Chapter - VI

Summary, Conclusion and Suggestions
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6.1 Introduction

Life skills are skills for the enhancement of psychosocial competence i.e., those skills that enable individuals to deal effectively i.e., those skills that enable individuals to deal effectively with the demands and challenges of everyday life. Of the set of skills listed by the WHO (1996) in their module the current study has opted for a set of 3 skills - Decisions Making, coping with emotions and coping with stress and self esteem. Prior to the study, discussions were held with school authorities who helped in identifying common problems of students. With this information a new background the objectives for the study were laid out, which are as follows:

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.

The design of the study was the pre and post, expost facto research design. The tools used were Socio-demographic data proforma. Culture Free Self Esteem Inventory
Prior to the intervention, a programme schedule was chalked out with the ideas of efficient organization and time constraints. The programme was adapted based on the information from the WHO module on Life Skill Education and based on the existing research work in this area.

The entire programe was spread out over a period of 14 days. The programme consisted of 12 sessions each session lasting for an hour and a half. The first session was the pre-assessment, and collecting the background details of the students. The following session was introductory and ice breaking session. Each session targeted at introduction of a new skill followed by skills based feedback. The last session was a concluding session with the post assessment also conducted.

The methods of teaching included brainstorming, role plays, games, Group discussions, working in pairs and groups which in turn facilitated active involvement from the students.

A Post 1 (Post Post) assessment was conducted three months after the Post assessment. The data collected was subjected to appropriate statistical analysis using descriptive statistics, paired ‘t’tests, Chi-square test and Correlation.

The target group for the study consisted of 200 ninth graders of various schools from the urban and rural areas within the limits of Mangalore Taluk.
The collected data was analysed using appropriate statistical methods and the results are given below:-

The sample consisted of 200 students in the age group of 13-16 with a mean age of 13.9 with a slight male preponderance. A significant proportion was Hindus. It was noticed almost three quarters of them had scored below 40% in exams and nearly all of them were actively involved in one extracurricular activity or other.

Analysis of the family profile revealed that a significant proportion of the students hailed from nuclear families and above one quarter of the family members had health related problems. Most of the parents had studied up to primary level and a majority of the respondents fathers were daily wage earners. A large majority of the family’s income was below Rs.5000/-.

Self esteem as assessed by Culture free self Esteem inventory was measured before and after the intervention. Analysis revealed statistical significant increase in the self esteem of the students after the intervention programme. The items showing significance has a psychological basis and items showing no significance were action oriented which need to be practiced and inculcated.

The second life skill, coping with emotions was imparted to the students and assessments were done as in the previous life skill. The five domains included dealt with emotions life frustration, jealousy, anger, sadness and humiliation. Analysis revealed that in the domains of frustration, jealousy and humiliation there was a significant difference between pre and post, pre and post and post and post1 assessment showed no significance for two areas. From this we could deduce that the students were able to acquire
significant knowledge in the appropriate coping skills to tackle these emotions. Also it may suggest that there is significant knowledge retention. However in the domains of coping with emotions significant difference between post & post test could be explained as partly being due to wash out effects. It was also noticed that most of the situations provided in the case vignettes had been faced by majority of the students in real life.

The life skill of coping with stress dealt with stressful situations like changing school, adjustment problems in hostels, failure in exams, loss of parent and alcoholism in parent. Detailed analysis of the individual domains suggests that students gained knowledge on how to handle and respond to stressful situations. In areas like adjustment problem, failure loss of parent and alcoholism in parent, it was thought that students might need a longer period as well as application of skill in real life situation for skill acquisition to handle such situations. It is also evident that the students were better equipped with knowledge in this area after implementation of the programme.

An evaluation questionnaire was administered at end of the programme in order to understand the respondent’s subjective experiences about the programme. The comments made were regarding the utility of the programme, the novelty in teaching style, the change from normal school routine, the introduction of games, skits etc and the opportunity to discover oneself.
6.2 Problems Encountered:

1. Difficulties in organizing sessions in view of the large number of students.

2. Overlapping of school engagements with the session timings.

6.21 Limitations:

Despite the strict measures taken to make this study as scientifically correct as possible there are certain shortcomings. They are:

1. The relatively large number of students in sessions (researcher – sample ratio) hindered the effective transfer of knowledge on an individual basis.

2. Involvement of the class teachers would have proved to be a hierarchical supervisory and continuity of the programme in terms of refresher courses.

3. The efficacy of the Life Skill Education programme is basically seen in the study as knowledge gain and retention. The study did not focus on the higher levels of outcome in terms of changes and well being of the individual attitudinal changes within self and prosocial behaviours.

4. The current study due to the time constraint was able to impart only 5 of the life skills. It would have been better to use all 10 life skills so that a comprehensive input on life skills education can be given.

