

CASE STUDY SEGMENT

IMPACT ASSESSMENT OF REPRODUCTIVE HEALTH MODULE

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SUBMITTED TO
KIIT SCHOOL OF RURAL MANAGEMENT
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CERTIFICATION

The undersigned certifies that **Mr. Raktim Dhara** has read and hereby recommends for acceptance by the KIIT School of Rural Management, a Case Study Segment (CSS) Report entitled **“Impact Analysis of Reproductive Health Module”** in partial fulfillment of the requirements for the Degree of Master Business Administration (Rural Management) of the KIIT Deemed to be University.

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Prof. Nirmal Mandal

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ACKNOWLEDGEMENT

For the duration of this study I have been fortunate to receive support, encouragement and advice from our faculties to whom I wish to express sincere gratitude. Firstly, and foremost my faculty guide Prof. Nirmal Kumar Mandal who has provided constant support, encouragement and giving inputs to our research throughout the study period. My heartiest thanks to KIIT School of Rural Management and The Director Prof. Nishith Parida for his support throughout the internship period. Thanks to all the faculty members who gave their valuable inputs. Particularly I would like thank CSS coordinator, Prof. H.S. Ganesha for his immense support during data analysis stage.

I would also like to acknowledge the many nameless participants who provided the secondary data which provided the basis for this research. I would also like to thank to my family for their encouragement, love and support throughout of this study. Last, but definitely not the least, I would like to thank the 60 children who so kindly and enthusiastically gave us their time, and opened up about their lives, enabling us to conduct this study.

EXECUTIVE SUMMARY

“The City of Lakes”, Udaipur, majestic and culturally rich as it is, also has 55% of its population living below the poverty line. ‘Seva Mandir’ is one of hundreds of organizations in the area, working towards alleviating this and several other similar causes. Founded over half a century ago, the organization is a landmark in the city and has touched the lives of 5,00,000 people since, spread over 1300 villages. Starting off with a focus on adult education, they expanded into natural resource development and women’s empowerment, and have since further diversified, creating change in areas including early childcare, combating malnutrition, water, sanitation, sexual health, sustainability, peri urban governance, and youth empowerment. They work through a widespread network of experts and volunteers to focus on improving lives and strengthening communities.

An initiative by the NGO’s youth cell, the ‘Rural Football Program’, began 3 years ago with an aim to engage youth through sport, for all its intrinsic benefits, and leverage the relationship to involve them in awareness, education, and skills development programs. The program has been a considerable success, seeing nearly 400 youth with a remarkable 45% girls sign up. It achieved several milestones including creating district level teams, the girls’ team placing second in this tournament in January 2020, and the women’s team departing far from their traditional attire to don shorts while playing, breaking a new gender barrier. In addition, organization has taken effective steps to address concerns such as good and bad touch, water sanitation and hygiene, gender equality, reproductive health, and non-communicable diseases. The scope of our project, in the backdrop of these successes, was to first assess and then enhance the knowledge level of children regarding reproductive health through a module.

For assess the impact of the module, we compared two groups of children. In first group (test group), module was implemented and for the second group (control group) it wasn’t. For the evaluation of the children 2 set of questionnaires have been prepared respectively for Pre-test & Post-test. Each questionnaire was consisting of 10 questions. Used 5-point Likert Scale to prepare the questions.

Total 60 the interviews were conducted 2 times across 6 YRCs (Youth Resource Centers) from the safety of our homes, as CoVid-19 prevented us from conducting any field visits. I conducted 25-30 minutes long interviews with each child, to assess their score over the phone. An independent sample t test was run to compare the existing knowledge of both boys and girls before preparing the module, where independent variable was gender and dependent variable was pre-test scores of the children.

Depending upon the Pre-test data collected, a targeted module has been prepared to enhance the respected subject knowledge. Pilot test conducted through zoom for 30 children, which was my test group. After 21 days Post- Test data collected from the same 60 children over phone.

