Abstract

Children and adolescents are thinking and feeling beings with a degree of mental complexity that is only now being recognized. WHO (1994) states that, today’s children live in a very complex environment. They are exposed to various channels of communication, such as television, the Internet and radio. The electronic media particularly have a strong influence on children and adolescents, outweighing the influence of parents and family in certain situations. Interaction with friends and pressure from peers and media advertisements etc are a strong influence on growing children and adolescents. Parental influence in moulding moral and social values and the traditional school curriculum are seemingly becoming increasingly incapable of equipping people with the skills needed to face real life. Risk taking nature is hallmark of adolescence and if they are not provided with skills to protect themselves, likelihood of deviant or incomplete development becomes very real.

Life skills education with its sound theoretical foundation and participatory teaching methods provide the adolescents with opportunity to shape their behavioural attitudes. Good mental health in childhood is a prerequisite for optimal psychological development, productive social relationships, effective learning, and an ability to care for self, good physical health and effective economic participation as adults. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and learn, and a capacity to maximise growth. The existing literature proves that adolescents’ risk for high risk and health compromising behaviours can be successfully countered through preventive interventions and at the same time provide them with skills to handle difficulties of every day life. According to 2001 census, 35.4% of India’s population falls in the age group 0-14 years; hence it makes sense to plan preventive interventions for this huge population which is at risk for alcohol and other drug use, unhealthy eating habits and many other risk behaviours. These endeavours result in reducing the occurrence or delay the onset of behaviours that give rise to many health problems (HIV/AIDS, substance use disorders, other internalizing and externalizing mental disorders) and social problems (unemployment, criminal and antisocial behaviours) which are encumbrance on the country’s already burdened health care and social welfare system.

Therefore, there is a need to study experimentally the impact of life skills education on the psychosocial competence of adolescents. Hence, the study was taken with two objectives: (1) To study experimentally the impact of life skills education on the enhancement of psychosocial competence in adolescents. (2) To determine the influence of some of the demographic factors such as gender, number of siblings, order of birth, type of family, currently living with whom, fathers’ education, occupation and income as well as health problems of adolescents on their psychosocial competence.
In order to study the psychosocial competence of adolescents, the researcher took up construction of scale. First version of the scale was developed through pooling large number of items for which expert opinion was sought and pilot study was conducted. Through expert opinion and various statistical analyses a final version of the scale was arrived at that consists of 100 items for ten life skills. The response categories are five, ranging from ‘1’-very much applies to me to ‘5’-does not apply to me at all. The scale has 75 positively keyed items and 25 negatively keyed items, which are scored in reverse order. Hence, the lower score indicates higher competence and higher score indicates lower competence. The scale was found to have significantly high concurrent validity coefficients ranging from 0.38 to 0.76 (P<0.001) and different reliability coefficients such as Cronbach’s alpha=0.88, Spearman-Brown =0.71 and Guttman split-half =0.71 (P<0.001). The total score of all ten skills scores is taken as overall score of psychosocial competence.

In addition, the researcher also took up development of intervention package to suit the limited time period (3 months) she was allotted. Life skills training packages developed by other experts and organisations such as NACO, Delhi; NIMHANS, Bangalore; Regional Institute of Education, Mysore were reviewed to gain orientation. After consultation with expert, package was developed which consisted of 10 vignettes covering important issues. The information was tailored to their needs and imparted in story form. The exercises included required utilisation of activities like brainstorming and group discussions which are participatory in nature. The students were made into small groups of 6-7 members of either sex. Then vignette was recited to them and each group was given a topic to brainstorm and the spokes person presented the groups’ points to the whole class, which in turn were discussed using group discussion. Researcher ensured participation from all students, and directed the proceedings to a fruitful conclusion.

The sample for experimental group was drawn from 8th and 9th Standard of G.V.Joshi Rotary English Medium High School, and control group sample was drawn from Nirmala Thakkar High School. Two schools had similar profile and general culture and are situated in Hubli, Dharwad District, Karnataka State, India. Both the groups were tested three times simultaneously in a span of six months. Soon after pre test life skills education intervention was administered on the experimental group adolescents for a period of three months. After its completion post test was conducted for both the groups, which was followed by three months lapse and then post post test was conducted. For the final analyses, only the adolescents who attended all three phases of testing and three months intervention were included. Hence, the sample size came down to 101, but the study was begun with 330 adolescents. Therefore, similar size sample which matches the experimental group in all respects were drawn from control group.

The obtained data were processed and then subjected to various statistical tests. For within group comparison between various phases of testing
(pre test to post test, post test to post post test, and pre test to post post test) for both experimental and control groups, paired sample 't' test was used. Comparisons between the experimental and control groups at various phases of testing was also done using 't' test for independent samples.

