



Awareness And Attitude Of Secondary School Teachers Towards Life Skills-Based Sexual And Reproductive Health Education (Lse-Srh)

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ABSTRACT

This study investigates the awareness and attitude of secondary school teachers in Balasore district, Odisha, towards Life Skills Education and Sexual and Reproductive Health (LSE-SRH). Using a two-stage sampling technique, 400 teachers (200 male and 200 female) from 45 schools were selected. Data were collected using a structured questionnaire and analyzed to explore teachers' understanding of key LSE-SRH topics, including adolescent sexuality, unsafe abortion, sexually transmitted diseases (STDs), balanced diet, and teenage pregnancy, along with their attitudes towards related programs and policies. The findings reveal moderate levels of awareness among teachers, with male teachers demonstrating higher awareness in most areas, such as adolescent sexuality (82%) and unsafe abortion (55.33%). Conversely, female teachers exhibited greater knowledge of balanced diet (87%). However, misconceptions regarding contraceptive use and reproductive health persist, highlighting the need for targeted interventions. Attitudinal analysis shows positive responses, with male teachers displaying greater positivity towards awareness programs (84.3%) and policies (73.53%), while female teachers were more supportive of SRH education programs (85.76%). The mean awareness and attitude scores showed no significant difference between male and female teachers, but a positive correlation ($r = 0.235$) was observed, emphasizing that increased awareness improves attitudes towards LSE-SRH. The study underscores the critical role of teacher training in addressing gaps and promoting comprehensive LSE-SRH education. These findings provide a foundation for policymakers and educators to strengthen teacher capacity, ensuring effective delivery of LSE-SRH education in schools to benefit adolescents.

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

INTRODUCTION

The transition from childhood to adolescence is marked by rapid growth and significant physical, emotional, and social changes. However, many adolescents navigate this phase without adequate knowledge, awareness, or understanding of sexual and reproductive health (SRH), often lacking a positive attitude toward these critical issues. This lack of preparedness can leave them vulnerable to various risks, including sexually transmitted diseases, sexual abuse, rape, prostitution, unwanted pregnancies, teenage pregnancies, and unsafe abortions. These challenges underscore the urgent need for educational interventions targeting adolescents. The National Curriculum Framework (NCF) 2005, highlights that the primary objective of adolescence education is to empower young individuals to address reproductive and sexual health concerns effectively. This includes fostering life skills that enable them to handle these issues and avoid risky situations. Key life skills such as self-awareness, critical thinking, interpersonal communication, negotiation or refusal skills, and decision-making are essential for managing the demands and challenges of daily life. The World Health Organization (WHO) (2008), defines sexual and reproductive health education (SRH) as educational experiences designed to help adolescents understand their sexuality within biological,

psychological, socio-cultural, and reproductive contexts. It also aims to equip them with the skills to make rational, responsible decisions and take appropriate actions concerning their SRH behaviors. Recognizing these needs, there is a pressing requirement for awareness and the development of positive attitudes toward life skills-based sexual and reproductive health education. To address this, the United Nations Fund for Population Activities (UNFPA), in collaboration with the School and Mass Education (S&ME) Department of Odisha, has been conducting training programs on Life Skills-based SRH (LACSRH) for teachers in Odisha since 2014. This initiative aims to equip teachers with the necessary knowledge and skills to guide adolescents effectively, ensuring they are better prepared to face the challenges of adolescence.

