Chapter II

REVIEW OF LITERATURE

Literature Review is a mirror, which reflects the past views and presents the future perspectives. It is imprudent and wasteful to proceed with any study without knowing what has already gone before. The sources related to the study will give guidance to look into the problem of the study so as to fill any gap in the research area. Therefore, an essential aspect of an investigation is the review of literature. The review of literature adds strength to the present study.

A literature Review is a critical summary of research on a topic of interest, often prepared to put a research problem in context or as the basis for project (Polit, F.D, Hungler B.P 1999)

A Literature review is a compilation of resource that provides the groundwork for further study. The right quality article is the one, which opens the doorway for the further study and guides the researcher. The key group of articles may include research findings, theory articles and published reviews of literature (Abdullah 1992).
The reviews are grouped under:

1. Reviews related to adolescent health.
2. Reviews related to adolescent Menstrual health.
4. Reviews related to life skill approaches.

Reviews related to adolescent Health

The developmental changes that occur during the adolescent period cause varying disturbances in them. The radical body changes that the adolescent undergoes during her puberty have psychological as well as physical repercussions. The physical changes determine not only what the young adolescent can do, but also what she wants to do. The psychological repercussions that follow the physical transformation at puberty come mainly from social expectations of mature attitudes and behaviour. Adolescent development is influenced by the biological, psychological and social aspects of the growing adolescent. There are other environmental factors such as the family, the attitudes and values prevalent in the family and the peer group, which also contribute to the adolescents’ personality development in a positive or a negative way.

Adolescent growth is a sequence of development [Arnold Gesell 1956]; some are harmonious and many are erratic. He
focused on physical and motor growth, self-care, emotions, self-concept, interpersonal relationship activities and interest, school life, ethics and philosophic outlook. Thus, growth is lawful and natural because of biological unfolding.

**Peter Blos [1962]** a psychosexual theorist, viewed adolescence as a period of psychological adaptation to the biological maturation. The adolescent crosses three phases of the adolescent adaptation, namely

**Early adolescence** the hallmark of developmental disturbance caused by discrepancy between the biological events and psychological awareness.

**Adolescence proper** it is characterized by the removal of psychic investment and a reassessment of fears, fantasies, conflicts and aspiration that have crystallized around them.

**Late adolescence** is a period of consolidation, which presents a relatively constant personal image.

Highlighted below are a few areas of concern for the adolescents.

**Vara and Kally (1994)** asked adolescent students to describe a problem that bothered them. For boys the orders of
reported problems were parents, school, friends and siblings. The girls perceived friend-related problems more often than parents, siblings did and lastly school related problems.

**Abdullah (1992)** investigated the familial problems of Hungarian youth. The study revealed the problems in the family and the home and how socialization affects the mental health of the adolescents.

**Spirito et al. (1991)** studied children between 9-14 years who were asked to identify problems that they had recently experienced. The findings revealed that the common stressors were parents, siblings, school and friends and siblings.

**Rao and Parthasarathy (1989)** in their study with emotionally disturbed children and adolescents found that the problems fell in the purview of interpersonal problems with teachers, along with other problems, like difficulty in subjects, truancy, inattentiveness, and disruptive behaviour. The school has been found to be a system in which the adolescents confronted with a number of problems.

**Sinha (1979)** hypothesized that identity confusion is a significant problem prevailing among the adolescents. He observed that almost complete immersion of the adolescents in the mass media has led to proliferation of work models available to them.
This proliferation of models with which the adolescent is confronted makes it difficult for her to identify completely with any set of clear-cut roles or personalities, which is important in the formation of ego identity. This further leads to value ambiguity as a result of which the behaviour is characterized by uncertainty.

**Kumar (1975)** noted in his study that insecurity was significant in boys and lack of confidence in girls. Adjustment problems related to home, health and social relations were found in adolescents (Gupta and Gupta 1980).

Studies have reported that the areas pertaining to study habits, career goals as well as issues related to parental control, social concerns and personal and moral qualities are high amongst the areas of concerns. (**Eme et al. 1979**)

**Costelo (1989)** points out that emotional disturbance in children might affect the overall growth and development of the child’s personality and these might manifest through gross maladjustment in the behaviour. The children can be helped to lead more productive and useful lives through programmes such as school based interventions.

Shifting, the focus onto problems, with autonomy, it is known that the Indian child rearing practices, family structures, hierarchical social organizations and value systems promoted
social support and interdependence. Independent decision-making is not very much nurtured in the adolescents (Neik, 1976). Under such conditions the adolescent is likely to find the pursuit of independence fraught with resistance, coping with life task demands, assertiveness and the capacity to make decisions. The inability to do so is likely to result in maladjustment (Sonpar, 1982).

An intensive study of identity formation in India was undertaken by Moving onto social issues, since the adolescent period is one of the rapid transitions from childhood to adulthood, the rapid changes operating in the society have created difficult problems for the adolescents in their preparation to adulthood. This in turn, can have effects on their personality structures, their view of self, others and the World at large.

The common adolescent problems are related to friendship, parents, siblings, about bedtime, authority at school, particularly subject at school, anxiety about school failure, difficult contemporaries at school, problems of leadership, personal department, physical characteristics, exam fear, dress and appearance, other personal difficulties.
The characteristics of the adolescent girls are:

1. Adolescence is the period of rapid physical growth, sexual and psychological changes.

2. Habits and behaviours picked up during adolescence (risk taking behaviour, substance abuse, eating habits and conflict resolution) have lifelong impact.

3. Adolescence is the last chance to correct the growth lag and malnutrition.

4. Adolescent girls definitely constitute a socially disadvantageous group in the deprived society, especially in the rural areas.

5. Many adolescent girls are sexually active, but lack information and skills for self-protection (low level of information on Family Planning, low contraception use)

6. They have simple but wide pervading crucial reproductive health needs—menstrual hygiene, contraception (including emergency contraception) safety from sexually transmitted diseases and HIV and Communication gap exists with parents and other adults, especially on these issues.

7. About 70% of the deaths in adulthood is linked to habits picked up during adolescence (risk-taking behaviour, substance abuse, eating habits and conflict resolution.).
8. Adolescent sexuality leads to adolescent pregnancy, unsafe abortion, sexually transmitted diseases (especially AIDS) and social problems. In adolescent pregnancy, the risk of adverse outcome is higher.

9. Lack of "connectedness" with the parents and other adults prevent transmission of health messages and crucial skills leading to adoption of risky behaviour, substance abuse, early sexual debut and sexually transmitted diseases.

Adolescents develop the skills and abilities to consider hypothetical risk and benefits of possible behaviours, along with potential consequences of such behaviours as learning strategies.

The adolescents are influenced by a range of interpersonal, intrapersonal and socio-cultural factors. They learn from the experience of others. Older adolescents are able to consider the choices, behaviours and outcomes experienced by the others in making their own health related choices, which help to expand the opportunities to learn health promoting behaviours.

