Chapter - V

Discussion
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5.1 Introduction

The focus of the study is to adapt and to impart Life Skill Education for adolescents. The area of Child Mental Health needs added attention in view of the significant stressors that the current adolescence is exposed to. Adolescence is a crucial phase in the overall turbulent phase eventually; one in five of them manifest an emotional/behavioral disorder (WHO 1994). As Costello (1989) points out, the emotional disturbance in children might affect the overall growth and development of the child’s personality and these may manifest through gross maladjustment in behavior. Such behaviors are more frequently displayed by children in school setting.

Hence all the more reason why schools need to be focused upon as potential targets for the promotion of children’s mental health. The most direct interventions for promotion of the child’s mental health are those which enhance his or her coping resources, personal and social competencies. In school based programmes for children and adolescents this can be done by the teaching of life skills in a supportive caring environment.

There is enough literature to suggest that Life Skills Education is needed by young people and should therefore be developed. A U.S. based multinational survey of approximately 47,000 students in grades 6-12 identified assets and deficits in their lives which influenced their ability to make positive choices, The results suggested that students had deficits in life skills and the recommendations were that educators should work to enhance the social competencies of young people including the teaching of
friendship making skills, caring, skills, assertiveness skills and resistance skills (Benson, 1996).

WHO has initiated the Life Skills Project as a part of the WHO Mental Health Programme and is currently being carried out in collaboration with WHO unit of health education and health promotion. However there is a dearth of such programmes in our country.

The study has focused on the Impact of Life Skill Education programme on the respondents, in terms of Self Esteem, Social Adjustment, Emotional Maturity, Family Interaction Pattern and Stress.

The present study was an intervention study which measured the effectiveness of life skills on high school children. In this study case vignettes were also employed as a part of Life Skills Education. The Life Skills chosen were Communication skills, Interpersonal skill, Coping with Stress, Decision Making, Coping with Emotions.

The programme was conducted according to WHO guidelines using various teaching methods using various interactive teaching like games, brain storming, didactic activities, group discussions mines, role plays, and storytelling, pencil and paper exercises. The programme was conducted over eight sessions over a period of 14 days in which each session lasted for approximately 1 hour 30 minutes.

The programme was broken into twelve sessions. The first two sessions were for introduction, pre assessment and ice breaking. The next two sessions were on self Esteem and improving their Self Awareness and interpersonal skills. The four two sessions included Communication and decision making where they had to consider steps and
details necessary to carry out solutions. The last four sessions which targeted coping on stresss, coping with emotions and reviving all sessions and concluding the programme by a post assessment.

The school chosen for the study was Mangalore Taluk that included the City, Muncipal and the Panchayat. It was also kept in mind that a good rapport/relationship with the school authorities has been established earlier. Students in the rural schools as compared to their urban counterparts are deprived of certain facilities of learning environment. All of them are first generation learners from relatively poor families; they lack motivation and adequate support. These students faced unique problems which merit special attention. They are prone to intense inner turmoil unlike urban school children, the manifestations of which are seen in their emotional and behavioral problems. (Parthasarathy et al 1991).

The study of discussion would follow these steps:

1. Background Characteristics (Profile) of the respondents and their parents.
2. Self Esteem of the respondents
3. Social Adjustment of the respondents
4. Emotional Maturity of the respondents
5. Family Interaction Pattern of the respondents.
6. Level of Stress of the respondents
7. Life Skill Intervention Package and the assessment at Pre, Post, Post1 Level of the respondents.
8. Correlation of the Major Variables
5.2 Background Characteristics (Profile) of the Respondents and their Parents.

This part of the research describes the background characteristics of the respondents of this study. The research study has considered adolescent children as respondents between 13 to 16 years of age. The mean age of the respondents is 13.9. The respondents in the age group of 13 years is 25 percent. It was observed that 10 percent of the respondents belong to the age group of 15 years and 2.5 percent of the respondents are of 16 years of age. This denotes that most of the respondents of this study were from the young adolescent age group. Majority of the respondents (62.5%) are in age group of 13-14 years. Boys are more in number (103) as compared to the girls (97). In all schools boys outnumbered the girls. This is more particularly found in the rural areas. The families insist the girl child to stay back home and take up to petty household chores.

A majority of the subjects (76%) belong to Hindu religion and only 24% were non Hindus (Christians and Muslims). This is due to the proportion in the local population.

