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INDIAN ASSOCIATION OF LIFE SKILLS EDUCATION

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CONTENTS

Beyond Intolerance:
Celebrating Diversity

Aparna Gharpure*, Shachi Koppikar** and Shruti Thakur***

Abstract

As per the UNICEF definition, 'Life skills' are the psychosocial abilities for adaptive and positive behaviour that enable the individuals to deal effectively with the demands and challenges of everyday life. They are grouped into three broad categories of skill-sets: cognitive skills, inter-personal skills and self-management skills. Life skills education programme conducted at PPS Chandivali is a need-based structured programmeme, which integrates the visual, auditory and kinaesthetic mode of learning that assists the students to develop and practice psycho-social skills in a safe environment. Adolescence, a vital stage of growth and development, is the period of transition from childhood to adulthood. Students' beliefs and attitude towards diversity get influenced by various factors at this stage and they play an important role in the socio-cultural dynamics. The present study is conducted on 86 adolescents, (47 female and 39 male participants), in the age group of 13-14 years, studying in Grade 8 at the school. A single group repeated measures pre-test – post-test design is used to check the effectiveness of a series of Life Skills Sessions on 'Celebrating Diversity'. The Diversity Scale designed by the researchers is a self-report Likert scale with 20 statements to assess the attitude, opinions and beliefs of the students about the diversity at school, at home and in the neighbourhood. It is administered before and at the end of eight sessions and the scores are compared to see the effectiveness of the programme. Purpose of this study is to help the students to accept, integrate and celebrate the diversity which is present around us in different forms.

Keywords

Celebrating diversity, Beliefs, Adolescents, Life skills.

Introduction

UNICEF defines life skills as 'a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills'. The definition is based on research evidence that risk-taking-behaviour will get altered among the adolescents if knowledge, atti-

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tude and skill development are addressed in the life skills programme. WHO defines life skills as 'the abilities for adaptive and positive Behaviour that enable the individuals to deal effectively with the demands and challenges of everyday life.'

Life skills are principally those abilities that help to promote physical and mental well-being and capability in youth as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events. Though life skills education started in United States with the intention of educating the youth about HIV/AIDS and teenage pregnancy, in the new era, its scope can be extended into educating the youth about consumer rights, child rights, environmental issues, fight against terrorism and peace education. Life skills empower the young people to understand themselves, understand the world around them and develop competencies to deal in a positive, constructive and productive ways in any given situation.

UNICEF gives the following guidelines to ensure successful implementation of the life skills education programme:

♦ It should focus on behavioural changes, not just the dissemination of knowledge. Because, traditional, information-based approaches are generally not sufficient to yield changes in attitudes and behaviours. For example, a lecture on self-confidence will not necessarily lead to the person becoming self-confident. Therefore, hands-on learning and practical approach should be followed up. Students should get an opportunity to associate new learning with real life situations where it can be useful and get opportunity to practice them in guided sessions.

♦ The programme will work best when practiced and reinforced. For example, the harmful effects of tobacco or marijuana on the body will be forgotten soon or the peer pressure may overpower the knowledge of ill effects of drugs. Hence, the new learning and skills need to be repeated, practiced and reinforced.

♦ Life skills education should be supported with policy development, appropriate health services, developing community support system and creating awareness through media.

India being known for its diversity in cultures, languages, religions, flora and fauna, has always celebrated the diversity and has been proud of the 'unity in diversity' displayed in every way by its citizens. However, in the past few

months, the word 'intolerance' was hit on a high note in the media and among the intellectual community. Unfortunately, the student community, otherwise co-existing with diverse cultures, religions and languages was dragged into it. The mental health professionals realized that the themes like diversity, tolerance and empathy must be part of the regular life skills sessions for the students and youth. In the context of terror strikes and socio-cultural unrest, the sustainable development goals become extremely critical for India to equip the young generations with the skills and competencies to deal with this unrest. Not only has the need risen for the students to accept and tolerate the diversity but also to embrace and celebrate it.

The present study is designed as a life skills education programme for adolescents to sensitize them on inclusion, tolerance and diversity.

Literature review

The pragmatic research on diversity suggests that people can be sensitised to diversity, inclusion, and awareness of different cultural practices, through various strategies such as outreach or exchange programmes for the students, integrating similar activities in the learning process into curriculum and providing successful diverse role models for the students (Ruggs, Enrica & Hebl, Michelle, 2012)

Joel Rudin (2015) evaluated a didactic intervention model designed to reduce the transphobia of North American undergraduate business students. The participants were asked to resolve a simulated dispute with co-workers over cooperative bathroom choices to accommodate transgender employees. Answers were classified as demonstrating inclusion, compliance, or hostility towards the transgenders. The inclusive response implied the establishment of gender-neutral restrooms and the hostile response being refusal to accept the transgender employee's bathroom choice. Results suggest that the intervention was effective as the inclusive response was most popular in the second year even though it was least popular in the first year, even though complete success was not attained, as one sixth of the students in the second year chose hostile responses.

Shahryar Sorooshian (2016) studied the effects of cultural diversity on team performance among university students and explored the relationship between team performance and cultural diversity. The results show that there is a strong indirect relationship between team performance and cultural diversity. The study identified that there are positive and negative effects of cultural diversity on transitional outcomes of the team performance.

Uma Jayakumar (2008) investigated the relationship between the exposure to racial diversity during college by white individuals and their post-college cross-cultural workforce competencies. The study found out that for whites from both isolated and diverse (multi-racial) pre-college neighbourhoods, their post-college leadership skills and orientation towards various cultures and races was related to their post-secondary institutions and the level of exposure to the cross-racial groups during the college years. The researcher concluded that post-secondary institutions may provide lasting benefits to white students by promoting a positive cross-cultural climate for a racially diverse student body.

Method

The purpose of this study is to sensitize the young generation to accept, respect and celebrate diversity in the society.

Sample

Students from Pawar Public School, Chandivali, studying in Grade 8 participated in this study. Total 86 students (47 females and 39 males) were part of the complete programme i.e. pre-test, followed by the life skills sessions on celebrating diversity and post-test at the end of the programme.

