Chapter -II

Review of Literature
2.1 Introduction

Literature review is a crucial summary of a research on a topic of interest, often prepared to put research problem in context or as the basis for an implementation project (Polit & Hunger, 1999). A review of the empirical literature on this study reflects the focus of Mental Health Researchers towards studying the impact of Life Skill Education on the Adolescent children.

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 help adolescents to deal with the demands and challenges of everyday life and deal with abilities relevant to everyday life, to many diverse aspects of living.
They are important because they apply across the lifespan and they promote and protect life, health and well being in risk situations (UN Inter agency working group, 2002). In any society, the rapidly changing social, moral, ethical and religious values demands usher certain lifestyle, especially among young adolescents. Moreover these changes interfere with their physical, Psychological and social health resulting in involvement of high risk behaviours.

The Literature is reviewed in the following order

1) **Western Literature**

   * Children’s Mental Health and Problem behaviours

   * School’s Potential for Promoting Mental Health of children

   * Life Skill Education Programmes

   * Effectiveness of Life Skill Education Programmes.

2) **Indian Literature**

   * Children’s Mental Health & Problem Behaviours

   * School’s Potential for Promoting Mental Health of children

   * Life Skill Education Programmes

   * Effectiveness of Life Skill Education Programmes.
2.2 Western Literature

2.21 Children’s Mental Health & Problem Behaviours - According to WHO (1994) the mental health status of children requires special attention. The young children of the current generation face numerous significant stressors in their day to day life – stressors ranging from biological changes associated with puberty at one end of the spectrum to problems in interpersonal relationships and other social areas. Many children tide over their adolescence without manifesting significant behavioural or other mental health problems. However nearly one in five children and adolescents will have an emotional/behavioural disorder at some point during their youth.

Costella (1980) points out that emotional disturbances in children might affect the overall growth and development of the child’s personality and these may manifest through gross maladjustment in behaviour. Such behaviours are more frequently displayed by children in school setting. The author states that we can help our children lead more productive and useful lives through programmes such as life skills education, mental health education, school based health interventions and where needed, professional treatment. It is near impossible to predict which children will develop mental health problems in future. Hence the need to include all children in any such intervention programmes.

Spirito et al (1991) studied common problems and coping strategies reported in children. In a sample of 676 children aged 9-14 years he identified the main stressors being, how to deal with parents, school siblings and friends.
Rumberger et al (1990) studying on dropout behaviour examined a series of variables that reveal some mechanisms by which family influences student’s decision to drop out. An observation was made that in these families, children had to make their own decision and these parents were less involved in their education.

It is quite clear from the above studies, that there has to be a shift in our approach to mental health. Earlier efforts were focused on the individual treatment or treatment in the secondary and tertiary level. But the most important observation one can derive at is that, by just being fixed to the treatment phase we cannot solve a problem. Instead only by preventing disorders from occurring we begin to tackle the problem.

To understand primary prevention, the definition used by President Jimmy Carter’s — President’s Commission on Mental Health (1978) is stated below:

1. Primary prevention most fundamentally is proactive in that it seeks to build adaptive strengths, coping resources and health in people; not to reduce or contain already manifest deficit.

2. Primary prevention is concerned about total populations, and not about the provision of services on case-by-case basis.

3. Primary prevention’s main tools and models are those of education and social engineering, not therapy or rehabilitation, although some insights for its models and programs grow out of the wisdom derived from clinical experience.

4. Primary prevention assumes that equipping people with personal and environmental resources for coping is the best of all ways to ward off maladaptive
problems, not trying to deal (however skillfully) with problems that have already germinated and flowered.

In response to the above information it is very essential and a growing needs to carry out preventive and promotive strategies in mental health. This in turn prevents early high risk behaviours and increase healthy coping mechanisms in young children. In order to carry out the task, schools are vehicles to this new venture.

The adolescent is confronted by changes both in terms of conflicting expectations, as well as in terms of increased social demands. It is the uncertainty about the capacity to adapt to the changes that cause psychological problems in adolescents. Due to frictions arising in the interpersonal relationships, the adolescent experience severe emotional and adjustment problems (Thorpe 1960).

Bell (1938) traced the personal problems of high school youth and their views regarding youth problems in general. Personal problems in the order of mention are educational, vocational, home, personal adjustment, social adjustment with the opposite sex and other problems, whereas general youth problems were mentioned in the order economic, conduct and morals educational and vocational, home, recreational and other problems.

Brown & Martin's (1941) study on the identification of the most frequent obstacles encountered in the satisfaction of motives throws light upon the major concerns of students. The categories mentioned in the order of their concern are health and physique, economic, deficiencies in personality, lack of mental ability, conflicts with parents, lack of compelling drive, lack of social techniques, lack of stability in home and conflict with family standards.
Pope (1943) in a study of the personal problems of high school students of grades of 9 to 12 observed that the areas of concern in the descending order are relationship with teachers, vocational, social (inferiority feeling arising out of the social relations), home, financial conditions, emotional control and making friends.

Hoppock’s (1945) study of the reports given to teachers indicates that home related problems are the greatest source of concern and then comes personality problems. Others areas in the order of mention are social, health and physical, personal, boy-girl relationships, racial discrimination and religious conflict. Marsh’s (1942) study on college women using Mooney problem checklist indicates that the largest frequencies of reported worries are in the home, physical and financial areas.

Health & Gregory (1946) in their study of male college students observed that the areas of concern in the descending order are social, family, career, and life work, finance, need for discussion centering on one’s own personality, academic, sex and others.