**Reviews related to menstrual health**

Menstruation is a phenomenon unique to the females. It is a physiological process, but its onset brings a profound change in a young woman’s life. It is one of the most important changes occurring among the girls during the adolescent years. The first menstruation (menarche) occurs between 11 and 15 years with a
mean of 13 years. Menstruation is regarded as something unclean or dirty in Indian society. It is linked with misconceptions. It is now becoming increasingly recognized that the social and cultural significance of menstruation interacts with the physiological process to produce culturally determined norms and practice.

**Unni JC (2010)** conducted a study on attitudes of the adolescents and relevance to family life education programs to understand adolescent attitudes. The result revealed that more than 50% of the adolescents received information on sex and sexuality from peers; boys had started masturbating by 12 years age and 93% were doing so by 15 years of age. Although 73% of girls were told about menstruation by their parents, 32% were not aware, at menarche, that such an event would occur and only 8% were aware of all aspects of maintaining menstrual hygiene.

**Adinma and Adinma (2008)** conducted a study on perceptions and practices on menstruation amongst Nigerian secondary school girls to determine their perceptions, problems, and practices on menstruation. A majority of the students, (75.6%), were aged 15-17 years. Only 39.3% perceived menstruation to be physiological. Abdominal pain discomfort, (66.2%), was the commonest medical problem encountered by the respondents, although 45.8% had multiple problems. Medical problems were most commonly discussed with the mother,
(47.1%), and least commonly discussed with the teachers (0.4%). Unsanitary menstrual absorbents were used by 55.7% of the respondents. The perceptions on menstruation were poor, and practices were often incorrect.

**Dasgupta, A. and Sankar, M. (2008)** conducted a descriptive cross sectional study on menstrual hygiene among 150 adolescent girls. The result revealed that among 150 respondents, 108 (67.5%) girls were aware about menstruation prior to attainment of menarche. The mother was the first informant. A majority of the girls, 138 (86.25%) believed it as physiological process. Only 18 (11.25%) girls used sanitary pads, 136 (85%) girls practiced different restrictions during menstruation.

**Adhikaari P, et al., (2007)** conducted a study on the adolescent girls to evaluate the knowledge and practice on different aspects of menstrual hygiene. It was found that they were not properly maintaining the menstrual hygiene. Only 6.0% of girls knew that menstruation is a physiologic process, and 36.7% knew that it is caused by hormones. Ninety-four percentages of them use the pads during the period but only 11.3% dispose it properly. The overall knowledge and practice were 40.6% and 12.9% respectively.

**Devi, S.M. (2007)** conducted a study on assessment of awareness of reproductive health on 120 female adolescents in the
age group of 16-18 years. The result showed a significant association between the type of school and the educational level of the parents. About half of the subjects (53%) felt shy and embarrassed to discuss and their knowledge was relatively very poor.

Dongre. AR, Desmukh. PR and Garg. BS (2007) conducted a study on the effect of community based health education intervention on the management of menstrual hygiene among rural Indian adolescent girls in 23 villages in Anji, in the Wardha district of Maharashtra state. After 3 years, significantly more adolescent girls (55%) were aware of menstruation before its initiation compared with the baseline (35%). The practice of using ready-made pads increased significantly from 5% to 25% and reuse of cloth declined from 85% to 57%. The trend analysis showed that adolescent girls perceived a positive change in their behavior and level of awareness.

Shaikh BT, Rahim ST (2006) conducted a study on 400 adolescents to assess the baseline sexual and reproductive health knowledge and to suggest interventions based on needs to promote reproductive health. A cross-sectional survey was conducted in 20 villages of Lahore. Respondents were equally divided in gender in all villages, using stratified random sampling. Adolescents and young adults do have some knowledge of sexual and reproductive
health issues. Males are relatively more knowledgeable than females about puberty (M = 68%; F = 58%), pregnancy (M = 55%; F = 43%), family planning (M = 62%; F = 50%) and sexually transmitted infections (M = 56%; F = 44%). Yet, a large majority needs clarification on their concepts and perceptions.

Singh, S.P, et al., (2006) conducted a study on Knowledge assessment regarding puberty and menstruation among 504 school adolescent girls using pre-designed self administered questionnaire. The result showed that only 45% of the study subjects obtained more than 50% score. More than half the girls did not know that during menstruation blood comes from uterus/vagina. A majority (64.9%) stated that it is dangerous to swim and run during periods. Misconception included information regarding use of sanitary napkins, psychological effects of menstruation and weakness during the periods. Out of 462 girls who attained their menarche, 64.9% stated that their first source of information related to menarche was their mother.

Ancheta R, Hynes C, and Shrier LA (2005) conducted a study on reproductive health education and sexual risk among 113 high-risk female adolescents and young adults to explore the associations of sources, content, and timing of reproductive health education with cognitive and behavioural sexual risk. The result revealed that most of the participants (92%) reported that they
received reproductive health education from both parental (80%) and formal sources. Parents discussed the menstrual cycle (94%) more frequently than other sex education topics, while formal sources focused most on teaching about STDs (91%).

**EI-Gilany AH, Badawi K, and EI-Fedawy S (2005)** conducted a study on menstrual hygiene among the 664 adolescent school girls aged 14-18 years in Mansoura, Egypt with the aim of learning about menstrual hygiene as a vital aspect of health education for adolescent girls. They were asked about the type of sanitary protection used, frequency of changing pads or cloths, means of disposal and bathing during menstruation. The findings revealed that the significant predictors of use of sanitary pads were availability of mass media at home, high and middle social class and urban residence. Use of sanitary pads may be increasing, but not so much among girls from rural and poor families. The other aspects of personal hygiene were generally found to be poor, such as not changing pads regularly or at night, and not bathing during menstruation. Lack of privacy was an important problem. Mass media was the main source of information about menstrual hygiene, followed by mothers, but a large majority of the girls said that they needed more information.

**Khanna, A. Goyal, R.S., and Bhawsar, R., (2005)** conducted a study on menstrual practices and reproductive
problems in Rajasthan on 730 adolescent girls in the age group of 13-19 years. The study indicated that nearly 92% of the girls were not aware about the natural phenomenon of menstruation among the women when they first experienced it. Schooling, residential status, occupation of father, caste, exposure to media were the major predictors of safe menstrual practice among the adolescent girls. Traditional belief, restriction, false perception and misconception, and unsafe practices regarding menstruation were not uncommon among the adolescent girls.

Tang, CS, Yeung DY, Lee AM (2003) conducted a study to determine psycho-social correlates of emotional responses to menarche among 1573 post-menarcheal Chinese adolescent girls. The findings revealed that their emotional reactions to menarche were largely negative, with almost 85% reported feeling annoyed and embarrassed. In spite of these negative feelings, about two-thirds of the participants also reported feeling grown up and another 40% felt as if they are becoming more feminine. Results of the hierarchical regression analyses showed that negative emotional responses to menarche were correlated with perceptions of menstruation as a negative event, inadequate preparation for menarche, endorsement of indigenous negative menstrual attitudes, and poor self-esteem. Positive emotional responses to menarche were correlated with perceptions of menstruation as a
natural event, rejection of indigenous negative menstrual attitudes, positive body image, and adequate preparation for menarche.

