

Life Skills based Sexual and Reproductive Health Education (LSE-SRH): Knowledge and Attitude of Teacher Educators of Odisha

Bebirani Shee

TE, DIET, Balasore, Odisha, India
E-mail: bebitthishee@gmail.com

Abstract—Adolescence is a period of the rapid physical, mental, emotional and social growths and changes after childhood. Most adolescents deal with these changes without full knowledge, understanding and positive attitude towards Sexual and Reproductive Health related issues, which could make them vulnerable to risky sexual and reproductive health problems like Sexually transmitted diseases, sexual abuse, rape, prostitution, unwanted and teen age pregnancy, unsafe abortion etc. All these situations demand urgent educational intervention to the adolescents. So there was a survey type research to assess the Knowledge and Attitude of Teacher Educators of Odisha on Life Skills Based Sexual and Reproductive Health Education (LSE-SRH). 100 Teacher Educators (25 male-arts, 25 male-science, 25 female-arts, 25 female-science TEs) from all 30 DIETs of Odisha were selected as sample by stratified random sampling technique. Data were collected to assess (i) knowledge of TEs of Odisha on LSE-SRH through a questionnaire having 7 dimensions which were: knowledge on sexual and reproductive maturity of adolescents, cleanliness and hygiene in sexual and reproductive health, Sexuality of adolescents, unwanted and teen age pregnancy, unsafe abortion, sexually transmitted disease and balanced diet and (ii) attitude of TEs through an attitude scale having 4 dimensions which were attitude towards the people suffering from sexual and reproductive disease/problem, LSE-SRH awareness programme, LSE-SRH related policies and Sexual and Reproductive Health Education programme. The mean knowledge of TEs of Odisha on LSE-SRH was 57.66%. There was no significant difference between mean knowledge of male (57.54%) and female TEs (57.78%), whether that of arts (56.18%) and science TEs (59.14%) differed significantly. The mean attitude of TEs of Odisha towards LSE-SRH was 77.99%. The difference between the mean attitude of male (77.52%) and female TEs (78.46%) was not significant as well as that of arts (78%) and science TEs (77.98%) was also not significant. A significant positive correlation existed between the knowledge and attitude of TEs of Odisha on LSE-SRH.

1. INTRODUCTION

Adolescents undergo a series of structural and functional changes in physical, mental, emotional and social aspects spontaneously. Most adolescents deal with these changes without full knowledge, understanding and positive attitude

towards Sexual and Reproductive Health related issues, which could make them vulnerable to risky sexual and reproductive health problems like Sexually transmitted diseases, sexual abuse, rape, prostitution, unwanted and teenage pregnancy and unsafe abortion. Adolescents who face personal, cognitive and social skills deficits are prone to drug use, bullying, violence, STIs, HIV, AIDS, malnutrition and other socio-economic and environmental challenges. Specific emotional, cognitive, behavioural, resilience skills play a vital part in ensuring an adolescent's personal and social success (Langford & Badeau, 2015; WHO, 1993). The NCF, 2005 mentioned that the main objectives of adolescence education is to empower adolescents especially in respect of their reproductive and sexual health concerns and develop the abilities to apply Life skills to manage these concerns and avoid risky situations competently. Children and adolescents with psychosocial skills have positive mental health and wellbeing (Savoji & Ganji, 2013; WHO, 1993). Development of child and adolescent Health and Development, WHO (2008) defines SRH (Sexual and Reproductive Health) Education as educational experiences that develop the capacity of adolescents to understand their sexuality in the context of biological, psychological, socio cultural and reproductive dimensions and to acquire skills in managing responsible decisions and actions with regards to SRH behaviours. Additional skills, such as emotional, cognitive, behavioural and resilience development in adolescents will help them navigate mental wellbeing (WHO, 2016). Hence, there is an urgent need to develop knowledge on and positive attitude of Teacher Educators towards Life Skills Based Sexual and Reproductive Health Education. United Nations Population Fund (UNFPA) with the co-ordination of S & ME Department of Odisha has been imparting training on Life Skills based Sexual and Reproductive Health Education (LSE-SRH) for Teacher Educators of Odisha since 2014. The main objective of this programme was capacity development of Teacher Educators to enable enhanced capacity of teachers' training institutions,

preservice pupil teachers and in-service teachers on LSE-SRH which would help in easy and rapid communication of LSE-SRH through teachers' teaching in the schools.