2.22 School’s Potential for Promoting Mental Health of Children

Schools have a cardinal role in most children’s lives and in their future development. Schools with the support of families and community are the best place to develop a comprehensive mental health programme for children because of the following reasons.

As laid down by (WHO, 1994)

a) Almost all children attend school at some point during their lives.

b) Schools are often the strongest social and educational institution available for intervention programmes.
Schools have profound influence on children, their families, and community.

Schools are crucial in building one's self-esteem and a sense of competence.

School health programmes are very efficient and cost-effective ways to improve students' health and also their school performance. Hence policy makers must realize that health promotion through schools is desirable financially, educationally, culturally, and politically (WHO, 1996).

Zaki et al. (1984) in emphasizing schools as agents for mental health socialization of the individual contends that in addition to being an agent of knowledge and values, the school system should be the agent for mental hygiene of the individual before one becomes entangled in emotional crisis and situations. It is suggested that schools must broaden their traditional teaching styles to meet the psychological needs of students and become agents of mental health socialization of the individual.

School-based mental health interventional programmes could be of two types - environment-centered or child-centered. Environment-centered approaches aim at facilitating the educational climate and enhancing the ability of administrators and teachers. Child-centered activities may include individual mental health consultations or a more generalized classroom-based program which aims at improving coping skills, social support, and self-esteem. A typical example of the above-mentioned program could be the PMHP (Primary Mental Health Project) (Elias, Branden, 1988).

Life Skills Education is based on a child-centered and activity-oriented methodology.

Rutter (1982) states that school mental health programmes are effective in improving learning and mental health. A comprehensive school mental health programme
should ideally be an integral part of any school health programme. The aim of such school based interventive programmes is to provide experiences that will enhance children's coping resources, to counter the numerous stressors which they have had to face and to help them in future.

The essential building block for any school mental health program is the aspect of promoting psychological competence in schools. This enhances the child's own coping resources and competencies (WHO, 1994). This can be effectively delivered by the teaching of skills referred to as life skills.

2.23 Life Skill Education Programmes

The research studies in the area of life skills education have been grouped under various categories to describe better, the various aspects of research related to life skills education.

There is sufficient evidence from research literature that suggests life skills education is needed by young children and it should be developed.

A national survey in the USA of about 47,000 students in grades 6-12 identified the student's assets and deficits which had an influence on their ability to make positive choices. The results of this study suggested that students had deficits in life skills and it was hence recommended that the concerned educators should work towards enhancing the social competencies of young people which includes the teaching of friendship making skills, caring skills and resistance skills (Benson, 1996).
While in the past emphasis was solely on a didactic method of education, with the changing times its need has been undermined and the current focus has shifted to incorporating life skills education into the school curriculum.

Further evidence for the need of life skills education is from research which shows the psychological origins of behaviour related health problems. In an important study by Me Donald et al (1991), they identified three important factors which were found to correlate with child substance abuse – low self esteem, inability to discuss feelings and lack of communication skills. Mitic et al (1987) studied 1, 684 students in grades 7-12 based on questionnaire and showed that substance abuse is related to levels of stress.

Young and Williams (1989) emphasize that maintaining and supporting the psychological health of students is equally important as addressing physical health. An individual’s psychological well being is a critical element in maintaining physical health as well as the self esteem and self confidence in which health decisions can be made and high risk behaviour voided.

Most of the longstanding studies in the area of school mental health like the PMHP and CODIP owe its origin to the earlier work of George Spvinack and Myranea Shure who realized that to tackle problems in their everyday lives their troubled young clients needed skills such as the ability to generate alternative solutions, to consider consequences and to plan.

Research also provides evidence which links low self efficacy to smoking, alcohol, drug use, eating disorders, risk taking behaviour and cognitive performance.
Bandura (1990) in his study showed that the adoption of AIDS preventive health behaviour was related to perceived self efficacy.

In another similar study by Richard and Vande-Plight (1991) of 423 Dutch adolescents, they identified a strong effect of self efficacy on whether precautionary measures were taken or not before sexual contact.

An effective school counseling programme is an important component of a school health programme. Children with emotional problems manifest their impairment in various ways. They may show poor academic performance, be rejected socially and have a poor self image. They may also have difficulties in relating to peers and other elders. These are preventable problems if the coping resources of young children be enhanced.

Effective understanding and imbibing of life skills enables us to perceive ourselves in a positive manner. It is often said that how we feel about others is directly related to how we feel about ourself and how others perceive us. This in turn contributes to factors like self esteem and self confidence which play a role in the promotion of mental well being.

Implementation of Life Skill Education

Conceptually, the teaching of life skills is by identification of the role of life skills in the promotion of mental well being. In such life skill interventional programmes, the children should be active participants in the process of learning.

At the beginning of any session, if it is a new group of children, it is necessary to spend some time in helping the group to begin to develop its own identity. This can be
attained by the trainees, by creating a ‘safe’ learning environment. This is essential for the success of the ensuing sessions as there has to be a participatory atmosphere. Activities are used a part of climate building so that the participants get to know the individuals better.

Firstly a particularly life situation which is culturally relevant is chosen for discussion. Then the students are allowed to speak about their understanding about a life skill. Thereafter the students are asked to discuss issues related to this in more detail in small groups. Also they may be asked to engage in short role play scenarios or take part in activities that illustrate the use of life skills in different situations. The methodologies used are experiential, requiring the group members to participate in their own learning.

The components involved are

- The life skill to be learnt will be a practical activity and will be related to the objectives of the session.
- This process involves feedback and reflection which allow participants to contemplate and learn from the activity in terms of knowledge, feelings and behaviour.
- An element which offers opportunity for consolidation and reinforcement is present – this includes following activities and making action plans.
- Finally the practical application of learning from the activity is carried by taking the new skills to be practiced in real life situations.

