



Action Research Addressing the Implementation of Life Skills Education on Adolescent Reproductive Sexual Health (Teenage Pregnancy, Sexual Activities, STIs, HIV/AIDs) for the Positive Behavioural Outcome

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Sexual health is a serious public health concern with long-term implications on health and fertility. Improving the sexual health of our teenagers and preventing teenage pregnancy is a national priority that the current government of Bhutan with the help of concern stakeholders aim to reduce teenage conception rate and sexually transmitted infections by 2022 to the minimum. If we are to achieve this ambitious target, parents, teachers and paediatricians need to consider the sexual health needs of our teenage population and recognize times where we are able to offer advice, screening or signposting. As increasing number of Bhutanese youths are becoming victim of teenage pregnancy and STIs. The study was aimed to make awareness to our youth to improve their understanding on adolescent reproductive sexual health (teenage pregnancy, sexual activities STIs, HIV/AIDs) for positive behavioural outcome. Therefore, imparting applicable life skills

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education to our young minds has become indispensable to curb the aforementioned issues. The study was carried out in Ura Central School, Bhutan. The participants of the study consisted of 61 studying in class VIII and X and 25 teachers. The study adopted mixed method; quantitative approach included survey whereas for qualitative approach included semi-structured interview. Survey data were collected from 61 students and 25 teachers whereas interview data were collected from 10 students and 5 teachers. The study found the intervention (awareness programme via teaching, roleplay, discussion) effective with students in the post-data showing better understanding of the students regarding teenage pregnancy, sexual activities and STIs.

Keywords: *Life skills education; adolescent reproductive sexual health; contraception; sexually transmitted infections (STIs); teenage pregnancy.*

1. INTRODUCTION

Educational research is the basic applied and developmental research conducted in order to advance knowledge in the field of education or bearing on educational problems. It is meant to improve education and advance the knowledge of students of all ages. Educational research is;

“...cyclical process of steps that typically begins with identifying a research problem or issue of study. It then involves reviewing the literature, specifying a purpose for the study, collecting and analyzing data, and forming an interpretation of information. This process culminates in a report, disseminated to audience that is evaluated and used in the educational community” (Creswell, 2002).

The educational research can be carried out in two methods; qualitative and quantitative method. Both the methods can be also used together and the Action Research is one type of combined method. Action Research is a process designed to improve practices, the situation or both facilitate learning by identifying a specific classroom problem or issue, targeting causes through systematic data collection, and applying an effective solution to the problem as a result of data being collected and interpreted (Hadley, 1997).

Practitioners who engage in Action Research inevitably find it to be an empowering experience. Action Research has this positive effect for many reasons. Obviously, the most important is that Action Research is always relevant to the participants. Relevance is guaranteed because the focus of each research project is determined by the researchers, who are also the primary consumers of the findings [1-4]. This study discusses about Action Research and findings on school based implementation of Life Skills Education on

Adolescent Reproductive Sexual Health to generate positive behaviour in schools initiated by the School Health & Nutrition Division, DSE, MoE. Because adolescence represents a delicate phase in the transition between childhood and adulthood in which young people develop their personality and construct their identity. It is precisely during adolescence that young people start to examine their sexual orientation [5-8]. Therefore, the need of life skills education has become necessary for our youth during their tantalizing adolescent period.

A life skills educational programme needs to be incorporated into schools in the interest of the children’s mental well-being. A competent life skills programme should be concerned not only with the prevention of emotional and psychosocial problems but should also be focused at management and enhancing pro-social behaviour. Teachers need to move beyond lecturing to create a stimulating learning environment as life skills learning cannot be facilitated on the basis of information or discussion alone [9,10]. Moreover, rote-learning style cannot facilitate life skills enhancement as participants merely sit passively taking in information and subsequently merely memorize the lesson. Importantly, the lessons need to be designed creatively to understand diversity in learning styles of children.

2. RECONNAISSANCE

Reconnaissance is derived from a French word ‘reconnaitre’ which means to look at (David, 2004). Basically, it has three components or parts namely *Situational Analysis, Competences and Literature Review*. Any Action Research should begin with a reconnaissance; the reconnaissance produces an overview of the action research context, current practices, participants, and concerns.

2.1 Situational Analysis

2.1.1 Country

The kingdom of Bhutan is a land locked nation nestled in the eastern Himalayas, bordering China to the north and India to the south. It is a mountainous country except for a strip of plains in the south. Bhutan is identified globally for its unique development of philosophy and policy of Gross National Happiness (GNH). Bhutan is known for its rich biodiversity with 72.5% of forest coverage and rich cultural and traditional values all around the world. It is 38,394 square kilometres and has about 658,888 people (Wangchuk, 2010). The country is divided into 20 dzongkhags (districts) which is further subdivided into 205 counties (gewog) with Thimphu as the Capital.

Democratic Constitutional Monarchy is the political system followed by the country since 2008 after the 100 years rule of monarchy system. Bhutan has cultivated a unique approach to development with its national philosophy anchored on the principles of Gross National Happiness which is highly renowned and gaining popularities in other countries all around the world.

2.1.2 Education system in Bhutan

Until late 1950s, only monastic education was available in the country. But today formal education is also available to everyone and every child has the opportunity to join school. Basic education continues to play important role in Bhutan and its free and available to every citizen in the country (Wangchuk, 2010, p.265.).

Bhutanese Education System can be categorized in three different forms; the formal school system, monastic education and non-formal education, playing equally important roles. However, the education system based on school education consists of classes starting from pre-primary to degree level which can be completed in the country itself. Apart from the academic lessons, students are also taught value education, wholesome education, and life skills education, games and sports. Whereas monastic organizations operate and plays vital role in educating people at various level ranging from primary to higher studies in Buddhism. Moreover, non-formal education centers are established to give opportunities to those who were unable to go to school. Thus, in these three different

systems of educating the people, the government aims to provide value-based education, strengthen the information and communication technology, ensure teacher effectiveness at all levels, revitalize technical and vocational education, and ensure gender parity at all levels of education.

2.1.3 Ura central school

Ura Central School is situated between Mongar and Bumthang highway in the altitude range of 3000 – 3500 m above sea level and was established in the year 1961. Most part of the season remains winter for it is extremely cold. School is centered in between Pangkhar village in the north and Ura village in the south with approximately 110 households. Currently there are 25 teaching staffs with various subject background and different qualifications. There are 17 non-teaching staffs in the school. Classes range from pre-primary to class ten with total strength of 381.

2.2 Competence

Teachers in Ura Central School (UCS) have undergone and learnt to a great extent approach to research during their trainings from Colleges of Educations. In order to ensure authenticity of the study competent critical friends were also adopted.

2.3 Literature Review

This section will discuss the literature based on three themes as discussed in turn below:

- i. What are adolescent and Life Skills?
- ii. How is Life Skills Education relevant to adolescent?
- iii. Operationalizing Life Skills Education for positive behavioural outcome

2.3.1 What are adolescent and life skills?

According to the WHO (World Health Organization) an 'adolescent' is defined as any person between the ages of 10 and 19. In the past, adolescence was considered to be a typically western phenomenon. Nowadays, it is internationally recognized that adolescence represents a developmental phase experienced by all human beings. Adolescence is a period of physical, psychological, emotional and social transition in which the construction of the personality is completed and the young person

attempts to create their identity through the exploration of new territories, including the sexual domain.

“Life skills are abilities for adaptive and positive behaviour that enable individuals to deal with the demands and challenges of everyday living” [11].

Life skills are individual skills and abilities that each one of us possess and yet, need to enhance in order to meet the challenges of life. Effective acquisition of life skills can influence the way one feels about oneself and others and can enhance one's productivity, efficiency, self-esteem and self-confidence. They also provide tools and techniques to improve interpersonal relations. Life skills are needed for creating a demand and effectively utilizing the existing education, health and other services [12].

Comprehensive School Health Programme and Ministry of Health and Ministry of Education of Bhutan has identified three broad areas of life skills; *social, thinking and emotional skills* and they are broken down to a set of 10 core life skills to be incorporated in Bhutanese school curriculum. They are as followed:

- i. Self-Awareness
- ii. Empathy
- iii. Critical Thinking
- iv. Creative Thinking
- v. Decision Making
- vi. Problem Solving
- vii. Effective Communication
- viii. Interpersonal Relationship
- ix. Coping with Stress
- x. Coping with Emotions.

Self-Awareness: Self-Awareness includes our recognition of ourselves, our character, our strengths and weakness, desires and dislikes.

Empathy: Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with.

Critical Thinking: It is ability to analyse information and experiences in an objective manner.

Creative Thinking: It is the ability to look beyond our direct experience and address issues.

