Chapter -III

Methodology
3.1 Introduction

The field of Child Mental Health is undergoing rapid change. Scanning through the literature it is evident that most researches in this area of the past have focused on issues like, prevalence of mental health problems in school children, patterns of mental illnesses among the same, identification of emotional and conduct disorders, utilization of teachers as counselors and referrals for specialized care. It is also clear that most of the studies have focused on curative aspects rather than promotional aspects.

In view of the insufficient research in the area of promotion of mental health, at the international level WHO has initiated programs targeted at remediating this deficit-Life Skills Education Programme being one of them.

Life skills can be defined as the skills needed for the enhancement of psychosocial competence, those skills that enable individual to deal effectively with the demands and challenges of everyday life.

Life skills Education are an essential part of school based health promotion and preventive education Programmes which addresses multiple aspects like-promoting self empowerment, promotion of mental well being, taking responsibility of one’s own decision, learning healthy patterns of coping with stress and emotion and also drug abuse prevention.

The teaching of life skills marks recognition of the need to address the various psychological and social factors that influence young people’s behavior including the
Life Skill Education for High School students - A feasibility study in Mangalore Taluk

effects on self esteem. The wide acceptance of life skills programs reflects a shift in focus from traditional approaches to a more positive and holistic approach to preventive education.

Under the auspices of WHO Life Skill Education Programmes are being implemented across the world in both developed and developing countries. It is in this regard that the life Skills International has been formed by the WHO. With associates in 10 countries Life Skills International has developed consultancy capacity to assist with local and National level Life Skills Programme development. The intent and purpose of the work of the skills international is to help in-country personal create life skills programme which are culturally relevant, linguistically, appropriate, locally owned, controlled and affordable. Such work is ongoing in nations like Ghana, Hungary, Nigeria and Russia- to name a few.

Life Skills is a construct wherein cultural and social factors will determine its exact nature. The exact content of Life Skills Education must therefore be determined at the country level or in a more local context. However life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures.

Hence the current study aims at imparting Life Skill Educational package for high school children. It is hoped that by this interventional package childrens’ mental well being may be promoted and healthy interaction and behavior facilitated. Based on research evidence it is assumed that the teaching of life skills, will enable children to translate knowledge, attitudes and values, into actual abilities-that is, what to do and how
to do it. Hence the Life Skill Education Programme may be efficacious in the current study.

3.2 Scope of the Study

The scope of the present study extends to that of the urban and rural school children. The theoretical scope of this study covers the Self Esteem, Adjustment of the Adolescents in their home, School, Peer, Teacher, General and Family Interaction Patterns. In this study, the theoretical aspects of Life Skills are translated into simple activities for this group of Adolescents. Such a promotive programme facilitates enhancement of Self Esteem, Functional Family Interaction Pattern and Adjustment of the Adolescents. With regards to the gain achieved by the students, the package enables them to cope better with the challenges in their everyday life. An added scope of the study is the knowledge acquisition and retention of the life skills by the Adolescents. The areas that can be addressed in research are whether the Life Skills programmes can be adapted and imparted, to see the phenomena of knowledge acquisition and retention, the current study is based on this premise.

3.3 Aim

To study the efficacy of Life Skills Education for High School Students

3.4 Objectives

1. To study the socio-demographic status of the respondents.

2. To assess the nature of Self Esteem, and Family Interaction of the respondents before and after intervention.
3. To assess the level of Social Adjustment of the respondents before and after intervention.

4. To find out the association between the levels of Self Esteem, Social Adjustment and Emotional Maturity of the respondents in association to sex, family and their economic status.

5. To study the variations in the nature and degree of Stress faced by the respondents.

6. To formulate and implement a Life Skill Education Package for High School Students

3.5 Hypotheses

1. Self Esteem of an Adolescent will improve after Life Skill Education.

2. Life Skill Education improves the stress coping mechanisms in adolescents

3. Better the Family Environment better will be the level of Coping with Stress among adolescents.


3.6 Definition of Concepts

3.6.1 Adolescent

According to Mahale (1987) ‘Adolescence’ is a transition period from childhood to adulthood extending from the eleventh year to the twentieth year, thus encompassing teenage years. Adolescents – in the study refers to male and female children between 12-20 years of age.
3.62 Life Skills: Life skills refer to the competencies that an individual needs for sustaining and enriching life (Swann, 1981; Adkins, 1985; Schmidt et al., 1988; Pickworth, 1989).