The educational status of the respondents reveals that all the respondents were from class nine. This could be interpreted keeping in mind the range of age at joining school that being 4-7 years. It was observed that (51.5%) of the respondents were males. This could be probably because most of the students had to return back home which was quite a long distance from school, therefore more boys attended the programme than

Looking at the academic performance it was observed that a small percentage (4%) is under the category of (60-70%). About 26% of the respondents scored below forty percent. Considerable research evidence supports the data that inadequate preparation and ignorance about examination techniques lead to poor academic
performance. It has also been evidenced that because of the increased pressure of
domestic chores and interpersonal stressors in their family circumstances they could not
concentrate on their studies and would often manifest deviant behavior in an attempt to
counter the inner turmoil. These problems result in poor scholastic performance, repeated
failures, increase in dropouts and coping in examinations (Parthasarathy et al. 1991).
Academic achievement was assessed taking into account their midterm performance, self
report of academic performance, teachers rating of academic performance and behavior at
school. In a study by Rao (1986) on problems of school children in India showed the
various factors contributing to poor academic performance – low income, children’s
subjective perception about their home and study habits. He also concluded that poor
performers tend to be ‘less happy’ compared to their counterparts. Other reasons for poor
performance could be attributed to help received at home in academic matters. They may
be single parent children who do not receive much help from home due to the role burden
being experienced by the single parent as reported by Simmons and Blyth (1987). Stuart
can also be due to lower expectations on the part of the surviving parent, less monitoring
of school work and overall less supervision of social activities by the single parent
(Astore and McLanahan, 1991) may be many.

It was impressive to note that majority of them (65%) participated in
extracurricular activities – like games and sports, drama, cultural outings and reading
books. It could be inferred that the school authorities are providing sufficient
opportunities and facilities in this regard. It also shows the emphasis the school gives to
the overall development of the students and not just academics. It may also be because of
the inclination of the students to participate in these activities, and their interest to display their talents which are being duly recognized.

Regarding family details, majority of the respondents (68.5%) hailed from Nuclear families when compared to (29.5%) from Joint families, and (4%) single parent families. Majority of the families had a family size 4-11. A number of studies state the single parent family varies in composition and functioning compared to dual parent families (Stuart and Abt, 198, Bharat, 1986). Not only are single parent families structurally deficient in that they lack one parent, but typically the surviving parent becomes completely responsible for the financial, emotional and physical needs of the family (Guthrie, Weller and Weller, 1998). On enquiring about health problems it was observed that a few of the families had health problems out of which ten were alcohol dependents and some had terminal illness.

With regard to educational status of the parents it was observed that (23.5%) of the respondents fathers are graduates and Post Graduates and 65.5% of the fathers have completed primary and secondary education, 5% of them have no education at all. Of the respondents' mothers 18.% are graduates and 28% of the mothers have completed secondary education, 19.5% are illiterates. Analysis on parental education of the respondents in the study revealed that more number mothers were illiterate than their fathers.

Based on overall occupational and economic assessment of the families it can be inferred that majority of the families 51.5% of the respondents belong to the lower socio-economic- >5000) strata.
With regard to the occupational status, majority of the paternal parents, were workers engaged in occupations like agricultural labourers, daily wage earners, construction labourers, petty business owners, drivers. The respondents’ mothers were occupied in jobs like agricultural labour, housemaids, tailors, and petty business owners. According to Stuart and Abt (1981), the main problem of being a single parent is that of carrying out the dual role of a wage earner and the primary parent. In another study by Bharat (1986) it was reported that all (4%) single parents were earners in their families and had entered the job market only after their spouse’s absence. The same study reported that so long as the family was intact, the major responsibility for earning lies with the male spouse, but when he is absent, the female spouse was forced to take up a job and be the major earner. The family income of the families did not yield any significant difference. This result does not correlate with many of the studies that report single parent families have a lower financial status than dual parent families (Mehta, 1975 and YMCA of India, report unpublished). The reasons for differing results in this study may be varied. There were other earning members in the single parent families like the siblings of the child or relative (uncle, grandfather), which contributed to the family income apart from the mothers earning. Another reason could that there was change in the occupational status of the single parent before and after the absence of the spouse.