Methods used to facilitate the learning of life skills include: Skills practice, discussion panels, brainstorming, role playing, case studies and games.
Hence the teaching of skills is innovative and practical, as against the passive learning associated with the term teaching. The practical nature of the life skills as mentioned above is reflected in the methods used to teach them, that is, learning through active participation rather than didactic teaching.

2.24 The effectiveness of Life Skills programme

The preceding account has been on the need for Life Skills Education in school children. There is also considerable research which supports the effectiveness of life skills training on various aspects of the child’s personality, effects on health and social behaviour. In a landmark study by et al (1980, 84) at Cornell University – in The Life Skill Training programme (which include teaching skills like communication, decision making, stress and anxiety management), Life Skills Education was found to be effective in reducing smoking, alcohol, and drug use. In a large scale national evaluation, teenage health teaching modules (which includes teaching of communication skills, decision making and problem solving) it was shown that implementation of life skills education resulted in a reduction of substance abuse (Errecart et al 1991).

In a study by variaine et al (1986) in Finland of the North Karelia youth project (which included 4523 young people), it as shown that schools which had implemented programmes of life skills training designed to prevent substance abuse, had an overall trend towards less smoking and alcohol use.

Another major public health issue to which life skills approaches have been applied is prevention of violence and delinquency. In a study by Gaines et al. (1993) wherein 133 students were taught problem solving skills as part of a violence prevention
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programme. It was found that as compared to controls, programme participants were best likely to provide solutions in hypothetical conflict situations gave more negative consequence to using violence and showed a lesser to legitimize violence.

Another study by Laird and Syropoulons, (1996) on conflict resolution in a programme ‘Working towards Peace’ found that cases of aggressive misconduct were half as frequent and pro-social interactions were 5 times as much in participants when compared to controls.

The Yale-New Haven Social Competence Programme (which included the teaching of a core set of life skills stress management, decision making, problem solving and communication skills) revealed significant improvement in subjects constructive conflict resolution with peers, impulse control and popularity (Caplan et al, 1992). The programme participants were also better able to choose effective solutions to problem situations which they face.

There is also some evidence to suggest the effectiveness of Life Skills programme in suicide prevention (LaFromboise, 1994). The Zuni Life Skills Development Curriculum for suicide prevention was found to contribute in a positive manner to the reduction of suicide.

The primary mental health project (PMHP) carried out by the following researchers – Cowen et al, (1996), aimed at the early detection and prevention of school adjustment problems. The major goal of the programme was to reduce adjustment difficulties at the earliest within a youngster’s life, so that later more serious and costly difficulties like substance abuse, delinquency and serious mental health problems could
be prevented. They go on to state that for such programmes to be effective, they must adapt to the realities of the children’s specific needs, resources and belief system. An important school based programme – CODIP – The Children of Divorce Intervention programme conducted by Alpert-Gillis et al, (1989) have attempted on a specific target group i.e. to enhance the capacity to cope with stressful changes in the family context. It was often found that school children lacked the experience or skill needed to cope with family changes and this will often lead to frustration and withdrawal and can disrupt effective relationship with peers and adults. They employed group exercises, role playing which intended to provide enjoyable opportunities for skill acquisition and practice in these areas. These data, over all, demonstrated improved home and school adjustment for CODIP children and gains in social competencies.

Yauman (1981) throws light on specific strategies used in school based group counseling for children of divorce. Some specific strategies were used to reduce the feelings of isolation, shame and to provide peer support through brainstorming exercises, games, discussion and role plays.

Irwin et al, (1975) describes skills and techniques directed towards helping high school students achieve personal growth. An education for life skills programme is suggested which emphasises relaxation, concentration, observation, communication, creativity and problem solving. 

Bruckner et al, (1987) evaluated a developmental group guidance programme for elementary schools that provided instruction and group discussion on such topics as self
concept, behaviour problems, decision making and problem solving. Results indicate that the meetings are well received by students and provided a helpful learning experience.

Weissberg et al, (1993) reports that successful prevention requires sustained commitment and comprehensive intervention. When children are involved in a prevention programme for several years, they improve overtime. But if they are exposed for only a year, they show wash out effects.

Parallel efforts to explain this phenomenon is added by (Goleman, 1995) “Like good child rearing the lessons imparted are small but telling, delivered regularly and over a sustained period of years, that is how emotional learning becomes ingrained, as experiences are replicated. He also mentioned that the brain reflects them as strengthened path way neays, neural habits to apply during times of duress, frustration and hurt”.

Zins, Joseph, and Robert, (1988) discusses the major dimension of primary prevention in all the schools and the general means by which such services can be provided to students, teachers and school organizations. The author refutes the belief that no available technology of primary prevention exists and suggests various procedures that offer potential for the achievement of primary prevention exists and suggests various procedures that offer potential for the achievement of primary prevention goals. Life skills programmes, school transition projects and assertiveness training interventions are described as examples of the types of programmes that can be implemented in schools.

Perry, Jessar (1985) developed a conceptual model called adolescent health promotion, wherein they identified 4 domains of health – physical, social, psychological and personal. Within each of these domains, adolescents are involved in health
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compromising behaviours (behaviours that threaten individual well being) and health enhancing behaviours (behaviours that promote individual well being). One of the important findings of this research is that focusing solely preventing one of these behaviours to the exclusion of other is likely to be ineffective and time consuming.

With the above mentioned background information Danish et al (1984) developed a Life Skills programme for adolescents that were aimed at reducing the number of health compromising behaviours and promoting health enhancing behaviour.