6.3 Implications for Social Work:

Social Work Intervention can contribute in the area of promotion and prevention of Mental Health. This area of child mental health is a fast growing one. The power of preventive intervention can be imparted through innovative programmes such as
Life Skills Education. With the ever increasing problems of children in schools and the lack of manpower to address these issues, social workers may play a crucial role in rendering their services at the school levels.

The implications of this research which studied the efficacy of Life Skills Education on high school students is accounted under the following.

6.31 Social Work Practice

1. The social worker can be instrumental in increasing the awareness of policy makers & school authorities about the need for such programmes.

2. Social workers can open at different settings within the community apart from schools, centre for personality development programmes to cater to all children.

3. The Psychiatric social workers can advocate Life Skill Education cell to be opened a coordination of activities ongoing in different schools and other settings.

4. Psychiatric Social Workers could co-ordinate with the Department of Public Instruction and function as programme managers at different zones, thereby being instrumental in integrating Life Skill Education into the school curriculum.

6.32 Social Work Training

1. As teachers are more in contact with the students and are more aware of the practical problems faced by their students it could be worthwhile to attempt training programmes for them so that they could directly intervene by implementing such innovative and creative programmes.
2. Since there is a paucity of mental health professionals in our country; psychiatric social workers can play an active role in conducting training content and programmes for non professionals.

3. Life Skill Training could be included especially in the syllabus of MSW, Medical and Psychiatric Social Work Specialization.

**6.33 In Research**

1. Research could also be the purview of identifying factors that directly enhance self - esteem and adjustment, studies to develop innovative programmes and recording the group process should be researched.

2. As can be gathered from the effective implementation of this programme, it is clear that such programmes are practical and feasible in school settings. But further research is needed to replicate the findings of the study. This could imply the further role of social work in research.

3. It is thus clear that the area of social work, life skill education with adolescents is indeed challenging as the approach would be multi-dimensional and the intervention could be focused on the individual, his family, his peers, the school and the community.

4. A Cohort study can be conducted to assess the efficacy of the programme

5. Comparative studies could be conducted on teachers by training a group of teachers and measuring the effectiveness of such training programmes.

6. Standardisation of instruments for evaluating short term and long term effectiveness of the programme needs to be carried out.
Such interventions are not a definite and easy panacea to eliminate adolescents and children's health compromising behaviours. However these programmes provide considerable hope in reducing such problems. As this research has proven, Life Skill Education programmes for children in schools will assume more importance in days to come. This would enable us to provide a better and stronger future generation of citizens, who would counter life's challenges more effectively.

**Conclusion**

In this competitive world, subject-knowledge enrichment is given high priority neglecting the essential of effective day-to-day interaction or living. When such characteristics get accumulated they might take the form of immature behaviour, maladjustment, mental break down, being excessively shy, lack of sensitivity of others and sometimes even suicide attempts. Such deficits of behavior, if not recognized in the early stages, may cause havoc in later life.

The aim of Mental Health Programme of WHO is to achieve Mental Health promotion by strengthening the coping skills in school children. Mental Health Professionals should be alerted to children especially those from risks groups as they are vulnerable to the numerous psychological stresses that they are exposed to and are sometimes left without knowing how to cope. This can leave long lasting effects on the emotional, cognitive and social development of the child. As the problems of the children are not adequately addressed in our school set-up, students often tend to leave schools without preparedness in leading a competent life. Hence, WHO has given this
approach of Life Skills education to prevent disorders from developing and to promote psychosocial competency.

There is a burning need to provide today's youth with a set of ways and skills to deal with the demands and challenges of life.

Since, the individual rather than the 'System' is recognised as the basic unit of the society, it is essential and a must to help the adolescent to develop skills to handle a wide variety of choices, challenges and stressors in his/her life and work towards better health.

Life Skills not help to overcome problems, but also equip one to lead a quality life. Living Skills mean being active and taking the responsibility of behaving in a particular manner, in a particular situation for healthy living. Life Skills education enables the children to be actively involved in a dynamic teaching and learning process. Experimental learning is based on actual practice of what is being taught. Life Skill Education is essentially applicable to school and college students, because it is here that socialization and independent handling of one's situations occur. In fact, Life skill education can even instill a healthier way of handling situations before negative patterns take root.

For parents and teachers, it is a challenge to keep balance perspective on the adolescents emotional roller coaster ride. As young people bounce back and forth between childhood and adulthood, alternating irresponsibility with responsibility, parents and teachers often do not know what to expect. For this reason, it is even more important
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to be on a constant lookout for adolescent stress factors and emotional and behavioural symptoms that may indicate trouble ahead.

Life Skill Education can be initiated, even at the later stages, where in, all individuals irrespective of their age, are given an opportunity to reframe their ways and move towards improved ways to manage themselves in given situations.