Decision Making: The process of assessing an issue by considering all possible and available

options and the effects those different decisions might have on them.

Problem Solving: Having made decisions about each of the options, choosing the one which suits the best, following it through even in the face of impediments and going through the process again till a positive outcome of the problem is achieved.

Effective Communication: Effective communication means that we are able to express ourselves both verbally and non-verbally in ways that are appropriate to our cultures and situations.

Interpersonal Relationship: Interpersonal relationship skills help us to relate in positive ways with the people we interact with.

Coping with Stress: Coping with stress is recognizing the source of stress in our lives, recognizing how this affects us and acting in ways that help to control our levels of stress.

Coping with Emotions: Coping with emotions involves recognizing emotions in ourselves and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately.

2.3.2 How is life skills education relevant to adolescent?

Adolescent are considered to be the productive member of a society due to their physical and intellectual capacity. However, unfortunately most of the adolescent are unable to utilize their potential to maximum due to inappropriate environment. They are always engaging in antisocial activities and spoiling their life [13]. To make life of adolescent valuable and to convert them to individuals with high potential, educational system should be reformed giving due importance to life skill education.

According to the WHO/SEARO regional framework life skills are a group of psychological competencies and interpersonal skills help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathies with others, and cope with and manage their lives in a healthy and productive manner. Life skills may be directed towards personal actions or actions toward others, as well as actions to change the

surrounding environment to make it conducive to health [11].

One of the main difficulties that arise during this journey from childhood to adulthood is the issue of sexuality. Physical changes during puberty make the adolescent aware of his/her sexuality and at the same time attributes the young person with a new social status which is especially important in the context of relationship with parents and peers. However, the perception of this new status differs according to the social and cultural context. For this reason, the perception that each society has of adolescence influences the meaning that sexuality has in that society, as well as the degree of decision making that young people are granted regarding their sexual identity and authorized sexual activities. A global survey shows that 11% of adolescent boys/girls (in developing countries) aged between 15 and 19, had their first sexual experience before the age of 15 [11]. According to the WHO nearly 15 million adolescents become parents every year. In developing countries, the WHO has also observed a high rate of unsafe abortions carried out by people without any medical experience in dangerous and unhygienic conditions.

The Skills Based Health Education approach states that LSE helps children and adolescents learn how to deal with the difficulties of daily life, growing-up and to deal with risk situations. A well designed and implemented Life Skills Education curriculum within school the school and the community addresses diverse needs and problems through learning and application [12].

Experiences in South-East Asia of implementing LSE have led the following operational definitions [12]:

- Life skills put adolescents in a better position to translate their dreams and values into constructive actions.
- LSE also impacts on adult (trainers, teachers, administrators and health professionals)-when they improve upon their life skills.
- LSE provides inner power and strength to deal with daily life.
- Life skills process transfer knowledge, skills, attitudes that one has acquired into application/strategies for a healthy life.
- Life skills are effective tools to empower young people to act, take initiative and take control of their lives.

- Life skills lay the foundations for good health and mental wellbeing.

2.3.3 Operationalizing life skills education for positive behavioural outcome

Life skills can be operationalized through *content, thematic or activity approach*. A content approach focuses on information for increasing knowledge related to specific subject areas. In a thematic approach, appropriate themes for the target group are built into the sessions. The activity approach is built around activities that have scope for providing experiential learning for building life skills.

(Role play, quiz, etc...). In any of the approaches adopted, boys and girls can be enabled to make sound decisions about relationships and sexual interactions and stand up to those decisions [12].

As health education and life skills have evolved during the past decade, there is a growing recognition and evidence that as young people grow from their earliest years through childhood, adolescence, and into young adulthood, developing psycho-social and interpersonal skills can protect them from health threats, build competencies to adopt positive behaviours, and foster healthy relationships. Life skills have been tied to specific health choices, such as not to use tobacco, eating a healthy diet or making safer choices about relationships [11].

Different life skills are emphasized depending on the purpose and topic. For instance, critical thinking and decision makings are important in analysing and resisting peer and media influences to experience sexual intercourse; interpersonal communication skills are needed to negotiate sexual activity. Young people can also acquire advocating for the creation of sexual abuse-free zones, or the availability of condoms for HIV prevention.

School is a formidable institution for a life skills intervention. In school, besides academic children also learn social skills and encounter authority other than their parents and often look to adults in the school community for guidance, support and direction (Brooks, 2004). School education should emphasize not only academics but also mental well-being of children to make it a positive place for learning. Moreover, schools are crucial in building or undermining self-esteem and sense of competence as teachers and peers play an important role in development of self-

esteem of school going children (Woolfolk, 2001).

Teachers should organize regular sessions-if required, separately-for boys and girls. The principal may create an adolescent resource corner where she/he thinks proper. This corner/centre can have question box, support material and samples of other activities. The question box provided and addressing the issues in general should continue with the required cycle to be decided by the principal and the trained teachers. The school and teachers have to be careful in interacting with the adolescents and keeping the issues discussed confidential [12].

A comprehensive teacher-training programme in life skills education would facilitate not only better teachers but also would support children's educational and mental health requirements. In this manner schools can act as a safety net, protecting children from hazards, which affect their education, developmental and psychosocial well-being.

2.4 General Aim of the Research

The aim of the research is to address students on adolescent reproductive sexual health and curbing teenage pregnancy and STIs by using various life skills.

2.5 Research Question

How can implementation of Life Skills Education on Adolescent Reproductive Sexual Health generate positive behaviour?

2.5.1 Sub theme

The **sub themes** are the following:

- Life Skills Education for teenage pregnancy.
- Life Skills Education for sexual activities.
- Life Skills Education for addressing STIs, HIV/AIDS.

2.5.2 General objective of the research

- To make students aware of adolescent reproductive sexual health.
- To strengthen their understanding on the consequence of teenage pregnancy,

sexual activities and sexual related diseases.

- To see positive behavioural changes taking place through the implementation of Life Skills Education in school.

Methodology is the system of methods and principles use in a particular study. The worldview paradigms are the set of beliefs and methods that guides the researcher to collect data using a range of techniques for the study.

Pragmatism paradigms was adopted for the study. Mixed method approach was adopted as it involves both quantitative and qualitative method of data collection thus complementing each other in answering the research question. Quantitative data collection tool was a survey questionnaire whereas qualitative data collection tools included observation (researcher's journal) and semi-structured interview. Details are discussed in turn below:

3. OBSERVATION AND DISCUSSION

Researchers maintain a journal notes to keep records of the knowledge that the students had regarding adolescent sexual reproductive health and STIs and effectiveness of life skills applied to understand the subject.

Various related topics were carefully chosen and presented in the classroom using effective learning tools like models, chart papers, pictures and video clips. All the social, thinking and emotional life skills were practiced to enhance their understanding on the matter. Prompt discussion was encouraged among the target group by designing interesting activities like debates, quiz and tossing questions and doubts. Students were engaged to exploit critical thinking and effective communication skills.

3.1 Questionnaire

Questionnaires are the quantitative way of collecting data and it is a fast way of obtaining data as compared to other data collection instruments. Both open-ended and closed-ended items are used which give the researcher comprehensive data on a wide range of factors. There are 32 questions for students in a questionnaire with five-point scale on their feelings about adolescent reproductive sexual health. The five scale points are; *strongly agree, agree, neither agree nor disagree, disagree and strongly disagree*. And there are 11 questions

(both quantitative and qualitative) for the teachers regarding LSE (25 teachers). Two classes of students– one lower (class VIII) and a secondary (class X) students were chosen (61 respondents).

The questionnaire was distributed twice, during baseline and post data collection. Before intervention, Target Group (students) will be asked to fill baseline questions, and after the intervention the same Group will be asked to fill up the same post-questionnaire, which investigates their attitudes and opinions regarding adolescent reproductive sexual health. The questionnaire consisted of relative aspects of adolescent’s reproductive sexual health that could arose the students' motivation on equipping themselves with life skills knowledge.

3.2 Interview

There were 7 qualitative interviews questions (for students) schedules to gather data for the study. The interviews of this research took place in the conference hall and classroom before and after the intervention. Researcher interviewed separately – for boys and girls of the Target groups. 10 students and 5 teachers participated as interviewees. And the questions consist of several key elements in them covering objectives of the study, for example, “What are the consequences of early pregnancy for girls and boys?”

The interviews were done one by one, and each interview would last about 5 to 10 minutes. The students will be assured that their names would be kept anonymous in order to express their genuine ideas and attitudes about reproductive sexual health, activities and STIs.