Assessment

Diversity Scale was constructed by the researchers by shortlisting 20 statements from a pool of 54 sentences about diversity at school, home and neighbourhood. The reliability and validity of the statements was taken care of by collecting the statements from various mental health professionals and shortlisting of the statements was also done by a team of professionals. The statements represented various forms of diversity like gender, language, caste, community, religion etc. The Likert type five-point rating scale has responses from strongly agree to strongly disagree, with scoring value from 5 to 1. Some of the statements have reverse scoring to nullify the biases. Minimum score possible on the scale is 20 and maximum is 100. A score below 35 shows low readiness to accept diversity. Score of 35-70 shows average readiness and acceptance towards diversity around us. The score above 75 shows very high level of acceptance toward the diversity in the society.

Research design

The study is based on 'Single Group Repeated Measures Pre-test Post-test Design'.
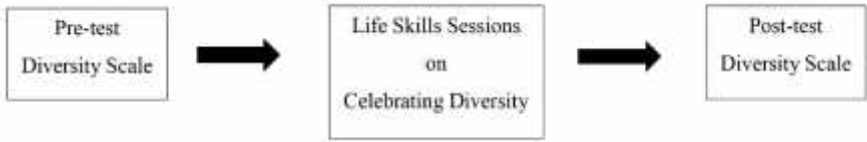
Hypotheses

1. Post test scores on diversity scale are higher than the pre-test scores.

2. There is no difference between the scores of male and female participants on the diversity scale.

Procedure

Before the programme began, the students of Grade 8 were informed about the purpose of the study and the reason why the topic on celebrating diversity was selected for this project. The test was administered to all the students with standard instructions. Each statement was read out aloud for the whole class and students were asked to mark their responses. They were reminded that there are no right or wrong answers and the responses represent their opinion and beliefs in the given situation.

The sessions on celebrating diversity were integrated into the life skills programme conducted at the school. The programmes were designed with the purpose of sensitizing the students to various forms of diversity and learn to accept, respect and celebrate diversity in the society. The sessions were spread over eight weeks, with one half-an-hour session per week. The topics covered in these sessions were – diversity, intolerance, individual identity vs. national security, Bringing the change through thinking-feeling-action link, Gender diversity and equality, consequences of being intolerant, being a global citizen to accept, respect and celebrate diversity, etc. Various activities like poster-making activity on celebrating diversity, videos and songs to sensitize the students, debate on individual identity vs. national security, creative writing on diversity, etc. were included in the sessions to make them interactive and effective. The concept of experiential learning was central to planning and designing all the sessions.

Results and Discussion

The scores on the pre-test and post-test were compared to analyse the effect of the sessions on their thoughts, values and beliefs about diversity. To analyse the first hypothesis, the scores of pre-test and post-test are studied with 'paired t test'.

Table 1

Mean and t value for the scores on pre-test and post-test

N = 86	Pre-test		Post-test	
	Mean	SD	Mean	SD
	85.686	10.799	89.919	8.935
	t = 0.001, not significant at p<0.05			

All the students except one, scored in average and above average range on the diversity scale. The student who scored lowest on the scale was spoken for further inputs about his opinions on respecting diversity around us. Though the mean score of post-test is higher than that of the pre-test, the difference is not statistically significant. (Table 1)

Though the t value is not statistically significant, post-test scores are higher than the pre-test scores showing that the sessions on celebrating diversity may have had some impact on the participants' sensitivity towards diversity.

The second hypothesis is tested with the mean and SD scores of male and female participants on pre-test and post-test. The female participants have shown around 3 points improvement in the mean score in post-test; whereas, the male participants have shown 6 points improvement in the post-test scores. The SD scores show larger scatter among the scores of male participants compared to the females. (Table 2, Figure 1)

Table 2

Comparative scores and t value for the male and female participants

	Pre-test		Post-test		t test score
	Mean	SD	Mean	SD	
Male N=39	82.385	12.857	88.179	10.553	t = 0.018 Non-significant p<0.05
Female N=47	88.426	7.876	91.362	7.131	t = 0.002 Non-significant p<0.05

There is no significant difference between the scores of male and female participants on the diversity scale. The hypothesis is tested by comparing mean and SD scores of male and female participants on pre-test and post-test. Though both the groups have shown improvement in scores, higher SD

score in males shows higher scatter in their scores.

Mean scores of male and female participants on pre-test show a difference of 6 points. However, the gap in the post-test scores is reduced to only 3 points. This is probably the result of the intervention through the sessions on celebrating diversity. It is interesting to note that the female participants seem to score higher than male participants on both the pre-test ad post-test. Gender differences in their upbringing and natural instincts towards inclusion, acceptance and respecting diversity are reflected in their scores.
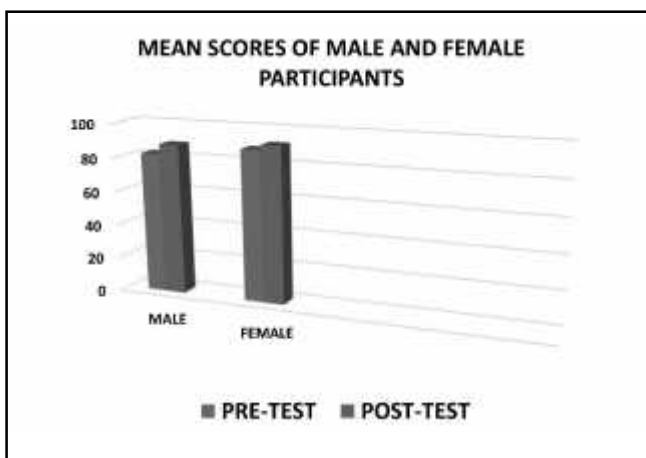
Figure 1

Comparison of the pre-test and post-test mean scores of male and female participants on the diversity scale

Conclusion and suggestions

Though the t values are non-significant, the mean scores show improved performance on the diversity scale in the post-test. The study shows some interesting observations. All the students except one have scores in the above average range in both the pre-test and post-test. It seems that the participants in general are aware of the importance of respecting diversity around us. Since the regular sessions on life skills education are conducted at the school to deal with various topics like friendship, bullying, self-confidence, assertiveness etc., the students had developed a sensitive approach towards various religions and cultures. Also, the training sessions might only show temporary and immediate impact. It is important to see long-term effect of this programme to check for its effectiveness. The students also shared a feedback that though they know that they should accept and respect diverse opinions, cultures, religions, it is sometimes difficult to implement it in prac-

tice. So, they may score high on the scale but may not display similar behaviour in real life situations. Hence, the sessions need to be continued for guided practice of the newly acquired skills.