An independent sample t test was run to assess the impact of the module, where independent variable was gender and dependent variable was pre-test scores of the children. After analyze all the data I have found that the module does create an impact, but due to time constraint it is not very big.

I believe the study would be much more accurate if I had more time, so I could work with a larger sample size. Though, my 6-week experience evolved unexpectedly and taught several important managerial lessons, most importantly how to adapt to ever changing circumstances and being able to push forward through multiple alternative avenues, to get a job done.

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1. INTRODUCTION TO THE ORGANIZATION

Founded in the 1968, Seva Mandir began as a non-profit organization in Udaipur, Rajasthan, through the efforts of the visionary Dr. Mohan Singh Mehta, an educationalist, ambassador, and administrator. In its early days, it focused on 'adult education' to enable these men and women to become active participants in their own development. Adults were prepared to work on developmental issues, partnering with the government through panchayats and other such bodies.

As the years went by, Seva Mandir expanded and leadership was convinced that they were not doing enough. The organization was a firm believer of collective leadership accomplished through inclusivity and responsibility of the members of these villages themselves: the concept of 'Participative Development'. They expanded into natural resource management and working with women's empowerment as well. In the decades post, Seva Mandir flourished into a large and reputed institution and expanded into a wide range of activities- primary education, early childhood care, governance, health, to name a few. Recently, it has also expanded beyond rural areas into peri urban and urban slum areas, maximizing their reach in two districts (Udaipur and Rajsamand) of Southern Rajasthan.

As of today, Seva Mandir reaches 1300 villages and 5,00,000 lives, staying true to their mission on bringing positive social change through participatory development. The total area of the districts covered by Seva Mandir is 16,000 square kilometers-all arid and hilly land. Villages are spread over this area, composed of groups from different castes and tribes. A staggering 84% are subsistence farmers, with small landholdings. Over recent years, the men have tended to look towards more urban dwellings for better wages, leaving the women and children to take care of the house and land holdings. 70% of the population here is also tribal, traditionally from the forested lands, and have low access to facilities, development and often face discrimination. In this backdrop, Seva Mandir has gradually entered many facets of social development which includes sustainable development, woman empowerment, WASH program, combatting malnutrition, education etc.

2. BACKGROUND OF THE PROJECT

Launched in July 2018, this program was the brain child of Seva Mandir's former CEO. The first camps began in the Christmas season that same year, and have been a remarkable success. The program saw a participation of 461 children in its 15 odd months running so far, with children from 48 villages. There are 8 such camps (reduced to 7 this year) attached to different YRCs, attracting the youth from all the nearby villages.

It ensures quality football training is provided, 6 days a week, for an hour and half each day. The coaches are former Rajasthani State football players who have undergone advanced training to coach the children. Sundays see the children playing for 3 hours, grabbing extra day light, and Fridays are the weekly off.

The program was launched with a vision to engage the youth. While the YRCs have existed for over a couple of years now, they remained at a loss of how to engage children regularly and ensure high attendance for their skills and awareness programs. They remained large indoor spaces with games and libraries, but failed to attract a substantial footfall. The rural football program was to rectify this. Thus, the goal was to engage the youth of Seva Mandir, provide them the physical and other benefits sports has to offer, and leverage this connection to provide them vital awareness and skills education.

Why football? The organization wanted to pick a popular sport that would draw the masses, had international appeal, involved physical activity, and also team playing. Football ticked all those boxes and Udaipur also had a pool of skilled professionals who could be trained to coach.

With this stage set, the program was launched and as cited above, very quickly became extremely popular, drawing large crowds.

3. IMPACT OF THE PROGRAM

Major achievements of the program so far have been:

- Creating a boys' and girls' team to participate at the district level football tournament, with the girls' team placing second.
- Engaging 400+ youth across 48 villages, with a whopping 45% girls, that too in an area where girls playing sports was unheard of.
- Girls retiring their traditional long skirts and donning pants and even shorts, to aid physical activity; their families accepting this.
- Communities, traditionally not open to change, welcoming sport and the cohesion, community, friendships and even new attire it brought in.
- Active participation of hundreds of youth members at WASH, sexual health and other seminars organized at the YRC.
- Opening gateways to new careers for several girls and boys, who are now looking to pursue football or physical education further.