3.3 Validity and Reliability of Instruments

The survey questionnaire was pilot tested in one of the schools in Bumthang and its Cronbach’s alpha value 0.80. Whereas the interview questionnaire was also piloted tested in one of the schools in Bumthang and their feedbacks (ambiguity of the interview questions, alignment

of the intended question and answer, etc.,) were incorporated in the final interview question.

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Demographic Characteristics of Respondents

This section represents the demographic characteristics of the respondents in this study. This is based on sex, age and status of education.

4.1.1 Gender

61 students from class VIII and X participated in this project. The response in gender of students shown in the Table 1 shows, majority (59%) of the students who participated in the study were female while male students were represented by 41%. This is because there are more female students in class VIII and X in UCS. While among the teachers who participated, the majority (80%) were males and females made 20%. This was probably due to that there are more male teachers in UCS.

4.1.2 Age of the respondents (students)

As shown on the Table 2, the majority of the students who participated in the research were aged between 15-18 years (29.5%). However, the number of students whose ages were between 13-14 years was represented by 26.2% only, while the number of students aged 19-20 years was 9 (14.8%). Probably, maximum participants of ages between 15-18 years of age are the adolescents who are lawfully at class VIII and X due to admission policy in Bhutanese education system (Child admit in school at age 6).

This is the factual age of the students where the content of Life skills addressing adolescent reproductive sexual health syllabus should be organized on the cognitive levels of the learners as indicated by the age brackets.

Table 1. Sex of the respondents

Sex	Students		Teachers	
	Frequency	Percent	Frequency	Percent
Male	25	41.0	20	80.0
Female	36	59.0	5	20.0
Total	61	100.0	25	100.0

Table 2 Age of the respondents (Students)

Age	Frequency	Percent (%)
13-14	16	26.2
15-16	18	29.5
17-18	18	29.5
19-20	9	14.8
Total	61	100.0

4.2 Baseline data Collection

4.2.1 Distribution of questionnaire

A total of 39 questions (32 survey questions and 7 interview questions) was administered and circulated to the target group (students) before the intervention. There are 10 survey questions on *Teenage Pregnancy*, 10 questions on *Sexual Activities* and 12 questions on *STIs, HIV/AIDS*. The coded data were calculated and analysed using the Statistical package for Social Science (SPSS) version 17.0 computer software.

4.2.2 Analysis on teaching LSE addressing adolescent reproductive sexual health

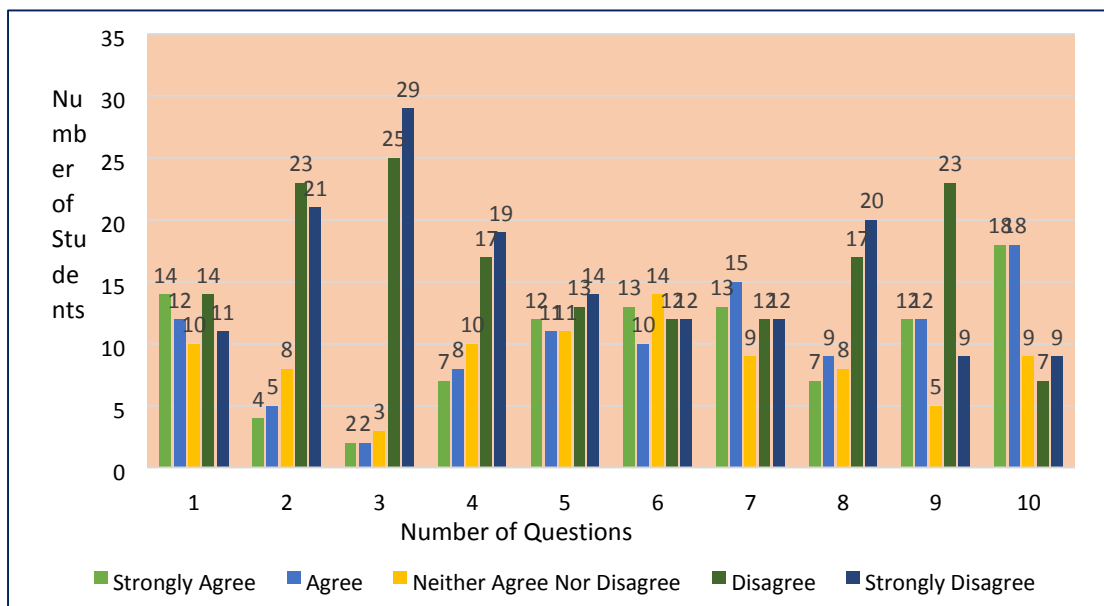
Items in the questionnaires that examined on understanding Adolescent Reproductive Sexual Health were tallied into bar graph separately for *Teenage Pregnancy*, *Sexual Activities* and *STIs, HIV/AIDS*. There are five scale points; *strongly agree*, *agree*, *neither agree nor disagree*, *disagree* and *strongly disagree*. The raw data are

carefully analysed and interpreted using numbers and percentage and reasons using MS excel.

Above Graph 1 shows the data of questions on teenage pregnancy. Surprisingly the data displays that the students have limited knowledge regarding teenage pregnancy and the majority of the responses were distributed fairly in five scale points. For example, (in question no. 1), fairly 42.6% of the students agree and 40.9% disagree that a girl get pregnant during her period while 10 (16.4%) students neither agree nor disagree. Similarly, (in question nos. 5 and 6) almost half of the students who participate in questionnaires believe that vomiting (morning sickness) and missing a period (menses) are definite signs of pregnancy while other half of the participants disagree that they are not a definite proof of pregnancy and there are still confused students who are neutral.

Moreover, 45.9% students strongly believe that girl get pregnant if she has sexual intercourse once or occasionally (question no. 7) and 39.3% students disbelieve and 9 students have no idea about it.

While in question nos. 2, 8, 9 and 10, majority of the students seem to have good information about signs of pregnancy and understood that it is necessary for live sperm to fertilize with live ovum in the vagina to get pregnant but still there are average number of students who lack clear information and are confused about process of fertilization and signs of pregnancy.



Graph 1. Students' response on questionnaires regarding teenage pregnancy

54 (88.5%) students and 36 (59%) students (question no. 3 and 4) respectively, were sure that touching, kissing, playing, sitting with boys and bathing in the same water (pond, river or swimming pool) where there could be seminal discharge of men will never lead to pregnancy. However, there are few students who are not sure about it.

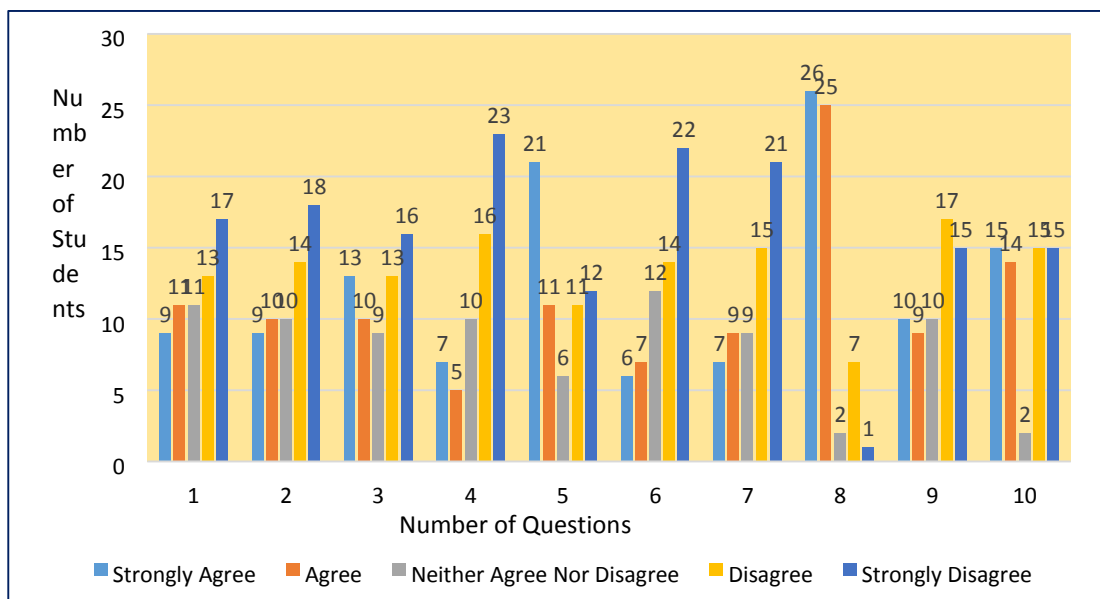
The data on Graph 2 also exhibits that the majority of the responses were distributed equally in five scale points showing that the students are not clearly aware about some of the issues pertaining sexual activities. 50.8% (31) students either agree or have no idea that our culture and religion say nothing about a young unmarried woman having a baby (question no. 1). This could be that young unmarried woman with baby are prominent in their community and they might have believed that it is a normal culture. 19 students (question no. 2) also agree that education of sexuality in school will excite them to experience excessive sexual activity.