5.3 Self Esteem of the Respondents, before and after Life Skills Education Programme

This variable was chosen for study in view of its close interrelation with Life Skills. Self esteem was assessed at 3 different levels pre intervention, post intervention
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and post level. Statistical analysis revealed a significant increase in the students self esteem after the interventional programme.

The need for approaches of this nature which emphasizes psychosocial factor in health formation and primary prevention has been highlighted earlier which show the place of psychosocial factors as mediating or causal factors linked to behavior related health problems. Self esteem has been found to be associated with alcohol and drug use (Singh and Mustapha, 1994). And suicidal thoughts (Croquet et al. 1993). Tellado and pattern (1984) improved problem solving ability correlated with increased internal locus or control and self esteem.

The results of the Pre-assessment revealed that the self esteem of the respondents was significantly lower in all the four domains (General, Social, Academic, Parent self esteem).

Self-esteem is influenced by friends, teachers, and neighbours. Societal reactions are negative towards single parent children. This again affects the self-esteem of these children. High self esteem is said to lead to good academic performance, well adjusted children, happy marriage in contrast to negative self esteem related to low self confidence, in-security, underachievement, anxiety, depression, behavior problems and being a loner. Children from single parent families have been found to have lower feelings of self competence, self-worth and low self-esteem (Parish and Dostal, 1980; Brody, 1986; Guidibaldi, 1987; Rosenberg, 1985; long et al., 1987).

In some studies the loss of a parent (especially father) due to divorce/separation has been associated with lower self-esteem and lower feelings of competence (Brody,
1986). Low self-esteem has been found to be associated with alcohol and drug use (Kumfer and Turner, 1990; Singh and Mustapha, 1994) delinquency (Dukes and Lorch, 1989). Teenage pregnancy (Keddie, 1992; Plotnick, 1992) and suicidal thoughts (Choquet et al., 1993).

The general trend found in the earlier research suggests that the transition into adolescence results in a decline in self-esteem (Burnett, 1996; Cantin & Boivin, 2004; Eccles, Wigfield, Flanagan, Miller, Reuman, & Yee, 1989; Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002; Twenge & Campbell, 2001) found that scores for both males and females began to progressively rise after junior high, although the males' self-esteem began to increase more in high school whereas the females' rose more significantly at the college age. Likewise, Frost and McKelvie (2004) found lower levels of self-esteem in high school students when compared to elementary and university students. According to Direnfeld (2003), weight and body image play an important role in determining a child's sense of self and weight problems are often linked with issues of low self-esteem. Likewise, positive correlations between self-esteem and attainment, which is defined as the successful functioning of the individual, have been reported.

It is also recognized that self-esteem can be affected by how an individual is viewed by peers, teachers, and parents (Davies & Brember, 1999). Children with healthy self-esteem generally feel good about them and tend to be kind and considerate (Direnfeld, 2003). These children also have an understanding of how their behavior
affects others and have a view of them that says that they are at least equivalent to their peers or are content with any difference.

School, peers, and parents have been found to influence and affect a child’s self-esteem. Gådin and Hammarström (2003) looked at whether or not the changes in one’s psychosocial school environment would influence one’s health development. Psychosocial school environment involves the social and the psychological aspects of one’s environment.

Laible, Carlo, and Roesch (2004) examined the direct and indirect effects that peers and parents have on self-esteem. They believed that there were mediating factors, such as empathy, prosocial behavior, and aggression that would have an effect on self-esteem.

Studies have found that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence (Harter, 1990; Hirsch & DuBois, 1991). The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide. Self-esteem is related to school performance and delinquency. A Gender and self-esteem Studies in a wide range of western countries have determined that adolescent females, on average, have a lower sense of self-esteem than adolescent males (Baumeister, 1993; Pipher, 1994).

In the present study, the post assessment of self-esteem revealed a significant variation in the results in all the four domains between the respondents. depicts the results
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being significant for social self esteem pre-post (p=.032) and parent self esteem to pre to post (p=.012) and pre to post1 (p=.014). whereas the results are highly significant in the area of academic self esteem from pre to post. But the results are very highly significant in the area of parent post to post1 (p=.001), Social self esteem post to post1(p=.001), academic self esteem post to post1 (p=.001), social self esteem post to post1 (p=.001), general self esteem post to post1 (p=.001), general self esteem pre to post1 (p=.001),
general self esteem pre to post (p=.001)

It can be thus inferred that the intervention programme has helped the students, which is shown by the increase in the mean values of the post test as well as post1 assessment. Thus it is clear that the respondents have gained from the intervention in their overall self esteem.