4. PROJECT SCOPE

In 2018, Seva Mandir launched the 'Rural Football Program on Rajasthan Youth,' which focuses mostly on adolescents (14-18 years old) and aims to improve interpersonal skills such as communication, leadership, and teamwork. Furthermore, the organization has made successful measures to address issues like good and bad touch, water sanitation and hygiene, gender equality, reproductive health, and non-communicable diseases. Different modules (or guidebooks) are being created in this regard. I was given the task of preparing a module on 'Reproductive Health.' The organization informed me that if the module is found to be beneficial, it will be applied for all children. That is why I conducted a module Impact Assessment.

5. OBJECTIVES

- ✚ To get an understanding of the children's current reproductive health knowledge and, through intervention, to improve it.
- ✚ To convey among adolescent females the value of proper menstruation hygiene and habits.
- ✚ To provide knowledge about various Sexually Transmitted Diseases.
- ✚ To provide an understanding of the significance of family planning and various population control approaches.
- ✚ To educate children about the dangers of teenage pregnancy.

6. METHODOLOGY

- ✚ Seva Mandir gave a list of over 350 youngsters who are currently enrolled in their programme after a quick outline to the organization and the project.
- ✚ A convenience sample method was used to select 60 youngsters from among them. Pick ten youngsters from each YRC (Youth Resource Center). There were five boys and five girls among them.
- ✚ For the children's evaluation, two sets of questionnaires have been produced, one for the Pre-test and the other for the Post-test. There were ten questions in each questionnaire. The questions were prepared using a 5-point Likert Scale.
- ✚ All of the primary data were gathered from 60 youngsters via a telephone interview.
- ✚ Secondary data was gathered from a variety of sources.
- ✚ A focused module has been designed to boost the respected subject knowledge based on the Pre-test data collected.
- ✚ My test group consisted of 30 students who participated in a pilot test done via Zoom. Each YRC has five children. There were 15 girls and 15 boys in all.

- ✚ Post-test data was gathered over the phone from the same 60 children after 21 days.
- ✚ Finally, all of the information was evaluated using SPSS and MS-Excel.

7. DATA SOURCE

7.1 Primary Data Source: Telephonic interviews and two targeted questionnaires were used to obtain all primary data from the 60 youngsters (Pre-test & Post-test). The pre-test questionnaire included 10 topic-related questions as well as personal questions (age, gender, social category, ongoing education, etc.). The youngsters were not asked any personal questions in the post-test questionnaire.

7.2 Secondary Data Source: For secondary data, I looked through a variety of organizational resources (prior reports, modules), reviewed various literatures (biological books, websites, and journals), and watched a variety of YouTube videos for references.

