International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Enhancing Adolescent Reproductive and Sexual Health, Agency, Consent, and Rights Through Life Skills-Based Learning in Odisha

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Abstract
Adolescence is a crucial developmental stage characterised by social, psychological, and physical changes. Adolescents from tribal and rural communities in Odisha face specific challenges related to sexual and reproductive health, such as low awareness, socio-cultural ties, early marriage practices, and poor decision-making. These barriers often hinder adolescents' ability to exercise autonomy, understand their rights, and make informed decisions about their health and well-being. Life skills-based education provides a structured way to equip adolescents with important skills such as critical thinking, communication, problem-solving, decision-making, and self-awareness. Integrating life skills education into schools and community programs in Odisha can enhance adolescents' knowledge of reproduction and sexual health, strengthen their sense of autonomy, and increase awareness of consent and individual rights. Studies have shown that adolescents who participate in life skills programs exhibit increased self-confidence, better health habits, and a greater ability to cope with social pressures. Furthermore, involving teachers, parents, and community members creates a supportive environment that promotes positive behaviors and challenges harmful cultural norms.

Keywords: Adolescence, Life skill, Reproductive and sexual Health, Agency and autonomy, Consent and Right

1. Introduction

Teenage is an important stage of development that is characterized by the high speed of the physical, psychological, and social changes. Odisha: adolescents particularly girls and tribal, rural and the economically disadvantaged groups have less access to reliable information on reproductive and sexual health (RSH), and have a strong system of social taboos, gender norms and poor support systems. All these gaps are adding to early marriage, unintended pregnancies, sexually transmitted infections, and agency and consent violations.

Learning based on life skills provides a right-based and holistic approach to deal with these challenges. Through the combination of comprehensive sex education and life skills that include critical thinking, communication, decision-making, self-efficacy, and negotiation skills, the adolescents will be in a better position to know their bodies, demand consent, exercise agency, and claim their sexual and reproductive

rights. The inclusion of RSH education based on life skills learning is therefore critical towards healthy adult transition and empowerment of adolescents in dignity and wellbeing in Odisha.

2. Background of the study

Adolescents create a large segment of the population of Odisha and they are one of the most important factors of social and human growth of the state. This is the period in life that is both highly vulnerable and offers an opportunity as knowledge, attitude, and behavior in relation to reproductive and sexual health (RSH), gender relations, consent, and rights are established. On Odisha, especially in rural areas, tribal areas, and socio-economically impoverished areas, adolescents usually develop in environments which are characterized by poverty, premature marriages, school dropouts, gender imbalances, and lack of adolescent-friendly health and educational services.

The life skills-based learning offers a paradigm of empowerment in the context of Odisha where social norms and structural barriers tend to restrict the agency of adolescents. It is consistent with a rights-based view that holds adolescents as active rights-holders as opposed to passive beneficiaries. The proposed study is based on the necessity to consider ways in which the life skills-based learning may help to improve the knowledge of adolescents regarding reproductive and sexual health, improve the agency and consent power, and build the awareness and actualization of sexual and reproductive rights. The article aims to create context-sensitive findings that can be used in policy formulation, as well as enhance educational initiatives and ensure inclusive and sustainable adolescent health outcomes by concentrating on Odisha.

3. Significance of the Study

The paper has significant academic, social, and policy implications regarding the issue of adolescent development in Odisha. Teenagers and mostly the rural, tribal, and marginalized groups still have structural and socio-cultural challenges in accessing correct information, enabling environments and rights-based services on reproductive and sexual health (RSH). Through addressing the life skills-based learning, the study has filled a significant gap between the policy intent and the realities on the ground.

Academically, the research has a contribution to the literature in that it combines reproductive and sexual health and life skills education, agency, consent, and rights, in a localized socio-cultural context. It offers some empirical and conceptual insights into how learning grounded on life skills can go beyond creating awareness to instill critical thinking, self-efficacy, and informed decision-making among adolescents. This interdisciplinary practice enhances the realization of adolescent health based on educational, sociological and rights-based paradigms.

Policy and programmatically, the results of this research may guide the development and presentation of adolescent-based programs, within the current programs like the school health programs and the adolescent health programs in Odisha. It provides the evidence-based suggestions about the implementation of the life skills-based learning into the school curricula, community sessions, and health-providing services. The research therefore justifies the creation of inclusive, culturally sensitive, as well as rights-based interventions that would promote better adolescent reproductive and sexual health outcomes and promote long-term human development objectives in the state.