And 7 students *strongly agree*, 5 students *agree* that they should not say "NO" to sexual invitation from their lover as it may offend them while 10 students neither agree nor disagree (question no. 4). While 13 and 16 students in (question nos. 6 and 7) respectively agree that it is necessary to do sex to express their love to the lover because they believe sex is a gift that and need to enjoy every time but majority students disagree with them.

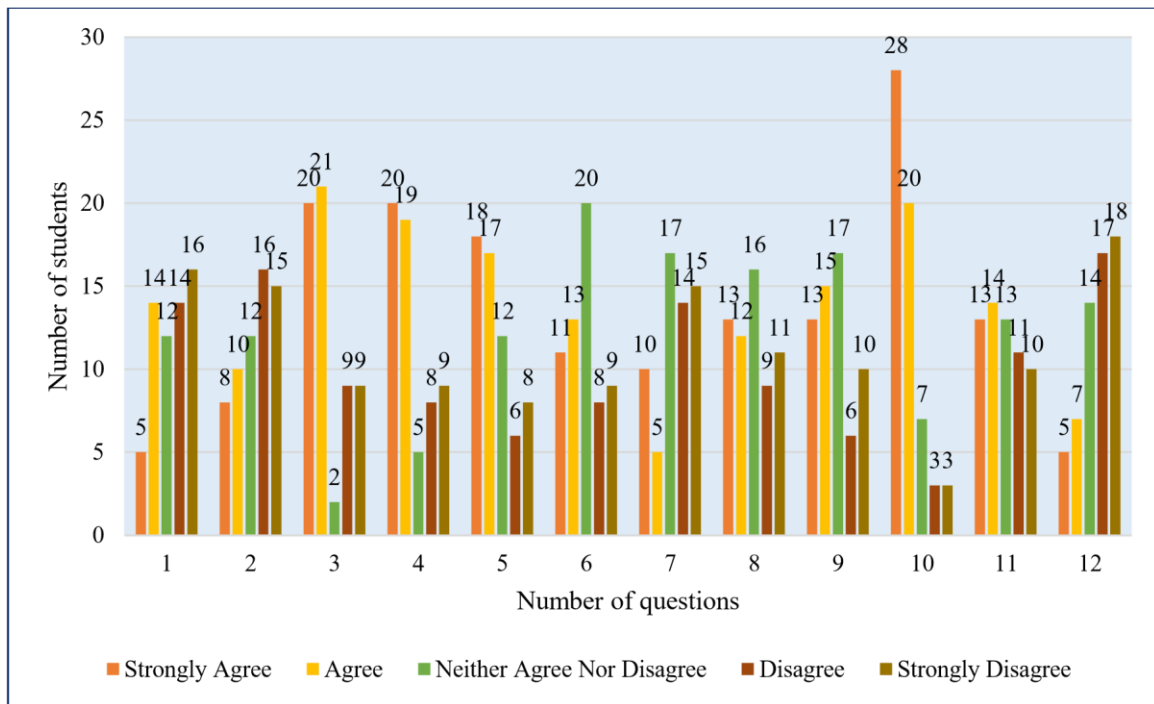
In (question no. 3), 29 students say it is abnormal to have sex fantasies and mood changes during adolescent while 23 students agree that it is normal and 9 students are in neutral. And 6 students have no idea on (question no. 5) and 23 students disagree that adolescent are more active in sexual activities because of rapid hormonal changes happening in their body. 47.5% students agree on adverse side effects regarding masturbation and 49.1% disagree while 3.3% neither agree nor disagree (question no. 10).

Surprisingly, 51 students (83.6%) (question no. 8) agree that woman are always the victim of rape case because man are sexier than woman and unfortunately there are 19 students who believe that it is a woman's fault if she raped (question no. 9). This depicts that students' perception are still diluted with traditional myths and confusions and lack right information (*Please refer appendix for the questionnaires*).

Majority of the responses in above Graph 3 are also fairly distributed. This shows that the participants lack valid information regarding STIs, HIV/AIDS. 18 students (question no. 2) agree that women can have an STI without knowing it and 19 students (question no. 1) also agree that women are responsible for spreading STIs while most of them disagree with it and 12 students in both the cases have no idea and are neutral.



Graph 2. Students' response on questionnaires regarding sexual activities



Graph 3. Students’ Responses on questionnaires regarding STIs, HIV/AIDS

Fortunately, 41 students (67.2%) agree that, more the number of sexual partners, higher the possibility of acquiring STIs (question no. 3) but still 18 students disagree with it.

In (question no. 4 and 5), 17 students disagree that sharing needles and syringes increases the chances of HIV transmission and 35 students agree that using the needles and syringe after cleaning them with water or spirit prevent HIV transmission respectively. And 20 students (32.8%) says that they have no idea whether HIV can be transmitted if being bitten by a mosquito that has bitten HIV infected person (question no. 6) and 24 students (39.3%) agree that it is possible.

15 students (question no. 7) agree that STIs and HIV can be transmitted using a public toilet and 25 students (question no. 8) believe risk of getting infected if they go to school with an HIV infected person. However, fairly 17 and 16 students in both the cases have no idea about it respectively. Moreover, 28 students agree that donating blood may cause transmission of HIV, 16 students disagree and 17 students neither agree nor disagree (question no. 9).

78.7% (48) students (question no. 10) generally agree (with 28 students strongly agree) that using condoms are 100% safe from getting infected with STIs, HIV/AIDS. And 27 students

(question no. 11) were certain that a person cannot catch an STI again, after he/she have been treated for an STI and cured. Innocently, 12 pupils believe that having sex with a virgin/younger woman is a cure for HIV (question no. 12). Furthermore, they were ignorant to acclimatize essential life skills required to conflict those issue.

4.2.3 Interview questionnaires

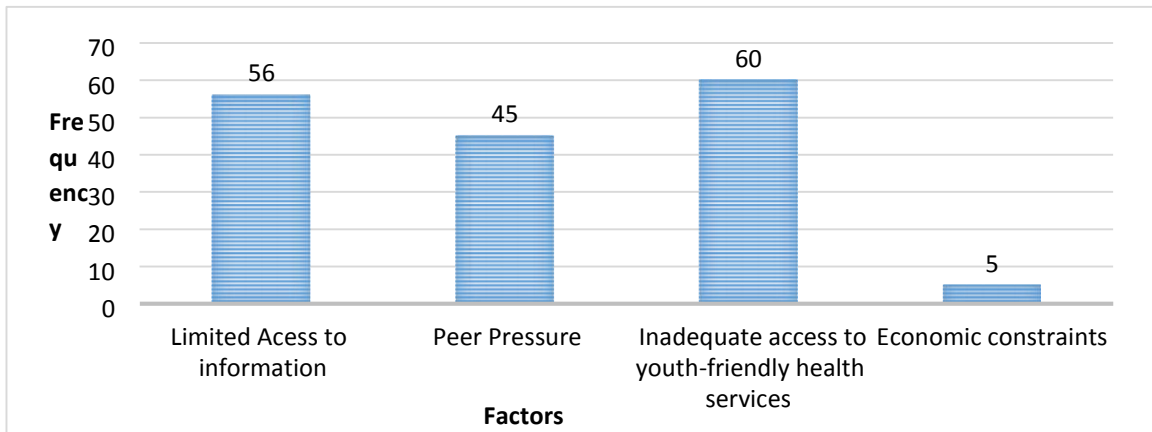
Qualitative data was analyzed by arranging them according to the research questions and objectives. It is recorded using the Statistical package for Social Science (SPSS) version 17.0 computer software.

4.2.4 Factors that has led adolescents to risky behaviour on adolescent reproductive sexual health

Some factors and barriers that has led adolescents to risky reproductive health-related behaviour in general are identified Shows (Graph 4)

4.2.5 Limited access to information

From the Graph 4 shows, the majority of the adolescent 56 (91.8%) indicate the factors leading to risky behaviour among adolescent is limited access to information on adolescent reproductive sexual health.



Graph 4. Factors leading to risky behaviour among adolescents regarding ARSH

First adolescent often do not have access to sufficient and correct information. Cognitive distortions and a sense of non-susceptibility lead to uninformed decisions, which may result in unwanted pregnancy and STDs [14]. The notion that they are “too young to be pregnant” and “unprotected intercourse just once could not lead to conception or transmission” are prevalent among teenagers. Information on the risks and prevention of pregnancy, STDs and HIV. AIDS, as well as the consequences of unplanned pregnancy and abortion is particularly needed.