8. GEOGRAPHICAL IDENTITY

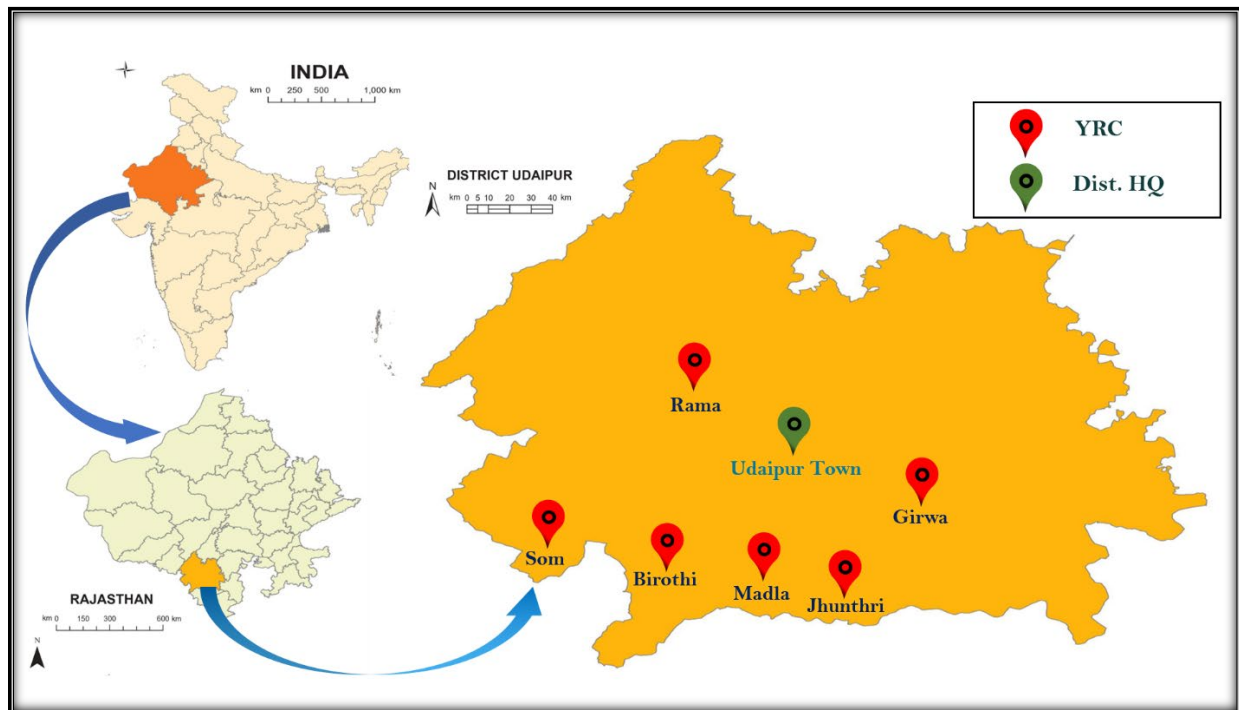


Figure 1 Geographical Location

The research took place in the Udaipur district of Rajasthan. Udaipur is one of the 33 districts of Rajasthan state in western India. The historic city of Udaipur is the administrative headquarters of the district. The district is part of the Mewar region of Rajasthan. The area of Udaipur District is 11,724 square kilometers. Udaipur district bounded on the northwest by the Aravalli Range, across which lie the districts of Sirohi and Pali. It is bounded on the north by Rajsamand District, on the east by Chittorgarh District and Pratapgarh District, on the south by Dungarpur District, and on the southwest by the state of Gujarat.

The 60 kids came from six YRCs in the Udaipur district - Rama, Som, Birothi, Madla, Jhunthri, and Girwa. For the study, ten children were chosen from each of the YRCs.

9. DEMOGRAPHIC IDENTITY

According to the 2011 census, Udaipur district has a population of 3,068,420. This gives it a ranking of 118th in India (out of a total of 640). The district has a population density of 242 inhabitants per square kilometer (630/sq. mi). Its population growth rate over the decade 2001-2011 was 23.66%. Udaipur has a sex ratio of 958 females for every 1000 males, and a literacy rate of 62.74%. At the time of the 2011 Census of India, 77.68% of the population in the district spoke Hindi, 19.23% Bhili, 1.06% Punjabi, 0.67% Urdu and 0.45% Sindhi language.

The sample size for the study was 60.

9.1 Age: All 60 children are between the ages of 14 and 18.

9.2 Gender: In the group of 60 children, there are 30 boys and 30 girls.

9.3 Religion: The Hindu community is represented by 57 children (95%), whereas the Muslim community is represented by three children (5%).

9.4 Social Category: 36 children (60%) belong to the General category, 17 to the Scheduled Caste (28%) category, 4 to the Scheduled Tribe (7%) category, and 3 to the Other Backward Class category (5%).