Research by Hema Priyadarshini shows that the programmes conducted for developing life skills have produced various positive effects like reduced violent behaviour; increased pro-social behaviour and decreased negative, self-destructive behaviour. It also shows increased ability to plan and make right choices to solve the problems. Thus, there is evidence to show that even the concepts like tolerance, integration, inclusion and respecting diversity can be developed by the youth with the right kind of training and supervised practice of the new skills.

The SDG 2030 agenda is a plan of action for people, planet and prosperity. It also pursues strengthening universal peace in larger freedom. The agenda states, 'we are determined to foster peaceful, just and inclusive societies which are free from fear and violence. There can be no sustainable development without peace and no peace without sustainable development'. UNDP Administrator Helen Clark noted: "This agreement marks an important milestone in putting our world on an inclusive and sustainable course. If we all work together, we have a chance of meeting citizens' aspirations for peace, prosperity, and wellbeing, and to preserve our planet." Thus, accepting, respecting and celebrating diversity is an extremely important skill that every individual is required to develop in 21st century as the geographic political boundaries and distances tend to blur and we become global citizens. The young generation needs to be sensitized towards this concept and be trained to respect diversity. Hence this study certainly has a great scope ahead as it will be replicated for other grades as well. More so, it is important to conduct these sessions in the schools where the regular life skills education sessions are not conducted or where students are not exposed to similar training. Taking feedback from the current study, the researchers plan to modify, improve upon the session plans and run this programme in other schools in the underprivileged areas. Also, further longitudinal analysis of the effectiveness of the programme will be studied.

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Core Self-evaluations: It's Role in the Relationship between
Subjective Well-being and Physical and Psychological Health

Ms. Arpita Sarkar*

Abstract

The subject of psychology taps happiness and life satisfaction under the broader construct of 'subjective well-being' (SWB) which is defined as "a person's cognitive and affective evaluations of his or her life. It includes experiencing pleasant emotions, low levels of negative moods, and high life satisfaction." Past literature has well established the relationship between SWB and physical - psychological health of individuals. A persons' experienced SWB is influenced by several factors. One among them being the personality construct termed as 'Core Self-evaluations' (CSE), defined as "a broad, latent dispositional trait, representing one's appraisal of people, events and things in relation to oneself and one's own worthiness, effectiveness, and capability. CSE is believed to underlie four lower-order constructs - locus of control, neuroticism, generalized self efficacy, and self-esteem." The present study investigated the role of CSE in SWB and physical-psychological health relationship. 45 working people in the age range of 25-45 years from Mumbai participated in the study. The obtained data was analyzed using multiple regression analyses. The results indicated that CSE strongly moderates the relationship between SWB and psychological health suggesting that individuals who experience positive emotions and/or are satisfied with their lives and also simultaneously view themselves as capable, competent and worthy are likely to have good psychological functioning. But the same cannot be said about physical health functioning because almost an insignificant moderating effect of CSE was found in the relationship between SWB and physical health. The findings and implications are discussed and future directions of research are proposed.

Keywords

Core self-evaluations, Subjective well-being, Physical health, Psychological health

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Introduction

Over the past few years, psychological research has garnered great interest in the construct of subjective well-being (SWB) or happiness. Subjective well-being refers to "people's evaluations of their lives, which can be judgments such as life satisfaction, evaluations based on feelings, including moods and emotions" (Diener & Chan, 2011). It has been described as a person's overall experience in life. Subjective well-being is considered to comprise three components: positive affect (PA); low levels of negative affect (NA); and satisfaction with various life domains (the cognitive aspect of SWB). PA denotes the experience of being energetic, excited, and enthused, as compared to NA which is the experience of anger, disgust, guilt and depression. Diener suggests that SWB essentially reflects a person's self-described happiness. Subjective well-being has been labeled as life satisfaction in several researches because it has been discovered that this subjective form of happiness is a global assessment of the quality of one's life guided by a person's own set of criteria (Karen, 1999). Diener concluded, as reported by Karen, 1999, subjective well-being essentially stresses pleasant emotional experience.

It seems obvious that one's SWB will be influenced by several factors of his/her life like income, age, marital status, etc. Similarly one's SWB will also influence the other aspects of one's life like health. Several researchers have tried to address the question of the influence of SWB on an individual's physical and psychological health. Subjective well-being/happiness is considered to have an obvious relationship with health. Not only is subjective well-being an important component of one's psychological health but also it is believed that people who are happy are also more physically healthy as compared to people who are unhappy.

Several studies with large sample sizes that have followed participants for a decade and more have established that SWB is predictive of mortality and controlling for initial health. A study by Williams and Schneiderman (2002), as reported by Diener, et. al, 2011, have provided evidence that SWB is predictive of cardiovascular disease in healthy populations and also of cancer incidence and survival. Pressman and Cohen (2005) review, as reported by Diener, et. al, 2011, suggests that positive affect is associated with physical health and longevity in normal populations. Diener et al. (2011) have reported about studies that have found a relation between SWB and immune functioning, (Howell et al. 2007, Costanzo et al., 2004) whereby people experiencing positive states have stronger immune response. Positive affect is also associated with protective psychosocial and behavioral factors

such as greater social connectedness, perceived social support, optimism, and preference for adaptive coping responses, as well as a greater probability of performing health behaviors (Diener et al., 2011).

Diener et al. reported studies which have found a relation between positive emotions and lower pain and greater tolerance for pain (Pressman & Cohen, 2005; Howell et al., 2007; Bruehl, Carlson, & McCubbin, 1993; Willmarth, 1999; Tang et al., 2008). Study by Linton (2000), as reported by Roysamb et al., 2003, have found clear link between distress, anxiety, mood, emotions, and the onset of both acute and chronic pain. Studies have also reported a strong relation between SWB and perceived health. "Theoretically, the relation between SWB and perceived health can be partially explained by a top-down perspective (Feist et al., 1995). In this framework SWB represents a general tendency to hold a positive, or not so positive life view, which also influences the perception of different aspects of life such as health" (Roysamb, Tambs & Kjennerud, Neale & Harris, 2003). Tsaousis, Nikolaou, Serdaris &Judge (2006) have reported in their research about studies which shows beneficial influences of SWB on recovery of from diverse set of health conditions, such as stroke (Ostir, Markides, Black, & Goodwin, 2000), CAD diagnosis (Valkamo, Hintikka, Niskanen, & Viinamaki, 2001), and AIDS (Moskowitz, 2003). Similarly, Maier and Smith (1999) have found, as reported by Tsaousis et al., that higher SWB is associated with lower mortality rates.