4.2.6 Peer pressure

While 45 students (73.8%) from Graph 4 shows, still believe that peer pressure plays vital role in influencing them on sexual activities. This second factor also concerns the increasing significance of peer pressure. Growing social acceptance of premarital sex plays a major role in reproductive health-related decision making among adolescent and other young people. The influence of peer pressure is increasing in the context of the erosion of traditional parental control over premarital sexual behaviour and the declining role of family members in providing adolescent girls with premarital instruction and advice on appropriate sexual and marital behaviour.

While teachers and parents are perceived to be the logical source of information, they often do not discuss sexuality issues with their children because they are embarrassed by the subject. As a result, the family is no longer the prime reference group in reproductive health-related decisions, since teenagers tend to value the opinions of their friends more highly.

4.2.7 Inadequate access to youth-friendly health services

Third, inadequate access to youth-friendly health services is a major barrier for young people and adolescent often “fall between the cracks”. Almost all the participants, 60 (98.4%) strongly agreed on it (Graph 4). Since they no longer qualify for paediatric services and their health problems are not like those of adults, they require specially trained health personal. Currently, health systems in our country generally do not specifically address adolescent needs. There are no particular separate clinic for young people to help them overcome their needs on sexual health and adolescents often do not feel comfortable visiting clinics designed for adults.

Moreover, health-care providers in those clinics seem unprepared to discuss sexuality issues with adolescent and many fear that the provision of contraceptives will condone premarital sexual activity. However, reviews of sex education programmes in several countries conclude that sex education does not encourage early sexual activity, but can delay first sexual intercourse and lead to more responsive behaviour [15].

Hence, the lack of knowledge of contraceptives on one hand and access to contraceptive services and supplies on the other may prevent adolescents form using contraceptives even when they want to protect themselves from pregnancy.

4.2.8 Economic constraints

Finally, economic constraints can influence the behaviour of young people in some cases. Only

5 students (8.2%) form above Graph 4. confirmed that financial constrictions can also force them to involve in sexual activities.

Economic dimension is manifested through youth involvement in sexual relations for economic gain. Economic exchanges are made with persons who are perceived to be a position to provide economic remuneration for sexual favours. Adolescents are more likely than adults to engage in such sexual behaviour as offering sex for money or having coercive sex. Adolescent girls are more vulnerable than adult women to being involved in exploitation sexual practices because of compelling reasons to earn money for their own needs or for their families.

Resource constraints also affects the ability to buy contraceptives or seek medical services for adolescent.

4.3 Critical Friends

Critical friend plays vital role in action research. They act as observer and provide valuable insights in designing the research into authentic and reliable piece of findings.

A team of teachers consisting of 5 members were the critical friends who graduated with degree in education and have undergone dynamic training on research approach from colleges of education in Bhutan. They helped in supervising, collecting data, analysing and interpreting it. Some are generously involved in editing the write up and poured pertinent feedbacks and comments which aspire to shape this project into a tangible outcome.

4.4 Intervention

As per the literature review, we adopted *content, thematic* or *activity approach* strategies. A content approach focuses on information for increasing knowledge related to specific subject areas. In a thematic approach, appropriate themes for the target group are built into the sessions. The activity approach is built around activities that have scope for providing experiential learning for building life skills. Some of the interventions that will be used in this research are:

4.4.1 Prior plans before execution

Various related topics were distributed among teachers to pre plan the lesson searching among

prior theories and investigations and how the teaching and activities will be carried out in the class and ensure students involvement to enhance learning life skills addressing adolescent sexual health.

Green (2003) suggests a teacher should imagine, reflect and act with more and more concrete responsibility. Quoting Ricoeur's description of imagination as "*the passion for the possible*", she suggests that '*our life project - teaching ...must be imagined as possible and cared about enough to move us to hard and committed work*'.

4.4.2 Teaching in the classroom

The life skills intervention module addressing adolescent sexual health for this research was planned in a series of 'four' broad lessons. The module was taught for 10 periods (each period = 50 minutes, once a week) and assessment was done periodically.

The lesson was designed to provide the children with instruction regarding understanding and coping with emotions, self-awareness and empathy. Issues regarding interpersonal skills, problem solving, communications, decision making and critical thinking were 'infused' into the module in that they were not taught as separate subjects but were taught within the teaching of variety of topics on *Sexual Health; Early Sex and its Consequences, Conception, HIV/AIDS is Preventable, Risk Factors related to HIV*. For example, when children learnt about '*Early Sex and its Consequence*', they were introduced to Self- Awareness, Critical Thinking and Decision Making. Effective communication, Empathy, Problem Solving was similarly dealt with when teaching '*HIV/AIDS is Preventable*'.

4.4.3 Team activities or pair work (Discussion)

Researchers used team activities or pair work. When students work in pairs or in team, they learn fast. So, researchers divided the students into teams and he/she asks the group to work on certain life skills to address allocated topic regarding adolescent sexual health; *teenage pregnancy, HIV/AIDS, ABC of prevention, Sexual rights, High and low risk factors, etc., ...*

Researchers followed various strategies of Dr. Spencer Kagan on cooperative learning to

organized team/group activities. All the children were involved actively in their respective team in discussion and sharing their understanding on given topics/theme using appropriate life skills.

Merely preparing activities for life skills lesson on adolescent sexual health is not sufficient for a comprehensive life skills programme project [11]. For an effective and broad-based module that hopes to promote psychosocial competencies and achieve health promotion, the life skills lessons on sexual health need to be planned as a part of a sequential and unified programme. To some extent the lessons were designed enabling later life skills activities to build on skills taught/learnt earlier in the programme. This is something researchers had overlooked when planning the lessons.

4.4.4 Role play (Drama)

Teaching techniques that integrate active learning need to be incorporated into a life skills educational programme to increase its efficiency. As life skills education is a dynamic process it cannot be learned or enhanced on the basis of information or discussion alone. It must also include experimental learning. Experimental learning involves a *'direct encounter with the phenomenon being studied rather than merely thinking about the encounter, or only considering the possibility of doing something about it'* (Borzak, 1981).

Drama is a natural vehicle for active experimental learning as it is an extension of the imaginative pretend play of childhood (Henry, 2000). Practitioners of educational drama (Taylor, 2000) highlight the effectiveness of drama in enhancing the psychosocial aspect of a child's growth and suggest that drama can play an important role in life skills enhancement.

Moreover, drama creates an opportunity for vicarious learning that is learning by observing others.

'Modelling' (Bandura, 1986) can have a powerful effect on learning. According to Bandura's social learning theory *'patterns of behaviour can be acquired through direct experience or by observing the behaviour of others (modelling).'* Modelling can be exploited to broaden horizons – to teach new ways of thinking can be effectively used to teach new behaviour and used to encourage already learnt behaviour (Woolfolk, 2001). Therefore, modelling facilitates learning life skills in the safe environment of the school.

Researchers perceived drama as an effective tool for the implementation of a life skill enhancement project. Drama enable children to make connections and understand complex life situations and human intricacies. Intrinsically drama is multisensory mode of learning and can increase awareness of self and others. It can enhance communication skills, creative thinking skills and interpersonal skills through experimental learning. At the same time drama democratize the classroom for the reason that it relies on co-creative input. Collaboration, mutual decision making and problem solving are central to the process of drama. Additionally, role-play in drama allows the participants to imagine what life is like for another person; even in a situation they are not familiar with, thus encouraging empathetic skills.

4.4.5 Provide and Seek Feedbacks (Reinforcement)

Feedback is "information about current behavior that can be used to improve future performance" (Eggen & Kauchak, 2004), and its importance is confirmed by both theory and research. Researchers provided immediate feedback as far as possible when children couldn't understand or confuse on information that they have on some life skills issues.

Students were given think time to prepare questions or responses. Researchers acknowledged all contributions, even if they aren't to what is expected. Reminded students those questions and doubts are welcomed for discussion.

4.4.6 Reflection

While reflecting researchers reviewed the situation using LEARN guideline. (Source CNO, 1996 as quoted in Maich, Brown and Royle, 2000).

Look back; play the experience backing your mind.

Elaborate and describe the experience in writing.

Analyse why things occurred as they did.

Revise your plan for a future similar situation.

New trial; implement your revised plan.

Researchers revisited the list of the core skills using the Life Skills Education Manuals as references. Using guideline for reflection researchers tried to understand the core life skills, analyzed each one and identified which

skills are needed and appropriate for various topics addressing *Adolescent Reproductive Sexual Health*.