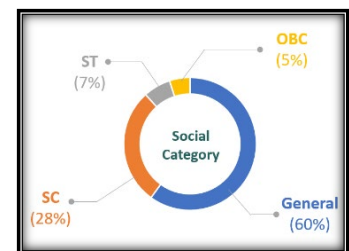


Figure 2 Social Category

9.5 Education: 45 children (75%) are currently enrolled in secondary schools, while the remaining 15 children (25%) are enrolled in higher secondary schools.

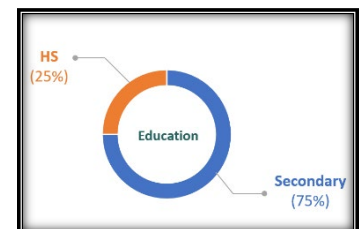


Figure 3 Education

10. STRATEGIES ADOPTED

10.1 Morphed Questions: Instead of asking direct questions from the questionnaire, create framed scenarios and ask the kids how they would react to them.

Direct Question	“Do you think people should use condom during sex?”
Standard Reply	“Yes, everyone should use it.”

Now, to obtain a better response, the above question was morphed into a situational question and then a variation in replies were observed.

Morphed Question	“If you already have two children and your wife tells you to put condom during sex, what will you do?”
Child 1	“I will listen to my wife as I don’t want any more child. ”
Child 2	“I will not use condom, because I will be uncomfortable wearing it”.

The morphing question enables us to recognize the various responses that the children provide. It can be deduced that the second reaction comes from someone who isn't completely sure how to wear a condom. However, the first response appears to be more forceful, since the child understands the need of contraceptive techniques and improved family planning. When we applied this method during the interviews, it worked well. Not only did we have a greater reaction from the children, but they were also able to understand the questions more quickly since they could relate to them.

10.2 Reverse Psychology: We discovered that the child had no strong feelings about some characteristics in some cases. He/she was offering an answer in order to present himself/herself as someone else in order to impress the interviewer.

Interviewer	"Do you think there should be classes on sex education in school?"
Child 1 & 2	"Yes. There should be classes on sex education in schools."

Based on the preceding dialogue, the interviewer can conclude that both children support the inclusion of "Sex Education" as a subject in schools because they both believe it is important to know. However, in order to double-check the child's feelings towards the inclusion of "sex education" as a subject at the secondary level, the interviewer introduced some bias in the following question, as shown below:

Interviewer	"I believe sex Education should not be taught in schools as it will create a bad impact on the children. What is your take on it?"
Child 1	"I absolutely agree with you. We don't require any such classes."
Child 2	"Sorry, but I don't agree with you. Nowadays sexual literacy is very much essential for every child and schools are the best place to get it."

When it comes to the inclusion of sex education as a subject at the school level, there is a clear difference between child 1 and child 2. Child 1 appears uninterested in learning more about the subject. Child 2, on the other hand, is sticking to her ideas. This indicates that kid 2 will score higher on this subject than child 1. As a result, interviewers asked comparable questions to see if the child was adhering to his or her position or offering different viewpoints on the same topic. The interviewers gave the children a rating based on this information.

10.3 Response Time & Choice of Word: We had to assess the children at several points during the interview to see if they had a point of view on a certain problem. To come up with a final score, we looked at the tone in which the child presented his or her point, rather than just the answers. Below is an example of a dialogue.

Interviewer	“Assume your menstruation starts and your mom does not allow you to enter in the puja room. Then what will you do?”
Child 1 (<i>After a Pause</i>)	“I will not listen to her and I will enter into the room.”
Child 2 (<i>Briskly</i>)	“I will make my mother understand that there is no harm in entering the puja room during menstruation and then enter into the room.”

Both children may be seen wanting to enter the puja room. However, when the interviewer posed the topic, Child 1 reacted after a brief delay and spoke softly about it. Child 1 stated that she will force her way into the room. When the question was asked, however, Child 2 answered more quickly and passionately. Child 2 stated that she would try to persuade her mother to let her enter the room. As a result, Child 2 will obtain a higher score on this question than Child 1.