RATIONALE OF THE STUDY

Studies have highlighted the significance of sexual and reproductive health education (SRH) and life skills education (LSE) for adolescents, yet gaps persist in awareness, attitudes, and implementation. **Bandhan and Kashyap (2004)** found that while attitudes toward sex education were generally encouraging, only 70% of teachers displayed a positive attitude toward individuals with HIV. Furthermore, only 60% of teachers had ever discussed HIV/AIDS with their students. Female teachers exhibited more positive attitudes compared to their male counterparts. Similarly, **Lal et al. (2001)** observed that only 72% of senior secondary school students in Delhi were aware of HIV/AIDS as preventable, with low awareness regarding prevention methods. For instance, only 14.9% of students knew about condoms as a protective measure, with boys showing higher awareness levels. A higher level of awareness was observed among school children in Haryana, consistent with findings from other countries that reported better knowledge about condoms for HIV/AIDS prevention. However, awareness about antiretroviral drugs remained low, with only 26.6% of students knowing about their availability. Comparable findings were reported among secondary school students in Karnataka (24.3%) and Mumbai (34%). **Kalanda (2010)** highlighted that knowledge of life skills and sexual and reproductive health (LS/SRH) was low among primary school students and only slightly higher among secondary students. LS/SRH education had, however, led to behavioral changes among students and teachers. Challenges in teaching LS/SRH included inadequate teaching materials, insufficient teacher orientation, and limited instructional time. Further, **Munsi and Guha (2014)** noted that Afghanistan integrated life skills into the school curriculum as a distinct subject, while Bangladesh reviewed its secondary curriculum to identify gaps in life skills education. In Bhutan, teachers were provided life skills training during their initial teacher education programs. The National Curriculum Framework (NCF) 2005 emphasized that **Adolescent Education Programs (AEP)** should be embedded within school education, and the responsibility for imparting life skills-based education rests primarily on secondary school teachers. **Sharanya (2014)** studied adolescent girls in Chennai slums and found that 73% experienced menstrual morbidity, while 51% exhibited symptoms of reproductive or urinary tract infections. Despite 75% of respondents knowing about HIV/AIDS, only 39% understood its transmission and 19% its prevention. Shame and insecurity were cited as barriers to seeking reproductive healthcare. **Rizal (2016)** reported that most early adolescents (10–14 years) lacked knowledge about adolescence, while older adolescents (15–19 years) had minimal understanding of adolescent health issues. Discussions about sex and sexual health were viewed as taboo, and formal sex education was limited to Science and Biology lessons, which were insufficient to address adolescent challenges. Given these findings, training on LSE-SRH for teacher educators is crucial in addressing unsafe and risky sexual and reproductive behaviors among adolescents. The success of LSE-SRH in schools hinges on the expertise, awareness, and positive attitudes of teacher educators, as they play a pivotal role in equipping future teachers to integrate LSE-SRH into classroom teaching effectively. This study aims to explore the awareness and attitudes of male and female teacher educators in Odisha towards life skills-based sexual and reproductive health education. It focuses on various dimensions of LSE-SRH awareness, recognizing the critical role of teacher educators in fostering knowledge and promoting positive attitudes among pupil-teachers who will, in turn, implement these lessons in schools.

OBJECTIVES OF THE STUDY

The study was undertaken with the following objectives:

1. To determine the level of awareness among male and female secondary school teachers in the Balasore district of Odisha regarding Life Skills-based Sexual and Reproductive Health (LSE-SRH) education.
2. To assess the attitude of male and female secondary school teachers in the Balasore district of Odisha towards LSE-SRH-related issues.
3. To examine the relationship between awareness and attitude of secondary school teachers in the Balasore district of Odisha towards LSE-SRH.

HYPOTHESES OF THE STUDY

The following hypotheses were formulated for the study:

1. H₀₁: There is no significant difference in the level of awareness between male and female secondary school teachers in the Balasore district of Odisha regarding LSE-SRH.

2. H₀₂: There is no significant difference in the attitude of male and female secondary school teachers in the Balasore district of Odisha towards LSE-SRH-related issues.
3. H₁: There is a significant positive correlation between the awareness and attitude scores of secondary school teachers in the Balasore district of Odisha towards LSE-SRH-related issues.

III. RESEARCH DESIGN

The study employed a descriptive survey method for data collection and analysis, based on the objectives of the research.

Population and Sample

The population consisted of all secondary school teachers in the Balasore district of Odisha. The sampling process involved two stages:

1. **Multistage Random Sampling:** 45 secondary schools were selected from all 12 blocks and Balasore municipality of Balasore district.
2. **Stratified Random Sampling:** A total of 400 (200 male and 200 female) teachers from the selected secondary schools of Balasore district were chosen as the sample.

Tools Used

1. LSE-SRH Awareness Questionnaire:

This questionnaire was designed to evaluate the awareness of male and female secondary school teachers in Balasore district regarding Life Skills-based Sexual and Reproductive Health (LSE-SRH).

Items: The questionnaire consisted of 38 items addressing seven dimensions:

Sexual and reproductive maturity of adolescents, Cleanliness and hygiene in sexual and reproductive health, Sexuality of adolescents, Unwanted and teenage pregnancy, Unsafe abortion, Sexually transmitted diseases and Balanced diet for adolescents.

Response Format: Three-point scale: True (T), False (F), and Don't Know (DK).