4.5 Post Data Collection

4.5.1 Questionnaires

After doing variety of laborious interventions, the same set of post-questionnaires were distributed to the Target group and the data was collected.

4.5.2 Analysis on teaching LSE addressing Adolescent Reproductive Sexual Health after Intervention

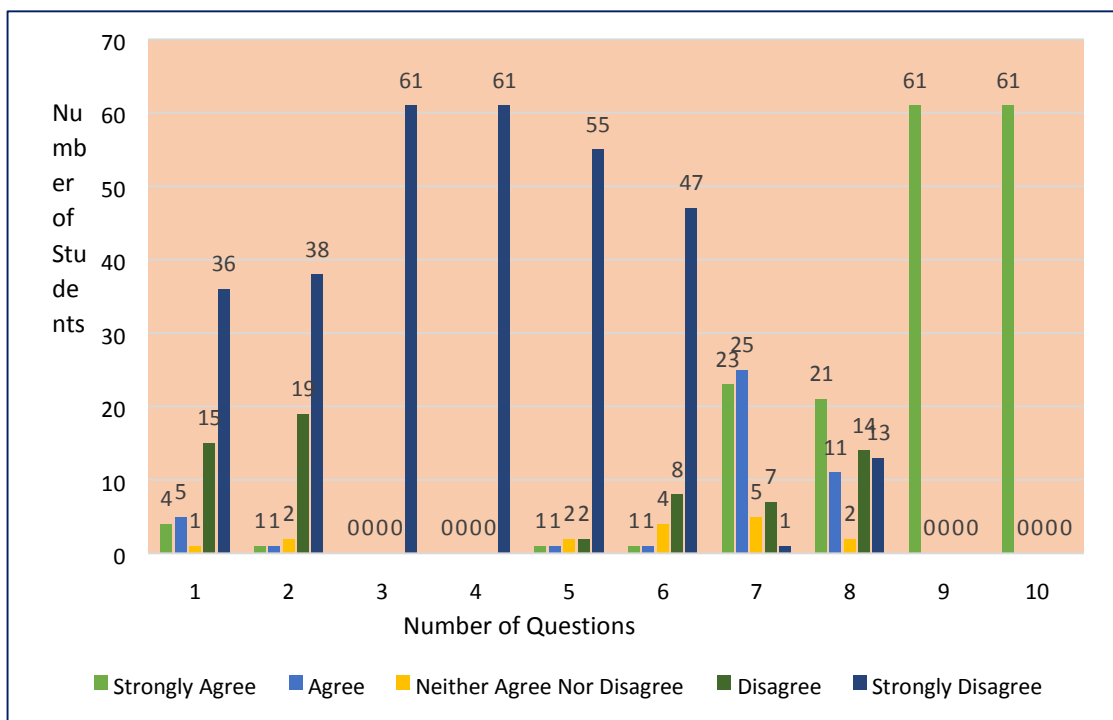
The responses were carefully analysed and interpreted separately like before after the interventions using the Statistical package for Social Science (SPSS) version 17.0 computer software and MS excel.

The shows Graph 5 on teenage pregnancy displays that the students prefer on *strongly agree* or *strongly disagree* column on the point scale for particular questions rather than providing distributed responses.

100% students (question no. 3 and 4) *strongly disagree* that touching, kissing, playing, talking,

sitting with opposite sex and even bathing in the same water (pond, river and swimming pool) where there could be seminal discharge does lead to pregnancy. Moreover, 100% students *strongly agree* that missing monthly periods, nausea, vomiting, enlargement of the nipples, full and tender breasts, positive pregnancy test are definite signs of pregnancy and pregnancy occurs when semen with live sperm is deposited in the vagina or cervix and fertilizes a live ovum (question no. 9 and 10).

Even in (question no. 5) 55 students *strongly disagree* that vomiting (morning sickness) in women a definite proof of pregnancy because they were taught that morning sickness could occur when a woman is physically sick and it cannot be definite sign of pregnancy although it is one of the significant sign of pregnancy. 47 students (question no. 6) also *strongly disagree* that missing period (menses) is always a sign of pregnancy because menstrual cycle varies in woman depending upon their immune system. Fairly, 51 and 57 students in (question no. 1 and 2) commonly disagree that a girl can get pregnant during her period and she cannot become pregnant unless she have sexual intercourse.



Graph 5. Students’ response on questionnaires regarding teenage pregnancy

Furthermore, 48 students (question no.7) ordinarily agree that a girl cannot get pregnant if she has sexual intercourse once or occasionally. They were informed that pregnancy occurs only when live sperm meets with live ovum. However, (in question no. 8), the responses are distributed on girl getting pregnant even if a boy does not ejaculate inside her. Students understand that fertilization can also happen artificially with the help of sophisticated technology and it is not necessarily for man to ejaculate live sperm inside woman to cause pregnancy.

The responses concerning sexual activities illustrate that the students are informed well and has sound understanding on the issue because the bar in a Graph 6 has incline more towards particular response rather than a distributed response.

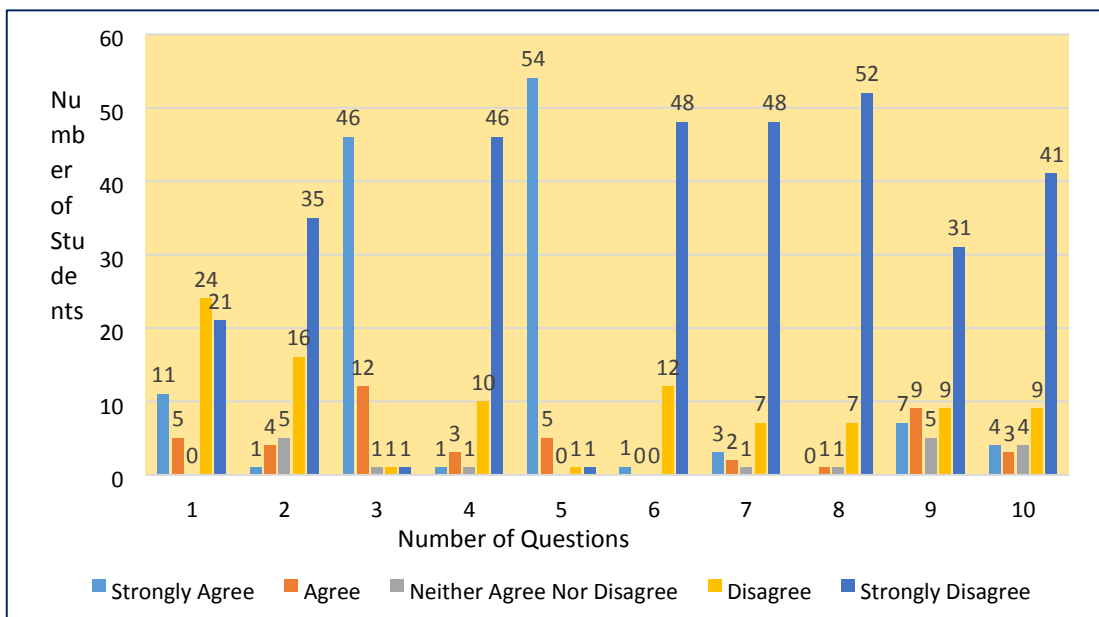
In question 6 and 7, 48 students (in both cases) *strongly disagree* on the statements that “It is necessary to do sex to express love to your girlfriend or boyfriend and sex is a gift so we have to enjoy every time”. Similarly, majority of the students *strongly agree* that it is normal to have sex fantasies and mood changes during adolescence (75.4% in question no. 3) and adolescent are more active in sexual activities because of rapid hormonal changes happening in their body (88.5% in question no. 5). Moreover, 50 students universally disagree that there are adverse side effects of masturbation

but 7 students agree and 4 students was neutral on this issue. But generally, majority was informed that there is no side effects about doing maturation.