2. RESEARCH CONTEXT AND CONCEPTUAL FRAMEWORK

2.1. Life Skills

It is the abilities for adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life. There are 10 core life skills. 'Adaptive' means individual is flexible in approach and is able to adjust in different circumstances. 'Positive behaviour' implies that individual is forward looking and even in difficult situations, can find a ray of hope and opportunities to find solution. The ten core life skills as laid down by WHO are: Self-awareness, Empathy, Effective communication, Interpersonal relationship, Creative thinking, Critical analysis, Problem solving, Decision making, Coping with emotions, Coping with stress.

2.2. SRH (Sexual and Reproductive Health) Education

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

2.3. Knowledge and attitude of Odisha's Teacher Educators on Life Skills based Sexual and Reproductive Health Education

The present Training on LSE-SRH to Teacher Educators is the best way to fight against the unsafe, ignorant and risky sexual and reproductive behaviours of the adolescents. The Success of LSE-SRH in schools is indirectly related to the expertise of Teacher Educators and their willingness to provide information to pupil teachers in pre-service training programme and present teachers in in-service training programme for spreading of LSE-SRH in schools through normal classroom transaction. As the role of Teacher Educators is very significant in promoting knowledge and positive attitude indirectly among adolescents on LSE-SRH, the investigator thought of studying "knowledge and attitude of Teacher Educators of Odisha on Life Skills based sexual and reproductive Health Education".

2.4. Methodological approach

2.4.1. Research design: On the basis of the objectives of the study, the researcher used Survey Method for collecting data and analysed the knowledge and attitude of Teacher Educators of Odisha on LSE-SRH.

2.4.2. Population and Sample: All Teacher Educators of 30 DIETs of Odisha constituted the population of this study . 100

Teacher Educators (25 male-arts, 25 male-science, 25 female-arts, 25 female-science TEs) from all the 30 DIETs of Odisha were selected as sample by stratified random sampling technique.

2.4.3. knowledge survey questionnaire (tool): The study of knowledge of TEs on LSE-SRH reflected on the following 7 dimensions of LSE-SRH in the tool: Knowledge on sexual and Reproductive Maturity of adolescents, cleanliness and hygiene in sexual and Reproductive Health, Sexuality of adolescents, unwanted and teen age pregnancy, unsafe abortion, sexually transmitted disease and balanced diet for adolescents. Total 38 items were there in the tool and the respondents were requested to answer the entire question by putting a tick mark either in True(T), False(F), or Don't Know (DK) column.

2.4.4. Attitude scale (tool): The study of attitude of TEs towards LSE-SRH reflected on the following 4 dimensions of attitude towards LSE-SRH in the tool: Attitude towards the people suffering from sexual and reproductive disease/problem, LSE-SRH awareness programme, LSE-SRH related policies, SRH Education Programme . Total 21 items were in the Attitude scale and the tool was formatted in a five point Likert Scale {Strongly Agree(SA), Agree(A), Neutral(N), Disagree(DA), Strongly Disagree(SD)}.

3. FINDINGS

Table 1: Knowledge of TEs on sexual and reproductive maturity of adolescents

Dimensions	T%	F%	DK	
Adolescent boys and girls experience the changes taking place in them.	100	0	0	
The normal age for the starting of menstrual cycle is (a) 8-9 years (b) 11-14 years (c) 15-17 years (d) 18 years & above	98	2	0	
	%boys	%girls	both	DK
Increase in height and weight	1	1	98	0
Change of voice	23	0	77	0
Growth of hair on private parts	0	3	97	0
Wet dreams	48	3	44	5
Menstruation	0	87	8	5
Increase in the size of genitals	12	4	68	16
Widening of chest and shoulders	49	9	42	0
Development of breasts	0	93	7	0
Appearance of acne	0	2	84	14

Table 2: Knowledge of TEs on sexual and reproductive cleanliness and hygiene of adolescents

Dimensions	T%	F%	DK%
Smoking causes harm to a pregnant woman	89	2	9

Both “decision making” and “problem solving” are easy jobs.	20	75	5
Pimples bear long-lasting harmful effect.	24	64	12
During menstrual period, girls should (a) not take part in sports or exercises (b) lead their normal life as per usual routine (c) take complete rest and remain confined to home (d) not take bath or enter the kitchen	right	wrong	DK
	14	86	0
During menstruation, girls should use (a) clean cloth/sanitary napkin (b) old cloth kept in the house hold (c) which ever cloth is available (d) anything that is like cloth.	98	0	2