2. Attitude Scale on LSE-SRH:

This scale assessed the attitude of male and female secondary school teachers towards LSE-SRH.

Items: The scale included 21 items covering four dimensions:

Attitudes towards individuals suffering from sexual and reproductive diseases/problems

LSE-SRH awareness programs, LSE-SRH-related policies and Sexual and reproductive health education programs.

Response Format: Five-point Likert scale: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (DA), and Strongly Disagree (SD).

Techniques of Data Analysis

The following statistical methods were used to analyze and interpret the data:

Percentage Analysis, Mean, Standard Deviation (SD) and t-test for determining the significance of differences between groups.

IV. ANALYSIS AND INTERPRETATION

The collected data were analyzed based on the objectives of the study, focusing on teachers' awareness regarding different aspects of Life Skills-based Sexual and Reproductive Health (LSE-SRH) education.

Awareness of Sexual and Reproductive Maturity of Adolescents

The analysis revealed the following findings:

1. General Awareness: All male and female teachers (100%) of Secondary schools of Balasore district knew that adolescent boys and girls experience physical and psychological changes during adolescence.
2. Menstrual Cycle: All male teachers and 96% of female teachers were aware that the normal onset of the menstrual cycle occurs between 11–14 years.
3. Voice Change: While 94% of male teachers knew that voice changes occur in both boys and girls, only 60% of female teachers were aware of this fact.
4. Hair Growth on Private Parts: Both male and female teachers (100%) were aware that hair growth occurs on private parts for both boys and girls.
5. Wet Dreams: Only 36% of male teachers and 60% of female teachers knew that wet dreams occur only in boys.
6. Menstruation: 82% of male teachers and 92% of female teachers knew that menstruation occurs only in girls, but 10% of male teachers and 6% of female teachers incorrectly believed it occurs in both boys and girls.
7. Genital Growth: 74% of male teachers and 62% of female teachers knew that genital growth occurs in both boys and girls.

8. Chest and Shoulder Widening: Only 38% of male teachers and 60% of female teachers were aware that this occurs in boys only.
9. Breast Development: 90% of male teachers and 96% of female teachers knew that breast development occurs in girls, but 10% of male teachers and 4% of female teachers incorrectly thought it occurs in both genders.
10. Acne: 84% of both male and female teachers were aware that acne appears in both boys and girls.

This indicates that while the overall awareness among male and female teachers is comparable, gaps in understanding specific aspects of sexual and reproductive maturity exist.

Awareness of Sexual and Reproductive Cleanliness and Hygiene

1. Harmfulness of Smoking During Pregnancy: 82% of male teachers and 96% of female teachers were aware of the harmful effects of smoking during pregnancy.
2. Decision-Making and Problem-Solving: 66% of male teachers and 84% of female teachers acknowledged the challenges of decision-making and problem-solving during adolescence.
3. Pimples: 64% of both male and female teachers were aware that pimples do not have long-lasting effects.
4. Sports During Menstruation: Only 10% of male teachers and 18% of female teachers believed that girls should not participate in sports during menstruation.
5. Menstrual Hygiene: Almost all teachers agreed that girls should use clean clothes or sanitary napkins during menstruation.

Awareness of Sexuality of Adolescents

1. Interest in the Opposite Sex: All male teachers (100%) and 94% of female teachers were aware of adolescents' interest in the opposite sex.
2. Engagement in Sexual Activities: 60% of male teachers and 38% of female teachers believed that many adolescents engage in sexual activities, indicating a gap in perception.
3. Physical Weakness After Ejaculation: 56% of male teachers and 78% of female teachers knew that boys may experience physical weakness after ejaculation.
4. Nocturnal Emission: 98% of male teachers and 62% of female teachers were aware of nocturnal emission as a natural event.

Awareness of Unwanted Pregnancy in Adolescents

1. Abstinence: 58% of male teachers and 60% of female teachers believed that abstinence is the best way to prevent unwanted pregnancy.
2. Causes of Unwanted Pregnancy: 92% of both male and female teachers recognized that uncontrolled sexual desire and carelessness could lead to unwanted pregnancies in adolescent girls.
3. Conception During Menstruation: 3. Only 42% of male teachers and 45% of female teachers knew that women cannot conceive if they have intercourse during menstruation.
4. Contraceptive Pills: 70% of male teachers and 80% of female teachers were aware that regular use of contraceptive pills over a long period could cause health problems.
5. Health Hazards of Teenage Pregnancy: All teachers acknowledged that teenage pregnancy poses health risks to both the mother and child.
6. Missed Periods as a Sign of Pregnancy: 96% of male teachers and 100% of female teachers knew that missing a period could be a sign of pregnancy.