4. Litrature review

1. According to Bandura (1997), self-efficacy is one of the primary psychological constructs that can change the ability of individuals to have control over their lives. During adolescence, self-efficacy

decisively determines health-related behaviors, reproductive and sexual health choices. Teenagers who have an increased self-efficacy feel more capable to communicate effectively, resist peer pressure, negotiate consent and pursue health services. Learning on life skills builds on self-efficacy through instilling a sense of confidence, goal setting, and solving problems. The socialization of adolescents is gendered and limited by the autonomy in that the decision-making power of adolescents is restricted in conservative social settings like rural and tribal Odisha. The framework by Bandura offers a solid theoretical foundation on ways in which life skills education can result in agency and empower adolescents to make informed and right-based reproductive and sexual health decisions.

2. Bearinger et al. (2007) give the world picture on sexual and reproductive health among adolescents as there has always been a gap in the access to information and services. The article highlights that teenagers in low and middle-income nations are at high risk in terms of early marriage, low educational levels, and a regressive social system. The authors insist that prevention programs should not rely solely on biomedical intervention programs, but on education that fosters life skills, gender equality and rights awareness. Their results support the role of comprehensive sexuality education with psychosocial competencies. In the case of a state such as Odisha where the adolescents are generally not fully equipped with correct reproductive health information, this global view justifies the necessity of contextualized life skills-based learning interventions that enhance the ability of adolescents to perform acts of agency and consent.
3. Blum et al. (2017) look at the effects of gender expectations developed in the first years of adolescence on future health and social outcomes. The analysis has shown that both girls and boys have a reduced freedom of choice due to the restrictions on their gender norms, but girls tend to take more risks. These standards have a profound influence on the perception of consent among adolescents, their body ownership, and their entitlement to sex. Learning based on life skills is found to be one of the primary interventions that would break the destructive gender stereotypes and make the relations more equal. The traditional patriarchal norms within the Indian context and Odisha tribal and rural communities, in particular, tend to suppress the voice of adolescents. This literature is critical of the need to incorporate the aspect of gender-transformative life skills education to help the adolescents challenge societal norms, claim consent and build respectful relationships with one another.
4. Casey et al. (2008) pay their attention to the topic of the neurological development in adolescence, which helps to understand how the continuous development of the brain influences the decision-making and impulse control. This is because of the imbalance between emotional regulation and cognitive regulation that predisposes adolescents to risky sexual behavior. The authors believe that such risks can be reduced with the help of organized learning settings that focus on reflection, emotional control, and foresight. Learning that is based on life skills is closely related to these developmental needs as it trains the critical thinking and self-regulation abilities. In such states as Odisha, where adolescents usually do not have a guided support, the inclusion of life skills in the reproductive and sexual health education would allow adolescents to engage in thoughtful and informed decision-making during their responsible navigation through biological and social changes.
5. The article by Cornelius and Resseguie (2007) examines prevention programs aimed at addressing sexual risk behaviors in adolescents and arrives at the conclusion that information-only programs are not enough. The programs that involve communication skills, negotiation and choice of decision are much more effective in minimizing unsafe sex. The authors emphasize that it is crucial to enable adolescents to be active participants of health-related decisions. This observation is especially accurate

in conservative cultures where the discourse on sexuality is confined. Life skills-based learning equips the adolescents with practical means to put the knowledge into practical use whereby consent and agency are enhanced. The paper justifies the implementation of the holistic, skills-based reproductive health education models in Odisha.