**Ben-Noun LL (2003)** in his study on the biblical attitude towards personal hygiene during vaginal bleeding depicted that according to the Bible, a woman who is menstruating or who has pathological vaginal bleeding is unclean. Anybody who touches such a woman's bed or her personal things is also regarded as unclean and should therefore, wash carefully. Sexual relations are forbidden within 7 days from the beginning of menstruation and during pathological vaginal bleeding. Seven days after the cessation of vaginal bleeding, a woman is considered as clean, and therefore, sexual contacts are permitted. He also brought out the fact that religious books and the religious background is the base for the negative attitude towards menstrual hygiene of the adolescent girls. Health promotion information also does not help much to improve the development of positive attitude of the girls, especially in relation to the religious factors.

**Marvan ML, Vacio A, Espinosa-Hernandez (2003)** conducted a study on menstrual related changes expected by 1,173 premenarcheal girls living in rural and urban areas of Mexico. The findings of the study revealed that, Mexican premenarcheal girls associate menstruation with a set of mostly negative expectations. A comparison of the results from the urban
and the rural girls revealed that the urban girls expected more negative perimenstrual changes, while the rural ones expected positive changes more. The urban girls are more exposed to media, which present a picture of menses as a debilitating event, while rural girls link menses with health because it is associated with the ability to have children.

Marvan ML et al (2002) conducted a study on 750 premenarcheal Mexican girls’ to reveal the expectations concerning perimenstrual changes and menstrual attitudes. The results showed a set of mostly negative perimenstrual expectations, the most common being discomfort, cramps or abdominal pain and mood swings. With regard to menstrual attitudes, the girls scored highest on secrecy, followed by negative feelings and by positive feelings. The girls, who perceived menstruation as a negative event and with secrecy, expected more negative perimenstrual changes, while those who perceived menstruation as a positive event expected more positive perimenstrual changes. It was believed that premenarcheal girls, with no personal experience, must be more influenced by cultural stereotypes, which are of a negative nature.

Moawed S (2001) conducted a study on 600 Saudi girls aged between 11-18 years in Riyadh, to identify the indigenous menstrual hygiene practice. The results revealed that nearly two-thirds of the girls avoided certain foods, drinks and activities,
including showering and performing perineal care, and practiced several indigenous rituals during the period. Mother, religious books and sisters were the main sources of the girls’ information.

**Narayan, K.A., et al., (2001)** conducted a study on Puberty rituals, reproductive knowledge and health of adolescent school girls in South India, Pondicherry on 823 adolescent girls in the age group of 12-17 years. The result revealed that puberty ritual was divided into three stages as vaisuku varuvadhu, puniya-thanam, and manjal-neeru. Further, it was revealed that the adolescent girls were not prepared with information; 2/3 of them described it as a shocking or fearful event. The little information given was in the form of restriction, Knowledge on anatomy, and hygienic practices were very weak. Taboos, misconception, and traditional beliefs were common.

**Simes MR, Berg DH (2001)** conducted a study on surreptitious learning: menarche and menstrual product advertisement to examine the messages conveyed in menstrual products on 200 popular women’s magazine advertisements. The findings revealed that the advertisements were a reflection of the negative societal views of menstruation and, because the advertisements function to heighten insecurities, they also function to perpetuate and maintain the silence and shame which surrounds menstruation in the society.
Abiove-Kutevi EA (2008) conducted a study on menstrual knowledge and practices amongst 352 randomly selected secondary school girls in Nigeria. Amongst, 187(53.1%) had attained menarche and 40% of subjects were deficient in knowledge about menstruation. Although menstrual knowledge was higher in post-menarcheal girls, 10% of these were totally ignorant about menses and 84% were not psychologically prepared for the first menses. The menstrual knowledge of the girls was positively associated with parental education. The major source of menstrual information was the family. Although more than half of the girls menstruated regularly, 66.3% used insanitary materials as menstrual absorbent.

Frank D, and Williams T, (1999) conducted a descriptive study on attitude about menstruation among 106 fifth, sixth, and seventh grade pre and post menarcheal girls. Attitudes of affirmation and worry were examined based on grade level, menarcheal status, and various other variables, including whether the participants had talked with their mothers or a close friends, or seen a video on menstruation. Worry scores increased independently of menarcheal status from the fifth to sixth grade. From the sixth to seventh grade, there was no change in the level of worry of post-menarcheal girls, but there was a significant decrease in worry for pre-menarcheal girls. There was a decrease
in worry in those girls, who had sisters. Also, girls who had talked with someone about menstruation had higher affirmation scores than those who had not. Nursing implications include the need for school nurses to provide ongoing education for young females from fifth through seventh grades and to encourage them to communicate with their support systems.

**Koff E and Rierdan J (1995)** conducted a study on 157, 9th grade preparing girls for menstruation. The girls emphasized the need for emotional support and assurance that menstruation was normal and not frightening, or embarrassing. They stressed the pragmatics of menstrual hygiene and the subjective experience of menstruation. Most girls had talked about menstruation with their mothers, but few had discussed it with their fathers. They saw mothers as critically important but often unable to meet their needs. Many girls felt uncomfortable talking about menstruation with fathers, wanting them to be supportive but silent; others believed that fathers should be excluded completely.

**Koff E, Rierdan J (1995)** conducted a study on early adolescent girls’ understanding of menstruation on 224 sixth grade Saudi girls aged from 11-18 years in Riyadh were chosen for the study. Although girls viewed themselves as prepared for menarche, and claimed, they had discussed it with their mothers, their explanations of menstruation reflected at best incomplete
knowledge, and more typically a variety of misconceptions or ignorance. In attempting to explain menstruation, they tended to focus on one particular element of the process (e.g., eggs or blood or the uterus). The knowledge of the girls and function of reproductive structures was faulty, and most of them did not understand how they were interrelated. Girls associated a variety of negative physical and psychological changes with menstruation, indicating that although they had not yet learned the biology of menstruation, they already had learned and internalized the cultural stereotypes and myths about menstrual symptomatology.

Devi, DK. and Venkata Ramaiah P (1994) conducted a study on menstrual hygiene among 65 rural adolescent girls of 14-15 year old girls attending a rural high school to learn their knowledge and practices selected to menstruation. The findings showed that a majority of the girls had correct knowledge about menstruation. Regarding the practices, only 10 girls were using boiled and dried cloth as menstrual absorbent. Though almost all 65 girls received advice regarding menstrual hygiene from different sources, some of their practices were unhygienic. This shows that the mothers of these girls were lacking in right knowledge and the same thing was transferred to their off springs.