Awareness on Unwanted Pregnancy at Teenage

The findings reveal the following:

1. Awareness of Abstinence: 58% of male teachers and 60% of female teachers recognized that abstinence was the most effective way to avoid unwanted pregnancy.
2. Understanding Causes of Teenage Pregnancy: 92% of both male and female teachers were aware that some adolescent girls experienced unwanted pregnancy due to uncontrolled sexual desires and carelessness.
3. Misconceptions about Conception: Only 42% of male teachers and 48% of female teachers were informed that women could still get pregnant if they had intercourse during their menstrual period.
4. Knowledge on Contraceptive Use: 70% of male teachers and 80% of female teachers understood that regular use of contraceptive pills over a prolonged period could lead to health problems.
5. Health Hazards of Teenage Pregnancy: All teachers unanimously agreed that teenage pregnancy posed health risks to both the mother and child.
6. Awareness of Pregnancy Symptoms: 96% of male teachers and 100% of female teachers were aware that a woman might suspect pregnancy if she missed her period.

The findings highlight a reasonable level of awareness among teachers regarding the prevention and consequences of teenage pregnancy. However, the lack of information about conception during menstruation indicates a critical gap that needs to be addressed through targeted training and awareness programs.

Enhanced focus on correcting misconceptions and promoting accurate reproductive health education will empower teachers to guide adolescents more effectively.

Awareness on Unsafe Abortion

Misinformation About Abortion Safety: 68% of male teachers and 34% of female teachers correctly identified the statement "women need not worry about unwanted pregnancy because there are many health-friendly medicines for immediate abortion" as incorrect.

Awareness About Emergency Contraceptive Pills: Only 30% of male teachers and 26% of female teachers were aware that pills like "Unwanted 72" are a convenient but potentially harmful method of avoiding unwanted pregnancy.

Impact of Aborting First Pregnancy: 30% of male teachers and 62% of female teachers were aware that aborting the first pregnancy may lead to the loss of a woman's ability to conceive in the future.

Awareness on Sexually Transmitted Diseases (STDs)

Adolescents' Vulnerability: 62% of male teachers and 56% of female teachers recognized that adolescents are highly vulnerable to sexually transmitted diseases.

HIV Transmission: 96% of male teachers and 94% of female teachers were aware that HIV is commonly spread through unsafe sexual practices.

HIV Prevention: 96% of male teachers and 90% of female teachers knew that HIV can be avoided by using contraceptives.

Mother-to-Child Transmission: 70% of male teachers and 72% of female teachers were aware that HIV can be transmitted from a pregnant woman to her unborn baby.

AIDS as a Global Emergency: 88% of male teachers and 76% of female teachers were aware that AIDS was termed a "Global Emergency" by the World Health Organization.

Awareness on Balanced Diet for Adolescents

Unhealthy Food Preferences: 86% of male teachers and 94% of female teachers acknowledged that adolescents are often attracted to junk food like rolls, chowmein, and cold drinks.

Misconceptions About Food Choices: 76% of male teachers and 66% of female teachers understood that the belief "one should eat food that tastes good" is incorrect.

Components of a Balanced Diet: 80% of male teachers and 82% of female teachers knew that a balanced diet includes proteins, carbohydrates, fats, minerals, water, and vitamins.

Healthy Practices: 90% of male teachers and 100% of female teachers were aware of the importance of consuming fresh vegetables and fruits and maintaining hygiene to avoid pimples.

Comparison of Awareness Scores Between Male and Female Teachers

The awareness scores of male and female teachers on Life Skills-based Sexual and Reproductive Health (LSE-SRH) were analyzed using mean, standard deviation (SD), and the t-test.

Table-1: Comparison of Awareness Scores Between Male and Female Teachers

Group	N	Mean	SD	t'- value
Male teachers	200	57.51	5.1269	0.2113
Female teachers	200	57.73	6.1779	

The t-value of 0.2113 is smaller than the critical values at both 0.05 (1.98) and 0.01 (2.63) levels of significance.

The findings indicate that while teachers of secondary schools in the Balasore district have a fair level of awareness regarding sexual and reproductive health, there are notable gaps in understanding specific aspects. These gaps highlight the need for targeted training and awareness programs to ensure that teachers have clear and comprehensive knowledge to address adolescent health issues effectively.