6. Das and Behera (2017) study the reproductive health awareness among tribal adolescents in Odisha and find that the older generation lacks a lot of knowledge concerning menstruation, contraceptives, and sexually transmitted diseases. Absence of trained educators, cultural taboos and inadequate health infrastructure are also factors that add to the vulnerability of adolescents. The research points out that teens usually turn to peers as a source of information, making them misinformed. These challenges can be solved through the integration of life skills-based learning programs into school programs and community programs by encouraging dialogue, confidence, and critical thinking. This Odisha-specific case study presents the dire need to have context-sensitive intervention by integrating reproductive health education with life skills to empower the tribal adolescents.
7. Haberland and Rogow (2015) synthesize the international evidence on sexual education and find gender equality and empowerment programs to have the best results. The authors state that the whole issue of sexuality education should also be concerned with the power relations, rights, and social norms instead of emphasizing only on the biological information. The learning based on life skills is introduced as the core of this approach that allows the teenager to bargain the consent and oppose the forceful relations. Their results are quite applicable to India where sexuality education is mostly moralistic. Adoption of rights-based and life skills-based frameworks in order to empower adolescent reproductive and sexual health education in Odisha has support through this literature.
8. The National Family Health Survey (IIPS, 2021) will be an essential source of information regarding the health indicators of adolescence in India, as it indicates that the rates of early marriage, adolescent pregnancy, and a lack of awareness about contraceptives are quite high in such states as Odisha. The survey underlines the differences in terms of gender, caste, and urban-rural lines. Although there are policies, the change in behavior and attitude is minimal. These results show that service provision is not sufficient without empowering the adolescents by educating them. This gap can be filled using life skills-based learning which involves increasing the capacity of adolescents to access services, express their needs, and exercise their reproductive rights. Data collected by NFHS, therefore, support the pertinence of the study.
9. Kirby (2007) summarizes the literature regarding the programs designed to decrease teenage pregnancy and sexually transmitted diseases. The review concludes that the most proven programs have consisted of accurate information with skill-building factors that include refusal skills, goal setting, and communication. Programs that do not incorporate life skills are relatively ineffective in the long-term. This fact confirms the point that teens should be taught the applied skills in order to put them into practice. In Odisha, adolescents are socially pressured, and lacking autonomy to make decisions, incorporating life skills in reproductive health education may be of great help to the effectiveness and sustainability of such programs.
10. Karesen et al. (2016) examine the issue of gender attitude determinants in young adolescence and present the role of family, peer, and education systems. This paper proves that the attitudes based on consent, equality, and respect can be redefined through the early interventions. The education based on life skills is recognized as the effective means of the gender-equitable norms promotion. Early adolescence is one of the crucial points of intervention in the case of Odisha, a patriarchal society. The

following literature confirms the need to pay attention to the learning of life skills as the means to establish respectful relationships and reinforce the knowledge of consent and rights among adolescents.

11. Mehra and Agrawal (2020) provide the review of the problem of adolescent health in India and highlight the gaps of sexuality education and youth-friendly services. The authors suggest that progressive policies do not ensure the implementation is not fragmented. The access to reliable information is restricted to adolescents by the social stigma and untrained facilitators. The research points at the lack of life skills education as one of the gaps within ongoing programs. The life skills-based learning can help bridge the gap between policy and practice by increasing the confidence, communication and decision-making skills of the adolescents. Such a review shows the topicality of the current research in enhancing the adolescent-oriented intervention in Odisha.
12. The Rashtriya Kishor Swasthya Karyakram (RKSK) described by the Ministry of Health and Family Welfare (2018), is a holistic approach to adolescent health. Although the program acknowledges the life skills education, there is wide disparity in its implementation across the states. Assessments indicate poor involvement of the teenagers and low involvement with the community. The empowerment of life skills-based education in RKSK can help increase agency and rights awareness among adolescents. This policy framework gives the study institutional relevance, which aims to determine the reproductive and sexual health outcomes of life skills education interventions in Odisha.
13. Nair et al. (2012) assess a reproductive health educational intervention that was applied to rural adolescents in India and note that there were significant improvements in knowledge and attitude. Nevertheless, the behavioral change was more effective in subjects who were subjected to participatory and skills-based approaches. The research points to the efficiency of the interactive learning methods when it comes to such a sensitive subject as sexuality. The findings justify the use of life skills-based pedagogy in the health programs of adolescents. Participatory learning can help build trust, dialogue and informed decision-making among the rural and tribal adolescents of Odisha.
14. The work by Patton et al. (2016) has provided a comprehensive framework on the health and well-being of adolescents revolving around adolescence as a basis of life-long health. The authors promote multisectoral strategies that have combined education, health, and rights. Education of life skills is observed to be a prerequisite of resilience and agency. The framework is consistent with the rights-based approaches to the adolescent reproductive health. Structural and social determinants of adolescence vulnerability can be overcome in Odisha through such an integrated approach. This literature supports the relevance of long-term importance of life skills-based learning.
15. Rogow and Haberland (2005) advocate that sexuality education should be based on human rights especially dignity, autonomy and an informed choice. The authors criticize the abstinence-only and fear-based models on the basis of not taking into consideration the rights of the adolescents. Learning based on life skills is placed as a process that can be operationalized to work with rights as it allows adolescents to gain knowledge about consent, equality, and responsibility. This point of view is especially topical in conservative settings where the voice of adolescents becomes peripheral. The research offers a solid ethical ground on the study of agency and rights in Odisha.
16. Santhya et al. (2008) investigate the effects of early marriage in India, and connect it with adverse reproductive health and lack of agency in young women. The research indicates the powerlessness of negotiation and low awareness on sexual rights. These weaknesses can be mitigated through life skills-based learning which enables the empowerment of adolescents prior to marriage. In Odisha, where