3.63 Life Skill Education

Life Skill Education is designed to facilitate the practice and reinforcement of skills in a culturally and developmentally appropriate way.

3.64 Stress:

Stress is a feeling experienced when a person thinks that “the demands exceed the personal and social resources the individual is able to mobilize”

3.65 Self Esteem

Perception the individual possesses of his or her own worth.

3.66 Emotional Maturity

The ability to assess a relationship or situation and to act according to what is best for oneself and for the other person in the relationship

3.67 Social Adjustment

Adaptation of the person to the social environment. Adjustment may take place by adapting the self to the environment or by changing the environment. (Campbell, Psychiatric Dictionary, 1996).

3.7 Universe of the Study

The universe of the study is Mangalore Taluk of Dakshina Kannada District. Taluk included City Corporation, Municipality and the villages Panchayat. It consists of both rural and the urban schools. Total number of schools in Magalore are 143 of which twenty schools were selected for the study. Ten schools each were selected from rural
and urban area of Mangalore Taluk. High School children doing their 9th grade were chosen for the study.

3.8 Selection Criteria

3.81 Inclusion criteria

1. Adolescent children both Boys and Girls who are between 12-16 yrs staying at home and living with their Parents were included as respondents of the study.

2. Adolescent children both Boys and Girls without any Physical and Mental Health problems were included as respondents for the study.

3.82 Exclusion criteria

1. Adolescent children below 12 years and above 16 years of age of separated parents those living in the hostel were excluded.

2. Adolescent children having Physical ailments and Mental Health problems were not included for the study.

3.9 Sampling Procedure

The Sample for the study was obtained by using Stratified Random Sampling Technique. According to Polit and Hunger (1978) a Stratified Random Sampling proceeds with the belief that, a researcher’s knowledge about the population and its element can be used to select the sample subjects. The list of schools was obtained from Education Department. Stratification of schools was done on the basis of location. Ten schools were selected from urban area and ten schools were selected from rural area of Mangalore Taluk. Ten students from each school were selected at random (lottery method). Since the school authorities felt that the 10th graders had to be intensively coached for upcoming public exams, permission was refused to take them up for the
study. Secondly the 8th graders were too new to the institute and were undergoing bridge courses and had to be dropped. Further it was suggested that the 9th graders be considered for the study. Ten students from the 9th standard from each school were selected from twenty different schools of Mangalore Taluk. But the entire 9th grade students were imparted Life Skill Education.

3.10 Sample Size

The samples chosen for the study was the 9th standard students from twenty schools, ten schools were from the urban area and ten schools from the rural area of Mangalore Taluk. There were 200 respondents in total. Those respondents who consented for the study and who fulfilled criteria were selected for the study. A total number of 200 respondents were chosen for the study of which 103 were male respondents and 97 were female respondents. The sample size was obtained by considering 95% confidence level and 80% power with the results gained from the results of the previous study on Emotional Regression of the adolescent children, the mean value of 15.11 with a Std deviation of 10.02, the sample size was calculated to be 187, but the final analysis was done with 200 completed Proformas.

The study was conducted at two levels

a) Pilot Study

b) Main Study

The pilot study was conducted at Lourdes High School, Mangalore primarily to test the feasibility, standardization, reliability and validity of tools. It was conducted after obtaining consent from the respondents. The children answered the questions for all the
tools comfortably except they found it difficult to comprehend a few questions. After clarifications by the researcher respondents were able to answer the tool at ease.

The main study follows the same principles of pilot study using the same procedures, methods and tools but it was conducted in a larger population. It was found that the proposed tools were suitable and easy to administer and collect data from the study population.

3.11 Research Design

This study is a pre and post Ex-post Facto design. In the above design a single test group was chosen and the dependent variables are measured before the introduction of the treatment. Then the Intervention is introduced and the dependent variables are measured again. In this study the independent variable is the Life Skill Education Programme. The dependent variables are Self Esteem, Adjustment, and Decision making, coping with Stress and coping with emotions.

3.12 Tools and Techniques Used

To derive information on areas like background characteristics, Self esteem and life skills, Emotional Maturity, Social Adjustment, Family Interaction and Stress the following instruments were employed.