Researchers have demonstrated a significant relationship between health compromising problem behaviour and aspects of future thinking. (Jurich and Andrews, 1994) found that rural adolescent delinquent youth had a negative view of their personal future when compared with their non delinquent peers.

Efforts to deliver life skills education were rendered through a workshop entitled GOAL programme (GOING FOR THE GOAL) The GOAL Programme commenced in 1987 in Richmond Virginia (USA), under a grant from the centre for substance abuse prevention. This workshop basically aimed at teaching personal competence which included self directing and attain positive expectation about Life. The content of the programme were gives by using short cases or stories which served as metaphors for how to transfer educational material to real life situations.

Some of the significant statistical findings were:

i) Participants learnt the information the programme taught.

ii) Participants were able to achieve the goals they set/found the process easier than they expected.
iii) Participants had better school attendance, reduced rates of violence and health compromising behaviours as compared to the control group. Finally subjects felt it was fun, useful and something important for their friends.

Effect on Mental Health:

After the successful implementation of life skills based programme in school settings, results show significant improvement in self image (Kreuter et al, 1991); self esteem (Ennett et al, 1994), self efficacy (Elias et al 1991) social and emotional adjustment (Caplan et al, 1992) and a significant reduction in social anxiety (Botvin & Engel, 1982).

The Impact on School Performance:

Parsons et al, (1998), in evaluating skills for adolescence in United Kingdom, identified that the programme was associated with improvements in teacher student relationships and also teachers reported a better behaviour by students in the classroom.

Another study of the skills for adolescence programme by (Navarrette, 1987) reported increased attendance and increase in grade point average and overall reduction in misbehaviour.

One major study of dissemination of a life skills programme was the natural evaluation of the dissemination and practice of life skills in a primary school in United Kingdom. The programme’s potential to meet the needs of individual children was assessed using case studies in 15 schools. The findings revealed that teachers changed their teaching style as a result of using materials and the effective implementation of programmes depended on ‘Whole School’ policies and co-ordinators of the programme.
The potential gains of life skills education are many and far reaching and can have an impact on several levels which are

1. For the child; protecting the child's health (Botvin, William, 1980) and promoting child's social interest.
2. For the teacher; improved relationship with pupils, and fewer classroom behaviour problems.
3. For the school, improved academic performance and possible effect on levels of truancy and school dropout (Weissberg et al 1989).

Relationship between Life Skills and Socio-behavioural Problems:

There is sufficient evidence from research literature that suggests life skills education is needed for adolescents. Spivack and Shure (1974) reported that the children and adolescents who were aggressive, disruptive and rejected by peers are deficient in basic interpersonal skills that can be taught in skills training program.

Asher and Renshaw. (1981) suggests that socially competent children engage in less school misbehavior and were better in cognitive skills and problem solving skills.

Patterson (1986) reported that half of the young children rejected by their peers were found to have social skills deficits and also showed high rate of aggressive behaviour. These children tend to respond to their rejection with aggression, initiating a cycle of aggressive behaviour and peer aggression that escalate as the children get older (Bierman and Montminy. 1993).

Burt (1937), Stott (1958), and Chazan (1963), have observed a significant relationship between poor school attainment and the presence of behaviour disorders in
school settings. Keeping in view the magnitude of psychiatric problems in children and since a good majority of children is school going it seems only appropriate to employ Mental Health promotional strategies in schools.

Based on a study of 1684 students aged 7-12 years, Mitic et al., (1987) reported that substance abuse was related to inability to handle stress.

Few research studies show the link between life skills and psychological origins of behaviour related health problems. In a study by MacDonald et al., (1991) identified 3 important factors, which are found to be correlated with substance abuse. Those include self-esteem, inability to share feelings and lack of communication skills.

High-risk sexual behaviours among adolescent were related to deficits in communication skills, assertion skills and problem solving skills (Nangle and Hansen, 1993).

Pepler and Slaby (1994) reported in his study that children who fail to develop the skills for interacting with other in a socially acceptable manner early in life are rejected by their peers and engage in unhealthy behaviours like violence, alcohol and drug abuse.

Citvitan’s (1995) study which investigated the factors that promote resilience in the face of adversity indicated that life skills are an important component of resilience in older children. The findings also suggest that the younger children should be equipped with skills such as communication skills and problem solving skills to promote resilience. Similarly other studies also point to life skills which promotes resilience, includes self-understanding/self-awareness (Beardslee, 1989), empathy (Parker et al., 1990),
communication skills (Luthar, 1991; Werner and Smith, 1992); and problem solving skills (Shure, 1991).

A national survey in the USA of about 47,000 students of grades 6-12 has identified the assets and deficits in students' lives which influenced them, to have ability to make positive choices. The results of the study recommended that the concerned educators should work towards enhancing the social competencies of young people, which includes teaching friendship skills, caring skills, and resistance skills (Benson, 1996).

Over last two decades of research has even established peer interpersonal relationships as the most reliable and sensitive predictor not only of life success, but also of problems during childhood and later life (Putallaz and Gottman, 1982; Parker and Asher, 1987; Asher and Parker, 1989; Ollendick et al., 1992).

In 1990 the technical planning group of the National Education Goals Panel targeted social emotional development as a necessary dimension of learning. The report noted that poor peer relationships correlated with aggression, poor social skills and lack of empathy for thought and feelings of others. They concluded that the adequacy with which a child gets along with other children is one of the single predictor of adult adaptation (Kupersmidt et al., 1990).