Table 3: Knowledge of TEs on sexuality of adolescents

Dimensions	T%	F%	DK
Adolescent boys and girls are very much interested to opposite sex.	97	3	0
Many adolescent boys and girls remain engaged in sexual activities.	49	38	13
The physical power of a boy weakens after ejaculation.	67	16	17
Nocturnal emission is an event in which (a) Semen is formed during sleep (b) Blood is discharged during sleep (c) Semen is discharged during sleep (d) Urination takes place during sleep.	80	3	17

Table 4: Knowledge of TEs on unwanted and teenage pregnancy

Dimensions	T%	F%	DK
Abstinence is the best way to avoid unwanted pregnancy.	59	25	16
Some adolescent girls suffer from unwanted pregnancy due to uncontrolled sexual desire and carelessness	92	7	1
A women will not be pregnant, if she has sex during her period.	45	36	19
There is no problem if a women take contraceptive pills regularly for long period.	6	75	19
Teenage pregnancy causes - (a) health hazards to mother & child (b) health hazards to mother only (c) health hazards to child only (d) abnormalities in the child	100	0	0
A woman can suspect that she is pregnant if she - (a) finds that her things are enlarged (b) observes loss of weight (c) misses her periods (d) has constant itching on abdomen.	98	2	0

Table 5: Awareness of TEs on unsafe abortion

Dimensions	T%	F%	DK
------------	----	----	----

Women need not be worried about unwanted pregnancy because there are many medicines for immediate abortion which are health friendly	44	51	5
Taking pills like “Unwanted 72 hours” is very easy and safe way of abortion of unwanted pregnancy.	51	27	21
A woman may loose her child birth capacity due to the abortion of first pregnancy.	46	36	27

Table 6: Awareness of TEs on sexually transmitted disease

Dimensions	T%	F%	DK
Adolescents are extremely vulnerable to sexually transmitted diseases.	59	26	15
HIV commonly spreads by having unsafe sexual activities.	95	2	3
HIV can be avoided by use of condom.	93	3	4
Pregnant woman with HIV can not give the virus to her unborn baby	29	71	0
Which disease is termed as “Global Emergency” by the World Health Organisation ? (a) TB (b) Dengue (c) AIDS (d) Cancer	82	12	6

Table 7: Knowledge of TEs on balanced diet for adolescents

Dimensions	T%	F%	DK
Adolescents have a craving for roll, chowmein and cold drinks	90	5	5
One should take food which tastes much	28	71	1
Which one is missing from the following list of a balanced diet : Protein, Carbohydrates, Fat, Mineral, Water. (a) Iodine (b) Vitamins (c) Cellulose (d) Salt	81	15	4
To escape from pimples, we should (a) use much cosmetics (b) squeeze it with nails (c) eat fresh vegetables, fruits and remain tidy (d) take much spicy food.	95	5	0

Table 8: Attitude of TEs towards the people suffering from sexual and reproductive disease/problem

Dimensions	% SA	% A	%N	%DA	%SD
You have the courage to shake hand with a HIV infected person.	75	21	0	1	3
An unmarried pregnant adolescent/ adult deserve support from her families and community.	43	47	0	6	4
The names of the individuals with sexually transmitted disease due to unsafe sex should be kept confidential to protect them against discrimination	14	23	12	27	24

People with sexual and reproductive problem should inform others about their problem/disease.	27	66	2	3	2
One would feel uncomfortable if he/ she found out he/she was working with someone with sexually transmitted disease.	2	33	10	33	22
One would feel embarrassed if one of his/her family member had undesirable sexual deeds.	6	43	18	23	10

Table 9: Attitude of TEs towards LSE-SRH awareness programme

Dimensions	% SA	% A	% N	% DA	% SD
We should give equal dignity to male & female.	82	16	2	0	0
A menstruating girls is profane and untidy	9	15	6	30	40
Clean cloth is not so important for a person to maintain reproductive health & hygiene.	6	1	4	43	46
Everybody has right to know about sexual and reproductive health education irrespective of age.	59	23	2	11	5