The results of the current study on self esteem can be substantiated by a few studies which have revealed the changes in mental health following implementation of life skill based programme in schools, like improvements in self image (Kreuter et al., 1991). Self esteem (Ennett et al., 1992) and a significant reduction in social anxiety (Botvin and Eng. 1982). A paired’t’ test was done in order to find the significance in the three levels of assessment within the group. Results revealed that there was a statistically significant increase in self esteem in all the domains between pre-post and pre-post1 pairs for the respondents. From the paired’t’ test values it can be inferred that the students showed an increase in self-esteem following the life skills intervention thus proving the Hypothesis – Self Esteem of an adolescent will improve after the Life Skill Education.
5.4 Social Adjustment of the respondents before and after Life Skill Education Programme

The adjustment Patterns of the respondents was assessed using the Pre-Adolescent Adjustment Scale (Pareek et al., 1970), this scale is divided into 5 areas: home, school, peers, teachers and general.

The Respondents of age 13 years scored higher in all the domains compared to the other age group of respondents. Girls scored higher, though not to the extent of attaining significance in total adjustment than boys. It has been found that the difference was statistically significant in the areas of school and total adjustment.

There are a number of studies that substantiate the adjustment of single parent children being lower as compared to dual parent children. A Harvard University study gives certain benefits of children from two parent families- that they are more confident, better able to deal with frustration, better able to adapt to changing circumstances, and are more sociable. Phyllis and William (1992) found that the death of a parent affected the adjustment to reality, and adaptation towards independents and future interpersonal relationships. The parental status of the child has been linked strongly to child maladjustment (Demo and A cock, 1988; Emery, 1982, 1988; Hetherington et al., 1979; Cortes and Fleming, 1977; Santrock and tray, 1978; Pedro et al., 1980; Guidibaldi et al., 1986).

Children from single parent families are susceptible to peer pressure and deviant peer relationships (Lofquist, 1993) as they are socially withdrawn or aggressive (YMCA, India report unpublished). In the current research, the single parent children did not have
significant adjustment problems with peers but it was observed that they associated more with peers from similar family background rather than with those from intact families.

Results of this study do not yield a significant difference in the general adjustment, which does not corroborate with the results shown in many other studies by Antony (1973), Lofquist(1983). The reason for this may be due to smaller family size which is the present trend in the society. Some studies show that a good relationship between the child and at least one parent may act as buffer against the stress of parent loss (Hill, 1993; Hetherington, et al., 1979)

The post assessment of adjustment revealed significant difference between the respondents in the general, school and total adjustment. It was thus inferred that the intervention programme had enhanced the adjustment of both the groups proportionally. The significant difference in the area of general adjustment can be accounted by the greater mean difference (p=<0.01) between the pre-post assessments. The post post-assessment results also revealed significant difference in the areas of general, school and total adjustment, accounting for the retainment of the gain made from the programme.

The results showed that the respondents belonging to higher income group have better patterns of Home adjustment, Teacher adjustment and General adjustment and Peer adjustment. Thus the respondents from nuclear families have scored higher that shows their level of adjustment being higher in the total adjustment, especially those respondents hailing from higher income group.
5.5 Coping with Emotions before and after Life Skill Education Programme

Emotional maturity can be understood in terms of ability of self control which in turn is a result of thinking and learning. According to Chamberlain (1960), an emotionally matured person is one whose emotional life is well undercontrol. In a study by Hiremani, et al, (1994) as emotions do play central role in the life of an individual, one is expected to have higher emotional maturity in order to lead an effective life. It is also true that our behavior is constantly influenced by the emotional maturity level that we possess. Especially, the adolescents who are observed to be highly emotional in their dealings need to be studied.

This involves recognizing emotions in one self and others, being aware of how emotions influence behavior and being able to respond to emotions appropriately. Intense emotions like anger or sorrow can have negative effects on our health if we do not react appropriately. Similarly, Wainright et al. (2004) found that parents who described their relationships with their adolescent children as being closer, more trusting, and involving more open communication had children who reported fewer problems and more connectedness at school.

