Incorporating Comprehensive Sexuality Education (CSE), Mo Katha Mo Kahani (MKMK)

ACROSS SECONDARY AND HIGH SCHOOLS IN Boudh DISTRICT

PROCESS | EXPERIENCE | KEY LEARNING
Content:

1. Forward

2. Introduction and Overview

3. Project “Mo Katha and Mo Kahani”

4. Setting the Schools for CSE Learning

5. CSE For Out of School Adolescents

6. Project Achievements

7. Key Learning

8. Reflection

Forward

Every fifth person in the world i.e. around 20% of global population is adolescents and slightly more than this, in India, adolescents comprise of 20.9 percent. Adolescents in India faces limited access to health information and services. Different factors like poverty, gender inequality, social economic status, social norms and tradition play crucial role in determining adolescent’s access to sexual and reproductive health knowledge and available sexual and reproductive health services.

Youth Council for Development Alternatives (YCDA) with support from EDUKAN, The Neatherland is implementing a pilot project on Comprehensive Sexuality Education (CSE) to ensure access to relevant quality sexuality education to adolescents between the age group of 9 to 15+ years in Government run secondary and high schools of Boudh district of Odisha. The initiative also includes adolescents, who are out of school and are/can be potential peer influencers for in school adolescents and are living in peripheral villages of the targeted school. The project also adequately and intensively involved parents, community leaders, PRIs and village level health workers to create an enabling environment around adolescents to learn CSE in a surrounding of encouragement and support.

In coming days YCDA is planning to upscale its learning on CSE and will work with more schools, villages, adolescents, community and with the system.
Evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive and life skills-based, and can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. When young people are equipped with accurate and relevant information, when they have developed skills in decision-making, negotiation, communication and critical thinking, and have access to counselling and health services that are non-judgmental and affordable, they are better able to

- Take advantage of educational and other opportunities that will impact their lifelong well-being;
- Avoid unwanted pregnancies and unsafe abortions;
- Improve their sexual and reproductive health and protect themselves against STIs, including HIV;
- Understand and question social norms and practices and contribute to society and
- Can take informed decisions about their life in an environment of positive peer learning and support from parents and community.

The adolescent represents the vibrant part of the society in India. 20.9% of population is of teenagers in the age group of 10 – 19 years, India (Census of India 2011). Adolescence is a period of transition from childhood to adulthood and is marked by rapid physiological and psychological changes. In order to prepare young people for life and work in a rapidly changing
world, it is extremely important to empower them with appropriate information and skills. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease or infirmity as defined by the WHO.

Odisha has a population of 42 million (2011 census) with 22.7% adolescent. There are study findings which indicate slow and poor achievements in some of the health indicators like IMR and MMR which has a direct bearing on adolescent life skill and sexuality education. With 88.4 lakh adolescents, the state is struggling to overcome the twin evils of poverty and backwardness, adolescence still continues to be a gray area crying for active policy and program attention.

PROJECT “MO KATHA MO KAHANI”

Considering the above backdrop, Youth Council for Development Alternatives (YCDA), with support from Edukans, The Netherlands, started a pilot initiative taking eight secondary and high schools in the district of Boudh. The project is on life skill based Comprehensive Sexuality Education (CSE) to adolescents in their schools to promote positive life skill and sexuality behavior among adolescents “with a goal to enable adolescent through comprehensive sexuality education (CSE) to protect their health, well-being and dignity as they mature into sexually healthy adults. The initiative also includes adolescents, who are out of schools, in and are/can be potential peer influencers for in school adolescents and are living in peripheral villages of eight piloted schools. In process the project is directly working with 1100 adolescents.
PROCESS FLOW OF THE PROJECT

PREPARATORY PHASE

- Baseline survey
- Selection of schools and peripheral villages
- MOU with Govt. department
- Development of CSE curriculum Module, teachers tool kit, students learning copies
- Sensitization of parents and community
- Selection of teachers to roll out CSE in schools
- Development M & E tools/formats

PROJECT IMPLEMENTATION

- Formation of adolescents clubs
- Capacity development: Training to teachers and adolescent peer educator
- Advisory body meetings
- Rolling of CSE in schools and adolescent clubs
- Training of YCDA staffs on CSE
- Lesson observations
- PRE and POST KAP assessment of in school adolescents