There is no significant difference between the mean awareness scores of male teachers (57.51) and female teachers (57.73) regarding LSE-SRH.

The null hypothesis (H_0 : There exists no significant difference between the awareness of male and female teachers on LSE-SRH) is accepted.

Despite similar overall scores, statement-wise analysis reveals knowledge gaps and misconceptions among both male and female teachers, necessitating targeted awareness initiatives.

Attitude of Teachers of Secondary Schools in Balasore District Towards LSE-SRH Related Issues

The attitudes of male and female teachers were analyzed across four dimensions.

Attitudes towards people suffering from sexual and reproductive diseases/problems

1. HIV-related Stigma: 78% of male teachers and 72% of female teachers strongly agreed they had the courage to shake hands with an HIV-infected person. A higher percentage of female teachers (26%) agreed compared to male teachers (16%).
2. Support for Unmarried Pregnant Adolescents: 50% of male teachers and 36% of female teachers strongly agreed that unmarried pregnant adolescents deserved support from families and communities.
3. Confidentiality of STD Patients: Only 20% of male teachers and 8% of female teachers strongly agreed that the names of individuals with sexually transmitted diseases should be kept confidential to prevent discrimination.
4. Disclosure of Sexual and Reproductive Health Problems: 36% of male teachers and 18% of female teachers strongly believed that individuals with sexual and reproductive health issues should inform others about their conditions.
5. Comfort in Workplace: 20% of male teachers and 24% of female teachers strongly disagreed with feeling uncomfortable working alongside someone with a sexually transmitted disease.
6. Family Embarrassment: Only 8% of male teachers and 6% of female teachers strongly disagreed that they would feel embarrassed if a family member engaged in undesirable sexual behavior.

The attitudes of male and female teachers towards individuals with sexual and reproductive health issues reveal mixed levels of sensitivity and understanding. While most teachers displayed empathy and openness regarding HIV-related issues, misconceptions and stigmas persist, especially concerning confidentiality and workplace comfort. These findings highlight the need for attitude-improvement programs to foster a more inclusive and supportive environment for individuals with sexual and reproductive health problems.

Attitude of Teachers Towards LSE-SRH Awareness Programmes

The attitudes of male and female teachers towards Life Skills Education and Sexual and Reproductive Health (LSE-SRH) awareness programmes were analyzed, focusing on specific statements related to gender equality, hygiene, and access to health education.

1. Gender Equality: 78% of male teachers and 86% of female teachers strongly agreed that males and females deserve equal dignity. 22% of male teachers and 10% of female teachers agreed, with no teachers disagreeing or remaining neutral on this statement.
2. Perception of Menstruation: 34% of male teachers and 50% of female teachers strongly disagreed with the notion that a menstruating girl is profane or untidy. However, 28% of male teachers and 20% of female teachers either agreed or strongly agreed, indicating the persistence of stigmas around menstruation.
3. Importance of Clean Cloth for Hygiene: 58% of male teachers and 34% of female teachers strongly disagreed with the statement that clean cloth is unimportant for maintaining reproductive health and hygiene. Only 6% of male and female teachers strongly agreed with this incorrect notion.
4. Right to Sexual and Reproductive Health Education: 56% of male teachers and 62% of female teachers strongly agreed that everyone has a right to sexual and reproductive health education, regardless of age. A smaller percentage (10% of male teachers and 12% of female teachers) disagreed, reflecting limited resistance to this progressive viewpoint.

Both male and female teachers demonstrated positive attitudes towards gender equality and the right to sexual and reproductive health education. However, stigmas regarding menstruation and misconceptions about hygiene persist among a small percentage of teachers. These findings highlight the need for targeted awareness and training to address lingering biases and reinforce progressive attitudes.

Attitude of Teachers of secondary schools of Balasore district Towards LSE-SRH Related Policies

The attitudes of male and female secondary school teachers towards Life Skills Education and Sexual and Reproductive Health (LSE-SRH) policies were analyzed based on their responses to specific statements regarding responsibility, rights, and societal norms.