2.24 Effectiveness of Life Skills Education Programmes:

There are enough research literature, which also points more directly to the effectiveness of life skills education on various aspects of health, personality, social behaviour and mental well beings. These are described below.
Effects on Health and Social Behaviour

In a study Botvin et al., (1980 and 1984) from Cornell University found that the life skills training program that focused on communication skills, decision making skills, stress and anxiety management was effective in reducing smoking, alcohol and drug use. Similarly, a large scale national study with 2530 subjects and 2530 controls evaluated the teenage health teaching modules which included teaching life skills such as – communication skills, decision making and problem solving skills. The results demonstrated change in student’s knowledge and attitudes related to substance use. Among senior high school students there was reduction in use of tobacco, alcohol and other drugs (Errecart et al., 1991).

The Children of Divorce Intervention Program (CODIP) developed by Alpert-Gillis, et al., (1989) used group exercise, role playing techniques to provide enjoyable opportunities for skills acquisitions and practice in various areas. The program demonstrated improved home and school adjustment and children also gained social competencies to handle stress.

A longitudinal study spanning over six years which studied the outcome of a primary prevention and life skills program in school children demonstrated an overall increase in pro-social behaviour and decrease in negative self destructive behaviour (Elias et al., 1991).

The Yale-New Haven Social Competence Program which taught the students a core set of life skills such as stress management, decision making, problem solving and communication skills revealed significant improvement in constructive conflict resolution
with peers, impulse control and popularity. The students were also able to choose better solutions to problem situations (Caplan et al., 1992).

Another life skills program known as Going for the GOAL (GOAL) designed to teach adolescents to develop a sense of personal control and confidence about the future. The program aimed at teaching personal competence, which included self-directing and attaining positive expectation about life. The results showed better school attendance, reduction in the rates of violence and health compromising behaviours as compared to control group (Danish et al., 1992).

Research studies have not only looked at the effectiveness of life skills approaches per se, but have compared life skills approach to more traditional, typically information based approaches. This type of research has provided even more encouraging information and feedback about the effectiveness of the life skills approach.

Lockman (1988) started anger management program during school hours for boys who were having difficulty in managing emotions. The skills training program included role-playing, goal setting, social problem solving skills to cope with anger arousal, and alternative ways of coping with anger arousing situation. When compared with a matched comparison group of untreated aggressive boys, the treated subjects were found to have significantly lower rates of alcohol and drug use as well as fewer negative consequences of alcohol use during the follow up over a period of 3 years.

Reviews of studies of effectiveness of prevention education program have indicated that prevention programs based on the teaching of life skills were more effective than the traditional approaches. A study by Perry and Kelder, (1992) showed that substance abuse prevention, which incorporated life skills training, was more
beneficial in delaying the onset of alcohol and marijuana use among adolescents than information and peer leader approaches. Kirby et al., (1994) found that in USA, all effective programs that aimed to reduce sexual risk behaviours devoted sometime to the development of communication, negotiation and refusal skills.

Bruene – Butler et al., (1997), evaluated the effects of Improving Social Awareness – Social Problem Solving (IAS-SPS). The skills focused in the program are stress management skills, problem solving, decision making skills combined with refusal and assertion skills. This program showed enhanced individual skill and social competence among children in experimental group during their middle school transition and decreased psychopathology at 6 years of follow-up. In comparison group, boys reported increased rates of alcohol consumption and violent behaviour and the girls showed having higher rates of cigarette smoking and vandalism.

In addition to studies that have looked at the effectiveness of life skill approaches as such, studies have also compared life skills approaches to more traditional, typically information based approaches.

From Mexico a study (Pick de Weiss et al, 1996) suggested that the sex education programme which was based on life skills (decision making, communication and self awareness) was better effective in bringing about changes in adolescent’s contraceptive use as compared to traditional sex education which did not improve a life skill component.
Effect on Mental Health and Impact on School Performance

Successful implementation of life skills education program have shown significant improvement in psychosocial well-being like a significant reduction in social anxiety (Botvin and Eng, 1982); improvement of self image (Kreuter et al., 1991); self efficacy (Elias et al., 1991); social and emotional adjustment (Caplan et al., 1992) and self-esteem (Ennett et al., 1994).

Parsons et al, (1998), in evaluating skills for adolescence in United Kingdom, identified that the programme was associated with improvements in teacher student relationships and also teachers reported a better behaviour by students in the classroom.

Another study of the skills for adolescence programme by (Navarrette, 1987) reported increased attendance and increase in grade point average and overall reduction in misbehaviour.

One major study of dissemination of a life skills programme was the natural evaluation of the dissemination and practice of life skills in a primary school in United Kingdom. The programme's potential to meet the needs of individual children was assessed using case studies in 15 schools. The findings revealed that teachers changed their teaching style as a result of using materials and the effective implementation of programmes depended on ‘Whole School’ policies and co-ordinators of the programme.

Skills Acquisition and Competence Enhancement:

There are very few studies measuring the outcome in terms of the acquisition of skills, mainly due to difficulty in measuring the skills. However, few studies have reported measuring of skills performance by assessing self-perceptions of skills efficacy.
At this juncture, it is only logical to look at light on some studies, which have measured effectiveness of life skills programs in terms of acquisition of life skills.

In a controlled study of the Drug Education Program – DARE (Drug Abuse Resistance Education) the effectiveness of life skills was assessed in 678 fifth grade students. The results showed significant pre-post test improvement in life skills for the experimental group as compared to a control group (Aniskiewicz and Wysong, 1990). Similar positive results have been reported following the teaching problem solving skills and coping skills (Caplan et al., 1992), and communication skills (Pick De Weiss et al., 1996).

