

EFFECTIVENES OF LIFE SKILL EDUCATION ON ADOLESCENTS

Disha Chhadva, student, Dr. Priyanka Kacker,
Department of psychology,
The Maharaja Sayajirao University of Baroda, Vadodara.
Lecturer , Department of Psychology,
The Maharaja Sayajirao University of Baroda, Vadodara.

ABSTRACT

"Life skills" are defined as psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others.

Life skills are problem solving behavior used appropriately and responsibly in management of personal affairs. Life skills may be learnt by teaching or simply by personal experience. Actually no life skill is used alone, there's always a combination of more than one.

To broadly classify, according to UNICEF, major life skills include problem solving skills, decision making skills, creative thinking, effective communication skills, interpersonal relations skills, empathy, self awareness, coping with stress and coping with emotions.

The present research is based on "Effectiveness of Life skills education on adolescents".

A list of 200 students from schools providing life skills training and 200 students from schools not providing life skills training between age group 14-16 years were taken as a sample and few standardized tests in form of questionnaires on life skills were conducted.

INTRODUCTION

Let us begin by first defining what life skills are. There is no fix definition of life skills, but they can be best understood as the abilities for positive and adaptive behavior, which enable individuals to deal effectively with day to day needs and challenges (WHO, 1994); which means that life skills are innumerable and vary over different cultural settings. UNICEF has given a list of 10 major life skills are: Decision making skills help to take constructive decisions of life especially in areas of health, career choices etc; Problem solving skill, similarly help to solve problems effectively that in turn help to improve mental health; Creative thinking helps to explore the alternative ways as well as various consequences of our actions and non- actions. Hence, helps in being adaptive and flexible to our environments; Critical thinking is the ability to analyze available information and experiences objectively. This helps to recognize factors that influence our attitudes and beliefs such as peer pressure, family pressure, media etc; Communication skills help to effectively express ourselves verbally and non - verbally appropriate to different times. It also helps in asking for advices when needed; Interpersonal relations skills are extremely important for mental and social wellbeing. It helps to think and act positively towards people around us i.e. family, friends, workplace, colleagues etc which are, our strong social support; Self awareness means recognition of ourselves, our strengths, weaknesses, desires, beliefs, and stressors. It is often a pre requisite for communication, interpersonal relations and often empathy; empathy is the ability to understand the plight of another

person. It's like stepping in the other person's shoes; coping with stress is recognizing the different factors causing stress and ways to deal with them effectively. This helps in wellbeing of not only mental health but also social and physical health; coping with emotions again implies understanding various emotions of self and other, and factors which influence them.

Life skills enable individuals to translate knowledge and attitudes into actual abilities. Acquisition and application of life skills influence the way we feel, are influenced and are perceived by others. They therefore help in promotion of mental, physical and social wellbeing (CBSE and WHO, 1994).

Nelson and Jones (1992) recommends that specific life skills should be regarded as comprising of three dimensions: attitude, knowledge and skill. A proper attitude to any skill is that one should assume personal responsibility for acquiring, maintaining, using and developing it. Knowledge of learning the correct skills and making the right choices based on the knowledge acquired. People who have been exposed to good models have this kind of knowledge which can guide their actions. Skill involves putting knowledge and attitude into practice.

Central to life skills philosophy are the concept of self empowerment and a belief that skills can be learnt, modified and improved as a person develops and adjusts to life's challenges.

Rooth (1997) states that acquiring life skills makes capacity building a reality. Capacity building refers to growth and development of people. It is also a process which assists in empowering people to become involved in various initiatives for reconstruction in their communities. Capacity building is the most important aspect underlying the theme of life skills education.

Importance of Life skill education:

The host of factors promotes high risk behavior such as alcoholism, drug abuse and casual relationships such as boredom, rebellion, peer pressure and curiosity. The psychological push factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future are often the driving force for high risk behavior. Life skills training is an efficacious tool for empowering the youth to act responsibly, take initiative and take control. It is based on the assumption that when young people are able to rise above emotional impasses arising from daily conflicts, entangled relationships and peer pressure, they are less likely to resort to anti social or high risk behaviors(CBSE). A study conducted by Marlow Svatek, 2012 proved that providing life skill education to students in a village in southwestern Burkina Faso was highly effective in decreasing dropout rates from schools, effective in spreading awareness on issues life reproductive health, disease prevention, future planning and self esteem. He also says that life skill programs must reach the students earlier, preferably primary school level and be a compulsory component of national curriculums. Another study was done by Tahereh Mahdavi et. al., 2007 to investigate the effectiveness of life skill training on happiness, quality of life and emotional regulation in Tarbiat Moallem students, and the results showed that life skill training is effective and also significant difference in psychological health, social relationship and physical situation.