POST FOLLOW UP & SUSTAINABILITY

- Quarterly learning exhibition of adolescents on CSE
- Focus Group Discussion with adolescents
- Dissemination of knowledges
- Upscaling to other schools
Setting the Schools for CSE Learning

The project is being implemented with district level Government within the school system and execution of CSE classes by the respective school teachers is happening within the regular school time. Substantial numbers of male and female teacher along with BRCC (Block Resource Centre Coordinator) and CRCC (Cluster resource Centre Coordinator) link to the eight piloted schools are trained by International and State trainers to roll out a specially designed CSE Curriculum name “Mo Katha Mo Kahani (My word my story) for adolescents. The curriculum is specially design with 16 chapters covering important aspects of life skills and CSE to bring substantial changes in knowledge, attitude and practice (KAP) level of adolescent on their sexual and health rights. Periodic assessment of KAP on CSE and need based special support is done to adolescents in their regular school evaluation and support format.

One of the key strategy of the project is to empower adolescents along with their parents, teacher, community, schools and other service providers on importance and need of right comprehensive sexual education (CSE) so that adolescents can learn, develop and take informed decisions on their sexual health in a much enabling environment with support from their parents, community and peers. Periodic sensitization meeting with parents, community members, SMCs, PRIs and other service providers is conducted to build demand and community acceptances on the issue.

### List of Schools

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Name of the GP</th>
<th>Name of the Village</th>
<th>Name of the School</th>
<th>Number of Adolescence in school (10 to 15 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Talasarada</td>
<td>Kankala</td>
<td>Kankala PUPS</td>
<td>90</td>
</tr>
<tr>
<td>2</td>
<td>Talasarada</td>
<td>Tainjan</td>
<td>Tainjan PUPS</td>
<td>129</td>
</tr>
<tr>
<td>3</td>
<td>Mundipadar</td>
<td>Palaspat</td>
<td>Palaspat PUPS</td>
<td>84</td>
</tr>
<tr>
<td>4</td>
<td>Mundipadar</td>
<td>Balakira</td>
<td>Balakira PUPS</td>
<td>64</td>
</tr>
<tr>
<td>5</td>
<td>Mundapada</td>
<td>Mundapada</td>
<td>Mundapada GUPS</td>
<td>291</td>
</tr>
<tr>
<td>6</td>
<td>Mundapada</td>
<td>Mundapada</td>
<td>Mundapada High School</td>
<td>183</td>
</tr>
<tr>
<td>7</td>
<td>Brahmanipali</td>
<td>Brahmanipali</td>
<td>Brahmanipali PUPS</td>
<td>90</td>
</tr>
<tr>
<td>8</td>
<td>Brahmanipali</td>
<td>Brahmanipali</td>
<td>Brahmanipali High School</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1001</td>
</tr>
</tbody>
</table>
The project is continuing in 8 schools through a well structured and need based curriculum on CSE for adolescents as an integral part of their school learning system (part of school routine) in which teachers will play a major role as a facilitator of MKMK curriculum. The core approach of the project is to include community especially parents and SMC members as the key stakeholders in knowing and reviewing the entire learning process of children by engaging with the teachers and children frequently. The district and block level Government officials along with the BRCC and CRCC are key stakeholders in the entire project process.

- In 8 piloted schools the part one MKMK curriculum has been finished successfully and around 900 adolescents pre and post KAP assessment done and analyzed. Each adolescent’s learnings on CSE are tracked and captured.
- The part two MKMK sessions in schools are in process and almost 4 to 5 subjects are finished out of 8 subjects.
- Pre KAP assessment on part two MKMK done in all the schools.
- In process 25 teachers and four CRCC along with 8 YCDA staffs are actively engaged with adolescents in the process of their learning.
- All schools have supplied with a tool kits, part 2 teachers manual and students learning copy.

Every quarter adolescents are exhibiting their learning before teachers, parents and community leaders through different pictures and speeches on their CSE learning.

**To roll out the pilot project in schools, following activities are conducted.**

- Eight schools (Upper Primary and High schools) are selected in the district with the permission from school department.
- A well designed and adoptable life skill based CSE curriculum is developed by in consultation with different experts working with Govt. and UNFPA.
- A tool kit for teachers to run the CSE classes in schools is developed with pictorial and illustrative on CSE learning. The purpose of the tool kit is to equip teachers to take CSE sessions
effectively any in a participatory approach to enable students know and internalize their learning.