The respondents were taught appropriate coping skills and they were able to inculcate the appropriate coping skills to tackle these emotions, as well more or less been able to practice it in real life. This has made it possible for them to have higher scores in the post tests and yield a significant result (p=<0.01). In addition it may suggest that there is significant knowledge retention of the life skills programme wherein the respondents were better able to recognize one’s own emotion and the emotions of others and also in
understanding the consequence on health. There was a significant difference and reduction of mean scores between the post post assessments, in the domains of Social maladjustment pre and personal disintegration from being highly significant to being significant. This could be probably being explained as being due to the wash out effects as has been observed in earlier studies of this kind also.

Madhuri Patil (2003) reports that adolescence is accompanied by some stress, related to school, family and peers, and this stress can at times be difficult to manage. It is also a time when certain kinds of developmental problems might arise, especially problems that have to do with self perceptions, feelings about which we are, and negative emotions in general. Adolescents with higher emotional maturity will have significantly lower stress. Similarly adolescents with high emotional maturity have better ability of managing, directing and controlling themselves in each and every action thus results in their high self confidence.

The post post-assessment results in this study also revealed significant difference in the areas of instability, regression, Social Maladjustment, Personal disintegration, Lack of Independence accounting for the retainment of the gain made from the programme. De Angelis, (1994), stated that if successful interventions have to be carried these programmes need to be continued or else they would lose its impact.

Life Skill teaches them the importance of understanding emotions. Without emotional understanding behaviors would be misleading. Research conducted by Mehrabian, (as cited in Elksnin and Elksnin, 2007), ninety three percent of the emotional meaning is conveyed non verbally. The impact of life skills education has been debated
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(Foxcroft et al., 2003; Gorman, 2002; Palinkas, 1996; Plant & Plant, 1999). However, there is evidence that life skills education can have an impact (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995; Botvin, Griffin, Diaz, & Ifill-Williams, 2001; International Center for Alcohol Policies, 2000; Smith et al., 2004; Swisher, Smith, & Vicary, 2004).

Some general patterns, nevertheless, have emerged from the evaluations that have been undertaken in this field. Certain “factors of success” have been identified (World Health Organization, 1999, 2003). Where these factors have been implemented, life skills programs contributed to a decrease in alcohol misuse, drug abuse, smoking, delinquency, violence, and suicide and to an improvement in pro-social behavior (e.g., Botvin & Kantor, 2001; "Life Skills Training," n.d.; Perry, 1987).

5.6 Coping with Stress before and after Life Skill Education Programme

Coping with stress is about recognizing the sources of stress in our lives, recognizing how this affects us acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example by making changes to our physical environment or life style or it may mean learning how to relax so that tensions created by unavoidable stress do not give rise to health problems.

In the present study pre-assessment showed that 54% of the respondents face high level of stress. After the implementation of package they reported that they would handle same situation in more appropriate way. The areas like adjustment problems, failure, and loss of a parent and alcoholism in family, were there was no significant differences in mean score in the post post1 levels, may be interpreted in terms of knowledge retention. The level of stress faced by girls was higher than boys (p=.567)
There are number of studies to support this. Girls report experiencing stress more than boys. Girls attribute most of their stress to their relationships with boys and their friendships with other girls, while boys mention difficulties with authority, such as teachers.

Research has presented powerful evidence of frequent and/or intense daily life stressors, such as poor peer and family relations, lack of self-confidence, poor self-image, concentration, and time away from desirable pursuits often experience internal and external emotional struggles. (Albee, 1982; Harter, 1983; Moos, 1984; Rutter, 1983; Sroufe and Rutter, 1984). Research has presented powerful for example, an adolescent who struggles under peer pressure is less likely to have the coping strategies needed to break down the stress into a more manageable level (Gabe, 1997).

When an adolescent acts on his or her stress-induced impulses, motivation to improve or meet social expectations diminishes. As these problematic behaviors continue the adolescent, may be perceived as, poorly adjusted. This may lead to a self-fulfilling prophecy. Findings have indicated that the failure of an adolescent to meet daily expectations yield a perception that teens lack social skills, have cognitive problems, have a poor self-concept, and have diminished problem-solving skills. Poor self-concept and diminished problem-solving skills in turn increases the stress level and further hinders the teen's ability to reach out for his or her support network.

The Life Skills programme aimed at helping respondents identify the sources of stress in their day to day life and also learning ways to overcome these stressful situations in the health enhancing manner. The programme specially targeted issues like stress
associated with change in school adjustment problems in the hostel, loss of parent, alcoholism in father and failure in exams.