11. DATA ANALYSIS OVERVIEW

- ✚ The pre-test questionnaire consists of ten questions in total.
- ✚ The post-test questionnaire also consists of ten questions in total.
- ✚ Each question has a score ranging from 1 to 5.
- ✚ For both the pre-test and post-test, a child's final score might range from 10 to 50.
- ✚ If a child receives a score of 50, we can presume that he or she is well informed about reproductive health.
- ✚ If a child has a score of ten, we can presume that he or she is unaware of reproductive health issues.

12. DATA ANALYSIS & INTERPRETATION

12.1 Pre-Test Analysis Between Boys and Girls

A pre-test questionnaire was used to collect data from 60 children in order to evaluate the existing knowledge level on reproductive health between girls and boys. For this test, an independent sample t-test was created.

Independent Variable: Gender (1 – Boys; 2 – Girls)

Dependent Variable: Pre-test scores of the children.

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Pretest_score	Boys	30	33.20	2.964	.541
	Girls	30	36.10	3.546	.647

Table 1 Descriptive Statistics

If we compare the means of both the genders, we can see that girls' mean value (36.10) is higher than the boys (33.20). The difference is 2.90.

Independent Samples Test									
Levene's Test for Equality of Variances				t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
Pretest_score	Equal variances assumed	.416	.521	-3.437	58	.001	-2.900	.844	-4.589 -1.211
	Equal variances not assumed			-3.437	56.230	.001	-2.900	.844	-4.590 -1.210

Table 2 Independent Sample Test

In Independent Samples Test table, first we have to look at the significance value of the Levene's Test. The value is 0.521.

Decision Rule for Levene's Test

**If Sig \leq 0.05, Variances are Significantly Different. Interpret the Bottom Row.
If Sig $>$ 0.05, Variances are Not Significantly Different. Interpret the Top Row.**

Figure 4 Levene's Test Rule

As per the Decision rule for the Levene's Test, we have to interpret the top row. Because the significance value is higher than the 0.05.

Next, we have to look for the Sig (2-tailed) value, which is also called 'p value'. Here, the value is 0.01.

Decision Rule for Significance Test

**If $p \leq 0.05$, Test is Significant.
If $p > 0.05$, Test is Not Significant.**

Figure 5 Rule of Significance

As per the decision rule for Significance Test, we can say that the test was significant. Because, the p value (0.01) is less than the 0.05.

Finally, we can conclude that girls had more knowledge about the reproductive health than the boys.

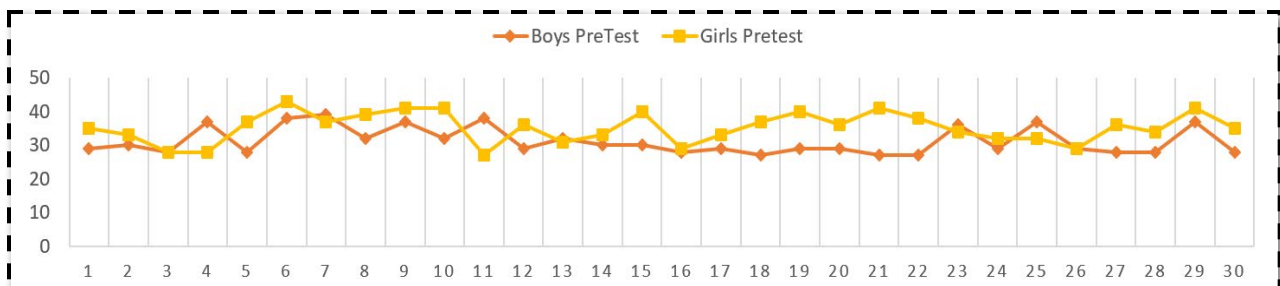


Figure 6 Line Graph of Boys' and Girls' Pre-test Scores

12.2 Impact Analysis of the Module

Data was initially collected from both the test and control groups using a pre-test questionnaire. The test group was given access to the module. Data was collected from 60 adolescents again after 21 days. To determine whether the module was effective, an independent sample t-test was created.

Independent Variable: Group (1 – Control; 2 – Test)

Dependent Variable: Difference between pre-test score and post-test score.