1. Responsibility for HIV/AIDS Prevention: 70% of male teachers and 54% of female teachers strongly agreed that preventing HIV/AIDS should be an individual's responsibility rather than society's. However, 6% of female teachers strongly disagreed.
2. Right to Treat HIV/AIDS Patients: 26% of male teachers and 18% of female teachers strongly disagreed with the idea that doctors should have the right to choose whether to treat HIV/AIDS patients, showing opposition to this discriminatory stance.
3. Importance of Health Examinations: 44% of male teachers and 32% of female teachers strongly supported regular sexual and reproductive health examinations. Additionally, 42% of male teachers and 50% of female teachers agreed with this notion.
4. Students Engaged in Sexual Activities: While 36% of male teachers agreed that students engaged in sexual activities should not continue in school, 28% of female teachers strongly disagreed, indicating more leniency among female teachers.

5. Supreme Court's Permission for Live-In Relationships: 26% of male teachers and 14% of female teachers agreed that the Supreme Court's permission for live-in relationships is appreciable, but 30% of male teachers and 24% of female teachers disagreed.
6. Punishment for Teenage Pregnancy Victims: 18% of male teachers and 30% of female teachers strongly supported severe punishment for teenage pregnancy victims, but 30% of male teachers and 12% of female teachers opposed this viewpoint.

Teachers' attitudes towards LSE-SRH policies are mixed. While most teachers emphasize individual responsibility and health awareness, there are divergent views on sensitive issues like live-in relationships, teenage pregnancy, and students' sexual activities. This suggests the need for comprehensive awareness programs to align teachers' attitudes with progressive and inclusive policies.

Mean Attitude Scores of Male and Female Teachers of Odisha Towards LSE-SRH Related Issues

Table-2: Mean Attitude Scores of Male and Female Teachers of Odisha Towards LSE-SRH Related Issues

Group	N	Mean	SD	t'
Male teachers	200	77.48	5.086	0.8239
Female teachers	200	78.39	5.258461	

1. Mean Scores: The mean attitude score of male teachers was 77.48, while that of female teachers was 78.39, indicating slightly higher attitude levels among female teachers toward LSE-SRH-related issues.
2. Standard Deviation: The standard deviations for male and female teachers were 5.086 and 5.258416, respectively, showing comparable variability in the attitude scores within both groups.
3. Statistical Significance: The calculated t-value of 0.8239 is smaller than the critical values at both the 0.05 level (1.98) and the 0.01 level (2.63) of significance.

Therefore, the difference in mean attitude scores between male and female teachers is not statistically significant at 0.05 nor 0.01 level.

4. Hypothesis Testing: The null hypothesis, "There exists no significant difference between the attitude of male and female teachers of Odisha towards LSE-SRH-related issues," is accepted.

The analysis reveals that male and female teachers of Odisha have comparable attitudes toward LSE-SRH-related issues. The slight difference in their mean scores is not statistically significant, implying that both groups demonstrate similar levels of awareness, acceptance, and understanding of LSE-SRH-related policies and education. This finding highlights a uniformity in teachers' attitudes across genders, which could be beneficial for consistent implementation of SRH education programs.

Correlation Between Awareness and Attitude of Teachers of Secondary Schools of Balasore District Towards LSE-SRH

Table-3: Correlation Between Awareness and Attitude of Teachers of Secondary Schools of Balasore District Towards LSE-SRH

Variables	N	R (Co-efficient of correlation)	Level of significance
Awareness	400	+0.2355279	0.05
Attitude	400		

The product-moment correlation coefficient between the awareness and attitude scores of teachers in Balasore district towards LSE-SRH related issues was found to be +0.2355279, indicating a positive correlation. This suggests that as the awareness of teachers regarding LSE-SRH increases, their attitude towards these issues also tends to improve. The relationship is statistically significant at the 0.05 level, supporting the hypothesis that there exists a significant positive correlation between the awareness and attitude of teachers towards LSE-SRH-related issues. Therefore, the hypothesis is retained.

Major Findings and Discussion

1. The overall awareness among male and female teachers is comparable, gaps in understanding specific aspects of sexual and reproductive maturity exist.
2. Further, the overall awareness among male and female teachers is comparable, gaps in understanding specific aspects of sexual and reproductive cleanliness and hygiene exist.
3. Awareness on Sexuality of Adolescents: Male teachers (82%) demonstrated higher awareness compared to female teachers (76.25%) regarding the sexuality of adolescents.

Discussion: This indicates that male teachers might have greater exposure to or engagement in discussions related to adolescent sexuality, potentially due to gender-based roles in schools.