early marriages are still practiced in some of the communities, reinforcing life skills in adolescents can enhance freedom and health conditions. Such literature underscores the presentations of early intervention, which are skills based.

17. The article by Svanemyr et al. (2015) refers to the necessity of enabling environments that would assist in adolescent sexual and reproductive health. The paper highlights that the process of education should be supplemented with promoting social norms and policies. It is established that life skills education is a driving force towards the establishment of such environments because it enables adolescents to interact with the family, schools, and institutions. In Odisha, enabling environments created by learning based on life skills can help adolescents to exercise their rights and access services. This reading justifies a comprehensive model of teenage health.
18. UNESCO (2018) offers technical recommendations on comprehensive sexuality education, which focuses on life skills, gender equality and rights. The framework emphasizes the importance of effective programs in terms of age, cultural sensitivity and participation. The key to attaining these is life skills-based learning. In the case of Odisha, the introduction of UNESCO guidelines into local contexts will enable the increased program acceptance and influence. This advice enhances the methodology of the current research.
19. Adolescent participation stands as one of the foundations of development that UNICEF (2019) emphasizes. The report claims that teenagers should be active parties in the making of decisions in their lives. The life skills education increases the participation through confidence and communication skills development. In marginalized such as tribal Odisha, adolescent participation should be encouraged so as to enhance program relevancy and sustainability. This literature brings out the democratic and empowerment dimensions of the life skills-based learning.
20. According to the World Health Organization (2022), adolescence sexual and reproductive health is a human right concern. The report identifies education, agency, and consent as fundamental aspects of the adolescent well-being. It is understood that life skills-based learning is the key ingredient to the translation of rights into practice. In the case of Odisha, the health interventions can be aligned with the rights-based framework of WHO, which will empower adolescents. This international outlook strengthens the policy and the relevance of the study.

5. Objectives

1. To assess the level of knowledge and awareness about reproductive and sexual health among adolescents in Odisha.
2. To examine adolescents' understanding of autonomy, consent, and reproductive and sexual health rights.
3. To analyses the effectiveness of life skills-based education in improving adolescents' decision-making, communication, and self-awareness skills.

6. Research questions

1. What is the level of awareness among adolescents about physical and psychological changes during adolescence?
2. What factors influence adolescents’ understanding of autonomy, consent, and reproductive and sexual health rights?
3. How effective is life skills–based education in improving adolescents’ communication skills?

7. Research finding

The literature review indicates that the life skills-based learning is a decisive factor of reproductive and sexual health outcomes of adolescents, especially in social conservatism, gender inequality and less access to adolescent services placing interventions like Odisha. There is a common denominator in all the studies carried across global, national and state levels that knowledge in itself is inadequate to achieve sustainable behavioural change amongst the adolescents.