When skills acquisition is studied, this is usually measured as one aspect of program effectiveness. However, there are some few studies, which have looked closely at life skills, in order to understand their role. A study by Tellado (1984) found that improved problem solving ability correlated with increased internal locus of control and self-esteem. Meanwhile, Shure (1991) showed that interpersonal problem solving skills have been positively correlated with positive social interaction with peers, helpfulness and empathy.

Schools play a significant role in the overall development of a child’s personality. Now there is growing consensus with regards to the influence of schools on the child’s mental health and ensuing psychiatric morbidity if any. In this context, it becomes all the more important to look at schools from the perspective of prevention of child’s mental health problems.

As stated in the WHO report (1988) on the prevention of mental and psychological and neurological disorders in the European region there is a growing
proportion of the population exposed to psychological situations that are known to be associated with increased risk and vulnerability to diseases, along with the opportunities for the prevention of mental health related problems rising from exposure to these social and psychological factors, intervention is also needed which is oriented towards mental health promotion.

One of the aims of the mental health program of WHO (1994) is to achieve mental health promotion by strengthening the coping skills in school children. Mental health professionals should be alerted to children specially from deprived socio-economic educational background, as it is clear that psychiatric morbidity in rural children is high when compared to their urban counter parts. These children are vulnerable to the numerous psychosocial stressors that they are exposed to and are sometimes left with not knowing how to cope. This can leave long lasting effects on the emotional, cognitive and social development of the child.

As the fore mentioned problems are not adequately addressed to in our school set­ups often students tend to leave schools without preparedness in leading competent life.

Hence WHO has given this approach of life skills education to prevent such disorders from developing and promote psychological competence.

Psychological competence stated simply means a person’s capability to deal effectively with numerous challenges and stressors of everyday life. The enhancement of psychological competence plays a very crucial role in promoting a person’s mental health. Hence the basic intervention strategies aimed at enhancing psychological competence would focus upon the person’s coping resources and his personal and social
competencies. In school based programmes this can be achieved by teaching Life Skills in a supportive learning environment.

Gold & Kelly, (1991) demonstrated that strategies promoting sexual abstinence were comparatively less effective than those strategies which involved teaching of decision making skill.

A similar finding was reported in a study conducted by (Mc Lean, 1994) who showed that AIDS education when compared with life skills education for self esteem was very successful in changing the knowledge, attitudes and behaviours necessary for preventing spread of HIV.

In a study by Gainer et al., (1993) wherein 135 students were taught problem solving skills as part of the violence prevention program found that, in comparison to control group students, the program participants were much less likely to provide violent solutions in hypothetical conflict situations gave more negative consequences to using violence and showed a lesser tendency to legitimate violence.

The life skills program was also found to be effective in suicide prevention. A life skills program (LaFromboise and Howard-Pitney, 1994) which taught communication skills, coping with oppression, anger management, stress management and goal setting skills has contributed positively to the reduction of suicide potentials among the participants.

One major study on the dissemination of a life skills programme was the national evaluation of the dissemination and practice of the life skills programme Skills for the Primary School Child in the UK. The purpose of the evaluation was to provide an
analysis of the materials, to determine the perceptions of the programme on the classroom and on the culture and the school. All of these areas were assessed on the basis of a questionnaire sent to a random sample of 230 schools across England and Wales, and on the basis of case studies in 15 schools. Apart from establishing the appropriateness of the content and successfulness of the dissemination, the major findings of the study shows that effective implementation of life skills education in schools depends upon 'whole school' personal and social health education policies, and relied heavily on the teacher responsible for coordinating the programme throughout the school. Another major finding of the study was that many teachers had changed their teaching styles as a result of using the life skills programme materials (Lloyd, 1994).

Though different practitioners categorized life skills differently, all the life skills programmes have their footing on the same theories. Content of the programme and the methodologies that are followed are important with respect to the skill development aspect. Outcomes that are expected of different life skill development programmes are based on its objective, content and the context. Research results shows that life skills programmes, if implemented with great sincerity to the objective and methodology, can make positive change in the mental and social well being as well as the health seeking behaviour of the children. A large amount of the above mentioned studies used specific behaviour measure to assess intervention impact. Majority of the studies demonstrate positive gains as a function of the life skills development programmes in the form of skill acquisition, improved social behaviour, decision making and problem solving, resisting peer pressure, enhanced self esteem, and improved academic performance and adjustment to life challenges. Research findings point out the fact that life skills education is a
much-needed part of education. It also indicates that life skills education is an effective approach to health promotion and prevention education.

2.3 Indian Literature:

2.31 Children's Mental Health & Problem Behaviours

There is a dearth of data regarding the extent of psychiatric problems in children. However from whatever limited data that is available it is clear that the magnitude of childhood problems is significant. However the availability of services specially designed to meet these needs of children are very limited in developing countries like ours. The lack of interest in the part of the administrators is because of the limited data available in this regard. Hence there is an urgent need to promote and provide more knowledge in this area in our country. (Srinivasa Murthy & Jiloha, 1981).

2.32 Schools potentials for promoting Mental Health of Children

Nanda (1957) while studying the psychological needs of adolescent girls in the Indian set up observed that a great deal of insecurity prevailed among girls as a result of worry and anxiety about failure and success both in the academic and social life of the school. The other areas of their concern were family and personality.

Kakkar's (1964) study indicated a greater concern about school problems. Then the order is as home, personality, health and social. A positive interrelationship between problems in different areas was also observed which thereby indicate that problems that disturb the psychic equilibrium in one area bring disturbance in other areas also. In the Mathur's (1970) study the major causes for frustration in adolescence were found in the
home, health and socio-personal areas. The foremost causes were found to be health & economic problems.