1 Socio-Demographic Schedule prepared by the Researcher
2 Pre Adolescent Adjustment Scale- Pareek, et.at., 1970
3 Culture Free Self Esteem Inventory -James Battle, 1981
4 Emotional Maturity Scale - Dr.Yashwir Singh & Dr. Mahesh Bargave,1990.
5 Family Interaction Pattern Scale - Bhatti et. al., 1986
6 Stress Schedule prepared by the Researcher
3.12.1 Description

1. Socio-Demographic Schedule

This schedule was intended to derive information from the respondents on the following areas-Personal Profile, academic performance, family profile financial and health status, parental loss and other measures that was prepared by the researcher.

3.12.2 Pre-Adolescent Adjustment Scale:- (Pareek et al., 1970)

Adjustment as measured by this scale is the individual’s orientation towards his parents, peers, school teachers and general. This is a 40 item scale divided into 5 sub areas: Home, School, Teachers, Peers and General. The scores for each sub-scale are obtained by adding the scale values on the items checked by the subject. In each sub scale the sign should be used while adding the sum at the end of the scores in each column, which are given as the range of the scores in that sub scale. The total of the 5 scores gives the scores for total adjustment. High positive scores indicate high adjustment in that area, while high negative scores indicate high maladjustment. The total scores may range from -46 to +34.


3.12.3 Culture Free Self-Esteem Inventory (James Battle, 1981)

The scale devised by James Battle (1981) measured self-esteem. It is a comprehensive scale covering the various facets of self-esteem. There are 60 items in this
Life Skill Education for High School students - A feasibility study in Mangalore Taluk

scale divided into 5 sub areas as General Self Esteem; Social Self Esteem Academic Self Esteem, Parent related Self Esteem. The items have a “Yes” or “No” responses.

Scoring

A score of one for every darkened response to be given. Scores are derived by totaling the number of Items excluding the lie scores. The total possible score is 50 and the highest lie score is 10.

Interpretation

The degree of Self Esteem has been categorised into points that is very High Self Esteem; High Self Esteem; Intermediate Self Esteem; Low Self Esteem, and Very Low Self Esteem. Regarding General Self Esteem, those with scores of 16 and above indicate having Very High Self Esteem, with 12-15 scores indicate High SE; with 8-11 scores indicate Intermediate Self Esteem; with 4-7 scores indicate Low Self Esteem and<4 scores indicate Very Low Self Esteem. The Social Self Esteem scores of 8-9 indicate Very High Self Esteem. Scores 6-7 indicate High Self Esteem, scores 4-5 indicate Intermediate Self Esteem; 2-3 indicate Low Self Esteem and one and below indicate Very Low Self Esteem; Regarding Academic Self Esteem score, scores 10-11 indicate Very High Self Esteem, score 8-9 indicate High Self Esteem scores, score 5-7 indicate Intermediate Self Esteem, scores 3-4 indicate Low Self Esteem, and score 1-2 indicate Very Low Self Esteem scores. Regarding Parent related Self Esteem, scores 8-9 indicate Very High Self Esteem, scores 6-7 indicate High Self Esteem, scores 4-5 indicate Intermediate Self Esteem, scores 2-3 indicate Low Self Esteem and scores one and below indicate Very Low Self Esteem.
Reliability

The structure of the Culture-Free Self Esteem Inventory (SEI) for children (Form A) was investigated at the Junior High School level by means of a multiple factor analysis. The scores of 117 boys and girls in grades seven, eight, and nine were initially subjected to a varimax rotated matrix which revealed five subscales. Subjects' scores were subsequently subjected to an Alpha (Kr 20) analysis of internal consistency. Alpha coefficients for the five subscales were as follows: General: Alpha = 71; Social: Alpha = 66; Academics: Alpha = 67; Parents: Alpha = 76; Lie Scale (Defensiveness): Alpha = 70.

Content validity

Content validity was built into the Culture-Free SEI by (1) developing a construct definition of Self Esteem, and (2) by writing items intended to cover all areas of the construct. The construct definition is as follows:

Self Esteem, as measured by the Culture-Free SEI for Children and Adults, refers to the perception the individual possesses of his own worth. An individual's perception of self esteem develops gradually and becomes more differentiated as he matures and interacts with significant others. Perception of self-worth, once established, tends to be fairly stable and resistant to change.