It is clear from the results of the post assessment, $p = <.001$ seemed to have helped the respondents gain knowledge on how to handle and respond to stressful situation. From the above findings it could be deduced that the students were better equipped with knowledge for this area after the programme was imparted. This is also supported by the research studies of (Harter, 1990, 1999; Larson, 2000). Hypothesis stating **Life Skill Education improves Stress Coping mechanism in Adolescents.** Hence the hypothesis stating that Stress Coping mechanism will improve after the Life Skill Education Programme is proved.

Adolescents with higher emotional maturity will have significantly lower stress. Similarly adolescents with high emotional maturity have better ability of managing, directing and controlling themselves in each and every action thus results in their high self confidence. On average, boys report more frequent use of avoidance and distraction coping strategies than girls, while girls indicate more frequent use of support seeking and active coping. Avoidance strategies involve not dealing with the stress at all. Distraction involves temporarily getting one’s mind off the stress. Support seeking includes getting help. Active coping entails taking action to reduce or remove the stress. (Amy Bloom Connolly, 2006) Higher levels of stress reduced the level of happiness and satisfaction for both girls and boys.

On the other hand, too much long-term stress can have negative mental and physical health effects (Farmer and Ferraro 1997; Wien 2000). Although girls reported...
more stress, which seems to suppress feelings of well-being, their relatively high well-being when they had little or no stress equalized their overall rating of well-being to that of boys. Hence stability of the family, the parenting style, types of family, problems and conflicts in the family will determine the type of stresses, conflicts and psychological effects on the individual particularly adolescents. These ups and downs in the family cause parent-child conflicts, risky behaviours and mood changes in the adolescents’ life (Lahey, 2007)

These situations lead to unnecessary stress anger issues, and low self esteem resulting in low self esteem, low academic performance, and disruptive behavior, and lack of competence in decision making skills is clearly linked to risk behavior (Mc Whirter & Mc. Whirter, 2007)

In general Life Skills development, have been reported signs of improvement in problem solving, communication, and coping skills (Botvin & Kantor, 2001; Perry, 1987).

5.7 Family Interaction Pattern before and after Life Skill education Programme

Family structure encompasses a wide range of influence on the child. Parents are the strength of any family structure. Understanding the family interaction pattern is essential to know the effect of life skill education on the respondents. The data reveals that 74% of the respondents had dysfunctional family interaction pattern and 26% had functional family interaction pattern. When there is dysfunction in the family children’s needs are not met, and home is not a happy place to live in. Therefore we can find many of the respondents having low self esteem, high insecurity, and maladaptive coping
patterns as they have dysfunctional family interactions. These results fall in line with the study of Bennet, Wolin and Reiss (1988) on children of alcoholic dependent parents between five to fifteen years, reported that the functioning of the family members is seriously affected. Menees and Segrin (2000) observe that children of alcoholics are at risk population because of the dysfunctional family environment that disrupts their psychosocial development. Nagalakshmi and Suman (1995) found that in their study there was poor family functioning in families of adolescent children of alcoholics characterized by poor communication pattern, lack of mutual warmth and support, poor role functioning and spouse abuse. Study by Rashmi (1995) also reveals poor family functioning in families of alcoholics.

A study by Bhatti and Channabasavanna (1982) also revealed that the overall family functioning is unhealthy in children of alcoholics’ family. Steinglass (1981) in his study revealed that exposure to violence and lower economic level was shown as chief factors that determine the dysfunction with families, which probably with the results of the study show that 74% have dysfunctional Family Interactions.

Kean and Roche (1974) in their study have also reported in their study that alcoholic families with no violence were similar to those non-alcoholic families in terms of symptomatology of children. So violence in terms of alcohol intake rather than drinking was seen to have an impact on the children’s well being. In the present study

According to another study by Claire and Genset (1987) who reported that quality of family environment and emotional support were protective factors existing in the families. Healthy attributed in the families could minimize negative force of alcoholism
which would be the reason for about (26%) of the families having healthy family interactions despite prevalence of alcoholism in the family. Healthy family interaction provides security to adolescent children and dysfunctional family interaction generates high insecurity feelings in children.

