This qualitative study was conducted in three districts of Tamil Nadu using FGDs among adolescent boys and girls, 4 from each district (Total 12 FGDs). There were 15-20 respondents in each FGD. The research design was phenomenology design, the sampling technique was purposive and content and thematic analysis were used for data analysis. The main findings showed that the awareness and practice of the Livelihood, Water and Sanitation, Sexual and Reproductive Health, Risky Health Behaviour, SDGs and YRCs were not sufficient among the adolescents. Schools, PRIs, PHCs have to act interactively to address this issue and bridge this gap.

**INTRODUCTION**

This qualitative study examines adolescents’ knowledge and practice of Livelihood, Water and Sanitation, Sexual and Reproductive Health, Risky Health Behaviour, SDGs (Sustainable Development Goals) and YRCs (Youth Red Cross). A livelihood is sustainable when it enables people to enhance their well-being and that of future generations. Water resources, and the range of services they provide, strengthen people to enhance their well-being and that of future generations. It involves both behaviors and facilities, which work together to form a hygienic environment. All adolescents have the right to clean water and basic sanitation, as stated in the Convention on the Rights of a Child (Santelli 1998). The Sustainable Development Goals, a set of goals to guide global development to 2030, include a specific goal to “ensure the availability and sustainable management of water and sanitation for all”. In the pursuit of this goal and fulfilling the rights of children, and there is a great need to reach the most vulnerable and disadvantaged children and adolescents (Finer 2006).

**Objectives of the study**

1. To assess knowledge and practice related to livelihood among young people
2. To assess knowledge and practice related to accessing SRH Services by young people
3. To assess knowledge and practice related to risky health behavior among young people
4. To assess knowledge and practice on water and sanitation among young people
5. To assess the usefulness of YRCs in community and to assess the knowledge of youth on SDGs.

**Research Design**

The Research Design used in this study was Phenomenology design. Phenomenology is an approach to qualitative research that focuses on the commonality of a lived experience within a particular group. The fundamental goal of the approach is to arrive at a description of the nature of the particular phenomenon (Creswell, 2013).

**Sampling Technique**

For this Qualitative study, FGDs were conducted among young boys and girls, 4 from each district i.e. Kanchipuram, Thiruvallur and Vellore. (Total 12 FGDs). There were 15-20 respondents in each FGD.

The respondents were selected based on their interest and availability to participate in the FGDs, Thus, purposive sampling was used.

**Tool of Data collection**

A FGD topic guide (For boys and girls) with probing questions was used as tool of data collection.

**Data Analysis**

In this qualitative research, examining the concepts and thematic analysis were used to define relationship among concepts/themes

**Ethical Considerations in this study**

1. Informed consent was taken from the respondents. They had the option to discontinue the interview at any point of time they felt not comfortable. No respondents were forced to participate in this study.
2. All the interviews with the school youths were done in a separate room (most often and wherever possible) to insure confidentiality.
3. The study team included both male as well as female volunteers to collect the data, in order to ensure the responds felt comfortable in answering the questions.
4. During the training to the members of data collection, there were sessions on how to tackle sensitive issues through mock exercises.
5. Teachers were consulted before the survey in schools and were explained about the survey and for their permission.

**Main findings**

**FGD Summary for Boys**

1. The respondents said that they had livelihood skills training when they were students in school, where they were trained in tailoring, embroidery and stitching. They also said that they were helped by a volunteer from YRC who trained them in communication, soft skills and computer lessons.
2. The respondents weren't too sure if the training was relevant and required at that time.
3. The respondents had positive remark for the training that they had received because the respondents were able to start small tailoring shops to earn their livelihood. The respondents said that the YRC classes helped them to write their bio-data and also to improve their basic English.
4. None of the respondents had participated in any job or career fair.
5. Almost all the respondents said that their long term goal was to get into government jobs. They did not mention any short term goals. The respondents weren't too sure if they had improved their livelihood.
6. The respondents said that they have heard about menstruation and they said that it was important to talk about it as it is part of women's health but they were not aware of any service providers in their area.
7. The respondents said that they usually drank tap water and did not use any significant method to treat the drinking water.
8. None of the respondents had toilets in their house. All of them defecated in the open. They said that there wasn't any significant demerit in open defecating.
9. The respondents hadn't taken any initiative to clean their neighbourhood because they had no co-operation from the neighbours.
10. The respondents weren't aware of any scheme for construction of toilets.

**FGD Summary for girls**

1. The respondents said that they had not attended any kind of training on career guidance or soft skills based on livelihood. Very few were guided by the siblings to pursue their higher studies but that has not had any significant influence on their decisions regarding career or goal setting.
5. Regarding boiling or filtering the water for drinking purposes, most of the respondents said that they had not participated in any career or job fair. They also said that they were not aware of any initiative to clean the open space whenever they need to go for toilet. They thought it was the concern person’s responsibility.