Table 10: Attitude of TEs towards LSE-SRH related policies

Dimensions	%SA	%A	%N	%DA	%SD
Prevention of HIV/AIDS should be the responsibility of the individual persons rather than society.	62	27	5	3	3
A doctor should have the right to decide he/she wants to treat the patients with HIV/AIDS.	10	28	14	25	23
Everyone should examine the sexual and reproductive health.	38	46	5	8	3
The students should not be allowed to continue in the school who are engaged in sexual activities.	4	4	8	59	25
The Supreme Court's permission for live-in relationship is really appreciable.	6	29	16	27	22

The victim of teenage pregnancy should be severely punished.	24	18	8	32	18
--	----	----	---	----	----

Table 11: Attitude of Teacher Educators towards Sexual and Reproductive Health Education Programme

Dimensions	%SA	%A	%N	%DA	%SD
Students from Class-VI should be taught about sexual and reproductive health.	27	62	3	8	0
Teacher Educator would feel comfortable answering students' questions about sexual and reproductive health.	47	35	5	10	3
All Teacher Educators should be trained to provide life-skills based Sexual and Reproductive Health Education (LSE-SRH) to the pupil teachers.	73	21	1	2	3
All states should support a LSES RH curriculum from class VI onwards.	44	43	13	0	0
It should be mandatory for all TEs to teach LSE-SRH in the class.	31	48	15	5	1

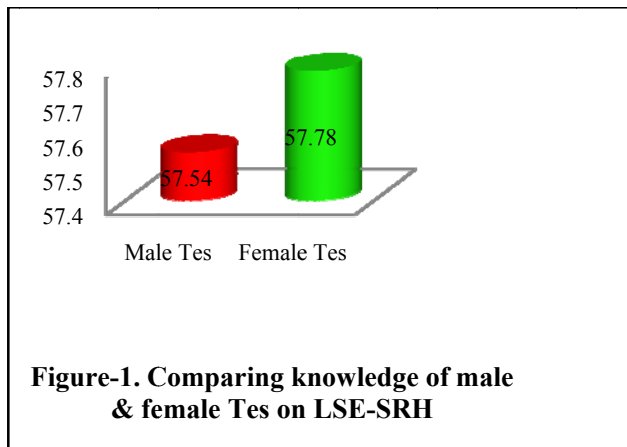
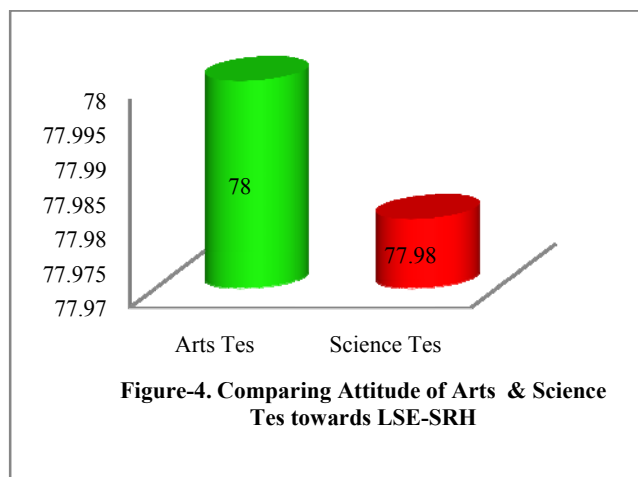
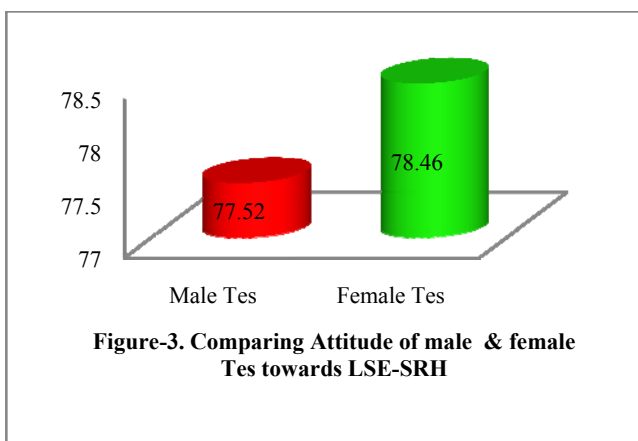
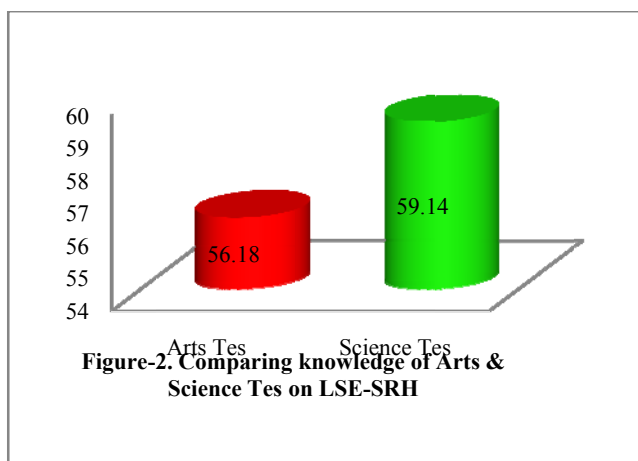