Although the relationship between subjective well-being and health is well established, several factors have been found to influence or moderate this relationship like genetic factors, personality factors like emotional intelligence, sense of control, etc. one such personality construct which is found to influence the relationship between well-being and health is core self-evaluations (CSE). CSE theory has its origins in the writings of Edith Packer (1985, 1985/1986). Packer (1985) argued that "evaluations of specific situations are affected by more fundamental appraisals and referred to these fundamental appraisals as core evaluations" (Chang, Ferris, Johnson, Rosen & Tan, 2012). But the popular conceptualization of CSE construct was introduced by Judge, Locke, and Durham in 1997. Judge et al. (1997), as reported by Rosopa, Datu, Robertson & Atkinson, 2016, conceptualized CSE as "the basic views that individuals hold about their capability, competence, and sense of worth." Judge et al. defined CSE as "a latent, wide-ranging, higher-order trait represented by four well-known personality variables: (a) self-esteem, an individual's sense of self-worth; (b) generalized self-efficacy, an appraisal of one's ability to perform across situations; (c) neuroticism, a tendency to express negative emotionality and lack of emotional stability of

an individual; and (d) locus of control, the perception that outcomes are contingent upon either personal behavior or external forces" (Rosopa & Schroeder, 2009). According to Judge, Erez, & Bono (1998), as reported by Rosopa, et.al, 2009, these traits represent the "fundamental premises that individuals hold about themselves and their functioning in the world."

Various studies in the past have established the relationship between CSE and aspects of SWB. Konga, Wanga & Zhoab (2013) have reported about researches which have found empirical support for the associations between core self-evaluations and subjective well-being including life satisfaction, positive affect and negative affect (e.g., Judge, Locke, Durham, & Kluger, 1998; Song, Kong, & Jin, 2012; Sun, Wang, & Kong, 2013; Tsaousis, Nikolaou, Serdaris, & Judge, 2007). It is reasonable to believe a relationship between CSE and life satisfaction as when one thinks well about the self it is going to make him/her happier. Tsaousis et al. (2006) have reported the findings of Judge, Thoresen, Pucik, and Welbourne (1999) who found that CSE is related to both forms of affectivity. Tsaousis et al. (2006) also have reported about studies which have found a significant positive correlation between CSE and life satisfaction (Judge et al., 1998; Piccolo et al., 2005).

Studies in various cultures have consistently found a relationship between CSE and life satisfaction. Rosopa et al. have reported several studies in their work which investigated the relationship between CSE and life satisfaction in different cultures. For example, Piccolo et al. (2005) showed that CSE predicted job satisfaction, life satisfaction, and happiness in Japan. CSE has been shown to be predictive of life satisfaction among Chinese participants (Song, Kong & Jin, 2013). Rey and Extremera (2015) also found CSE to be predictive of life satisfaction in Spanish samples. In individualistic societies, past studies have shown that self-esteem consistently predicted happiness (Diener & Diener, 1995; Kwan et al., 1997) and physical health (Uchida et al., 2008) but self-esteem was found to be a less robust determinant of SWB in Asians (Kitayama, Mesquita & Karasawa, 2006; Uchida et al., 2008). Best, Stapledon, and Downey (2005), as reported by Tsaousis et al. (2006), found that CSE has a negative effect on burnout, suggesting the importance of CSE on health functioning.

Purpose

To examine the role of CSE in the relationship between SWB and physical and psychological health functioning.

Hypothesis

1. CSE moderates the relationship between SWB and psychological health i.e. there is a significant interaction among CSE, SWB and psychological health.

2. CSE moderates the relationship between SWB and physical health i.e.

   i. There is a significant interaction among CSE, SWB and general health

   ii. There is a significant interaction among CSE, SWB and physical/ bodily pain.

Method

Participants

The sample of this study consisted of 45 working people from Mumbai, out of which 22 were males and 23 were females. The age range of the participants was 25-45 years.

Measures

1. Core self-evaluations scale (CSES) - This scale was developed by Judge, Erez, Bono, & Thoresen in 2003. It is a 12-item scale which was developed to measure the underlying concept of self-evaluation that is present across the four specific traits. It includes items such as, "I complete tasks successfully", and "Sometimes I feel depressed". Each item is answered on a 5-point Likert type scale ranging from 1 = strongly disagree to 5 = strongly agree. Scores on all the 12 items are summed to get the CSE score. Out of 12 items, 6 items are reverse scored, e.g. "Sometimes when I fail I feel worthless." The estimated internal consistency reliability (alpha coefficient) was 0.83. The scale's test-retest reliability, convergent and discriminant validity have also been reported.

2. Positive and Negative Affective Scale (PANAS) – This scale was developed by Watson, Clark & Tellegen in 1988. It consists of two 10-item mood scales, one with positive affect adjectives and another with negative affect adjectives and was developed to provide brief measures of PA and NA. Respondents are asked to rate the extent to which they have experienced each particular emotion within a specified time period, with reference to a 5-point Likert scale where 1 being 'very slightly or not at all' and 5 being 'very much'. For the current study participants were asked to indicate their

feelings in general without giving them a time frame. Scores for the positive affect items and for negative affect items are summed separately to get individual scores for PA and NA respectively. Alpha reliabilities for the PA and NA scales of 0.80 and 0.75, respectively are reported (Tsaousis et al.).

3.   Satisfaction with Life Scale (SWLS) – It was developed by Diener, Emmons, Larson, & Griffin in 1985. The SWLS consists of 5 statements that are used to assess the participant's global judgment of life satisfaction. It uses a 7-point response format (1=strongly disagree to 7=strongly agree). The scores on the 5 items are summed to get the final score. "Diener et al. (1985) have reported evidence of discriminant and convergent validity for the SWLS, and high internal consistency (Cronbach's alpha=0.87)" (Palmer, Donaldson & Stough, 2001).

4.   SF-36 Health Survey - The SF-36 is an indicator of an individual's over-all health status. The SF-36 has eight scaled scores, namely, vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning and mental health. For the present study only the scales of general health perceptions and bodily pain was used. The scores on each scale are weighted sums of the questions in each section. Lower scores indicate more disability and higher scores indicate less disability. The reported reliability of the SF-36 is 0.80. Estimates of reliability in the physical and mental sections are typically above 0.90.The SF-36 is also well validated.

Procedure

The scales were administered to all the participants by the researcher. Before answering the scales, the participants were briefly informed about the study and allowed to decline to be a participant or withdraw from the study in between if they wish to. The anonymity of the research participants was maintained by not asking any details which will reveal their identity. Before collecting data, the participants were assured that the data is collected only for research purposes. The researcher answered queries of the participants if any while answering the scales. After collecting data, participants were debriefed about the study.