Life skills are applicable to all age groups but importantly to school children of age 10-18 years, since this age group is most vulnerable to high risk behaviors and health problems (CBSE).

Life skill is highly effective in areas of alcohol, smoking, drug addicts, delinquency and crime. A test was conducted by Botvin, GL, Baker E, Dusenbury L, Botvin EM, and Diaz T (1984) to find the long term follow-up results of a randomized drug abuse prevention trial in a white middle class population. It was found that there was considerable reduction in drug and polydrug use by groups which received proper training and follow up. It was concluded that Drug abuse prevention

programs conducted during junior high school can produce meaningful and durable reductions in tobacco, alcohol, and marijuana use if they (1) teach a combination of social resistance skills and general life skills, (2) are properly implemented, and (3) include at least 2 years of booster sessions.

Another research was conducted by Griffin KW, Botvin GJ, Nichols TR and Doyle MM to know the effectiveness of universal drug abuse prevention approach for youth at high risk for substance use initiation. Results indicate that a universal drug abuse prevention program is effective for minority, economically disadvantaged, inner-city youth who are at higher than average risk for substance use initiation.

Another research was done by Griffin KW, Botvin GJ, and Nichols TD on preventing youth violence and delinquency through a universal school based prevention approach. This study found a significant decrease in cigarette smoking, alcohol use (drunkenness), and poly drug use (concurrent tobacco, alcohol, and marijuana use) at follow-up for the two groups of students who received Life skill training.

Results of a study among middle school students demonstrated significant reductions in violence and delinquency at 3-month follow-up for LST participants relative to the control group of students who received a standard health education curriculum. Stronger effects were found for students who received at least half of the LST program. These effects included decreased verbal aggression, physical aggression, fighting, and delinquency.

Ways to impart life skill education:

Life skill education is a complete and dynamic teaching learning process. The teacher must first and foremost understand the student's point of view on various topics. Techniques used to impart life skills includes Classroom discussions on various issues of moral sciences, current affairs etc, Role play, Brain storming sessions, Value education discussions, Case studies of various famous persons, addicts etc, Storytelling, Audio- visual activities like music, dance, theatre, poster making etc, Debates in-between students, parents and students etc, Parent interactions with educators as well as with their wards, Group activities (CBSE)

The present research was conducted to check if the life skills education provided in schools is actually effective or not. The dimensions taken into considerations have never been directly addressed to in the previous researches conducted in the area of life skills. It was hence done to fill this gap.

Methodology:

Objective: To study the effectiveness of life skills education provided to school going adolescents.

Variables:

Independent variable- life skill training given to adolescents in schools

Dependent variable- State Anxiety, dimensions of life skills such as self care, non turbulence, social contact, communication, responsibility, social etiquette, self esteem, personal hygiene of the students.

Sample: Total 400 students were selected from different schools of Baroda city. Out of 400 students; 200 adolescents were from schools providing life skill education and 200 adolescents from schools not providing any life skills education. The students were between the age group of 14-16 years.

Hypothesis:

1. There will be significant difference in level of anxiety between the life skill and non life skill group.
2. There will be significant difference in area of self care between the life skill and non life skill group.
3. There will be significant difference in area of non turbulence between the life skill and non life skill group.
4. There will be significant difference in area of social contact between the life skill and non life skill group.
5. There will be significant difference in area of communication between the life skill and non life skill group.
6. There will be significant difference in area of responsibility between the life skill and non life skill group.

Diagnostic Tools:

A questionnaire was prepared using 3 life skill tests namely

1. Life skills test by Walker and Hannon (2009) which measures the participant's knowledge of basic life skills of social etiquette, communication, self esteem and personal hygiene.
2. Life skill 39 (LSP-39) by Rosen, A, Pavlovic,D.H; Parker, G and Trauer, T. This test was initially developed to know how successfully people with schizophrenia live in a community, but later the test was found to be useful for a broad range of diagnoses. There are 3 versions available for these tests which are life skill profile 16, life skill profile 20 and life skill profile 39.
The test used presently (life skill profile 39) measures dimensions of self care, non turbulence, social contact, communication and responsibility. It is more elaborate than the other shorter versions.
3. State test from state and trait anxiety inventory STAI by Spielberger,C.D; Edwards,C.; Montuori,J; and Lushene,R (1970). The State anxiety Inventory consists of 20 statements that evaluate how respondent feel "right now, at this moment i.e., the present state/condition.