Figure-1. Comparing knowledge of male & female Tes on LSE-SRH



3.1. Knowledge of Teacher Educators on Life Skills based Sexual and Reproductive Health Education: 57.66% (i.e.mean knowledge of 100 TEs of Odisha).

3.1.1. Knowledge of TEs on sexual and reproductive maturity of adolescents :Table-1 of the study revealed that 100% TEs were aware that adolescent boys and girls

experienced the changes taking place in them, 98%TEs knew that increase in height and weight was taken place in both boys and girls during their adolescence. Only 23% TE knew that change of voice was taken place in boys , but 77% TEs knew it was in both boys & girls, 97% TEs were aware that growth of hair on private parts was taken place at both boys and girls. Only 48% TEs were aware about wet dreams taking place in boys 87% TEs knew that menstruation took place at girls. 68% TEs were aware that increase in the size of genitals was taken place in both boys and girls. 49% TEs were aware of the widening of chest and shoulders taking place in boys, 93% TEs knew that development of breasts took place at girls only. 84% TEs were aware about appearance of acne in case of both boys and girls.

3.1.2.Knowledge of TEs on sexual and reproductive cleanliness and hygiene of adolescents: Table-2 of the study revealed that 89% TEs were aware that smoking caused harm to a pregnant woman. Only, 75% TEs felt that both ‘decision making and problem solving’ were hard jobs 64% TEs were aware that pimples did not bear long lasting harmful effect. Only 14% TEs knew that during menstrual period girls should not take part in sports and exercises 98% TEs were aware of the use of clean clothes/ sanitary napkins during menstruation.

3.1.3. Knowledge of TEs on sexuality of adolescents

Table-3 of the study revealed that 97% TEs felt adolescent boys and girls were very much interested to opposite sex, 49% TEs knew that many adolescent boys and girls remained engaged in sexual activities. 67% TEs were aware that the physical power of a boy weakened after ejaculation, 80% TEs knew that nocturnal emission was an event in which semen was discharged during sleep.

3.1.4. Knowledge of TEs on unwanted and teenage pregnancy

Table-4 of the study revealed that 59% TEs felt that abstinence was the best way to avoid unwanted pregnancy. 92% TEs knew that some adolescent girls suffered from unwanted pregnancy due to uncontrolled sexual desire and carelessness. Only 45% TEs knew that a woman would not be pregnant if she had sex during her period. 75% TEs were aware that there was problem if a woman took contraceptive pills regularly for a long period. All 100% TEs knew that teenage pregnancy caused health hazards to both mother and child 98%TEs knew that a woman could suspect that she was pregnant if she missed her period.

3.1.5.Knowledge of TEs on unsafe abortion

Table-5 of the study revealed that 51% TEs knew that woman did not need to be worried about unwanted pregnancy because there were many medicines for immediate abortion which were health friendly, was wrong. Only 27% TEs were aware that taking pills like unwanted 72 hours was very easy and

safe way of abortion of unwanted pregnancy, was wrong as it was not good for health. Only 46% TEs knew that a woman might lose her child birth capacity due to the abortion of first pregnancy.

3.1.6. Knowledge of TEs on sexually transmitted disease:

Table-6 of the study revealed that 59% TEs were aware that adolescents were extremely vulnerable to sexually transmitted diseases, 95% TEs knew that HIV commonly spreaded by having unsafe sexual activities, 93% TEs were aware that HIV could be avoided by use of condom, 71% TEs knew that pregnant woman with HIV could give the virus to her unborn baby. 82% TEs had the information that AIDS was termed as Global Emergency by world Health organization.