Results and Discussion

The present study investigated the role of CSE in the relationship between SWB and physical and psychological health functioning.

Table 1 – Descriptive statistics and Correlation Matrix of the variables

	Mean	SD	CSE	SWL	PA	NA	General Health	Bodily Pain	Mental Health
CSE	40.533	4.419	1						
SWL	23.067	5.98	-0.08	1					
PA	34.689	7.61	0.44	0.22	1				
NA	22.311	6.61	-0.25	-0.14	-0.22	1			
General Health	21.48	9.04	-0.08	-0.14	-0.38	0.21	1		
Bodily Pain	8.08	2.12	0.16	0.51	0.19	-0.23	0.009	1	
Mental Health	21.73	4.99	0.48	0.07	0.51	-0.28	-0.19	0.24	1

Table 1 presents the inter-correlation matrix and the descriptive statistics of the variables under consideration in the study. The nature of the obtained correlations was not completely in line with the previous research. CSE was negatively correlated with life satisfaction, a result which is contrary to previous findings but CSE had a positive correlation with PA and negative correlation with NA which was expected. CSE had a negative correlation with general health perceptions but positive correlation with bodily pain and psychological/mental health functioning.

In order to test the hypotheses pertaining to the moderating effects of CSE, multiple regression analyses were performed. The results of the regression analyses of CSE, SWB and general health are presented in Table 2.

Table 2 - Multiple Regression analysis examining the moderating effect of core self-evaluations, subjective well-being (satisfaction with life and positive-negative affect) and general health

Variable	General Health				
	R Square	R Sq adjusted	F	Sig	
CSE	0.007	-0.01	0.344	0.56	NS
SWL	0.02	-0.001	0.913	0.34	NS
CSE*SWL	0.03	-0.01	0.673	0.51	NS
PA	0.14	0.12	7.35	0.009	S
CSE*PA	0.15	0.11	3.82	0.02	S
NA	0.04	0.02	2.06	0.15	NS
CSE*NA	0.04	0.001	1.03	0.36	NS

As can be seen from Table 2, when general health (perceived) was considered as a criterion variable, CSE had significant interaction with only the positive affect component of SWB (R sq=0.11, p=0.02), with an insignificant interaction with satisfaction with life (R sq= -0.01) and negative affect (R sq=0.001). This suggests that people who have a greater experience of positive emotions and also view themselves as capable, worthy, that is high in CSE, were likely to perceive themselves as healthy in general. One can

also see from the table 2 that influence of CSE on general perceived health was not significant which suggests that one's evaluations about oneself didn't affect their overall experience of health.

Table 3- Multiple Regression analysis examining the moderating effect of core self-evaluations, subjective well-being (satisfaction with life and positive-negative affect) and bodily pain

Variable	Bodily Pain				
	R Square	R Sq adjusted	F	Sig	
CSE	0.02	0.004	1.19	0.28	NS
SWL	0.26	0.24	15.32	0.0003	S
CSE*SWL	0.30	0.27	9.24	0.0004	S
PA	0.03	0.01	1.74	0.19	NS
CSE*PA	0.04	0.0009	1.01	0.36	NS
NA	0.05	0.03	2.50	0.12	NS
CSE*NA	0.06	0.02	1.50	0.23	NS

As can be seen from Table 3, when experienced bodily pain was considered as a criterion variable, CSE had significant interaction with only satisfaction with life aspect of SWB (R sq=0.27, p=0.0004), with an insignificant interaction with PA (R sq=0.01) and NA (R sq=0.03). This suggests that people who are satisfied with one's life and are high in CSE, are going to experience lesser bodily pain. CSE has an insignificant relationship with bodily pain which suggests that one's experience of physical pain is not influenced by one's core self-evaluations.

Table 4- Multiple Regression analysis examining the moderating effect of core self-evaluations, subjective well-being (satisfaction with life and positive-negative affect) and mental/psychological health

Variable	Mental Health				
	R Square	R Sq adjusted	F	Sig	
CSE	0.23	0.21	13.19	0.0007	S
SWL	0.005	-0.01	0.25	0.61	NS
CSE*SWL	0.24	0.21	6.94	0.002	S
PA	0.26	0.25	15.72	0.0002	S

As can be seen from Table 4, when psychological/mental health was considered as a criterion variable, CSE had a significant interaction with all

components of SWB: satisfaction with life (R sq=0.21, *p*=0.002), PA (R sq= 0.31, *p*=0.0001) and NA (R sq=0.22, *p*=0.001). This suggests that people who are high in their experience of well-being and also high in CSE are going to have a better psychological health functioning.

The obtained results indicates that CSE moderates more strongly the relationship between subjective well-being and psychological health functioning as compared to the relationship with physical health functioning. Past research have demonstrated a clear link between SWB and health functioning (Diener, et. al, 2011; Williams et al., 2002; Pressman et al., 2005; Roysamb et al., 2003; Tsauosis et al., 2006). The result of the present study indicates that the relationship between SWB and health functioning is moderated by the basic views that individuals hold about their capability, competence, and sense of worth (CSE). But the role of CSE as a moderator of this relationship appears to be different for psychological health and physical health.

When one considers psychological health, CSE moderated the relationship between SWB and psychological health significantly across all components of SWB suggesting that satisfaction with one's life, greater experience of positive emotions and reduced experience of negative emotions is important for maintaining psychological health, but the more the individuals evaluate themselves as capable, competent and worthy, the greater and stronger will be this relationship between SWB and psychological health. The obtained findings supported the first research hypothesis. This finding supports the idea that satisfied, positive and happy people are more psychologically healthy and one's self-evaluations add to this psychological health. The finding also emphasizes the fact that amongst other factors, personality is one such variable which influences the relationship between SWB and psychological health.

Two aspects of physical health were under consideration in this research. One was general perceived health and second was bodily/physical pain experienced. For both the aspects, CSE only partially moderated the relationship between SWB and physical health. The obtained findings thus did not support the research hypothesis related to physical health. These results are contrary to previous research findings which have established a relationship between SWB and perceived health except positive affect suggesting that CSE only partially moderate the relationship between SWB and physical health (Feist et al., 1995; Roysamb et al., 2003) and pain experience (Pressman & Cohen, 2005; Howell et al., 2007; Bruehl et al., 1993; Willmarth, 1999; Tang et al., 2008; Roysamb et al., 2003). One of the reasons of this majorly insignificant influence of CSE could be due to the dimensions of health which were taken under consideration in this research.

