenage pregnancy, 5. Unsafe abortion, 6. Sexually transmitted diseases, 7. Healthy practices and balanced diet for adolescents. This perception scale effectively assesses the perceptions of teachers in Scheduled Tribe (ST) and Scheduled Caste (SC) Development (SSD) schools across seven dimensions of LSE-SRH. Additionally, it provides scope for comparing teachers' perceptions based on variables such as gender and academic streams.

The findings derived from this scale can guide policymakers and educators in integrating LSE-SRH into school, college, and university curricula. Such integration will directly benefit students and teachers and indirectly contribute to society by fostering individuals' ability to understand sexuality in biological, psychological, socio-cultural, and reproductive contexts, apply life skills to make responsible decisions and manage sexual and reproductive behaviors effectively, avoid risky situations related to sexual and reproductive health. Ultimately, this initiative aims to empower individuals to lead healthy, peaceful, and fulfilling lives while addressing the challenges of everyday living.

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