This instrument can be administered individually or in groups. In this study the Culture-Free Self-Esteem Inventory has been administered as a group. It can be either written or oral. The utility and working of the instrument with junior high school students has been demonstrated by Vinutha et al., (1989) and George (2000). A test-retest reliability of 0.91 for children in grades 7 to 9 has been reported.

This scale was developed by Dr. Yashwir Singh and Dr. Mahesh Bargave (1990). They prepared the score taking into consideration five broad factors of emotional maturity.

The scale consists of 48 items, under five categories viz. emotional instability, emotional regression, social maladjustment, personality disintegration and lack of independence.

'Emotional regression' is a return to one's former state of development. This scale consists of 10 items to indicate this area.

'Social maladjustment' is defined as such a person who shows lack of social adaptability hatred, scheduled and yet boastful. Ten items are framed to find out socially maladjusted self in this scale.

'Personality disintegration' includes all those symptoms, which represents, integration of personality like phobia formation, pessimism, etc such a person reacts aggressively. 10 items in this scale are framed to identify these characteristics in these subjects.

'Lack of independence' shows an individual's parasite dependence on another. These individuals lack objective interests and are highly unreliable. This scale contains 8 items pertaining to this area.

The scoring was done in accordance with the manual. This scale is a self reporting- five point scale. The items were stated in such a way that if the answer was a positive one, a score of 5, 4, 3, 2, 1 for 'very much', 'much', 'undecided', 'probably'
and ‘never’ respectively was given. Therefore, higher the score on the scale, greater is the degree of emotional immaturity and vice versa. The scores were done according to the norms given in the manual.


This scale was developed by Dr. Ranbir. S Bhatti, D.K. Subba Krishna and Benedicta L. Ageira. It measures the family functioning. Family Interaction can be defined as various socio-psychological transactions occurring in the family as a system, to evolve processes for decision making, emotional expressions, personal views, assigning tasks and social status enabling the family members to contribute for the growth of the family by generalizing morphogenesis at emotional, intellectual and social levels through the manipulation of internal and external social milieu of the family as a system.

It consists of has 106 items pertaining to six areas – Leadership, Communication Role, Reinforcement, Cohesiveness and Support System.

- Reinforcement: Process adopted by the family to enable the members to imbibe socially approved behaviours. It has 10 items, pertaining to existence of reinforcement, non existence of reinforcement, balanced reinforcement and faulty reinforcement.

- Social Support - Manipulation of Internal and external social milieu of the family for its existence and growth. It has 11 items measuring existence and non existence of primary support, existence of both primary and secondary support non existence of primary but existence of secondary support system, non existence of secondary support but existence of tertiary support and no support at all.
Role - Socio- culturally prescribed and ascribed tasks to be performed by different family members according to their age and sex. Role has 26 items measuring role allocation, role prescription and role description, and multiplicity of roles, complementarily roles, role strain, and rigidity- fluidity of roles.

Communication – A process through which the family members convey their feelings, emotions and personal, views. It consists of 25 items measuring clarity, quantum, restricted, hierarchical, paradoxical, spontaneity, topic shift, switch board phenomena, criticality, and communication of feelings and existence of pathways.

Cohesiveness – Processes adopted by the family for a firm degree of mutual trust and interpersonal commitment. It has 16 items pertaining to cognitive, emotional and social components of cohesiveness.

Leadership - A family member engaged in decision making through consensus for growth of the family as a system is the leader of the family. It is comprised of 17 items pertaining to the components of existence, recognition, and acceptance of leader, types of leadership, processes of leadership and leaderlessness.

Family Interaction Pattern Scale is a four- point scale with responses being always, sometimes, rarely and never and the scores ranges from 4 to 1 for positive items and 1 to 4 for negative items. Thus the total score varies from 106 and 424. Scores less than 137 demonstrate healthy family functioning and score beyond this point demonstrates dysfunction in the family. In other words, higher score is an indication of greater dysfunction in the family.

The schedule has been administered to neurotic depression, hysterical neurosis, schizophrenia and alcoholism. (Bhatti et. al., 1986). The same scale has been used for the
normal population too. The ability of the scale items to discriminate between the different subscales established its validity. The inter-rater reliability was tested and found to be statistically significant. The scale has been used in many studies like that of Varalakshmi and Ranganathan (1988) Sophie (1988), Parvathi (1989) Reddy (1992), Jose (1992) and Kumar (1996) and found to be efficacious. The scale was used in order to assess the family interaction pattern of the subjects.