Procedure:

The aim of the research was to check the effectiveness of life skill training given in schools on students between ages 14-16 years. For this purpose two groups were prepared- first, the life skill group which consisted of 200 students from schools which provided life skill education and second the non-life skill group which also consisted of 200 students from different school not providing life skill education. Prior permissions were taken from the principals of the respective schools to conduct the research. Also, knowledge about the functioning of the school as well as ways in which they imparted life skill education, in case they did was taken. The prepared questionnaire was given to all the 400 students and individual data on all dimensions for all students was calculated. Later this data was analyzed using the spss.

Discussion:

The aim of the research was to find out the effectiveness of life skill education on adolescents. For this, data was collected from 400 samples of age between 14-16 years and analyzed using the spss. Tables shown below-

Table 1: Table showing Mean and Standard deviations of life skill test, Life Skill profile 39 and State anxiety tests.

Sr. no.	Test	dimensions	Mean		Standard deviation	
			Group A	Group B	Group A	group B
1.	Life skill test	Social etiquette and communication	11.64	11.69	2.733	2.539
		Self esteem and hygiene	9.64	7.66	2.786	2.633
		Total	21.28	19.34	4.290	4.340
2.	Life skill profile 39	Self care	19.87	18.46	3.006	3.168
		Non-turbulence	32.28	30.86	4.923	5.317
		Social contact	16.20	15.29	2.943	2.910
		Communication	17.97	17.62	2.786	2.983
		Responsibility	39.85	37.43	5.480	5.607
3.	state anxiety inventory	State	34.91	35.81	6.671	5.102

Table 1 shows mean scores and standard deviation of both the groups, life skill education group and non life skill education group, while table 2 show 't' scores for both groups. High mean scores show high effectiveness of life skill training, whereas High standard deviation scores show lower effectiveness and 't' scores show significant difference between both the groups, if any. As it can be seen from the tables above, mean scores were 21.28 for the life skill group and 19.34 for the non life skill group and standard deviation 4.290 and 4.340 respectively for test 1, which was life skill test. Significant difference is seen between performances of both the groups.

Table 2: Table showing 't' scores

Sr. no.	Tests used	Dimensions	Sig. (2-tailed)
1.	Life skill test	Social etiquette and communication	0.86
		Self esteem and hygiene	0.00**
		Total	0.00**
2.	Life skill profile	Self care	0.00**
		Non-turbulence	0.006**
		Social contact	0.002**
		Communication	0.233
		responsibility	0.00**
3.	State anxiety inventory	State	0.13

For test 2, life skill profile-39 (LSP-39) various dimensions were taken. For self care category students receiving life skill education scored 19.87 in mean scores while students not receiving any life skill education scored 18.46. There standard deviation scores were 3.006 and 3.168 respectively. Significant difference was seen. For non turbulence

category the life skill group scored 32.28 while the non life skill group scores 30.86 in mean scores and standard deviation of 4.923 and 5.317 respectively. Significant difference was seen. In area of social contact, life skill group scored 16.20 in mean scores while the non life skill group scored 15.29. Their standard deviation scores were 2.943 for the life skill group and 2.910 for the non life skill group. Significant difference was seen. For category of communication the life skill group scored 17.97 and the non life skill group scored 17.62 in mean, and 2.786 and 2.983 respectively in standard deviation. There was no significant difference. In dimension of responsibility, students of life skill group scored 39.85 in mean whereas students of non life skill scored 37.43. While the standard deviation scores were 5.480 for life skill receiving group and 5.607 for group receiving no life skill training. Again significant difference was seen.

For test 3, which was State Anxiety Inventory, the life skill group scores 34.91 in level of state anxiety whereas the non life skill group scores 35.81 in mean scores. Standard deviation scores for life skill group were 6.671 whereas that of the non life skill group was 5.102. These SD scores indicate higher state anxiety in the life skill group than the non life skill group. No significant difference is observed between performances of both groups.