3.1.7. Knowledge of TEs on balanced diet for adolescents:

Table-7 of the study revealed that 90% TEs were aware of adolescents having a craving for roll, chowmein and clod drinks. 71% TEs knew that one should take food which tasted much, was wrong. 81% TEs were aware of carbohydrates, fats, minerals, water along with vitamins as the composition of balanced diet. 95% TEs knew that to escape from pimples, adolescents should eat fresh vegetables, fruits and remain tidy.

3.1.8. Comparison of knowledge of Male and Female Teacher Educators of Odisha on LSE-SRH: Figure-1 indicated that the mean knowledge of male TEs was 57.54% and that of female TEs was 57.78%. The difference between the mean knowledge of male and female TEs was not significant because the 't' value was 0.186 which neither exceeded the 0.05 confidence level (1.98) nor 0.01 confidence level (2.63). Female TEs had just little higher knowledge than male TEs on LSE-SRH.

3.1.9. Comparison of the knowledge of Arts and Science TEs on LSE-SRH: Figure-2 indicated that mean knowledge of arts TEs was 56.18% and that of science TEs was 59.14%. The difference between the mean score of knowledge on LSE-SRH of Arts and Science TEs was significant because the 't' value was 2.7182 which exceeded both the 0.01 confidence level (2.63) and 0.05 confidence level (1.98).

3.2. Attitude of Teacher Educators towards Life Skills based Sexual and Reproductive Health Education : 77.99% (i.e. mean attitude of 100 TEs of Odisha).

3.2.1. Attitude of TEs towards the people suffering from sexual and reproductive diseases/problems: Table-8 indicated that 75% TEs strongly agreed on the opinion that they had the courage to shake hand with a HIV infected person. 43% TEs strongly agreed that an unmarried pregnant adolescent/adult deserved support from her families and community. Only 14% TEs strongly opined that the names of the individuals with sexually transmitted disease due to unsafe sex should be kept confidential to protect them against discrimination. Only 27% TEs strongly agreed that people with sexual and reproductive problem should inform others about their problem/disease. Very few i.e. 22% TEs were

strongly disagreed that one would feel uncomfortable if he/she found out he/she was working with someone with sexually transmitted disease. Only 7% TEs strongly opposed that one would feel embarrassed if one of his/her family members had undesirable sexual deeds.

3.2.2. Attitude of TEs towards LSE-SRH awareness programme: Table-9 indicated that most of the TEs (82%) strongly agreed that all should give equal dignity to male and female. Only 37% TEs were strongly disagreed that a menstruating girl was profane and untidy. 46% TEs strongly opined that clean cloth was so important for a person to maintain reproductive health and hygiene. 59% TEs strongly agreed that everybody had right to know about sexual and reproductive health education irrespective of age.

3.2.3. Attitude of TEs towards LSE-SRH related policies: Table-10 reflected that only 1% TEs strongly disagreed that prevention of HIV/ AIDS should be the responsibility of the individual persons rather than society, whereas 63% TEs strongly agreed on this opinion. 22% TEs strongly disagreed that a doctor should have the right to decide he/she wanted to treat the patients with HIV/AIDS. Whereas only 10% TEs strongly agreed on this opinion. 88% TEs strongly disagreed that everyone should examine the sexual and reproductive health. Only 25% TEs strongly disagreed that the students should not be allowed to continue in the school who were engaged in sexual activities. 22% TEs strongly disagreed that the Supreme Court's permission for live-in relationship was really appreciable. 24% TEs strongly agreed that the victim of teenage pregnancy should be severely punished.

3.2.4. Attitude of TEs towards Sexual and Reproductive Health Education Programme: Table-11 indicated that 27% TEs strongly agreed that students from Class VI should be taught about sexual and reproductive health. 47% TEs strongly opined that Teacher Educator would feel comfortable answering students' questions about sexual and reproductive health. A large number of TEs around 73% strongly agreed that all Teacher Educators should be trained to provide LSE-SRH to the pupil teachers. 44% of TEs strongly viewed that all states should support a LSE-SRH curriculum from Class VI onwards. Only 31% TEs strongly agreed that it should be mandatory for all TEs to teach LSE-SRH in the class.