Brooks- Gunn J. Ruble DN (1982) conducted a study on the development of menstrual related beliefs and behaviors during
early adolescence on 639 girls in premenarcheal and menstruating stage related to menstrual symptomatology, attitude and potential informational sources. The result revealed that first, as early as the fifth grade; premenarcheal girls had clear expectations regarding menstrual symptoms; their expectation that cycle-related changes would occur paralleled the changes reported by adult and older adolescent women. Second, the girls who had begun to menstruate, reported experiencing less severe menstrual distress (less pain, water retention, negative affect, and behavioral changes, and more concentration) than the premenarcheal comparison group expected to experience. Thirdly, there were few changes in the amount learned from various sources as a function of menarcheal status. However; correlation analyses indicated that girls who learned more from male sources rated menstruation as more debilitating and negative than those girls who learned less from male sources.

**Clarke AE, and Ruble DN (1978)** conducted a study on young adolescents’ belief concerning menstruation in order to explore the early socialization of attitudes and expectations about menstruation, on 54 young adolescent girls (both pre- and postmenarcheal) and boys to evaluate attitudes toward menstruation, expected symptomatology, perceived effects on moods and activities, and sources of information for these beliefs.
The results showed that even premenarcheal girls and young boys mostly had negative set of attitudes and expectations. Most of them believed that menstruation is accompanied by physical discomforts, increased emotionality, and a disruption of activities and social interactions. Although the responses of the 3 groups were remarkably similar, premenarcheal girls had a somewhat less negative evaluation of menstruation than the post menarcheal girls and boys.

**Reviews related to Self-esteem**

Adolescence is a time of identity crystallization. It is a time when self-concept and self-esteem increase in prominence. For that goes to build a positive self-esteem. The following studies help to understand the various factors that contribute to the development of self-esteem during adolescence. Development proceeds through a complex process that involves the mutual influences of a person’s innate characteristic, family experiences, peer interactions, social roles, cultural environment and the fortuities that impinge on a life. The bio-social transition from childhood to adulthood occurs during adolescence.

During the early adolescent period, the children make the physical, psychological, cognitive and social transition to adolescence. As the healthy conceptualization of the self is fundamental to adequate functioning later in life, self-esteem is a
concept of interest (Plesch et al 1991). Self-esteem is a fundamental motive. The self-esteem motive, also called the motive for the self worth, (Kaplan 1970) has been identified by Maslow (1970) as one of the pre-potent human needs.

Ames (1957) Jones M.C (1957, 1965) Jones & Mussen’s (1958) extensive study findings are remarkably consistent for boys, but less for girls. In general early maturing boys tend to have a definite advantage over their slower maturing peers. They excel in many activities in the male adolescent culture. Since they are stronger & larger, the socially mature, tend to be leaders, better adjusted, more popular, confident and to have more positive self-esteem. In contrast the picture with regard to girls is not quite so clear. Early maturing girls were at a disadvantage, particularly with respect to social adjustment and acceptance by the peers.

Dexter, C., Dunphy D.C (1963) by his participatory observation found out that adolescents like cliques and crowd with their peers. The belongingness enhances the self-esteem.

Chrzanowaki (1981) defines self-esteem as a positive image of oneself based on a fair appraisal of one’s assets and liabilities. It can be used also as a means of better understanding a vital ingredient of human behaviour.
Branden (1981), remarks that the self-esteem is the single most significant key to understand the behaviour of a person. To understand a person psychologically, one must understand the nature and degree of her self-esteem and the standards by which she judges herself.

Meisenhelder (1985) states that self-esteem is a universal need for every human being and a key component in restoring and maintaining mental and physical health.

Bames and Farrier (1985) these adolescents those who have low self-esteem showed only a slight increase in self-concept. The majority of youth, those who had a negative self-esteem, showed the same negative feelings when they entered adulthood.

Robinson (1989) defined seven components of self-esteem, which consisted of the subjective sense of significance, worthiness, appearance and social competence, resilience and determination, control over personal destiny and the value of existence. Subsequently, he defined the concept of self-esteem as the sense of contentment and self acceptance that results from a person’s appraisal of his own worth, competence and ability to satisfy her aspiration.

Peiham (1989) identified three factors that contributed to person’s global self-esteem.
a) Peoples’ tendencies to experience positive and negative affective states.

b) People’s specific self-views (i.e., their conceptions of their strengths and weakness) and

c) The way people frame their own self-views.

Many adolescent girls believe physical appearance is a major part of their self-esteem and their body is a major sense of self (American Association of University Women, 1991). The experience of body dissatisfaction can lead to poor health habits and low self-esteem. These negative feelings may contribute to a higher prevalence of depressive symptomatology and lower self-esteem among girls (Siegel et al., 1998) and can affect health behaviors associated with poor eating habits, dieting, depression and anxiety, and eating disorders.

Office on Women’s Health (2010) by its extensive study, brought out that some characteristics of high self-confidence. They are eagerness to learn new things, pride in doing a good job and being a nice person, ability to handle criticism without being too emotional. She likes to know her strength and weakness what things that she is good at, and those that she is not, it is okay if she wins or fails to think “I can do it, like to try to do things without help, but I don’t mind asking for help if I really need it, like and love the self.
Office on Women’s Health (2010) gives some tips to the parents of the adolescent girl’s i.e., the teen years are an exciting time, but these years can also be filled with worry and struggle. Parents really matter to teens, even if teens don’t always act in order to help them become secure, healthy, and happy young women. Parents can help their daughter through these years. Build a relationship with her that includes trust, honesty, open lines of communication, and setting limits. Spend time and be a good role model.

Self-esteem is the evaluation, which the individual makes and customarily maintains with regard to self, expressed as an attitude of approval or disapproval (Rosenberg 1965). It is related to age (Juhasz, 1985), sex and sex roles (Simmons & Rosenberg 1975), race (Richman, Clark & Brown, 1985), social class (Rosenberg & Pearkin, 1978; Demo & Savin-Williams, 1981) family background (Esilon, Wiley, Muehlbaue & Dodder, 1986), and academic achievement and performance (Byrne,1984)

Self-esteem is closely identified with self-respect. It includes a proper regard for oneself as a human being and an accurate sense of one’s personal place within the larger society of family, friends, associates and others. In the extreme, self-esteem can degenerate to conceit, while lack of it can result in a sense of unworthiness. The key is balance. Too much locus on self causes
the inflation of conceit blocking the experience of cooperative relationship.

**Wong DF, Chang Y, He X, Wu Q (2010)** conducted a study on 625 migrant children to bring out the relationships of social support and self-esteem. A cross-sectional survey design was used with multi-stage cluster sampling method. The result explored that parent-child and peer relationships significantly influenced the life satisfaction of children of migrant workers. Relationships in school did not exert such effect. Both social support and self-esteem had significant effects on the life satisfaction of migrant children.