1. The literature suggests strongly that self-efficacy, communication skills, decision-making ability, and emotional regulation play an important role in determining the ability of the adolescents to exercise agency, negotiate consent, and embrace safe sexual and reproductive health practices. Research based on psychological and developmental theory proves that adolescents, who receive life skills-based programs, exhibit a higher index of confidence, peer pressure resistance, and proactive behavior in seeking health services as opposed to those receiving information only programs.
2. The other significant conclusion is the omnipresence of gender norms in sexual and reproductive health outcomes of adolescents. Gender roles that are restrictive unequally restrict the choice of girls and normalize the risk-taking behavior of boys. Gender-transformative life skills education has been determined to work in challenging patriarchal norms, in promoting equitable relationship, and reinforcing the adolescent apprehension of bodily autonomy, as well as consent when taught at an early stage of adolescence.
3. According to the literature, tribal, rural and marginal adolescents in odisha are particularly vulnerable with early marriage, lack of reproductive health awareness and access to reliable information being the compounding factors. The Odisha-related research shows that there is a great gap in the knowledge about menstruation, contraception, and sexually transmitted infections that is mainly caused by cultural taboos, insufficient education in schools, and poor interaction with the community. The learning based on life skills will be one of the context-sensitive ideas to fill these gaps by promoting dialogue, critical thinking, and confidence.
4. Policy review shows that national programs like Rashtriya Kishor Swasthya Karyakram (RKSK) and school health programs have recognized the benefits of a life skills education program but the implementation is still inconsistent. Poor attendance of adolescents, inadequate training of facilitators and integration between health and education sector limits the effectiveness of the programs. The reinforcement of life skills elements in the frameworks that already exist is seen as a key to the improvement.
5. The results also highlight that participatory and interactive and rights-based educational strategies have better and more long-lasting effects compared to didactic or moralistic models of sexuality education. Training programs that are oriented towards global standards emphasize the role of age-related, culturally sensitive, and learner-focused pedagogy, whose central part is life skills.
6. Lastly, the literature identifies the problem of adolescent sexual and reproductive health as a human rights concern, and the necessity to shift the protectionist paradigm toward empowerment-based models. Learning that is life skills based and is always cited as one of the mechanisms of translating rights into practice where teenagers get to learn how to consent, claim their entitlements and engage in decision making processes that can impact their lives.

8. Research Gaps

Table:2. Identified Research Gaps in Adolescent Reproductive and Sexual Health Studies

Sl. No.	Area of Concern	Identified Research Gap	Relevance to Present Study
1	Pedagogical Approach	Existing literature has adopted information-based or biomedical models, with limited empirical focus on life skills-based learning as a comprehensive pedagogical approach. The relationship between specific life skills (decision-making, communication, negotiation, emotional regulation, and self-efficacy) and adolescents' agency, consent, and rights realization remains underexplored.	Examines life skills-based learning as an integrated model and empirically links specific life skills with agency, consent, and rights among adolescents.
2	Gender Norms and Transformation	Although gender norms significantly influence adolescent health outcomes, gender-transformative studies are scarce. Most research describes gender inequality rather than assessing life skills education as a strategy to challenge patriarchal attitudes and redefine consent and bodily autonomy.	Assesses the potential of life skills-based learning to promote gender equity, challenge patriarchal norms, and strengthen understanding of consent and bodily autonomy.
3	Context-Specific Evidence (Odisha)	Odisha-specific evidence, particularly among tribal and rural adolescents, is limited. National-level studies often overlook local socio-cultural dynamics, community structures, and institutional constraints affecting program effectiveness.	Generates localized, context-specific evidence from rural, tribal, and semi-urban districts of Odisha.
4	Policy Implementation Gap	While policies such as RKSK and school health programs include life skills education, systematic assessments of implementation quality, adolescent engagement, and outcomes are lacking, especially in marginalized areas.	Evaluates ground-level implementation and examines the gap between policy intent and practice in selected districts of Odisha.
5	Rights-Based Outcome Measurement	Most studies measure changes in knowledge and attitudes but fail to capture adolescents lived experiences related to consent, decision-making power, and rights awareness, with limited use of qualitative or mixed methods.	Employs a rights-based and agency-centered framework using quantitative and qualitative methods to foreground adolescents' voices.
6	Multi-Stakeholder Approach	Research largely focuses on single-sector interventions, with insufficient analysis of the combined role of schools, families, health systems, and communities in creating enabling environments for adolescent empowerment.	Examines the synergistic role of multiple stakeholders in strengthening life skills-based learning and adolescent empowerment.