Hence, life skill education is a must for all students especially the adolescent lot to help them deal effectively with life's challenges. This result is also supported by few researches mentioned above such as one by Botwin GL et.al (1984) on drug abuse prevention in adolescents, another by Griffith KW, Botwin GJ on effectiveness of universal drug abuse prevention for youth at high risk for substance use initiation. Another research was done by Griffin KW, Botvin GJ, and Nichols TD on preventing youth violence and delinquency through a universal school based prevention approach. All the studies found that a significant decrease was found in cigarette smoking, alcohol use, polydrug use; these effects included decreased verbal aggression, physical aggression, fighting, and delinquency. Marlow Svatek, 2012 proved that providing life skill education to students in a village in southwestern Burkina Faso was highly effective in decreasing dropout rates from schools, effective in spreading awareness on issues life reproductive health, disease prevention, future planning and self esteem. And so if children can learn how to deal positively with their problems, they are less prone to becoming victims of any social or personal evils.

Acknowledgement:

I would like to express my deepest gratitude to my guide Dr. Priyanka Kacker, lecturer, Department of Psychology, The Maharaja Sayajirao University of Baroda for her constant support and encouragement which helped the completion of the research.

I would also like to appreciate Mr. Harendra Parmar, lecturer, Department of Psychology for extending his support

Special appreciation to all the principals of the schools and the counselors and for their help and support. Accomplishment of the research was not possible without them.

Lastly, I would like to thank all the subjects who were so cooperative in being a part of the research.

References:

- [1] Botvin, G.J., Eng, A. and Williams, C.L. (1980). Preventing the onset of cigarette smoking through Life Skills Training. *Preventive Medicine*, 11, 199-211.

- [2] Botvin, G.J., Baker, E., Botvin, E.M., Filazzola, A.D. and Millman, R.B. (1984). Alcohol abuse prevention through the development of personal and social competence: A pilot study. *Journal of Studies on Alcohol*, 45, 550-552.
- [3] Kaplan, M., Weisberg, R.P., Grober, J.S., Jacoby, C. (1992). Social competence promotion with inner city and suburban young adolescents: effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, 60 (1), 56-63.
- [4] Errecart, M.T., Walberg, H.J., Ross, J.G., Gold, R.S., Fielder, J.F. Kolbe, L.J. (1991). Effectiveness of Teenage Health Teaching Modules. *Journal of School Health*. 61(1).
- [5] G. J. Botvin (1989) Life Skills Training: Promoting Health and Personal Development: Teacher's Manual, Cornell University Medical College, USA.
- [6] Olweus, D. (1990). *A national campaign in Norway to reduce the prevalence of bullying behavior*. Paper presented to the Society for Research on Adolescence Biennial Meeting, Atlanta, December 10-12.
- [7] Parsons, C, Hunter, D. and Warne, Y. (1988). *Skills for Adolescence: An Analysis of Project Material, Training and Implementation*. Christ Church College, Evaluation Unit, Canterbury, UK.
- [8] Pentz, M.A. (1983). *Prevention of adolescent substance abuse through social skills development*. In Glynn, T.J. et al. (Eds.) Preventing adolescent drug abuse: Intervention strategies, NIDA Research Monograph No 47 Washington DCNIDA, 195-235.
- [9] Perry, C.L., Kelder, S.H. (1992). Models of effective Prevention. *Journal of Adolescent Health*. 13 (5), 355-363.
- [10] Skills for the Primary School Child: Promoting the Protection of Children (1990) TACADE Sanford, UK.
- Teimoori, Mahnaz. (1382). The study of life skills training effectiveness on girl students of Tehran high schools in improving their mental health, Thesis, Alame Tabatabaee University, Tehran.
- [11] Weisberg, R.P., Kaplan, M.Z. and Sivo, P.J. (1989). *A new conceptual framework for establishing school-based social competence promotion programs*.
- [12] WHO/GPA. (1994) *School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners*. World Health Organization/Global Programme on AIDS, Geneva.
- [13] World Health Organization. (1999). *Partners in life-skills education*. Geneva, Switzerland: World Health Organization, Department of Mental Health.
- [14] World Health Organization (1994). *The development and dissemination of life skills education: An overview*. Geneva: Division of Mental Health, *World Health Organization*.



The First author; Disha Chaddva is a graduate student from The Maharaja Sayajirao University of Baroda, Vadodara and specializes in clinical psychology. Areas of interest to the author other than psychology are geography and other social sciences. The topic for the present research arose from the curiosity of the author in area of educational psychology and mental health of school going adolescents and how life skills training help in improving them.



Second Author; Dr. Priyanka Kacker is Lecturer in The Department of Psychology, The M.S. University of Baroda, Gujarat. Her areas of specialization are Clinical psychology and Hypnotherapy.