**Carranza FD (2009)** et al conducted a study on Mexican American adolescents' academic achievement and aspirations to examine the relationship among Perceived Parental Educational Involvement (PPEI), acculturation, gender, and self-esteem on the academic achievement and aspirations of Mexican American high school students (N = 298). The results revealed direct effects of perceived parental educational involvement, students' level of acculturation, and students' self-esteem on students' achievement and aspirations. Acculturation and self-esteem also revealed indirect effects on aspirations and achievement through parental educational expectations.
Sharaf AY, Thompson EA, Walsh E (2009) conducted a study on 849 at-risk adolescents to examine the moderating effect of family support on the relationship between self-esteem and suicide risk behaviors. The findings revealed that family support moderated the impact of self-esteem on suicide risk; the ameliorating effect of self-esteem was stronger among adolescents with low versus high family support.

Umaña-Taylor, AJ., Gonzales-Backen, MA. and Guimond, AB. (2009) Conducted a longitudinal study on 323 Latino adolescents' adolescents (50.5% male; M age = 15.31 years) to examine the subjects ethnic identity predicted growth in self-esteem. Findings from multiple-group latent growth curve models revealed that exploration, resolution, and affirmation all increased significantly from middle to late adolescence for Latina girls. For Latino boys, only affirmation increased significantly. Furthermore, only growth in exploration predicted boys and girls' self-esteem.

Cohen M (2008) conducted a study on 45 adolescents, aged 12-18 with congenital or acquired heart disease and 50 healthy age-matched adolescents to assess the relationships between perceived parenting style, and self-esteem in adolescents with heart disease compared with healthy adolescents. They answered perceived parental behaviour, self-esteem, depressed mood and anxiety questionnaires. The study group reported higher perceived
acceptance and lower perceived parental control than healthy adolescents, but similar levels of depressed mood, anxiety and self-esteem. Fischer's r-to-z transformation and regression analyses showed different associations between perceived parenting style and depressed mood, anxiety and self-esteem. In the study group, higher perceived parental acceptance was associated with lower depressed mood and higher self-esteem.

Lin HC (2008) conducted a study on Depression and its association with self-esteem, family, peer and school factors in a population of 9586 adolescents in southern Taiwan to gain insight into the prevalence of depression and its association with self-esteem, family, peer and school factors. Among participants (response rate: 86.3%), the prevalence of depression was 12.3%. The risk factors associated with depression in univariate analysis included female gender, older age, residency in urban areas, lower self-esteem, disruptive parental marriage, low family income, family conflict, poorer family function, less satisfaction with peer relationships, less connectedness to school, and poor academic performance. After adjusting the effects of sex, age and location, only subjects with lower self-esteem, higher family conflict, poorer family function, lower rank and decreased satisfaction in their peer group, and less connectedness to school were prone to depression.
Lindfred H (2008) conducted a study on self-esteem in adolescence to compare the self-esteem of adolescents suffering from inflammatory bowel disease (IBD) with that of healthy adolescents. The self-esteem of 77 adolescents with IBD was compared with that of 1037 schoolchildren. In this population-based study, children with IBD estimated their self-esteem in the same range as healthy adolescents. Using a multiple regression analysis, the self-esteem of adolescents with IBD was related to disease course severity and cohabitation status of parents. Children with severe disease and children of single parents were found to be most at risk of low self-esteem.

Sherina MS et al (2008) conducted a study on Self-esteem and its associated factors among 1089 secondary school students in Klang District, Selangor to determine the mean self-esteem score, and to associate between self-esteem and age, sex, race, religion, number of siblings, ranking among siblings, family function, parental marital status and smoking among adolescents. The overall mean self-esteem score was 27.65. The mean self-esteem score for males (27.99) was slightly higher than females (27.31). The differences in the mean scores by race were statistically significant. There was a statistically significant relationship between mean self-esteem scores and sex, age, race, religion, number of siblings, smoking and family function. There
was no statistically significant difference between mean self-esteem score with parental marital status and with ranking among siblings. The overall mean self-esteem score was 27.65. Self-esteem was associated with sex, age, race, religion, number of siblings, smoking and family functions.

Trumpeter N et al (2008) conducted a study on self-functioning and perceived parenting, to examine the relations of perceived parental empathy and love inconsistency with measures of narcissism, self-esteem, and depression. In a sample of university undergraduates (N=232; 78 men, 153 women, and 1 non responder), perceived parental empathy predicted more adaptive self-functioning, whereas parental love inconsistency was related to psychological maladjustment. The perceived parental empathy is associated with healthy self-development.

Huang JS et al (2007) conducted a study on body image and self-esteem among 657 adolescents to determine the effect of a one-year intervention targeting physical activity, sedentary, and diet behaviors. Demographic characteristics and weight status of participants were also ascertained. Analysis of responses was performed via both between-group and within-group repeated measure analyses. There were 657 adolescents who completed all measurements. Body image differences were found for age, gender, and weight status at baseline, whereas self-esteem differences were
demonstrated for gender, ethnicity, and weight status. There were no intervention effects on body image or self-esteem for either girls or boys. Self-esteem and body satisfaction did not worsen as a result of participating in the PACE+ intervention for either boys or girls whether or not they lost or maintained their weight or gained weight.

**Schmalz DL et al. (2007)** conducted a longitudinal assessment to explore the links between participation in physical activity and global self-esteem among girls from childhood into early adolescence and the direction of this relationship. Participants included 197 non-Hispanic white girls. Girls' participation in physical activity and their global self-esteem were assessed when they were 9, 11, and 13 years old. Panel regression was used to assess the lagged effect of physical activity on self-esteem and the lagged effect of self-esteem on physical activity, controlling for family socioeconomic status (SES) and girls' body mass index (BMI). A significant lagged effect of physical activity on self-esteem was identified. Specifically, higher physical activity at ages 9 and 11 years predicted higher self-esteem at ages 11 and 13 years respectively, controlling for covariates. Positive effects of physical activity on self-esteem were most apparent at age 11 and for girls with higher BMI.
Martínez I, García JF, Yubero S. (2007) conducted a study on 1,239 11- to 15-yr.-old adolescents’ self-esteem in Brazil to explore the relationship between parenting styles and self-esteem. Brazilian adolescents (54% girls; M age = 13.4 yr., SD= 1.4). Teenagers' families were classified into 1 of 4 groups (Authoritative, Authoritarian, Indulgent, or Neglectful). Participants completed the AF5 Multidimensional Self-Esteem Scale which appraises five dimensions: Academic, Social, Emotional, Family, and Physical. Analyses showed that Brazilian adolescents from Indulgent families scored equal (Academic and Social) or higher (Family) in Self-esteem than adolescents from Authoritative families. Adolescents from Indulgent families scored higher than adolescents from Authoritarian and Neglectful families in four Self-esteem dimensions, Academic, Social, Family, and Physical. Adolescents from Authoritative families scored higher than adolescents from Authoritarian and Neglectful families in three Self-esteem dimensions, Academic, Social, and Family. These results suggest that Authoritative parenting is not associated with optimum self-esteem in Brazil.