Source of: NHM-2021-2025

9. Research methodology

The research methodology has been describing in tables methods

Aspect	Description
Study Design	Mixed-methods quasi-experimental design with pre-post intervention assessment to evaluate impact of life skills-based learning.
Study Setting	Urban government secondary schools in Mayurbhanj and tribal residential institutions (e.g., KISS-affiliated or UNFPA/RKSK-supported) in Odisha.
Target Population	Adolescents aged 10–19 years, focusing on girls and boys from vulnerable/low-resource communities (urban and tribal).
Sampling	Purposive selection of schools representing urban and tribal contexts; inclusion of intervention and comparison groups where feasible.
Intervention	Interactive life skills education (LSE) modules aligned with RKSK/ARSH guidelines, covering decision-making, communication, self-awareness, empathy, negotiation, coping, puberty, menstrual hygiene, contraception, STIs, consent, gender equity, bodily autonomy, and rights; delivered via peer-led and teacher-facilitated sessions.
Data Collection Methods	- Structured questionnaires (quantitative: knowledge, attitudes, practices). - Semi-structured interviews and focus group discussions (FGDs) (qualitative: agency, consent perceptions, behavioral changes).
Data Collection Phases	Baseline (pre-intervention) followed by end-line (post-intervention).
Secondary Data Sources	NFHS-5 (2019–21) Odisha factsheet, NFHS-4 comparisons, RKSK program reports, UNFPA/UNICEF evaluations on adolescent SRH indicators.
Data Analysis	Quantitative: Descriptive statistics, paired t-tests/chi-square for pre-post changes. Qualitative: Thematic analysis.
Ethical Considerations	Institutional ethical approval; informed assent/consent (from participants/guardians); strict confidentiality, cultural sensitivity, voluntary participation.

Source of :NHM 2021-2025

9.3 Evolution of the life skills based Adolescent Empowerment Model

The life skills based Adolescent Empowerment Model has been developed through the years, *Incorporating the international health, education, and development models No-1*

The concept of the life skills education of children and adolescents in schools was introduced by the World Health Organization (WHO) at the beginning of the 1990s. This provided the groundwork by establishing fundamental psychosocial competencies including decision-making, problem-solving, critical thinking, self-awareness, empathy, and coping with stress to encourage healthy development and avoid risky behavior.

Towards the end of the 1990s, other organizations such as the UNICEF and other Non-Governmental Organizations started to incorporate life skills as a part of the wider adolescent empowerment programs. The programs focused not only on skill-building but also on agency, participation, rights-based, and enabled adolescents to overcome their complications such as gender inequality, reproductive health, and social pressures.

Another important step was made in the late 1990s to the early 2000s with the introduction of such models as the NIMHANS life skills education program in India. It was initiated in the year 1996 and formalized in 2002; teachers were used as facilitators in schools, emphasizing on experiential and peer-based learning to promote mental health through self-esteem, coping, adjustment and prosocial behavior.

Research in the 2000s and 2010s further developed models of theoretical frames of adolescent empowerment, e.g., the "Adolescent Empowerment Model" (based on developmental psychology, bonding theory and community engagement). These frameworks integrated individual life competencies to structural constituents such as safe spaces, mentorship, and meaningful activities in the creation of resilience and agency.

A little more recently, models such as the Comprehensive Life Skills Framework of UNICEF (India-centric, rights-based, life-cycle-based) and the Power Within Competency Framework of CARE (ages 10-24) have developed the strategy. They focus on empowerment based on social-emotional, gender equity, livelihood preparation, and community engagement and may focus on vulnerable populations such as adolescent girls in child marriage or economic obstacles programs.

10. The gaps in Adolescent Reproductive and Sexual Health (ARSH)

According to the NFHS-5 (2019-21) and RKSK knowledge, the gaps in the reproductive and sexual health of adolescents (ARSH), agency, consent, and rights in Odisha are still significant. The prevalence of teenage pregnancy is 8% of girls aged 15-19 (no change vs. NFHS-4), but incorporates 21-24% with low/no education, as a result of low agency.The early marriage affects 20.5-21 of women of 20-24 years (married off below 18) particularly in tribal states such as Ganjam and Kendujhar, which limits reproductive option. There was 82% hygienic methods use among young women 15-24 (compared to 47%), although rural-urban differences exist (80 percent rural vs. 92 percent urban).There is low comprehension of SRH knowledge, in1cluding contraception, STD/HIV (approximately 21-25 percent of young people are aware of it), consent, bodily autonomy, and bargaining skills because of cultural taboos and a lack of coverage in the curriculum. There is disproportionate coverage of RKSK, inadequate teacher training, and lack of peer-based learning to vulnerable tribal/urban poor adolescents.

11. Enhancing Adolescent Reproductive and Sexual Health (ARSH), Agency, Consent, and Rights through Life Skills-Based Learning in Odisha″.

According to the NFHS-5 (2019–21) Odisha data, RKSK/UNFPA program insights, and relevant cluster-

randomized trial evidence on school-based SRH education in urban Odisha.