3.2.5. Comparison of Attitude of Male and Female Teacher Educators towards LSE-SRH related issues: Figure-3 indicated that the mean attitude score of male TEs was 77.52% and that of female TEs was 78.46%. There was no significant difference between the mean attitude of male & female TEs towards LSE-SRH related issues because the 't' value was 0.824 which was smaller than both the 0.05 confidence level (1.98) and 0.01 confidence level (2.63).

3.2.6. Comparison of Attitude of Arts and Science Teacher Educators towards LSE-SRH related issues: Figure-4 indicated that the mean attitude score of arts TEs was 78% and that of science TEs was 77.98%. There was no significant

difference between the mean attitude of Arts & Science TEs towards LSE-SRH related issues because the 't' value is 0.0176 which was less than the both 0.05 confidence level (1.98) and 0.01 confidence level (2.63).

3.3. Correlation between knowledge level on and attitude towards LSE-SRH: There existed a positive correlation between the knowledge on and attitude towards LSE-SRH of TEs and the correlation is statistically (by product moment co-efficient of correlation) significant at 0.05 level of significance.

4. CONCLUSION

The level of LSE-SRH related knowledge of TEs of Odisha was relatively high through out the study with most of the Teacher Educators showing positive attitudes towards LSE-SRH. Misconceptions about LSE-SRH still existed and needed to be addressed by LSE-SRH programme targeting Teacher Educators. Lack of in depth knowledge and improper attitude of the Teacher Educators may cause misleading information in the pupil teachers and then in the public. So Teacher Educators need to be equipped with adequate knowledge and desirable positive attitude towards LSE-SRH to build capacity of the teachers (preservice & in-service teachers) so that the teachers in the schools can generate situations for collaborative work and participation where learners in group practise life skills, develop desirable attitude and explore responsible and strategic behaviour to safeguard own interest. LSE-SRH makes the life easy, joyful and blossomly.

5. ACKNOWLEDGEMENT

This research work was supported by investigator's guide Dr. Sanjay Kumar Dey, M.Ed., Ph.D., Reader in Education, UGCTE, Baripada, Mayurbhanj, her daughter-Mimansa Nandi, sister-Devjani Shee and student-Umasankar Rana.

REFERENCES

- [1] Kalanda, B. F. (2010). Life skills and reproductive health education changes behaviour in students and teachers: Evidence from Malawi. *Educational Research and Reviews*, 5(4), 169-174.
- [2] Shee, B. (2018). HIV/AIDS: Comparing Knowledge of male and female teachers of Secondary Schools in Odisha. *International Journal of Research in IT, Engineering and Social Science*, 1 (9), 189-196.
- [3] Shee, B. (2018). Life Skills based Sexual and Reproductive Health Education: Teacher Educators' attitude concerns in Odisha. *International Journal of Research in IT, Engineering and Social Science*, 8 (8), 260-268.
- [4] Shee, B., Dey, S.K., & Swain, B.K. (2018). Life Skills based Sexual and Reproductive Health Education: Teacher Educators' knowledge concerns. *International Research Journal of Social Sciences*, 7 (9), 8-11.
- [5] Shee, B. (2018). Life Skills Based Sexual and Reproductive Health Education (LSE-SRH): Awareness of Teacher Educators in Odisha. *International Journal of Research in IT, Engineering and Social Science*, 9 (8), 166-177.
- [6] Keeney GB, Cassata L, McElmurry BJ. (2004). Adolescent health and development in nursing and midwifery education: Geneva. World Health Organization.
- [7] Kinsman, J. Nakiyingi, J., Kamali, A., Carpenter, L., Quigley, M., Pool, R., et al. (2001) Evaluation of a comprehensive school based AIDS education program in rural Masaka, Uganda. *Health Education Research*, 16, 85-100.
- [8] Kishindo E, Mzumara PS, Katundulu M (2006). Monitoring and evaluation of life skills education in standards 5,6,7 and 8 in South East Education Division (SEED), Zomba, Malawi Institute of Education.
- [9] MacLachlan M, Namangale JJ (1997). Tropical profiles illness: the psychology of illness perception in Malawi. *Public Health*, 111 (4), 211-3.
- [10] Munsil, K. and Guha, D. (2014). Status of Life skill education in Teacher Education Curriculum of SAARC countries: A comparative evaluation. *Journal of Education and Social Policy*, 1, 93-99.