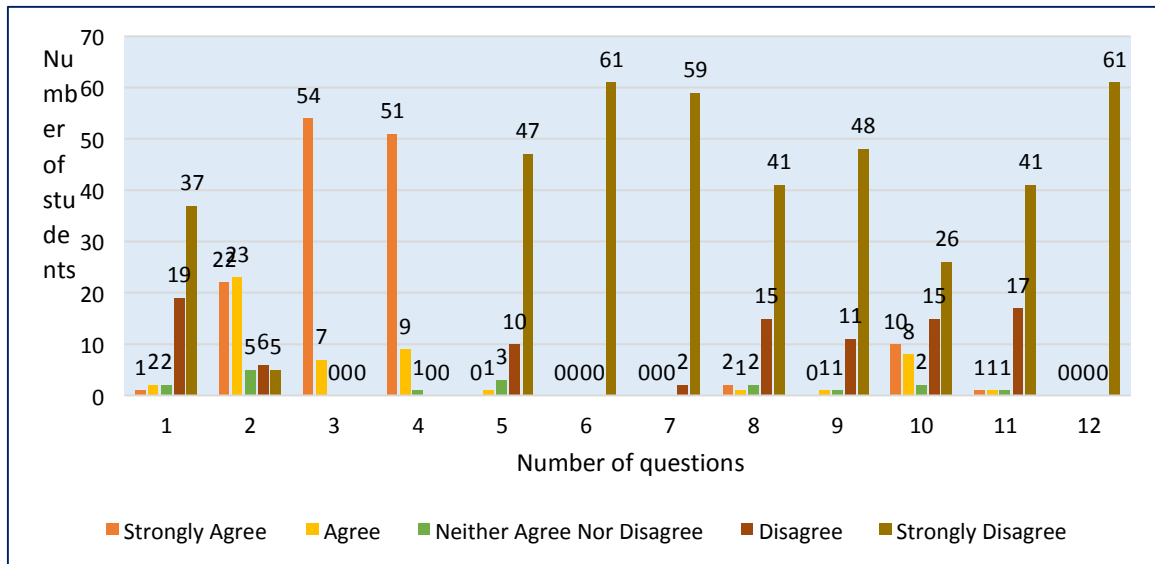
Though maximum students disagree that man are sexier than woman that is why woman are always the victim of rape case and fortunately 100% students doesn't agree that if a woman is raped, it is actually her fault. And there are good responses that traditionally our culture and religion do have something bad to say about young unmarried woman having a baby but still there are few responses agreeing that things are changing culturally with change in time (question no. 1).

83.6% responses says education of sexuality in school will never lead to sexual experimentation rather such education will help them in understanding adolescent sexuality which would be helpful to them in overcoming ignorance regarding adolescent sexual health.

The result of above graph points that problem students encounter before was lack of information on STIs, HIV/AIDS. This lack of understanding sexual diseases can lead them into confusions and risks. It can be seen from the graph there is more inclination to particular response rather than a distributed response, which means there is some changes in the students.



Graph 6. Students' response on questionnaires regarding Sexual Activities



Graph 7. Students’ responses on questionnaires regarding STIs, HIV/AIDS

73.8% (45) students (question no. 2) agree that woman can have some STIs without knowing it because they remain dormant in woman body and 91.8% (56) students (question no. 1) agree that women are responsible for spreading sexually transmitted diseases because they possess dormant STIs germs. All 61 students (question no. 3) agree that multiple sexual partners spawn high possibility of acquiring STIs.

60 students (51 *strongly agree*) agree that sharing needles and syringe increases the chances of HIV transmission (question no. 4) and 57 students (47 *strongly disagree*) that using the needles and syringe after cleaning them with water or spirit prevent HIV transmission. They knew that they have to boil needles and syringes in water before using them for at least 20 minutes (question no. 5). Even all 100% students (question no. 6) are convinced that mosquito bite never spread HIV.

Most of the students are aware and agree that they will never get infected while sharing public toilet and going to the school with HIV infected person (question no. 7 and 8). And donating blood is very safe and most of the students agree to donate blood for the good cause (question no. 9). Moreover, they maximum students knew using condom is good practice but it is not 100% safe to protect themselves from STIs, HIV/AIDS (question no. 10).

Fortunately, 100% (question no. 12) students *strongly disagree* that having sex with virgin or young woman is not a cure for HIV knowing it's

just a myth and 41 students (question no. 11) also *strongly disagree* that they cannot catch STIs again after they have treated for STIs and cure.

4.5.3 Interview questionnaires

The male and female researchers took the interviews separately for boys and girls to ensure that they are comfortable to share their understanding and views. The students were assured that their names would be kept anonymous in order to express their true ideas and attitudes about sexual health.

5. RESULT AND DISCUSSION OF BASELINE AND POST DATA (TRIANGULATION)

5.1 Observation and Discussion

Before intervention program most of the students had poor information on *adolescent sexual health* because they were confused and furthermore, they were ignorant to acclimatize essential life skills required to conflict those issue. Moreover, students’ perception was diluted with traditional myths and confusions and lack appropriate information.

However, after the intervention it can be noted there has been improvement in understanding teenage pregnancy, sexual activities and STIs, HIV/AIDS. Before, students especially girls hesitate to discuss the issue because they were

timid and shy to open up but gradually all the target group actively participate confronting with various doubts and justifications.

5.2 Questionnaires

Students' response to the questionnaires after the intervention program has exceptionally varied showing some changes and improvement in understanding some of the parameters designed in the questionnaires on *Adolescent Reproductive Sexual Health*.

In most of the baseline data the height of the bar is almost equal but the post bars are different in height. Comparing the responses of the students before and after the intervention program, it reveals that majority of the students had positive responses.

5.2.1 Questionnaires addressing teenage pregnancy

Baseline data displays (in question no. 1), 42.6% of the students agree that a girl get pregnant during her period while after the intervention 51 and 57 students in (question no. 1 and 2) commonly disagree with the statement that "*a girl can get pregnant during her period*" and they knew that a girl cannot become pregnant unless she has sexual intercourse that is also during *fertile phase* (ovulatory phase). Similarly, (in question nos. 5 and 6) maximum students believe that vomiting (morning sickness) and missing a period (menses) are definite signs of pregnancy but in post data 55 students (in question no. 5) *strongly disagree*. 47 students (question no. 6) also *strongly disagree* that missing period (menses) happens because menstrual cycle varies in woman depending upon their immune system.

Moreover, 45.9% students strongly believe that girl get pregnant if she has sexual intercourse once or occasionally (question no. 7) and after intervention 78.7% students agree that it is not possible to get pregnant when she has sexual intercourse once or occasionally. They understood that pregnancy occurs only when live sperm fertilize with live ovum in vagina. However, (in question no. 8), the responses are distributed on girl getting pregnant even if a boy does not ejaculate inside her. Students understand that fertilization can also happen artificially with the help of sophisticated technology and it is not necessarily for man to ejaculate live sperm inside woman to cause pregnancy.

88.5% students and 59% students (question no. 3 and 4) respectively, were sure that touching, kissing, playing, sitting with boys and bathing in the same water (pond, river or swimming pool) where there could be seminal discharge of men will never lead to pregnancy. However, there are few students who are not sure about it. But after discussion during intervention 100% students (question no. 3 and 4) *strongly disagree* depicting their responses in post data graph.

Additionally, 100% students *strongly agree* that missing monthly periods, nausea, vomiting, enlargement of the nipples, full and tender breasts, positive pregnancy test are definite signs of pregnancy and pregnancy occurs when semen with live sperm is deposited in the vagina or cervix and fertilizes a live ovum (question no. 9 and 10).

5.2.2 Questionnaires addressing sexual activities

The majority of the responses were distributed equally in five scale points showing that the students are not clearly aware about some of the issues pertaining sexual activities in baseline data collection. 50.8% students either agree or have no idea that our culture and religion say nothing about a young unmarried woman having a baby (question no. 1) during baseline data collection. But after intervening there are good responses (73.8%) that traditionally our culture and religion do prohibit such activity with discrimination and religiously it is a sin to uphold such practice but still there are few responses agreeing that things are changing culturally with change in time influence by modern lifestyle.

During baseline collection 13 students *agree* that they should not say "NO" to sexual invitation from their lover as it may offend them while 10 students neither agree nor disagree (question no. 4). And 13 and 16 students in (question nos. 6 and 7) respectively agree the statements that "*It is necessary to do sex to express love to your girlfriend or boyfriend and sex is a gift so we have to enjoy every time*" but 48 students *strongly disagree* in these cases during post data collection. Students knew that they need appropriate life skills to deal and overcome such ignorance.

In (question no. 3), 29 students believe it is abnormal to have sex fantasies and mood changes during adolescent while 23 students disagree that adolescent are more active in

sexual activities because of rapid hormonal changes happening in their body. Furthermore, 47.5% students agree on adverse side effects regarding masturbation (question no. 10) before intervention. However, after intervention majority of the students (75.4% and 88.5% in both cases respectively) *strongly agree* that it is normal phenomenon in adolescence. Moreover, 50 students universally accepted that there are no side effects of masturbation except if the masturbation is frequent, there is chances of becoming weak physically and infertile.