Table:3 NFHS-5 (2019–21) Odisha

Category / Indicator	NFHS-5 Odisha Value (2019–21)	Comparison / Trend (vs. NFHS-4)	Key Gaps / Notes	Life Skills Intervention Impact (Evidence-Based)
Teenage Childbearing (girls 15–19 who have begun childbearing)	8%	Almost unchanged	Rises to ~21% at age 19; 22–24% among low/no schooling; linked to early marriage & low agency	Aims to reduce via enhanced decision-making, rights awareness & delayed marriage
Early / Child Marriage (women 20–24 married before 18)	20.5–21%	Similar	Higher in tribal/rural districts (e.g., up to 39% in some areas); restricts reproductive choices	Programs show improved awareness of harms & agency; UNFPA LSE Labs target tribal girls
Menstrual Hygiene (young women 15–24 using hygienic methods)	82% (68% sanitary napkins)	Up from 47%	Rural-urban gap (80% rural vs. 92% urban); cloth/other absorbents persist in tribal/low-resource areas	Post-intervention: Exclusive sanitary pad use ↑; other absorbents ↓ to 0% in intervention groups ($p<0.05$)
Knowledge of Puberty Changes (adolescent girls)	Baseline 53–60% aware normal	—	Low baseline understanding of bodily changes	↑ to 94.8% post-intervention ($p<0.001$) in urban school trials
Awareness of Contraception Methods	Low baseline (11–29%)	—	Significant gaps in comprehensive knowledge	↑ from 10.9% to 87.1% ($p<0.001$) in intervention arms
Awareness of STIs/RTIs	Baseline 36–38%	—	Cultural taboos hinder discussions	↑ from 38.2% to 96.1% ($p<0.001$) post-intervention
Comprehensive HIV Prevention Knowledge (youth)	21–25% (indirect from related indicators)	Low	Limited SRH education coverage	↑ to ~95–96% in targeted LSE groups
Consent, Agency & Rights Awareness	Baseline gaps in negotiation, bodily autonomy,	—	Uneven RKSK reach in tribal/urban poor; low help-seeking	Measurable gains in self-reported agency, healthy relationships, negotiation & rights assertion

	gender equity			
Program Reach & Vulnerable Groups	Uneven in tribal districts; cultural barriers	—	Limited teacher/peer training; access issues	UNFPA-APPI LSE Labs: Reaches 20,000+ adolescents; empowers tribal girls via peer/teacher modules

Source of: NFHS-5 (2019–21) Odisha

This table provides evidence-based benchmarks from NFHS-5 Odisha factsheet, RKSK frameworks, and evaluations of life skills interventions show in table:3 (e.g., urban Odisha cluster trials). It highlights persistent structural gaps while demonstrating the potential of scaled, interactive life skills education to improve ARSH outcomes, agency, consent understanding, and rights in Odisha.

12. Conclusion

To conclude, life skills-based learning is a revolutionary strategy of promoting adolescent reproductive and sexual health, agency, consent, and rights in Odisha. This initiative would provide the youngsters with the necessary knowledge, critical thinking, communication, and decision-making skills to ensure that they confidently make decisions and navigate the nuances of puberty, relationships, and sexuality on their own instead of feeling intimidated by them. The program implementations in Odisha have shown positive changes that can be measured: the level of consent and body rights awareness, the decrease of the cases of gender-based violence, sexual debut, and increased reproductive health services use among adolescents. The effectiveness of these interventions will be determined by long-term multi-stakeholder partnership between the governmental agencies such as the Odisha State Health and Family Welfare Department, the NGOs, schools, and communities to expand these initiatives across the state. Incorporation of life skills education in formal curriculum along with teacher training and parent sensitization will bring about long term effects. Resource allocation, monitoring and evaluation should be the priority of policymakers in order to overcome such contextual challenges as cultural taboos and rural-urban differences.

Finally, the idea of promoting the agency of adolescents with the help of learning based on life skills is not only an educational task but also one of the pillars of the sustainable development of Odisha. Today, Odisha can invest in the health and rights of its young people to have a generation that is informed, resilient, and empowered, which will lead to healthier families, equal societies, and a brighter future of everyone. The long-term payoff of such a holistic approach will be visible in the long-term in terms of reproductive health outcomes and human rights promotion.

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