Martínez I, García JF (2007) conducted a study on 1,239 11 to 15 yr old adolescents. The relationship of parenting styles with adolescents' outcomes was analyzed. The results showed that Spanish adolescents from indulgent households have the same or
better outcomes than adolescents from authoritative homes. Parenting is related with two self-esteem dimensions--academic and family--and with all the self-transcendence and conservation values. Adolescents of indulgent parents show highest scores in self-esteem whereas adolescents from authoritarian parents obtain the worst results. In contrast, there were no differences between the priority given by adolescents of authoritative and indulgent parents to any of the self-transcendence and conservation values, whereas adolescents of authoritarian and neglectful parents, in general, assign the lowest priority to all of these values.

Gutiérrez-S. P, Camacho-C. N, Martínez-M. ML et al (2007) conducted a study on 74 adolescents of both sexes between the ages of 10 years and 17 years to determine the relationship between academic achievement, self-esteem and family function in adolescents. A descriptive statistical analysis and the $\chi^2$ test were used ($P < .05$). Pupils with high academic achievement had high self-esteem, 68% ($P = .00007$; OR, 7.55; 95% CI, 2.39-24.84); a functional family, 54% ($P = .011$); were mainly female, 73% ($P = .018$); age, 13 (60%) ($P = .062$); school in the morning, 95% ($P = .000$); and were in second grade, 46% ($P = .026$). Pupils with low academic achievement had low self-esteem, 78% ($P = .00007$; OR, 7.55; 95% CI, 2.39-24.84); came from borderline-function.
**Ojanen T, Perry DG. (2007)** conducted a study on Relational schemas and the developing self to examine early adolescents' (N=278, age 11-13 years) perceptions of their mother's behavior (affection, knowledge of child's activities, and psychological control) and of how they react to their mother (trust in mother, defiance, and debilitation) as predictors of self-esteem among peers. Perceived maternal affection predicted self-esteem for girls and perceived psychological control forecast lower self-esteem for boys. Perceptions of self as untrusting, defiant, or debilitated led to lower self-esteem. Furthermore, perceived maternal behavior interacted with perceived self-reactions to predict self-esteem. Perceived debilitation led to reduced self-esteem only under high perceived maternal psychological control; perceived defiance predicted lower self-esteem only under low perceived maternal knowledge.

**Khanlou N. and Crawford C (2006)** conducted a study on 550 secondary school students of 17 years to examine the global and current self-esteem levels of adolescents. Influences that promoted or challenged their current self-esteem were examined. Eighteen percent of respondents and 43.4% of respondents' parents were immigrants. When the Rosenberg Self-Esteem scale was used, 27.6% of respondents had the highest global self-esteem level; when the Current Self-Esteem scale was used, 12.7% had the
highest current self-esteem level. A significant gender difference was found, with male adolescents having higher self-esteem. The results indicated that, although self-esteem promotion can benefit from lifestyle-oriented activities, its growth takes place in the larger context of adolescents’ relationships, school-related experiences, achievements, and attitudes toward themselves.

Wild, LG., Flisher, AJ., Bhana, A. and Lombard C. (2004) conducted a study on 939 adolescent. The result reflected that the low self-esteem in the family and school contexts and high self-esteem in the peer domain were significantly independently associated with multiple risk behaviours in adolescents of both sexes. Low body-image self-esteem and global self-worth were also uniquely associated with risk behaviours in girls, but not in boys.

Sun Y, Jiang C. (2004) conducted a study on 344 adolescent to assess the relationship between malocclusions and self-esteem. The result reflected that the malocclusions negatively affect self-esteem. The patients with severe dentofacial deformity are at highest risk of low appearance self-esteem.

Fox, PG., et al., (2004) conducted a study on 237 refugee children aged 6 to 17 years to assess the relationship between self-esteem and depression. The study reported as healthy self-esteem was recognized as an important component of mental health and
academic success, while low self-esteem was associated with depression and academic failure.

**McVey GL et al. (2004)** conducted a study on 258 girls to evaluate the effectiveness of a life-skills promotion program. (intervention group = 182 and control group = 76) completed questionnaires before, and 1 week after, the six-session school-based program, and again 6 and 12 months later. The intervention was successful in improving body image satisfaction and global self-esteem and in reducing dieting attitude scores at post intervention only. The gains were not maintained at the 12-month follow-up.

**D'Amico A, Cardaci M. (2003)** conducted a study on 151 subjects to find out the association among self-esteem, self-efficacy, and scholastic achievement. All self-efficacy scores were significantly correlated with scholastic achievement while no associations between self-esteem scores and scholastic performance were found in the study. Nevertheless, self-efficacy and self-esteem dimensions shared some common aspects. In particular, each different self-esteem factor showed different magnitudes of association with domain-specific self-efficacy beliefs.

**Yarcheski, TJ., Mahon, NE., and Yarcheski A (2003)** conducted a study to examine the relations of social support and
self-esteem to positive health practices on 148 early adolescents. (70 boys and 78 girls), aged 12 to 14 years, who attended an urban middle school responded. A correlation of .59 (p<.05) was found between scores on social support and scores for positive health practices, and a correlation of .44 (p<.05) between scores on the Rosenberg Self-esteem Scale and scores for positive health practices.

**Hendricks CS et al (2001)** conducted a study on Self-esteem on racial & gender differences among 1,237 rural southern adolescents to understand the role of self-esteem in the behavior of adolescents. Utilizing a secondary data analysis, race and gender self-esteem differences among adolescents were investigated. The results of the study revealed a statistically significant difference in various aspects of self-esteem according to race and gender. African-Americans and males had a higher self-esteem.

**Vingilis (1998)** in his study examined the factors that affect physical health on 840 students. Result revealed that higher the income, good parent relationship, higher interest and achievement in school, high self-esteem were directly associated with higher self ratings of the health.

**Jackson et al (1998)** studied the adolescents’ views of communication with their parents to measure the family
satisfaction, adolescent decision making and self-esteem. The result revealed that good family communication is associated with satisfaction with the family, and a lack of disagreement between adolescents and parents. The findings indicated a positive association between family communication and adolescent self-esteem.