Studies suggest that the early part of the pubertal cycle is characterized by increasing conflict between the adolescent and his mother but that this conflict subsides after the boy passes the pubertal apex. Specifically, as the adolescent matures from the onset of puberty to the pubertal apex, (a) adolescents and mothers interrupt each other with increasing frequency, (b) adolescents defer to their mother with decreasing frequency, (c) adolescents and mothers explain themselves less frequently, and (d) patterns of family interaction become more rigid. Following the pubertal apex, however, (e) mother's interruption of the son declines and (f) family interaction becomes less rigid. Changes in the adolescent–father relationship show a different pattern, characterized overall by increased paternal assertiveness and adolescent deference. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Recent family interaction studies are reviewed with an emphasis on looking for dimensions along which disturbed and normal families differ. Several areas of consistency in the literature were found, including: family coalition patterns, patterns of conflict, flexibility versus rigidity, family effectiveness and efficiency, and deviant styles of communication. Results suggest that one can alter parent-child interaction patterns during a brief intervention so that family members are better able to interrelate and to deal effectively with problems.
The purpose of the current study was to examine how perceptions of family interaction patterns as defined along three dimensions of family environment (quality of family relationships, family goal orientations, and degree of organization and control within the family system) the quality of family relationships (i.e. degree to which family members are encouraged to express feelings and problems) played a small, yet significant role in predicting career planning attitudes of adolescents.

Association of Family Interaction Patterns with demographic variables like age, gender, religion, type of family and income revealed no significant association between each of these variables. The association between type of family and family interaction does reveal some observations. Of the total two hundred respondents 40% of the nuclear families are functional (12% of the joint families are functional. This shows that type of family does influence the interaction pattern.

A very high significant change was found between pre to post and post 1 assessment of the Family Interaction Pattern of the respondents. The results between pre to post assessment are very highly significant (p= <0.01). This reflects that the implementation of life skill education has brought about positive results, proving the Hypothesis Life Skill Education enhances the Family Environment.

5.8 Correlation between of Major Study Variables

A positive correlation is observed between Social Adjustment and Stress (r = .052), between Self Esteem and Stress(r=.102) and Emotional Maturity and Self Esteem (r=.045). However the correlation is significant at .05 levels between Family Interaction and Stress which means that higher the scores for Family Environment better will be
stress coping level. This proves the Hypothesis – Better the Family Environment better will be the Stress Coping level among adolescents.

In the same way there is a negative correlation between Social adjustment and Self Esteem \((r=-.046)\), Social Adjustment and Emotional Maturity\((r=-.022)\), Social Adjustment and Family Interaction \((r=-.025)\). Negative Correlation is also seen between Self Esteem and Family Interaction \((r=-.009)\), Emotional Maturity and Stress \((r=-.088)\), But there is a significant negative correlation between Emotional Maturity and Family Interaction \((r = -.152)\).

Similar results are found where support networks build critical thinking skills by providing adolescents with information and alternatives rather than dictating answers and solutions (CFOC Parent Resource Center, 2002). Supports networks create a sense of self that can withstand the social pressures they experience. The parental status of the child has been linked strongly to child maladjustment (Demo and A cock. 1988; Emery, 1982, 1988; Hetherington et al., 1979; Cortes and Fleming, 1977; Santrock and tray, 1978; Pedro et al., 1980; Guidibaldi et al., 1986). Study by Keane (1983) go in these lines which showed that youngsters coping behavior pattern and family interaction pattern are related to each other.

There are other studies which support these findings by Jacob and Leonard (1986); Moos and Billing (1982), suggest that a good relationship with the non-alcoholic parent particularly, the mother may serve as protective mechanism to reduce negative effect of alcoholism on children.
The association between family interaction pattern and coping showed no significant association in these two variables. It was observed that among those respondents who had healthy family interaction and maladaptive coping. It could be because of individual differences in personality make up.

All individuals experience stress throughout their daily lives. Stress forces individuals to act or react. Social support networks serve as an essential buffer against stress. Adolescents experience higher levels of stress than adults do.

Adolescents who are not taught to make informed decisions will be less likely to accept themselves and more likely to succumb to peer pressure. Adolescents who lack critical thinking skills and a strong support network are more likely to experience behavioral and emotional problems (Licitra-Keckler, Waas, 1993). All adolescents need opportunities to be successful, chances to explore diverse interests, and experiences in which they can discover their unique strengths. Support networks can help the adolescent to learn and assess situations and make important judgments.

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