Surprisingly, 83.6% responses (question no. 8) agree that woman are always the victim of rape case because man are sexier than woman and unfortunately 19 students also believe that it is a woman's fault if she raped (question no. 9) in baseline data graph. After intervention, fortunately, maximum students (100%) don't agree that if a woman is raped, it is actually her fault. Also 83.6% responder believes education of sexuality in school will never lead to sexual experimentation rather such education will help them in understanding adolescent sexuality which would be helpful to them in overcoming ignorance regarding adolescent sexual health.

5.2.3 Questionnaires addressing STIs, HIV/AIDS

Most of the responses in baseline data are fairly distributed. This shows that the participants lack valid information regarding STIs, HIV/AIDS. 18 students (question no. 2) agree that women can have an STI without knowing it and 19 students (question no. 1) also agree that women are responsible for spreading STIs while after intervention 73.8% (45) students (question no. 2) agree that woman can have some STIs without knowing it because they remain dormant in woman body and 91.8% (56) students (question no. 1) agree that women are responsible for spreading sexually transmitted diseases because they possess dormant STIs germs. All 61 students (question no. 3) agree that multiple sexual partners spawn high possibility of acquiring STIs.

During baseline data collection (question no. 4 and 5), 17 students disagree that sharing needles and syringes increases the chances of HIV transmission and 35 students agree that using the needles and syringe after cleaning them with water or spirit prevent HIV transmission respectively. And 20 students (32.8%) says that they have no idea whether HIV can be transmitted if being bitten by a mosquito

that has bitten HIV infected person (question no. 6) and 24 students (39.3%) agree that it is possible. However, in post data collection, 60 students (51 *strongly agree*) agree that sharing needles and syringe increases the chances of HIV transmission (question no. 4) and 57 students (47 *strongly disagree*) that using the needles and syringe after cleaning them with water or spirit prevent HIV transmission. They knew that they have to boil needles and syringes in water before using them for at least 20 minutes (question no. 5). Moreover, all 100% students (question no. 6) are convinced that mosquito bite never spread HIV.

Furthermore, most of the students in post data collection are aware and agree that they will never get infected while sharing public toilet and going to the school with HIV infected person (question no. 7 and 8). And donating blood is very safe and most of the students agree to donate blood for the good cause (question no. 9). Moreover, they maximum students knew using condom is good practice but it is not 100% safe to protect themselves from STIs, HIV/AIDS (question no. 10).

Additionally, 100% (question no. 12) students *strongly disagree* that having sex with virgin or young woman is not a cure for HIV knowing it's just a myth and 41 students (question no. 11) also *strongly disagree* that they cannot catch STIs again after they have treated for STIs and cure.

6. GENERAL FINDINGS

The following are the summed-up findings of this research:

- ❖ During baseline data collection and early intervention, the student especially, young girls were very timid and reluctant to answer and discuss queries on sexual health. But gradually after educating various life skills like effective communication, interpersonal skills and decision makings, children are actively involved in a dynamic teaching and learning process. They actively involved in group and pair activities, brainstorming, role play, games and debates rising questions to the researchers to clarify their doubts and traditional myths on adolescent reproductive sexual health and STIs. Imparting life skills education in children and adolescent brings valuable benefits

which include promotion of self-esteem and self-confidence [16].

- ❖ Young boys and girls not only knew their individual reproductive health but also learnt to revere their opposite sex. Their attitude towards each other was immensely improved and value each other with respect. Antisocial activities like teasing and bullying were reduced. Life skills enable individual to translate knowledge, attitudes and values into actual abilities and enable individuals to behave in healthy ways [13].
- ❖ They were well equipped with the knowledge that engagement in 'early' sexual activity is usually considered as an unforgiving high-risk behaviour and understood that family background, environment, getting involved with the 'wrong crowd' etc are in fact bigger determining factors. Moreover, having unprotected sexual intercourse and/or engaging in sexual intercourse with multiple partners involves a series of serious risks and consequences such as Sexually Transmitted Diseases (STDs) (syphilis, gonorrhoea, chlamydia and HIV/AIDS) and unwanted adolescent pregnancies
- ❖ Some students started to stretch extra efforts in academic rather than diverting their interest in unhealthy activities like being in relationship/affair. They learnt skills to cope with their stress and emotion. Young girls understood ill consequences of early pregnancy, how it will affect their schooling and life. They discern to respect their fragile body with the skills; self-awareness, empathy, etc., and furthermore knew their 'sexual and reproductive rights and knowledge of 'conception' which will be essential in their future marriage. Results of research studies proved that life skills education improves the academic performance of individuals [17].

The children could grasp the main objective of life skills educations that is developing a concept of oneself as a person of worth and dignity. Various skills like responsibility, communication, intellectual capacity, self-esteem, interpersonal skills, leadership, etc. extends its maximum level by practicing them effectively.

7. LIMITATIONS

Though with the best effort to expand the understanding of adolescent sexual reproductive

health to the students and involving applicable life skills to combat them by applying various intervention strategies, there were few limitations beyond researchers' control.

A set of 11 questions (both quantitative and qualitative) were distributed to the teachers to understand the challenges to implement the LSE effectively in the school. Items in the questionnaires that investigated on the implementation of LSE addressing Adolescent Reproductive Sexual Health were tallied into frequencies then presented as percentages in tables. The coded data were calculated and analysed using the Statistical package for Social Science (SPSS) version 17.0 computer software.

7.1 Lack of Trained Personal (Professionalism)

From the Table below, among the teachers who are interviewed, the majority (96%) were untrained teachers on LSE while only 1 (4%) was trained. This provided observation that almost all the teachers in UCS are not professionally trained to teach LSE in the school.

Table 3. Professionally trained teachers on LSE

Level	Frequency	Percent
Untrained	24	96.0
Trained	1	4.0
Total	25	100.0

In order to have an effective implementation of life skill education there is a need for professionally trained and skilled personal. Professionally training requires a purposefully planned programmed of study by experts which has the approval of a competent authority and a group of experts to train the trainers of LSE. Poorly prepared staff was seen to only mess up the programme considering that life skills education is extremely sensitive and sometimes controversial.

7.2 Lack of Enough Time

Time line of this research was a short-term Programme of approximately four and half months which could only facilitate knowledge acquisition and a slight change in attitude. Being fact that the researcher will not be able to control the views of respondents, this may affect the validity of the responses.

Moreover, assisting positive behavioural intentions as expected outcomes was tough to regulate and assure by allocating only 50 minutes class once in a week.

Table 4. Adequacy of time allocation for teaching LSE by teachers

Response	Frequency	Percent
Inadequate	12	48.0
Adequate	13	52.0
Total	25	100.0

However, majority 13 (52%) teachers still believe that 50 minutes class once a week for LSE is enough to bring positive change in students. But 48% teachers argue that one period in a week for LSE is not sufficient for complete behavioural change in students, although there may be some slight behavioural changes and students may equip with some information on issues with limited concept of life skills.

7.3 Inadequate Resources

Availability and quality of resource materials and facilities have a great influence and challenges on the implementation of a life skill curriculum in the school. All the teachers, 25 (100%) of UCS use recommended curriculum book, *Guidebook for Teachers on Adolescent Health*, to teach LSE in the class. Few of them use videos but none of them use magazines and newspapers. This is probably that they have no access to such materials because UCS is located far away from such source centre.

Table 5. Learning and teaching materials used by teachers

Learning material	Frequency	Percent
Videos	6	24.0
Magazines	0	0.0
Newspapers	0	0.0
Books	25	100.0

A variety of new materials need to be in place before a programme can be implemented in the form of books, videos, tapes, pamphlets and so on. There is a high need for life skills materials in school as those available are inadequate. This could be because life skills education being a non-examinable subject, concern stakeholders may not have seen the need to publish books and other materials since the demand is low.

8. CONCLUSION

The results of this research studies exposed that making students familiar with their sexual reproductive health and teaching related life skills are influencing strategies to reduce early pregnancy and limit transmitting STIs. Imparting life skills training through inculcating life skill education will help our adolescents to overcome deteriorating behaviours in life.

Life skills education can serve as a remedy for the problems as it helps adolescents to lead a better life. Therefore, life skills education is a need of the society and every education system should impart life skill education as a part of its curriculum as it is capable of producing positive health behaviour, positive interpersonal relationships and wellbeing of individuals. The improvements in their understanding on the issues is clearly shown in post data compare to baseline data.

Adopting ‘abstinence’ and delaying sexual activities has become a very widespread means of prevention using skills like self-awareness and coping with emotion and decision making. Our intervention invites adolescents and young people to engage in complete or partial abstinence from sexual activity at least until marriage. Because we can proudly claim that this is the only method that can guarantee total protection from STDs (Sexually Transmitted Diseases) as well as unwanted adolescent pregnancies.

CONSENT

As per international standard or university standard, respondents’ written consent has been collected and preserved by the authors.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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