4. The findings highlight a reasonable level of awareness among teachers regarding the prevention and consequences of teenage pregnancy. However, the lack of information about conception during menstruation indicates a critical gap that needs to be addressed through targeted training and awareness programs. Enhanced focus on correcting misconceptions and promoting accurate reproductive health education will empower teachers to guide adolescents more effectively.
5. Awareness on Unsafe Abortion: Male teachers (55.33%) were more aware than female teachers (45.33%) about unsafe abortion.

Discussion: The lower awareness among female teachers could highlight the need for targeted programs to educate women about the health risks associated with unsafe abortions and safe reproductive practices.

6. . Awareness on Sexually Transmitted Diseases (STDs): Male teachers (84.4%) exhibited slightly higher awareness compared to female teachers (81.2%) about STDs.

Discussion: Although awareness levels are high among both groups, the gap suggests the need for reinforcing STD awareness equally across genders to address misconceptions or stigma.

7. Awareness on Balanced Diet for Adolescents:

Female teachers (87%) showed better awareness than male teachers (84%) regarding balanced diets for adolescents.

Discussion: This finding could be attributed to societal roles where women may traditionally have more responsibility for family nutrition, leading to greater knowledge in this area.

8. Mean Awareness on LSE-SRH: The mean awareness score for male teachers was 57.51%, and for female teachers, it was 57.73%.

Discussion: The negligible difference and lack of statistical significance indicate that both male and female teachers have a similar level of awareness about LSE-SRH. Awareness programs should address gaps irrespective of gender.

9. Attitude towards LSE-SRH Awareness Programme: Male teachers (84.3%) displayed a more positive attitude compared to female teachers (77.5%).

Discussion: This result suggests that male teachers may be more receptive to promoting awareness programs, highlighting the importance of involving them as advocates for LSE-SRH initiatives.

10. Attitude towards LSE-SRH Related Policies: Male teachers (73.53%) had a more positive attitude than female teachers (65.56%) towards LSE-SRH-related policies.

Discussion: This difference may reflect gendered perceptions of policy relevance. Increasing female teacher involvement in policy discussions could help bridge this gap.

11. Attitude towards SRH Education Programme: Female teachers (85.76%) exhibited a more positive attitude than male teachers (80.24%) towards SRH education programs.

Discussion: Female teachers' higher positivity might stem from their closer engagement with students' health and well-being, particularly among adolescent girls.

12. Mean Attitude towards LSE-SRH Related Issues: The mean attitude score for male teachers was 77.48%, and for female teachers, it was 78.39%.

Discussion: The lack of significant difference suggests that both male and female teachers hold similar attitudes toward LSE-SRH-related issues, providing a balanced platform for joint participation in awareness programs.

13. Correlation between Awareness and Attitude:

A positive correlation ($r = 0.2355279$) was found between the awareness and attitude of teachers towards LSE-SRH-related issues, significant at the 0.05 level.

Discussion: This indicates that as awareness increases, attitudes become more positive. This reinforces the need for comprehensive awareness campaigns to foster progressive attitudes among teachers.

The findings highlight the importance of equipping both male and female teachers with knowledge and positive attitudes toward LSE-SRH issues. Targeted interventions addressing gender-specific gaps in awareness and attitude can ensure that teachers serve as effective advocates for adolescent reproductive health education and awareness programs.

CONCLUSION

The study on the awareness and attitude of secondary school teachers in Balasore district regarding Life Skills Education and Sexual and Reproductive Health (LSE-SRH) reveals significant insights. Teachers demonstrated a moderate level of awareness about critical aspects of LSE-SRH, including adolescent sexuality, unsafe abortion, sexually transmitted diseases (STDs), and balanced diets. While male teachers exhibited higher awareness in most areas, female teachers showed greater knowledge about adolescent nutrition. Misconceptions, particularly regarding conception and contraceptive use, highlight areas needing improvement. The attitudes of teachers towards LSE-SRH were generally positive, with male teachers showing a slightly higher positive attitude towards awareness programs and related policies. However, female teachers were more supportive of SRH education programs, reflecting their acknowledgment of its importance in guiding adolescents. Both male and female teachers agreed on the necessity of providing equal dignity to genders and incorporating LSE-SRH education from early grades. The positive correlation between awareness and attitude underscores the importance of equipping teachers with comprehensive LSE-SRH knowledge to enhance their attitudes and effectiveness as educators. Overall, while the findings indicate a solid foundation, addressing the identified gaps through training and resource development will ensure a more impactful implementation of LSE-SRH in schools.

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