Group Statistics					
	Group	N	Mean	Std. Deviation	Std. Error Mean
Difference	Control Group	30	.3667	.99943	.18247
	Test Group	30	3.3000	1.62205	.29614

Table 3 Descriptive Statistics

From the table, we can see that the mean difference between pre-test and post-test for the control group is 0.37 and for the test group, it is 3.30. So, the gap between those two mean differences is 2.93.

Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
Difference	Equal variances assumed	8.714	.005	-8.433	58	.000	-2.93333	.34785	-3.62962 -2.23705
	Equal variances not assumed			-8.433	48.245	.000	-2.93333	.34785	-3.63263 -2.23404

Table 4 Independent Sample Test

In Independent Samples Test table, first we have to look at the significance value of the Levene's Test. The value is 0.005.

Decision Rule for Levene's Test

**If Sig \leq 0.05, Variances are Significantly Different. Interpret the Bottom Row.
If Sig $>$ 0.05, Variances are Not Significantly Different. Interpret the Top Row.**

Figure 7 Levene's Test Rule

As per the Decision rule for the Levene's Test, we have to interpret the bottom row. Because the significance value is lower than the 0.05.

Next, we have to look for the Sig (2-tailed) value, which is also called 'p value'. Here, the value is 0.000. It is not completely 0, but the value is very small.

Decision Rule for Significance Test

**If $p \leq 0.05$, Test is Significant.
If $p > 0.05$, Test is Not Significant.**

Figure 8 Rule of Significance

As per the decision rule for Significance Test, we can say that the test was significant. Because, the p value (0.000) is less than the 0.05.

Finally, we can conclude that the module did create an impact. Though the amount of impact was not that much higher.

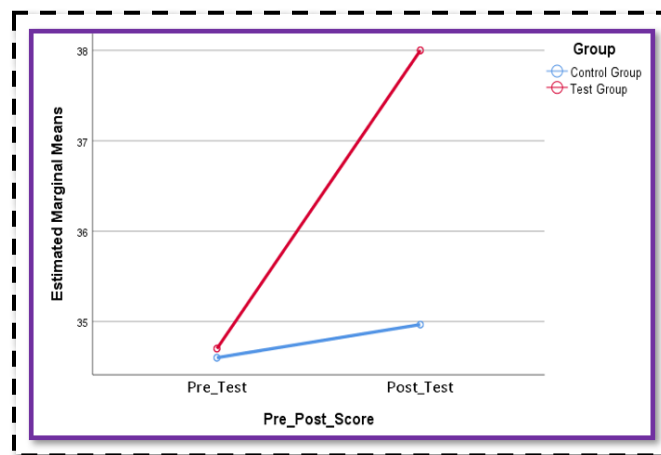


Figure 9 Graph of Pre-Test vs Post-Test

In the graph, red line represents the test group and the blue line represents the control group.

13. FINDINGS

- ✚ The intervention had only a minor effect.
- ✚ Girls have a better understanding of reproductive health than boys.
- ✚ These are topics that boys do not discuss with their parents. Peer groups are their primary source of information. Girls, on the other hand, relied heavily on their moms for information.
- ✚ Girls were less expressive in front of me during the pilot testing of the module than boys.

14. LIMITATIONS

- ✚ **Time:** For this study, time was a major restriction. Perhaps if I had more time, the intervention might have a greater impact.
- ✚ **Truthful Response from the Children:** It was sometimes considered that children just gave correct replies rather than expressing their true feelings.
- ✚ **Telephonic Interviews:** A face-to-face interview would have been preferable to the telephonic interview.
- ✚ **Smaller Sample Size:** I had to deal with a lesser sample size due to the time constraints. The study would have been more accurate if the sample had been larger.
- ✚ **Final Scoring:** There is a chance that human error occurred during the interviewer's assessment of the children, which could affect the final score.