The current study faced some limitations. One limitation has to definitely do with the nature of the sample used in the study. Since the number of participants was limited to only 45 and were selected using the method of convenience sampling, the generalizability of the results might be questionable.

The results of the study have important implications suggesting that one's sense of self-worth and regard have important consequences on one's experienced happiness, well-being and psychological health. As the study consisted of working people, further research can look at the influence of CSE on work-related health factors and outcomes. As the current study found an insignificant relationship among CSE, SWB and physical health functioning, further research can look at other dimensions of health not considered in this research paper. Further investigations can also be done on whether the four components of CSE have a different influence on one's health functioning. Nevertheless the construct of CSE have an important significance in the process of one's health and well-being.

Acknowledgements

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Challenges in implementation of Life skills Education programme in Schools: Teachers' perspective

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Abstract

Education plays an important role in the holistic development of an individual. School education enables the development of sound personality of the child. Students, especially adolescents are at crossroads due to increased societal pressure, greater complexity, diversity. They face uncertainty about future and in taking up responsibilities of adulthood and to enter the world of work. Adolescents are considered to be productive members of society due to their physical and intellectual capacity. Life skills training can be considered as an essential kind of school health promotion effort. It has been introduced in formal schooling, integrated to varying extent within the pedagogy and content of other subjects and thereby enabling individuals to be self-reliant and effectively handle adverse situations. Life-skills education conceptualizes curriculum not only including knowledge, but also behaviour, attitudes and values. Teachers and stakeholders experience challenges in effective implementation and assessment of life skills education while striving hard to provide maximum benefits to students. This study explores the prevalence of life skills in secondary school students in CBSE schools of Mysore city. The study also identifies innovative practices/ strategies used and challenges experienced by teachers in incorporation of life skills in their classroom transaction. The study also elicits suggestions from teachers for effective implementation of the same. The findings from this study are expected to have implications for re-organising the curriculum, transaction strategies, and inputs for in-service training programmes, thereby contributing to the holistic development of the individual.

Keywords: Life skills education, Challenges, Teachers' perspective

Introduction

Education has a significant role to play in the sound development of each individual. Students, especially adolescents are at crossroads due to increased

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societal pressure, greater complexity, diversity. 'Adolescence' phase is characterized by rapid physiological changes and psycho-social maturation. It is also a phase when young people extend their relationships beyond parents and family and are intensely influenced by peers and outside world. As they cognitively mature, their mental processes become more analytical, and will be able to think abstractly, creatively and with a spirit of adventure. Also, these are the years of experimentation and risk-taking, of giving into negative peer pressure, of taking uninformed decisions on crucial issues. Adolescence is thus, a turning point in one's life, a period of increased potential but also of greater vulnerability. They also do face uncertainty about future and in taking up responsibilities of adulthood and to enter the world of work.

Life skills are understood in various ways. The generic understanding of life skills from the dual angle of personal fulfilment and realization of responsibility includes both empowerment and self-fulfilment and the capacity to be a part of heterogeneous group and strive for common goals. UNICEF has defined life skills as psychosocial and interpersonal skills that are generally considered important. WHO (1999) defined life skills as "the ability for adaptive and positive behaviour that enable individuals to deal effectively with demands & challenges of everyday life". Life skills constitute a continuum of knowledge and aptitudes that are necessary for an individual to function independently. Skills that can be said to be life skills are innumerable and the nature and definition of life skills vary across cultures and settings. The core set of life skills identified by WHO for adolescent health and development concern are decision making, creative thinking, effective communication, self-awareness, coping with emotions, problem-solving, critical thinking, inter-personal relationship skills, empathy and coping with stress.

Life skills education

Life skills based education is being adopted as a means to empower adolescents face challenging situations. Life-skills based education refers to an interactive process of teaching and learning which enables learners to acquire knowledge and to develop attitudes and support the adoption of healthy behaviour. Life skills education believes that early identification of problems, early intervention and support at key moments in lives of young people is vital. Also, it aides in strengthening the survival capacities of individual by providing him an orientation to basic education, major health issues and concerns, social and management skills for community participation.

Need for Life skills education

Students, especially adolescents face not only the expectations or the pres-

sure from parents and teachers to excel in life but also the inability of students to measure up to their own expectations. Research studies pointed out that almost 80 percent of students feel they cannot talk to their parents about personal problems and 40 % suffered from fear of failures (Narayanan, 2012). Successful education programmes require not only healthy and well-nourished students but also motivated students in order to ensure quality basic education for all (Dakar framework for action, 2000). As the present day adolescents are at crossroads due to influence of media, communication and globalization, perception of young people's needs, social-cultural changes all make it crucial for the need of Life skills education. Life-skills based education have significant positive effect on social development and emotional development (Zahra, 2013), creates positive environment for development (Emanuel, 2008), enhances students' achievement motivation, self respect and social adjustment (Mansour, Sepah, 2007), and a positive correlation was noticed between core affective life skills and self-concept of adolescents (Kher & Khosla, 2012). While considering all these benefits of providing life skills education, CBSE introduced Life-skills based education as an integral part of the curriculum of classes VI-X. Subsequently, CBSE also prepared manuals, trained teachers and provided activities for teachers to develop the identified life skills. This forms the basis for the life skills education to employ a participatory and interactive teaching-learning methodologies, in turn indicating the inclusion of new forms of assessment practices to capture attitudinal and behavioural changes in individuals. Teachers and stakeholders experience challenges in effective implementation of life skills education while striving hard to provide maximum benefits to students. In order to identify the effectiveness of Life skills based education, extent of life skills used by learners, challenges faced by teachers in implementation and suggestions by teachers for effective implementation of the same, following objectives were formulated:

Objectives

♦ To identify prevalence of life skills in adolescents

♦ To identify challenges faced by teachers in transaction of life skills

♦ To elicit suggestions for effective transaction of life skills

Research questions

♦ What is the prevalence of life skills in adolescents?

♦ What are the challenges faced by teachers in transaction of life skills to

adolescents?

♦ What are the suggestions for effective implementation of life skills education?

Methodology

Sample

The sample of this study includes 240 secondary class students (boys =138 & girls =102) & 10 teachers of 2 schools (Jawahar Navodaya Vidyalaya & a Private school following CBSE curriculum) of Mysore district. Questionnaires were administered to students. Interviews were conducted with 10 teachers to gather data for the formulated questions.