- Around 25 teachers, including BRCC and CRCC of the selected schools are selected through a proper process to carry the CSE learning in schools.
- To ensure quality learning of students Capacity development of teachers was given most priority and selected teachers are given with two phases of training by master trainers.
- In process 25 teachers and four CRCC along with 8 YCDA staffs are actively engaged with adolescents in the process of their learning.
- Before introduction of CSE classes in schools community awareness program was organized in each feeding villages, (from where adolescents were coming for the school). The purpose of the awareness program is to aware parents, community leaders and SMC members on the importance of CSE learning for their children and role of the community in encouraging and participating in process.
- The CSE classes are happening weekly once in the scheduled schools in a regular basis.
- All schools have supplied with a tool kit, teachers manual and students learning copy.
- Every quarter adolescents are exhibiting their learning before teachers, parents and community leaders through different pictures and speeches on their CSE learning.

**Teachers Training**

In the month of February 2018 the 1st phase teachers training was conducted total 25 teachers of which 16 are male and 7 are female teachers were trained on the first part of the MKMK curriculum covering total 8 chapters.

**2nd phase teachers training:** In the month of November 2018 total 16 teachers, 5 CRCCs and 2 out of school adolescents (peer educators) also participated in the training programe.

Per school two teachers along with the BRCC and CRCC were trained to facilitate MKMK rolling out in the schools. The training was on to build capacity of teachers to conduct CSE classes on chapter 9 to 16.
Teachers are equipped with some facilitation tools which are as follows:

1. Teachers MKMK Curriculum. (Part one and part two)
2. Teachers Tool kits to facilitate CSE learning with visual representations.
3. Students’ workbook exclusively for adolescent to capture CSE learning’s.
4. A well developed CSE session plan in line with the schools system, ( the way teachers are following session plan for other subjects )

The training was facilitated by Herman Kruijer, Edukan, The Netherlands and consultant Ms. Sneha Mohapatra.

Class room observations:

Periodic class room observations of CSE classes in each school are done in a scheduled routine. The BRCC, CRCCs and some selected YCDA staffs were oriented on how to conduct the class room observation in each of the MKMK schools.

Observing teachers in the classroom while they conduct CSE lessons on schools with adolescents and providing feedback on teaching are critical components of teachers’ capacity building as well enabling proper learning of adolescents on CSE. To support the observer to understand the principles and processes of class room observation on CSE sessions a A guideline along with a checklist is developed to conduct the whole exercise of class room observations .and for handholding support to the observers.

The class room observation exercise has an aim to support the teachers in facilitation of MKMK in classroom, so it is not an assessment. The purpose of the exercise is to ensure quality classes and to support the teachers by giving them feedback to improve skills to conduct CSE classes effectively.
16 CROs were conducted during the part one MKMK in 8 schools during running of sessions 4 or 5 and in sessions 7 or 8. For part two the CRO has been conducted for 9 or 10 in all the 8 schools.

The observations were carried by using a specific format called lesson observation checklist supported with a guideline on how to carry this exercise successfully. Four major parameters like content facilitation, structure and lesson plan, pupil’s response and group process and teachers actions were taken and under each parameters there are sub parameters.

**CSE Learning Exhibition:**

Every quarter adolescents are exhibiting their learning before teachers, parents and community leaders through different pictures and speeches on their CSE learning. The exhibition is conducted within the school in presence of parents, teachers, community leaders, SMC members and village level service providers. The exhibition create supportive surrounding for adolescents to practice and discuss about their health and developmental needs before the elders and reduced taboo and blind beliefs involved at community level to facilitate healthy development of an adolescents in a healthy circumstance.

**KAP assessment of adolescents:**

*As an important activity under the M & E strategy of the project, it accentuates the need of assessing the knowledge of targeted adolescents on sexual and reproductive health inclusive of life skills and also understanding their perception towards comprehensive sexuality education.*

The Mo Katha Mo Kahani project in its M & E framework has scheduled for pre and post assessment of Knowledge, Attitude and practice(KAP) of learners i.e. adolescents. For ease of execution, KAP assessment will be separate for part one (chapter 2 to 8) and part two (chapter 9 to 16) of the curriculum with both pre and post assessment for each of the part. Total Duration 45 minutes with 15 minute orientation by teachers and 30 minute to fill up the questionnaires.