Rozario et.al (1991) studied the adjustment pattern of psychologically disturbed and non-disturbed adolescents. They clarified that boys perceived themselves as having more problems than girls, school and peer relationship pose problems to boys and girls face problems in the areas of school, teachers and general adjustment.

2.3.3 Life Skill Education Programmes

Life skill approaches essentially target promotion of self esteem and self efficacy. Numerous research studies have highlighted the role of psychosocial factors, as radiating or casual factors, in behaviour related health problems. Low self esteem has been found to be associated with alcohol and drugs. (Kunfer & Turner, 1990); (Singh & Mustapha, 1994), delinquency (Dukes & Lorch, 1989); teenage pregnancy (Keddic, 1992); (Plotnick, 1992), and suicidal thoughts (Choquet et al 1993).

Evidence also points to the association between self efficacy and improvement in academic and cognitive performance. In an Indian study by Singh (1985), he found that high perceived self efficacy results in higher cognitive performance. In a similar study conducted in Sri Lanka by Niles (1986), of its 823 10th graders, he demonstrated the relationship between a sense of competence and school achievement.

Implementation of Life Skill Education

Review of different life skills training programmes (Suman Verma 1998) shows that some of these programmes target specific life skills such as decision-making,
resisting peer pressure, self-awareness, dealing with emotions whereas others teach generic skills useful for adjustment in the daily life. Typically life skills training programmes attempt to achieve very broad goals through improving certain (behavioural) skills relating to a specific problem in a predetermined target group. Life skills intervention has become an essential part of current substance abuse prevention efforts, and the programme that include behavioural skills training appear to have more success rate (Christopher et al., 1993).

Inability of the adolescent to communicate effectively lowers their self-esteem and confidence resulting in withdrawal and reluctance to seek help. Similarly poor self-image and lack of courage to say ‘no’ results in poor negotiation skills leading to indulgence in harmful behaviour and practices (Mridula Seth 2002 b)

The effectiveness of Life Skills programme

A longitudinal study spanning over six years which studied the outcome of a primary prevention and life skills programme in elementary school children demonstrated that overall levels of pro-social behaviour increased and negative self destructive behaviour decreased (Elias et al, 1991).

Michale (2001) in a feasibility study on life skills education for street children using an intervention package revealed significant change in decision making and problem solving in study population after intervention.

Life skills education program was conducted in a city based juvenile home for girls to incorporate psychological competence. The staffs as well as girls oriented about different life skills. Games were used to depict the meaning and importance of life skills.
It was expressed by the girls that the program was useful in the changing their style of life, attitudes and behaviour in general (Parthasarathy, 2001).

Rakshit (2004) studied the efficacy of life skills education with street children. Coping with stress and coping with emotions skills were covered. The result revealed significant improvement in coping ability among the children.

Biji (2005) conducted efficacy of anger management and problem solving skills among the children in conflict with law. The results showed significant improvement in managing emotion and problem solving skills among the juveniles.

Prakash and Vani (1994) made an attempt to compare the self-acceptance of delinquent and non-delinquent boys in the age group of 13-16 years. The score of Kakkar Self acceptance inventory revealed that the delinquent boys and a lower self-acceptance than their non-delinquent counterparts.

Skill Acquisition and Competence Enhancement

Primary prevention efforts are designed to proactively create conditions that promote well being. The focus is shifted to showing and teaching children what we want them to do rather than what we do not want them to do. As reported by Elias, (1995) “an absence of problem behaviour is not the presence of health”.

Relationship between Life Skills and Socio-behavioural Problems

Some theoretical perspectives view Life Skills as a way for adolescents to actively participate in their own process of development and the process constructing social norms. So, it is clear that by teaching young people how to think rather than what to think
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is a means of empowerment. Magoudi and Nastasi (1988) found that drug addiction in its initial stages was associated with a failure to relate to peers and parents.

Birth order of an individual determines one’s capacity of adjustment. In such a study, Asha (1977) found that the first-born children were comparatively better adjusted than the second born, or the last-born children. The study further revealed that the first born children differ significant from the last born in adjustment areas, such as home, health, emotional and school adjustment.

In his study of adjustment problems of adolescents, Kondandaram (1995) concluded that the children of the alcoholics have problems of adjustment in all the areas of functioning.

2.34 Effectiveness of Life Skills Education Programme

There are enough research literature, which also points more directly to the effectiveness of life skills education on various aspects of health, personality, social behaviour and mental well beings. These are described below-

Effects on Health and Social Behaviour

In the study of development of self-concept during adolescence, Jogewar (1982) identified that self-perception was relatively stable between the ages of 13 and 17 years. For males, self-perception was at its highest level at the beginning of adolescence and for females self-perception was low at the beginning of adolescence.

The Tuff Trak Training Forum in India offers leadership training to a varied age group from children to adults with a goal to build confidence, leadership, memory,
positive attitude and effective stress management skills in the subjects (Suman Verma, 1998).

Study by Suman Verma (1998) found a significant impact of life skills programme on the treatment groups when compared to their control groups in the following areas: Development of skills in purposive time structuring, sense of purpose, structured routine, orientation to the present, effective organization, and persistence in tasks; improvement in self-esteem; future expectations related to social usefulness, personal growth and responsibility; a greater sense of well being in the areas of contentment, self confidence, higher scholastic achievement and improved skill acquisition in the areas of definiteness of purpose, positive mental attitudes, self-discipline, self-efficacy, time budgeting and stress management.