**Dekovic and Meews (1997)** conducted a study on 508 families with 12-18 year old adolescents to know the parent-adolescent relationship affects the adolescent’s self-concept, in turn affecting the integration into the world of peers. Findings showed that the adolescents’ self-concept serves as a mediating role in the relationship between maternal and child rearing style. The mediating role of self-concept was greatest for maternal acceptance. They contributed that a positive self-concept and warm supporting parenting will contribute to satisfactory peer relationship

**Block and Robins (1993)** conducted a longitudinal study on 47 girls and 44 boys to study the developmental changes in self-esteem from early adolescence through late adolescence to early adulthood. It was found that there was appreciable longitudinal ordering consistency of self-esteem across the ages 14-18 years, ages 18-23 years and across the entire 9 year’s period. Individuals relatively high (or low) in self-esteem at ages 18 years and 23
years. The findings also included that males tend to have high self-esteem scores than females at every age and this disparity increased over time. The female who were protective, sympathetic and generous at age 14 years tend to increase in self-esteem, whereas those who were critical and hostile at age 14 years had low self-esteem.

Parish (1991) examined the effects of familial configuration and support in relation to self-concept on 258 students. The result revealed that lower self-concept was found with the hostility and lack of parental care. The gambit of areas over which the self-esteem of an individual leaves its impression is vast. Almost every aspects of life is dependent on self-esteem.

Jain and Pandit (1990) conducted a study on a sample of 520 girls studying 9th and 10th grade. The result revealed that the adolescent girls with a high self-esteem tend to have high vocational goals, which lead to the fixation of higher academic goals.

Suman (1990) bought out the relationship between the self-esteem and physical appearance on 72 female students. Result showed positive significant relationship between self-perceived physical attractiveness and self-concept.
Coopersmith (1967) examined Self-Esteem among 85 boys. He found out that the adolescents with higher self-esteem found it easier to make friends, assume an active rather than passive role in group discussion, creative, less sensitive to criticism tended to be more intelligent, appeared to be happier, and achieve better in school, and were more emotionally stable.

Reviews related to Life Skills

Life skills are necessary skills constructively and effectively needed to manage various issues and needs arising in daily life. They are recognized as skills for people to act in a flexible and a positive way. It is a survival skill (WHO).

The current scenario of the adolescent is revealed by increased depression, suicidal rate, information overload message from media, press, teacher and the family and from the society add to the confusing scenario assimilates the young mind. Life skills helps them to overcome the problems with assertiveness.

Teaching life skills, as a generic skill in relating to everyday life, forms the foundation or a basis for an adolescent to overcome the day-today life situations. It includes the prevention of drug abuse and teenage pregnancy, the promotion of mental health and wellbeing and co-operative team spirit. Life skills facilitates the ability of learning and contributing to the positive health. Life skills
are abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and the challenges of the everyday life.

Life skills helps an adolescent to overcome the problems and increase their abilities, think, judge, and to decide. It increases the self-confidence and realizes the reality. Life skills help to face the conflict and the challenges of reality

**Bandura (1977)** states that the skills are abilities, which are learnt through a social learning process of observation, practice and reinforcement. These are universal in nature. Skills are opportunities to verify the immense value of life skills in daily life. They generate skills relevant across a wide range of situations as well as across cultures.

A study done by **Ferreira (1962)** shows that there was also a knowledge base in the learning of life skills as students learn about the component of communication skill and learn that social and cultural influences shape the personality of the adolescent with life skills. This in itself is an important strategy for empowering the adolescent girls making people more aware of them.

**Mullen (1985)** in his research study reported that in the young recruits interpersonal relationship and communication
skills have an important life skill area as the young girls are frequently reported.

**Parker et al., (1990)** show that the life skills were important factors in developing resilience including empathy.

The **UNICEF (1999)** reported that the “Personal and social skills are required for the young people to survive with the wider community.

According to **Perry Davis (2002)** Life skills are to carry out effective Interpersonal relationship and to maintain throughout, interpersonal relationship and social role responsibilities and to make choices and to resolve conflicts without resorting to actions that will harm one-self or others.

Life Skills are abilities for adaptive and positive behaviour that enable an individual to deal effectively with the demands, challenges and stress of every day life (WHO 1997). They are designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and a developmentally appropriate way. Repeated practice of these skills leads to a certain mastery and application of such skills to real life situation and gain control over the situation. It is a promotional programme, which improves the positive health and self-esteem. Life skills programme empowers the youth to choose the appropriate values
and behaviour which are ingredients of positive health. Life skills are the processes that will make the target of values possible.

Although certain practitioners strongly recommend activity for adolescents (Resister and Kraft 1989), others advocate the verbal modality (Gazda 1989). Some interventions combine the activity and interview model of group therapy into an activity-intervention type of modality (Shechtman, 1994). The activities used e.g. role-playing, guided fantasy are therapeutic in nature as suggested by Clifford (1991). Several discussion techniques are useful in group-work. As an opener or ice-breaker, it allows for the consideration of problematic topics that end on an optimistic note. Formal and structured discussion is used as a problem solving method. Discussion also is used as a means of explaining techniques and activities to members (Rose, 1998). Through participation in discussion some members self-esteem may be elevated. (Kovnat, 1979)

The brainstorming technique, which can be presented to members as a game, serves as a disinhibitor and confidence builder and is used to develop many creative and novel thoughts. Within a brief pre-determined time period of several minutes, members develops many ideas as possible (Rose 1998). Role playing is said to be an imaginative and enjoyable activity that is suitable for use with adolescents. Members simulate a real life
social situation and are able to benefit through increased understanding of self and others.

The effectiveness of group work with the adolescents is manifold. Anecdotal evidence supports the value of diverse groups in school system that suggest that group work can protect self-esteem (Pfelfer & Abrams, 1984). The effect of group work is very much effective in enhancing all round development of the adolescents. Modeling and role play have been shown to be effective in improving the abilities of urban high school students to think adaptively of ways to solve problems and to perform more effectively in self presentation situations (Sarason & Sarason 1981).

Activity based group work reduces anxiety and improves self-esteem (Richert, 1986). Evidence of group work being used to promote self-esteem, self-pride, identity development, competence and mastery over their environment has been reported (Parsons, 1988; Lope Lopez, 1991).

Gosswami. S (2011) conducted a study on the Effect of Life Skills training on 40 adolescent school students comprising of equal number of boys and girls studying in class IX from various English medium schools to enhance psychosocial competency and self-efficacy. The findings reflected that there was a significant
positive change quantitatively and qualitatively from pre training to post training after the Life Skill training Programme on adolescent school students.

**Forneris T et al., (2010)** conducted a study on the results of a rural school-based peer-led intervention for youth to examine the impact of quality of program implementation on the outcomes. Twenty-three rural schools in Virginia (15) and New York (8) participated in the study. Twelve of the schools were intervention schools that received the 12-week GFH program. The remaining 11 were wait-list control schools. Sixth graders (n = 2120 baseline) from all schools were surveyed at 4 time points (pre intervention, post intervention, 1 and 2 year follow-up). Results included significant change patterns across the four assessment points in the predicted direction for healthy eating-related self-efficacy.