Tools

1. Life skills' Assessment scale

The scale was developed for students with an objective of assessing life skills among secondary school students. Statements developed were in accordance with 10 core life skills identified. Around 3 statements were developed for each skill. It consists of 30 statements, of which 22 are positive statements and 8 are negative statements, followed by 2 questions. It is a 5-point Likert type scale ranging from Always true of me to Not at all true of me. While allotting scores to the statements, all positive statements were assigned 5,4,3,2,1 to responses of always true of me, very true of me, sometimes true of me, occasionally true of me and not at all true of me respectively. For negative statements the scoring was reversed as 1,2,3,4 and 5 for responses of not at all true of me, occasionally true of me, sometimes true of me, very true of me and not at all true of me respectively. The scores obtained by students were summed up to study the life skills of students. The scores obtained were categorized into 5 groups in the range of 0-30, 31-60, 61-90, 91-120 & 121-150 to find the frequency of students scoring in a particular range. The minimum possible score was 32 and maximum 160.

2. Interview schedule

An unstructured interview schedule is developed and used with teachers to know the teacher practices in transaction of life skills to adolescents, difficulties faced by them during transaction and evaluation and some suggestions for effective implementation of life skills education.

The data obtained was subjected to qualitative and quantitative analysis and the results are as follows:

Results & Discussion

Objective 1: To identify prevalence of life skills in adolescents

The life skills mean score was 113.87 (S.D = 11.53) and the range was 81-145. This shows that adolescents were having moderately good life skills as maximum of them (70.8% in the range of score 91-20 & 26.3% in the range of score 121-160) have scores in this range. Sharma (2003) in a study at Kathmandu also found that 51% of adolescents have life skills at high level. From the table it is evident that the frequency and percentage of life skills scores of adolescents are reasonably good.
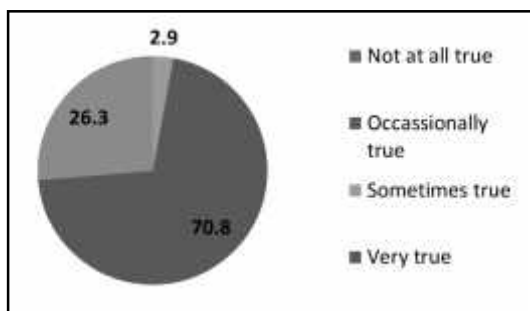
Fig 1: Percentage of Life skills practised by Adolescents

To assess, whether adolescents exercise their rights, a question was asked regarding what they would do if a male teacher takes advantage of girls and the scores indicated that they would make a complaint to school authorities (76.7%), followed by discussing with other girls to find similar experience (9.9%), confronting teacher themselves and ignoring out of fear of teacher (each 4.7%) and keeping quiet out of embarrassment (3.9%). These scores indicate that most of students are aware of rights and are equipped to handle such situations if they occur.
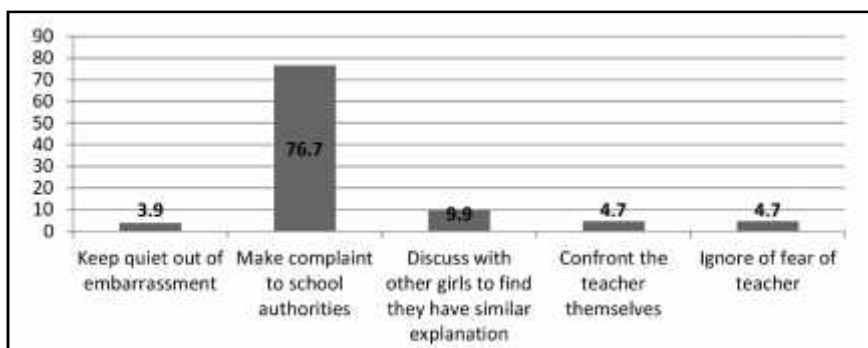
Fig 2: Percentage of student scores for an item on Self-awareness (student rights)

To assess, whether adolescents are responsible, a question was asked regarding what they would do if one of their friends has started smoking secretly and the scores indicated that they would speak to their friend regarding the bad habit (50.6%), followed by complaining the same to friend's parents (23.8%), telling a senior person to speak to friend (13%), followed by avoiding speaking to friend (10.4%) and ignoring the behaviour and keeping quiet(2.2%). These scores indicate that more than half of students are aware of their responsibilities towards their peers in an unfavourable situation.
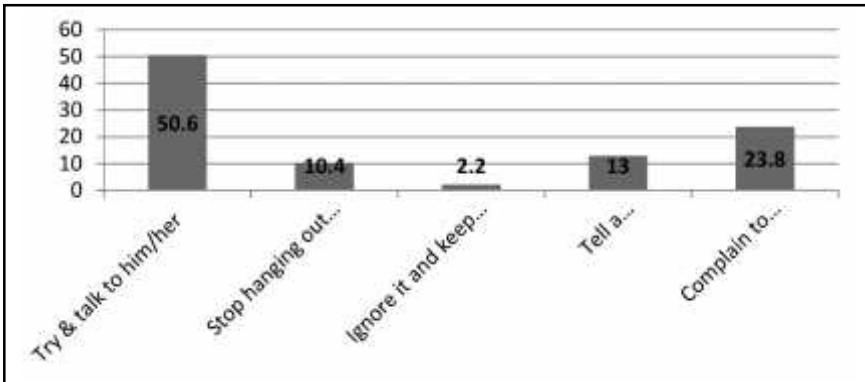
Fig 3: Percentage of student scores for an item on self-awareness (student responsibility)

An attempt was also made to know the strategies used by teachers in transaction of life skills strategies. The consolidation of transactional strategies employed by teachers in transacting life skills are given below.