Singh & Sharma (1978) (cited Vanajakumari 2000) found that delinquents more often come from homes where normal communication between father and sons has been blocked. According to Ryan & Lynch (1989) those individuals who become particularly dependent upon peers are actually compensating for the lack of emotional support at home.

Jaseer.J (1997) in a study on certain adjustment facilitating and adjustment debilitating variables in adolescence found that highly adjusted adolescents had significantly higher mean scores than moderately and poorly adjusted adolescence in dominance, autonomy, self esteem, emotional adjustment, orderliness, home adjustment, social, health, personal and class room adjustment. Whereas poorly adjusted adolescents had significantly higher mean scores than highly and moderately adjusted adolescents in
schizoid personality, histrionic personality, antisocial personality, aggressiveness, social anxiety, and non-endurance.

Effect on Mental Health and Impact on School Performance

Jessy (1998) has studied the efficacy of life skills education for high school students. Three skills are covered under the program that includes decision-making skills, coping with stress and coping with emotions. The results revealed significant knowledge gain in decision-making and other skills.

During the last two decades, community based epidemiological studies have been conducted in different parts of the country and abroad to assess the extent of psychiatric morbidity in school children. Varghese and Baig (1974) studies 1917 children from Vellore town. They found that 8.17% children has psychiatric disturbances. Sethi et al (1967) and Surya (1964) in a general population survey found significant psychiatric morbidity in children though this study was not directly focused at the problems of children. Other significant Indian studies in this regard are from Agra Dube (1970), Lucknow – Sethi (1967, 72, 74) and Calcutta-Nandi et al (1975).

A study on maladjusted behaviour among school children has been extensively researched in other developed countries as well. The land mark studies carried out in the school settings are those of Olsen (1930), Mc Fie (1934), Cummings (1944), Rutter, Ullman (1952), Bower (1958) and Stott (1958). The results of these studies imply that the existence of maladjusted behaviour among children in school is a reflection of their general emotional disturbance which is also apparent in other aspects of the child’s life.
A number of studies have attempted to study the classroom behaviour of children as assessed by teachers. Some of them being Mitchell and Sheperd (1966) Werry and Quay (1971). A similar study by Kolvin (1977) stated the predictability of teachers ratings on future delinquency and maladjustment in children.

Non-governmental Organizations such as Mandat plus Prevention, and TACADE specialize in matters related to education, health promotion and prevention. They provide training to school aged children, to promote health, personal and social education and offer training in programme implementation and they work in the area of child abuse, disability and counseling (Suman Verma 1998).

2.4 Relevance to Social Work

Haffey and Martha, (1984) in discussing social workers role in high school work study programmes describes two practical approaches for use with work-study programmes: The psychosocial and Primary prevention models. Using the first model, the social worker may work forward strengthening student’s problem solving abilities and toward modifying elements in the environment that will support the student’s strengths. The second approach directs the social worker to identify students who are moving towards a transition from school to work as a population at risk. It is suggested that by anticipating areas of stress for all students social workers may be instrumental in preventing dysfunctional behaviour.

In summary research findings point to Life Skills Education as an essential and integral part of education. All the studies reviewed indicate that Life Skills Education is an effective approach to health promotion and prevention education. There is a dearth of
data available in this area in our country and hence there is a need for more clear theoretical and conceptual foundations. There is also a need for a more systematic evaluation of life skills programme. Hence a greater need to have research in different countries and cultures around the world.

The present study aimed to develop a simple and culture specific comprehensive scale to assess life skills, which can be used for evaluation of life skills intervention program.

2.5 Lacunae of the Earlier Studies

Literature review in this field reveals that a lot of investigation has been carried out with adolescent children but those with specific focus on Adolescent children and Life Skill Education are not many. Further there has been a focus of studies on adolescent children and Life Skill particularly in the West and Indian studies of this nature are few. It is observed that Indian studies specifically with focus on adolescent children are very scanty. We can say that there is a dearth of exploration specific to adolescent children and Life Skill Education in the Indian context. There is a need for more comprehensive investigation to explore the Impact of Life Skill Education on adolescent children.

Studies on Adolescent children and Impact of Life Skill Education have explored the impact on personality, Mental Health but not the other aspects of social development.

With the changing family life and influence of Globalization in India, Life is become more challenging for the younger generation. Problem of coping with emotions and stress and decision making poses a greater challenge for these growing children.
Indian studies need to focus on the effects of this problem on Adolescent children in all domains and the coping styles adopted by them.

2.6 Need for the Present Study

Adolescence has been globally accepted to be a period of turbulence and a significant developmental milestone. Stress, Emotional imbalance and decision making could further compound and create a not so much so conducive domestic environment significantly impacting the adjustment and personality of the adolescent as one tries to come to grips with this tumultuous phase in one’s developmental career.

We are still lagging in our Preventive Mental Health Efforts with these youngsters, who remain at risk for serious emotional and substance abuse problems. We must recognize that the adolescent has a need for recovery. Adolescent needs to be understood from a model of Psycho Physiological trauma. Interferences in development can take place when the adolescent encounters either general or specific trauma.

During the researcher’s clinical experience as a Counselor in a Family Counselling Centre, one found adolescent children with emotional, Mental health and behavioural problems, were many and this disturbed them as well as their families. It was relevant to introduce some interventions and equip them with skills relevant required for their day to day life. This study is important as it focuses specifically on adolescent children where there is dearth of such studies in the Indian context. It is essential to unearth the impact of Life Skill Education on adolescent children. Hence the current study aims at imparting Life Skills Educational package for high school children. It is hoped that by this interventional package Adolescents’ mental well being may be
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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.