<table>
<thead>
<tr>
<th>Total adolescents participated:</th>
<th>Total Adolescents</th>
<th>Age group</th>
<th>Boy</th>
<th>Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>857</td>
<td>11-15 years</td>
<td>402</td>
<td>455</td>
<td></td>
</tr>
</tbody>
</table>
Total 857 adolescents in schools participated in the KAP assessment out of which 402 are boys and 455 are girls. The same adolescents participated both in pre and post KAP assessment.

The assessment were conducted in two phases, in part -1 chapter 1 to 8 learning outcomes were assessed and in part -2 chapter 9 to 16.

Total 12 teachers and 4 head masters carried the assessment after a proper orientation from YCDA staffs about the questionnaires and process to conduct the assessment.

Then teachers orient the students like understanding about the options of each question which is like as 1. Yes, 2. No, 3. Don’t know, 4. Unable to do provide the answer & if children’s not understand the questions the teachers will help the children.

Out of 46 measurable indicators, in 40 indicators the adolescents have significantly improve their knowledge, attitude and practice level.

There seems good knowledge level enhancement among adolescents on their reproductive health rights. The attitude and practice level of adolescents on positive life skills and reproductive health rights indicates very positive and rapid growth. In practice level the post result shows more improvements, which indicates that once the adolescents will get right information it will not take much time for them to bring a positive attitude and will put it in to action in less time.

The table below indicates the comparative results against the desirable answers in pre and post KAP findings.
CSE FOR OUT OF SCHOOL ADOLESCENTS

To create a friendly atmosphere through peer learning and peer pressure, adolescent clubs are formed at the village level. All the out of school adolescents between the age group 11 to 19 are part of the club. 20 adolescent clubs are formed with 293 adolescents in the age group of 10 to 19 in which 70 % are girls.

Following activities are conducted in the adolescent clubs:

- Adolescents Clubs are organizing monthly meeting in their respective clubs regularly every month.
- There is a peer module for out of school adolescents which is being discussed and trained by the trained peer educators in their respective clubs.
- The peer educators are selected among the out of school adolescents and they lead and facilitate CSE learning of out of school adolescents.
- Every month one topic is being discussed following the school level CSE curriculum.
- Career Counselling camps were organized with the collaboration of Govt. (RSETI) where 52 numbers of adolescent boys & Girls has participated.
- The Girls were found to have interest in Tailoring, Candle making, Beauty parlour courses etc., similarly the boys had interest in Electric wiring, Driving etc.
- 26 numbers of adolescents both boys & girls have selected to join vocational training and have already filled the forms to join the course and forms have been deposited in the presence of RSETI staffs.
- The adolescents through their clubs are doing regular savings. An amount of Rs. 15000 have been saved by the adolescents which mostly they use for their health purpose and purchasing of sanitary napkins.
- All 8 schools covering total 24 peripheral villages have conducted the adolescent meeting regularly.
- 6 Numbers of adolescent resource centres have been established where the adolescents & communities also doing their meetings.
- 6 numbers of cases also reporting in SRADHA Clinic where children have been getting proper counselling. With the administration of regular medicine children have been able to cure themselves.
• The out of school adolescents are learning CSE through a well developed curriculum with 10 chapters by their peer educators and YCDA staffs.
• CSE rolling villages have reported zero child marriage during the project period.
• 20 peer educators are trained to take session in their respective adolescent clubs.

**PROJECT ACHIEVEMENTS:**

• Around 2000 adolescents from 24 peripheral villages of 8 schools are influenced by the in school adolescents going through MKMK.
• Around 5000 community members including different face to face group like SHGs, mothers groups are knowing about the progress of the project.
• Around 10 Panchayat Representatives showing their interest on CSE learning in schools.
• Other teachers including head masters and other teachers are also developing their interest on learning of CSE in schools.
• All health and nutrition government extension workers in four GP operational areas are providing support to the project through attending meetings and other project activities.
• 70% of adolescents are getting government schemes and services.
• 20% adolescents have gone through career counselling and linkages to vocational trainings.
• 4 lady teachers are actively engaged.
• YCDA initiative on CSE is being recognized by district and state Government.

---

**Khushi (meaning "Happiness" in Odia)** is a female health and hygiene program run by the Government of Odisha to provide free sanitary pads to girl students in Odisha. It was launched on February 26, 2018, by the Chief Minister of Odisha, Naveen Patnaik. The Government of Odisha will spend 70 Crore Indian rupees annually for running this program in the state. Under this scheme, the Health Department of Odisha Government aims to provide free sanitary pads to 1.7 million girl students from grade 6th to 12th in government and government-aided schools. Also, it aims to promote health and hygiene among school-going girls and higher retention of girls in school.