6. The respondents generally used the tap water for drinking as they felt that it was potable while one or two had purifiers. It was also found that they boiled and filtered the tap water during the rainy season.

7. All the respondents had toilets in their houses. The respondents were aware of the schemes availed by the Government to construct toilets. But they were not aware of the names and they had misconceptions about the schemes.

8. The respondents were aware of the service providers in the nearby PHC and Government hospital, the others did not know where they were provided.

9. Respondents were aware about menstruation and adolescent health. However, they were comfortable with their mothers and grandmothers to share about their menstruation.

10. Very few respondents were aware of the service providers in the neighborhood. It was never felt by them that they have to do it.

11. Respondents were aware of the schemes availed by the PHCs in the local area. Use of toilets, boiling the drinking water and cleaning their neighborhoods are mostly learned from the parents. For these purposes parents can be approached for behaviour medication, in turn it will influence the behaviour of the youth.

12. Consolidated findings

1. Most of the respondents said that they had not participated in any skills training. A very few said that they had livelihood skills training when they were students in school, where they were trained in tailoring, embroidery and stitching. They also said that they were helped by volunteers from YRCs who trained them in communication, soft skills and computer lessons.

2. Only a very few said that they had participated in job or career fair. A few female respondents said that they are serious about the future jobs, as they felt getting married and settling in other new places is important for them. They said such job fairs are not organized in their areas.

3. The respondents said that they hardly had any training to set up short term or long term goals. A very few said that their short term goal was to get good marks in their respective classes. Their long term goal was to get into good jobs. They have not tried to improve their livelihood skills. In general they were not serious with their goals in their lives. A few said that their goals are decided by their family members and simply they have to follow it. For example, for the girls, up to which class they have to study is decided by their parents. For the boys no such restrictions are imposed by the parents.

4. The awareness on menstruation and related issues was very fairly good among female respondents. The respondents said that they were aware about menstruation and they said that it was important to talk about it as it is a part of women’s health but they were not aware of any service providers in their area related to the reproductive health. Most of the information related to menstruation were told by their mothers and grandmothers. However it was found to be poor among male respondents.

5. Regarding boiling or filtering the water for drinking purposes, most of the respondents said that they were not aware of it and said that their parents may practice it.

6. Though about half of the respondents had toilets at their home, often they practice open defecation as they felt it is comfortable. Significant demerits of open defecation according to them were bitten by houseflies, mosquitoes and unsafe during nights. They can’t use the open space whenever they need to go for toilet was the major problem by those who did not have their own toilets.

7. The respondents have not taken any initiative to clean their neighborhood. It was never felt by them that they have to do it. They thought it was the concern person’s responsibility.

8. The respondents were aware of the government schemes to construct toilets but they weren’t sure about the names of the schemes as they did not benefit from those. They said their Panchayats will take care of it.

9. Their Knowledge on SDGs, name of the SDGs and functions of YRCs are very negligible. YRCs in the schools and communities are not functioning properly. There are no staff available for YRCs and they are functional only for name sake.

Suggestions

1. Livelihood skills to both the in school and out school youth can be conducted with the help of school authorities.

2. Job fair for the youth in the local areas can be conducted by the Restless Development. Networking with the local industries is important for this purpose. In service sectors communication skill is important. However, technical skills are more important in the industrial sectors. Training sessions on communication skills and technical skills according to their educational background, availability of service sectors or industrial sectors in their areas can be conducted.

3. While conducting the training on livelihood and employability skills, these youth can be given orientation on setting up short term and long term goals. They can be periodically facilitated to achieve it with sustainable trainings.

4. Awareness on menstruation and reproductive health can be exclusively given to both sexes separately. PHCs can be linked to impart these training. Restless Development can liaison with the PHCs in the local area.

5. Program providers should also be aware that an early focus on such knowledge and practice will likely influence behaviors beyond the teenage years (Appleyard 2005).

CONCLUSION

The awareness of and practice towards the Livelihood, Water and Sanitation, Sexual and Reproductive Health, Risky Health Behaviour, SDGs Sustainable Development Goals and YRCs (Youth Red Cross), which resulted in the poor practice of these perspectives by the adolescents. Such knowledge and practice have both short-term and long-term consequences (Logan 2007). Although interventions focusing on these specific factors may be effective, programs that focus on multiple domains of these factors may be more effective in helping promote broader reproductive health among adolescents. Program providers should also be aware that an early focus on such knowledge and practice will likely influence behaviors beyond the teenage years (Appleyard 2005).

REFERENCES


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