3.12.6 Stress Questionnaire

This tool was constructed by the researcher herself to study the level of stress and to find out whether the students had any prior understanding about stress and what they felt could be the ways to cope with it. The Scale consists of five responses i.e. ‘Strongly Agree’, ‘Agree’; Don’t know, ‘Disagree’, ‘Strongly Disagree’

Scoring:

‘Very High’, responses had a value of four, ‘High’ responses were given a score of three, Moderate, responses were given two score, ‘Low’ responses had a value of one and zero score was assigned to ‘Very Low’ responses Thus the maximum possible score is Eighty and minimum Zero.

Interpretation:

Scores obtained between 66-80 indicated very high stress. Scores from 51-65 indicated high level of stress, scores from 36-50 showed Average stress. Scores from 21-35 showed low stress and score of 20 and below indicated very low level of stress.
3.12.7 Case Vignettes

Each vignette consists of a hypothetical life situation in the form of an easily comprehensible story. The case vignette specifically targeted the following areas:
- Decision making: resisting pressures to drugs, conflict in career selection, dropping out of school, malpractice in exams, taking a stand in decision.
- Coping with stress: coping with loneliness, failure in exams, shift in schools, parental loss, alcoholism in parent;
- Coping with like: jealousy, anger, humiliation, questions, with the first three on a dichotomous value (yes and no) and the other three questions rated on a 5 point scale with alternatives such as strongly agree, agree, undecided, disagree and strongly disagree.

Each positive response gets a score of 5 for strongly agree and 1 for strongly disagree. Each item in the negative direction gets a reversal of score. The total is computed by adding all the scores. The numerical score indicated the level of knowledge - higher the score, more the desirable knowledge and lower the score, less the desirable knowledge.

Method of Construction of Case Vignettes

The issues to be discussed in the vignettes were obtained partly from the work of WHO and partly after discussion with school authorities.

Validity of Self prepared Tools

To ensure the content Validity of the self prepared tools i.e. Stress Schedule and Case Vignettes, and it was submitted to an expert panel composed of 6 experts one each from the specialty of Psychiatry, Psychology and Psychiatric Social work for content...
validation, Suggestions on certain items of the constructed tools given by these experts were considered and the tools were accordingly modified.

The suggestions given by the experts were as follows:

1. To make the language and style of presentation simpler.
2. To verify the comprehend ability of the vignettes by administering it to a group of 5 students from different setups.
3. To make some questions open ended.

All the above suggestions were duly considered and modifications were made in the vignettes to the extent possible limited by practically and constraints of time. The modified version was translated to Kannada and back translated to English.

Before going into the stage of actual administration of the tools to the sample, these were presented to ten high school goers from different schools. The purposes of this administration were to office the researcher's familiarization with the tools, to check are respondents comprehend ability of the questions, and to estimate the time consumption involved in administration of the tools. This enabled to make the following modifications.

The approximate time frame was estimated to be about 60 minutes for administration of base line instruments.

Translation of Tools

The different tools used for this study were translated into local language kannada by taking the help of an expert in kannada language.
Validity

Content validity of the translated tool was established by giving the original and translated tools to three Mental Health experts, and obtained their suggestions and modifications.

Pre-testing of Tools: Pre-test is the trail of a newly developed instrument to identify flaws or assess time and requirement. (Polit and Hunglers 1999).

3.13 Data Collection

To obtain the data from the respondents the researcher sought the help of the school authorities and the teachers and had an interaction with them.

The aim of the study was made clear to the concerned authorities of the institution and the permission for the conduct of the study was obtained. The authorities seemed impressed and ensured their whole hearted co-operation for the same. The researcher first established rapport with the respondents explained the purpose of the study and made the respondents comfortable for the study.

The process of data collection comprised of pre-assessment, administering the Life Skills Education package, a post assessment after 15 days and a post post 1 assessment after 3 months. Total number of sessions conducted was twelve with a duration of 1 hour 30 minutes. The instruments were self administered prior to which adequate instructions were given and doubts were clarified. Students were seated away from each other in an attempt to prevent attempts at copying, if any.
3.14 Data Analysis

The quantitative data from the background information, case vignettes, self-esteem inventory, was scored and coded for computer analysis. Analysis was done using the Statistical Package Social Sciences (SPSS Version 11.5). Descriptive statistics like frequencies, percentages, mean and standard deviation were computed.