Some sample napkins were first remain in community with the village level health worker ASHA and adolescent girls collect napkins from the health workers. The sanitary napkins will be available to in school girls in the state of Odisha. The scheme will strengthen the implementation of MKMK by focusing on menstruation health and hygiene of adolescent girls and create an environment for girls to feel empower and positive to share on their reproductive health in a more scientific way thus keeping them away from infection and related diseases.

The Government India recent declaration to **tax free the sanitary napkins** will definitely encourage parents to afford for their girls hygiene during their menstruation period.

With such initiatives now sanitary napkins use and availability is not an issue of taboo at the community level. Everybody are open to discuss and think the girls health and hygiene during those critical days.
Key Learning:

- The male teachers shy away to talk about sexuality, and girls do the same when these topics are taught by a male teacher. Then, male teachers are quite often engaged in sexual abuse of girls. The male teacher who has to teach CSE should be selected carefully, and has to have a good moral standard and behaviour. Unfortunately, some schools have only male teachers.
- Teacher training will be crucial for an effective introduction of CSE in schools.
- At community level the discussion about sexual issues (including menstrual hygiene) is discouraged.
- Migration of families makes it difficult to ensure a sustainable effect among the target group.

Reflection

“Before starting the programme, when interacting with children, the teachers were very hesitant to discuss the topic of menstrual hygiene with the children. Now they are much more comfortable to the topic. Especially the female teachers want to bring something on personal hygiene. Whereas most teachers are male, we have sought and found support from mother groups.”
Case Story-1

Choosed life over smoking and bad friends

Shashi Mahakud, a 18 yrs boy who lives in Dambarugad Village which is a peripheral village of Kankala. After completion of his Intermediate at the age of 17 he got involved in to a bad circle of friends and started smoking cigarrette and chewing Guthaka (tobacco). Sashi was also a member of Jhansi Rani Laxmi Bai Adolescent club of Kankala village but barely was active among his peers in group activities or adolescent club meetings. Meanwhile he also dropped out of his college and went to to Tamil Nadu in pretext of securing a job there. After getting information on Shashi, his adolescent club members along with YCDA Staffs regularly contact to Sashi to come back to Odisha after. Two months later after a series of counselling over phone, he returned. Now he is an active and regular members of the adolescent club and learning CSE on regular basis. Currently he has quit tobacco and is an active member of the adolescent club. He is also a good & active peer educator of this adolescent club. Recently he is member of Odisha Alliance for Child rights (OACR). In the recent Children’s Manifestoes which was organized on dated 27th & 28th January 2019 Through OACR Sashi demands to the political parties for changing rooms in schools for adolescent children , also compulsory HIV test for adults before marriage , free health check up with free medicine provision for the children in all schools at least once in every month, introduction of life skill & adolescent health education in school curriculum. The adolescent club completely changed Shashis life. Now he is very happy & Continuing his study.
Case Study II

**Sampurna Adolescent club** operates in Kamira village of Mundapada Gram Panchayat, in Boudh district. This group comprises of 38 adolescent girls as members. There was a training session conducted in the year 2017 where the counsellor of Sradha Clinic was present. The counsellor trained the Adolescents about STI (Sexual Transmitted Infection) & RTI(Reproductive Track Infection) and the signs & symptoms in both boys & girls. After 7 days of training a girl named Pragyan Sahu (name changed) aged 17 yrs came up to the adolescent meeting & told that she was affected with STI. She explained about the symptoms, Lower abdominal pain, painful itching & burning sensation while urinating. The group representative spoke to her parents immediately & decided to send her to Sradha Clinic in Boudh the next day itself in coordination with the village ASHA worker.

Next morning Pragyan was taken to Sradha Clinic in Boudh by the village health worker (ASHA worker) & a YCDA Staff. The counsellor of Sradha Clinic Ms. Gitanjali Pradhan counselled her & educated her about good personal and mensural hygiene and thus was provided with proper treatment for the same.

Pragyan took medicines prescribed to her by the doctor for 6 months. She also visited the counsellor & the doctor regularly as asked.

She took the courage and shared her story among her peers helped to create awareness among the other group members. Now she is completely cured and is living a healthy and happy life with her parents.