**Choque-Larrauri, R., Chirinos-Caceres, JL. (2009)** conducted a study on Determining the efficacy of a high-school life-skills' programme in Huancavelica, Peru to determine the efficacy of a life-skill' programme. The subjects consisted of 284 high school students. The variables analyzed were communication, self-esteem, assertiveness, decision making, sex and age. There was a significant increase in the experimental group's communication and assertiveness skills' development. There were no significant differences in decision-making and self-esteem
The life-skills' programme was effective during one school year, especially in terms of learning and developing communication and assertiveness skills.

Bruening, JE., Dover, KM., and Clark, BS. (2009) conducted a study on Preadolescent female development through sports and physical activity by combining sports/physical activity, life skills. The results reflected the themes as self-esteem/self-worth, accountability/responsibility for self connections to community and a sense of belonging, knowledge and acquisition of health/life skills, application of those skills, and planning and recognizing one's own influence on self and others.

Smokowski, PR., Rose, RA. and Bacallao, M. (2009) conducted a study on the influence of risk factors and cultural assets on 349 Latino adolescents' to examine longitudinal, person-centered trajectories of acculturation, internalizing symptoms, and self-esteem. Acculturation measures; acculturation stressors; and family dynamics were compared. Results indicated that, over time, the Latino adolescents' internalizing problems decreased and their self-esteem increased. However, it showed that increased length of time living in the US was significantly related to lower self-esteem among adolescents. Parent-adolescent conflict was a strong risk factor, which not only directly heightened internalizing symptoms and lowered self-esteem, but also mediated the effects of
acculturation conflicts and perceived discrimination on these outcomes. The findings revealed familism as a cultural asset associated with fewer internalizing symptoms and higher self-esteem. Internalizing symptoms were also minimized by the adolescent’s involvement in the US culture whereas bicultural adolescents with high culture-of-origin involvement reported higher self-esteem.

Lai HR et al., (2009) conducted a study on, the effect of a self-esteem program incorporated into the health and physical education class on 184 seventh-grade students to explore the effects on junior high school students' self-esteem of a self-esteem program incorporated into the general health and physical education curriculum. The experimental group received one 32 week self-esteem program incorporated into their regular health and physical education duration each week. The control group received the regular health and physical education with no specially designed elements. During the week before the intervention began and the week after its conclusion, each participant’s global and academic, physical, social, and family self-esteem was assessed. The data was analyzed using analysis of covariance. For all participants, the experimental group was significantly superior to the control group in respect of physical self-esteem (p = .02). For girls, the experimental group was
significantly superior to the control group in family self-esteem ($p = .02$).

**Srikala. B and Kishore K.K (2007)** conducted a study on empowering adolescents with life skills education in schools at NIMHANS to study the implementation and impact of the NIMHANS model. The study was conducted on 605 adolescents from two higher secondary schools in comparison with 423 for a period of two years. Age, sex, socio-economic status of the adolescent was matched from the nearby schools not in programme. The result showed that the adolescent in the programme had significantly better self-esteem ($P=0.000$), perceived adequate coping ($P=0.000$) better adjustments generally ($P=0.000$) specifically with teachers ($P=0.000$) in school ($P=0.001$) and prosocial behaviours ($P=0.001$). Randomly selected 100 Life Skill educators-teachers also perceived positive changes in the students in the programming classroom behaviour and interaction. Life Skill Education integrated into the school Mental Health Programme using available resources of schools and teachers was seen as an effective way of empowering adolescents.

**Srof BJ, Velsor-Friedrich B (2006)** reviewed Pender’s health promotion mode on adolescents. They summarize the components of Pender’s model and the supporting theoretical underpinnings based in the social cognitive theory. Research literature related to
the health promotion model and various aspects of teen health is explored. Recommendations for further research and theory development are discussed.

Ip TH, Yeung WY (2004) conducted a study to bring out the importance of the comprehensive health-promoting programme at a secondary school and a systematic school health education for personal and public health perspectives. Through interactive activities, students had learnt and acquired the knowledge, skills and attitude that would empower them to enjoy an all-rounded development and life-long well-being. The Programme adopted a ‘bottom-up’ model that extended its benefits beyond the classrooms. Health education follows the modern education theory of holistic development and is the foundation of a quality education system.

O’Dea JA, Abraham S. (2000) conducted a study on Improving the body image, eating attitudes, and behaviors of 470 young male and female adolescents aged 11-14 years on self-esteem to examine the effect of an interactive, school-based, self-esteem education program and after 12 months on the body image and eating attitudes and behaviors. The program significantly improved the body satisfaction of the intervention students and significantly changed aspects of their self-esteem; social acceptance, physical appearance, and athletic ability became less
important for the intervention students and more important for control students. Female intervention students rated their physical appearance as perceived by others significantly higher than control students and allowed their body weight to increase appropriately by preventing the age increase in weight-losing behaviors of the control students. The intervention programme was very effective to improve the self-esteem.

**Pick S, Givaudan M, Brown J. (2000)** Conducted a study on life skills education in schools on children from pre-school age through adolescence and for their parents. The effectiveness of the programme advocated for its inclusion in national curricula, could serve as a model which others can adapt.

**Donatri et al (1996)** conducted sex education programmes in various secondary schools in Rome, involving a total of 292 students ranged from 14 to 21 years using the visual teaching method. After 4 months, 20-50% of the students answered all the questions correctly about reproductive health before the course and 70-100% of them at the end of 4 months. 95% of the sample thought that the school should provide information about sexuality and 74% of the students suggested that it should be introduced in the lower grades of secondary schools. Information about reproductive physiology and contraception among young people was obtained from friends (74%), books and journals (57%),
parents (42% for boys and 56% for girls), the school (25%), family counseling (4%), and the family physician (3%). The fertile period of the menstrual cycle was correctly stated by 48% in the pretest sample, 88% after the course, and 93%, 4 months later.

Johnson JL et al., (1993) conducted an exploration of Pender’s Health Promotion Model to evaluate Pender’s hypothesis that demographic and biological characteristics affect health-promoting behaviors indirectly through three mediating cognitive-perceptual variables. A sample of 3,025 non-institutionalized adults completed a telephone survey from which indicators of the conceptual variables were selected. Initial tests of the causal model program indicated that the basic model did not fit the data. Therefore, the model was modified so that the exogenous variables—sex, age, income, marital status, education, and body mass index—had direct effects on select health-promoting behaviors. Further, the variables of self-actualization and interpersonal support were required to share common indicators as were health responsibility and interpersonal support. Though the modified model fit the data, little of the variance in health-promoting behaviors was not adequately explained, since all significant effects were weak.

Miller, JP. and Bewen, BE, (1988) conducted a study to assess the competency and coping abilities of the 8th grade students enrolled in the Public school using Rosenberg self-esteem
scale. The study revealed that self-esteem and self-perceived development of competency, coping and contributory life skills are complementary constructs. Life skills and self-esteem perhaps developed sequentially or simultaneously. If the adolescents develop some life skills, then positive feelings of self worth will follow, or if such youth have positive feelings of self worth, they are more likely to develop and practice new life skills.