Results revealed that both the groups differed significantly among themselves i.e. within group comparisons at pre test, post test, and post post test and also between group comparisons at the said three phases of testing. Impact of life skills education on the psychosocial competence of adolescents was very much obvious in both within group comparisons and as well as between group comparisons.

Control group adolescents have significantly very high (P<0.001) Overall psychosocial competence (t=-32.47) as well as skills such as Problem solving (t=-19.42), Decision making (t=-11.09), Critical thinking (t=-16.48), Creative thinking (t=-17.42), Empathy (t=-18.22); and significant (P<0.05) Self awareness (t=2.00) as well as Coping with stress (t=-2.20) at pre test phase compared to post test phase. However, they did not differ in skills such as Coping with emotions, Interpersonal skills and Effective communication.

Adolescents of control group report significantly very high (P<0.001) Problem solving (t=18.95), Decision making (t=10.96), Critical thinking (t=16.12), Creative thinking (t=16.46), Empathy (t=16.66) and Overall psychosocial competence (t=29.40) at post post test phase when compared to post test phase. And it is also noted that they report significantly higher (P<0.01) skills such as interpersonal relation skill (t=-2.42) and Effective communication (t=-2.64) at post test phase when compared to post post test phase.

Comparison from pre test to post post test revealed that the adolescents of control group have significantly very high (P<0.001) Empathy (t=-7.76) and Overall psychosocial competence (t=-7.57); significant (P<0.05) Problem solving (t=-2.09), Creative thinking (t=-2.31), Self awareness (t=-2.32), Coping with stress (t=-2.91), Interpersonal relations skill (t=-2.42) and Effective communication (t=-2.64) at pre test phase.

Experimental group adolescents have significantly very high (P<0.001) Problem solving (t=5.43), Decision making (t=12.19), Creative thinking (t=8.62), Critical thinking (t=10.26), Empathy (t=11.12), Self awareness (t=8.42), Coping with emotions (t=14.15), Coping with stress (t=6.08), Interpersonal relations skill (t=9.58), Effective communication (t=8.84) and Overall psychosocial competence (t=16.02) at post test phase compared to pre test phase.

Adolescents of experimental group have significantly very low (P<0.001) Problem solving (t=-7.70), Decision making (t=-11.76), Critical
thinking (t=-9.83), Creative thinking (t=-9.23), Empathy (t=-9.17), Self awareness (t=-8.76), Coping with emotions (t=-10.34), Interpersonal relations skill (t=-9.93), Effective communication (t=-7.89) and Overall psychosocial competence (t=-13.53) at post post test compared to post test phase. Only in case of Coping with stress skill the difference was not significant.

Comparison of experimental group adolescents from pre test to post post test reveals that they have significantly very high (P<0.001) Empathy (t=3.56), Coping with stress (t=3.01) and Overall psychosocial competence (t=2.55) at post post test phase, whereas Problem solving skill (t=-2.53) was found to be significant (P<0.05) at pre test phase compared to post post test phase.

At pre test level, comparison revealed that the experimental group adolescents have significantly very high (P<0.001) in Problem solving (t=-4.27), and significantly high (P<0.01) Critical thinking (t=-2.50) and Interpersonal relations skill (t=-2.49) than adolescents of control group. The control group, on the other hand, showed significant (P<0.01) Coping with stress skill (t=2.53) than experimental group adolescents at this phase of testing. On the whole, both the groups did not differ significantly in rest of the skills.

Comparison at post test phase reveals that the experimental group had significantly very high (P<0.001) Problem solving (t=-22.33), Decision making (t=-19.84), Critical thinking (t=-24.35), Creative thinking (t=-27.78), Empathy (t=-22.36), Self awareness (t=-10.29), Coping with emotions (t=-13.24), Coping with stress (t=3.39), interpersonal relation skill (t=-13.82), Effective communication (t=-9.29) and Overall psychosocial competence (t=-28.73) than control group adolescents.

Adolescents of experimental showed significantly very high (P<0.001) Empathy (t=4.47), Interpersonal relations skill (t=-4.62) as well as Overall psychosocial competence (t=-3.49); and significantly high (P<0.01) Coping with emotions (t=-2.73) and Effective communication (t=-2.16) and significant (P<0.05) Problem solving (t=-2.14) than control group adolescents at post post test phase.

The results of stepwise multiple regression analyses revealed that demographic factors such as male gender, type of family, currently living with whom, fathers’ education and occupation significantly contributed to most skills and Overall psychosocial competence of adolescents.

Thus, the results clearly reveal that life skills education contributed to significant enhancement of psychosocial competence in adolescents. Therefore, it is proved that even brief duration of interventions like life skills education with its significant impact on the psychosocial competence helps adolescents in maximizing their growth and contributes positively to their physical, mental and social health.