Analysis comparison between groups was made using relevant parametric and non-parametric statistical tests. Frequency distribution, percentage analysis, mean and standard deviation were the descriptive statistics that were used. Non-parametric tests such as Chi-square test were used to test the association between variables and the parametric test such as Karl Pearson’s Correlation co-efficient was used to find out the correlations. Student’s unpaired ‘t’ test was also used to test the significance between the groups, and to compare the mean difference at 3 levels – pre, post, post1 levels.

Data Analysis is the systematic organization and synthesis of research data and the testing of hypothesis using those data (Polit & Hungler, 1999)

The data obtained was analyzed by using both Descriptive and Inferential statistic, on the basis of the objectives and hypothesis of the study.

1. Descriptive Statistics: To describe the demographic Variables
   a) Percentage
   b) Mean
   c) Standard Deviation

2. Inferential Statistics: To describe Association and Correlations
   a) Chi – Square test
b) Student’s unpaired ‘t’ test  
c) Karl Pearson’s Correlation co-efficient

Following steps was taken in the analysis:

Descriptive statistics like mean, standard deviation, number and percentages were used.

1 Chi-square test was done. This test helps assess whether two mean scores show a statistically significant difference; the researcher uses a ‘t’ test. It is based on comparison of mean scores and standard deviation.

2 One way Analysis Of Variance (ANOVA) was used. Analysis of variance is a test that determines the statistical significance of the difference among the mean scores of two or more groups on one or more variables.

3 The Karl Pearson’s product-moment correlation coefficient provides a single statistic (usually referred to as “r”), which indicates the precise magnitude of the linear association between two variables.

4 Bonferonni test was done at pre post and post I level.

Subsequent to this the mean differences of the above levels only for the grand totals of the 4 areas of decision making, coping with emotions, coping with stress and self esteem was strayed in Bar Charts using Harvard Graphics.

3.15 Chapterisation

The entire thesis has been divided into six chapters which are as follows,

The First Chapter Introduction consists of concept and meaning of Life Skill and Life Skill Education. Adolescent period and its significance and impact of Life Skill Education on the Adolescent children.
The second chapter contains Review of Literature from books and Journals. This is divided into two parts – Western Literature and Indian Literature and the Impact of Life skill education on the adolescent children.

The Third chapter consists of Methodology which includes objectives of the study, hypothesis, Research design, and universe of the study, sample and sampling method, tools of data collection, data analysis, chapterisation and ethical issues.

The fourth chapter consists of results of the study. This chapter deals with analysis and interpretation of the data obtained. The data has been displayed in the form of tables, figures and described and interpreted accordingly.

Chapter five consists of discussion of the results of the study. Attempt has been made to analyze and discuss the findings using appropriate statistical techniques. The validity of hypothesis is also discussed.

The Sixth and the final chapter deals with Summary, Conclusion and Suggestions of the study. Bibliography and Appendices can also be found towards the end of the study report. Findings and Suggestions – Focuses more on the major findings and suggestions based on the findings. Further it discusses about the implications of the study and suggestions for interventions and future research.

3.16 Ethical Issues

Prior permission and Informed Consent was obtained from the school authority before the data collection for the study.
2 Only those students who were willing to participate were taken as respondents. Unwilling students were motivated to participate, but not coerced into the study.

3 Respondents were informed of the purpose of the study and his/her written consent was obtained to participate in the study.

4 Confidentiality of the respondents was maintained and they were communicated about it.

5 Data gathered was used for study purpose only.

The current study is undertaken in order to identify the problems the adolescents face keeping in mind the socio cultural aspects and to enable and strengthen them with necessary skills and effective methods to cope with their problems. In Mangalore, a number of cases on adolescent high school children have been referred to Mental Health Professionals by parents and teachers. With this in mind the researcher conducted the study in Mangalore Taluk. The basic motivation that leads this study is that the behavior of the children can be moulded and also maladaptive behaviours can be unlearned to replace it with more pro social behaviours by means of Life Skill Development Programmes.