15. LEARNINGS

- ✚ ***Adaptation is Key:*** During my internship, I dealt with a variety of concerns, including network connectivity issues and a lack of comprehension of the children's accents. The online internship was also a stumbling block for me. As a result, adaptability was required at every level.

- ✚ ***Lessons from the Children:*** I spoke with a lot of kids for this study. During my discussions with them about how they dealt with challenging situations, I discovered that many of them saw even the most painful situations as challenges that could be solved. It's frequently claimed that children can teach you how to dream without boundaries, but it was inspiring and humbling to see young people from low-income families work hard to rise beyond their circumstances.

- ✚ ***Data Analysis is not Boring:*** This was my first experience using the SPSS package for this assignment, and it was fascinating to learn about all of the different statistical tools available, such as t-tests and ANOVA.

- ✚ ***Field Internship > Online Internship:*** Finally, having completed one online and one offline internship, I can confidently state that field internships are superior to online internships. In the field, rather than sitting in front of a screen, the span of our learning improves dramatically.

16. SUGGESTIONS

- ✚ We all claim that the more knowledge we share, the more knowledge we will get. However, I believe people are embarrassed to discuss our sexual health openly. In our society, the word 'sex' has become taboo. To begin, we must first create an environment in which we can openly discuss these issues.
- ✚ Girls can still address issues with their mothers, but boys do not receive the same level of support from their families. Fathers must recognize that they are living in the twenty-first century and initiate dialogues with their sons about sexual and reproductive health.
- ✚ Sex Education is a must-have for all children, beginning at a young age. The government must ensure that students receive this from an early age. Otherwise, a two- to three-year school curriculum will not suffice to develop sexual literacy.

APPENDIX

Annex 1: Questionnaires

Statements	Highly Disagree	Disagree	Neutral	Agree	Highly Agree
'Sex' is not a bad word.	1	2	3	4	5
Teenage Pregnancy leads to health problems.	1	2	3	4	5
Masturbation is a normal.	1	2	3	4	5
Children should talk about reproductive health with their parents.	1	2	3	4	5
Proper family planning leads to a happy and healthy family.	1	2	3	4	5
Girls can enter into temples during menstruation.	1	2	3	4	5
People should use condoms during sex.	1	2	3	4	5
AIDS can't be curable.	1	2	3	4	5
Multiple partners can lead to STDs.	1	2	3	4	5
Sex education should be taught in schools.	1	2	3	4	5

Table 5 Pre-test Questionnaire

Statements	Highly Agree	Agree	Neutral	Disagree	Highly Disagree
Growth of pubic hair is not normal for adolescents.	1	2	3	4	5
Girls should wear tight clothes during menstruation.	1	2	3	4	5
Getting pregnant at the age of 17 is quite normal.	1	2	3	4	5
HIV does spread through touch.	1	2	3	4	5
Withdrawal technique is the best contraceptive method.	1	2	3	4	5
Condom should be used more than once.	1	2	3	4	5
Oral contraceptive pills don't have any side effects.	1	2	3	4	5
Masturbation causes serious damage to health.	1	2	3	4	5
Girls don't masturbate.	1	2	3	4	5
Women are the sex determinant of their child.	1	2	3	4	5

Table 6 Post-test Questionnaire

Annex 2: References

- WBBSE & WBCHSE Biology Books
- NCERT Books (X, XI, XII)
- <https://www.aboutkidshealth.ca/Article?contentid=716&language=English>
- <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.learningactivitieshome>
- https://ivyfglobal.org/sites/default/files/library/P4L_Lessons_St_Lucia.pdf
- <https://byjus.com/biology/reproductive-health/>
- <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/lesson-plans/lesson-plan-anatomy-and-physiology-part-i-and-ii.pdf>
- <https://www.vedantu.com/biology/reproductive-health>
- <https://www.commonsense.org/education/lesson-plans/female-reproductive-system>
- <https://www.khanacademy.org/science/high-school-biology/hs-human-body-systems/hs-the-reproductive-system/v/welcome-to-the-reproductive-system>
- https://en.wikipedia.org/wiki/Udaipur_district