Skill	Strategy employed
• Effective communication • Problem – solving	Role – play, drama, group activities Situation analysis, Puzzles & since they do their own tasks they learn other tasks too (JNV-TCH – C)
• Empathy, • Decision making • Problem solving	Debates, role plays, Panel discussion, Improvised images By telling stories of great leaders and life history of kings By guidance and counselling(PVT – TCH – D)
• Self – awareness • Creative thinking • Problem – solving • Effective communication	Speak about them. Prepare bio-data, Personal diary Poem writing, Short story, Paragraph writing House leaders are assigned work. Internal problem solving will be done by them and freedom of thinking is given to them to decide what is right/wrong. Teacher – student interaction, Housemaster – ward interaction, interaction among students, and motivates them to speak correctly (JNV –TCH-E)
• Creative thinking • Decision making • Effective communication	Imagination, creating models Problem-solving situations to solve Speaking, Mono-acting , Dramatization , Acting (PVT-TCH-C)

Table 1: Life skills and corresponding transaction strategies

Most of the teachers opined that integration of life skills in regular teaching in classrooms has many advantages for students' development, helps students to develop co-operation and respect for fellow human beings and this cannot be considered as a workload. It is also good initiative that examples and situations to develop life skills are integrated with each lesson in the syllabus. Also, On the contrary, one of the teachers felt teaching life skills is a burdensome task and opines as under:

"I do not believe in teaching values & life skills through languages, through mathematics. It is all meaningless. Life skills are only learnt through observation & they cannot be taught. These life skills education and all is a burden to the teacher"

Objective 2: To identify challenges faced by teachers in transaction of life skills

Most of the teachers did not face difficulties in educating students about life skills and they are even happy to integrate the same in their teaching.

"There is no difficulty and feel happy to integrate life skills. It even helps teachers while teaching", one teacher opined.

One of the teachers opined they face some problem like adolescents getting disturbed resulting in emotional imbalance making it difficult to handle the situation. According to them "*Emotional imbalance, home sickness, lack of maturity can be found during transaction of life skills"*. No teacher found any drawback in regard to implementation of Life skills based education programme.

Objective 3: To elicit suggestions for effective transaction of life skills

Teachers opined that the implementation of life-skills education can be made easy if the following suggestions can be considered:

♦ Since records of various activities are being maintained as a mandate of CCE and has increased the workload, there is no need to maintain records for grading life skills as it is more of developing of life skills and keeping records for the same adds to workload unnecessarily. In schools with residential set-up, teachers opine that weekends & holidays can be used for development of life skills.

♦ Training regarding adolescent education has to be provided to teachers of private schools too. In training, more focus has to be provided on incorporating activities in regular teaching aiming at comprehending the concept and development of life skills.

- Exclusive time allotment has to be made in school time-table for orienting students towards life skills and conducting activities to develop the same.

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Impact of Life Skill Education for Adolescents in School for Promoting Health and Wellbeing

Dr. Bharati Chavan*

Abstract

India is one of the youngest countries in the world as currently we have largest population of adolescents. There is 120 crore individuals in the age group of 10-19 years in the world of which India has 25.32 crore adolescents, with Maharashtra accounting for 2.13 crore of them (Census Report 2011). World Health Organization (W.H.O) has defined life skills as, "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills are essentially those abilities that help promote mental well being and competence in young people as they face the realities of life. By supporting mental well-being and behavioral preparedness, life skills education equips individual to behave in a pro-social way and mentally healthy and balanced living. Consequently, life skills education can be seen as empowering adolescent to take more responsibility for their actions. With this background UNICEF, Mumbai, Maharashtra and Yashwantrao Chavan Academy of Development Administration (YASHADA), Pune, Apex Training Institute of Government of Maharashtra piloted a Life Skill Education programme for Adolescence in School with peer education and community participation model. The programme was piloted in 100 schools of Chandrapur district of Maharashtra in the academic year 2014-15. Researcher was appointed as Consultant for the said project by UNICEF, Maharashtra to facilitate the implementation of the project in Chandrapur district. This paper aims to study the implementation and impact of the peer education model of life skills education programme in promoting the psychosocial development and well-being of adolescents in school.

Keywords

Adolescence, Life Skills Education, Peer Educator, Community Participation.

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Introduction

UNICEF and YASHADA have actively collaborated in Maharashtra over the last decade for taking ahead a multitude of initiatives in the field of decentralization, community participation, welfare of women & children and strengthening of local self-governance for creating a conducive climate for balanced, equitable and sustainable development. Eventually it was envisaged that UNICEF Maharashtra partners with YASHADA to work in the realm of adolescent empowerment.

UNICEF Maharashtra with Barclays Bank and the UK National Committee for UNICEF under the 'Building Younger Futures' initiative, piloted a life skills education programme for adolescent girls since 2009 to 2015 with the aim of providing them with a comprehensive set of life skills, a clear understanding of gender, sex and sexuality as well as their rights and obligations as citizens of the country.

Taking into consideration the success of Deepshikha project it was aimed to take the Deepshikha Life Skills and Empowerment model into schools to both adolescent boys and girls with the following objective.

♦   Develop the self-confidence and make the adolescents able to handle life situations

♦   To enable them to take decisions free of discriminations based on gender, caste, religion and class

♦   To equip them with the knowledge of changes taking place in adolescence phase and develop the skills to handle changes.

♦   To make them aware about the forms of exploitation and rights to protect them against exploitation

♦   To initiate the process of being an aware citizen by encouraging the participation of adolescents in local governance

Methodology

Area of Work

100 schools from tribal, rural and urban areas of Chandrapur district were selected by Education department of Zilla Parishad, Chandrapur for piloting of the project. The students studying in standard 8th and 9th were imparted the life skill education through this programme. Following is the area wise and Management wise data of schools who participated in the study.

Fig. 1 Management and Area wise classification of Schools
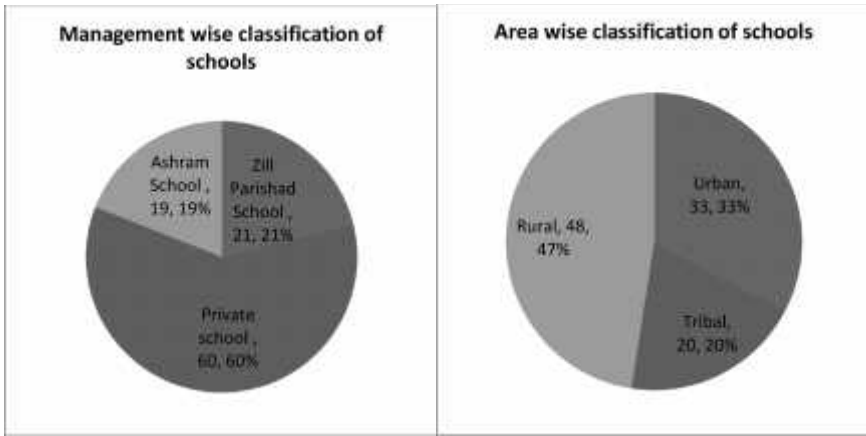
The program reached to 9498 students of 15 blocks in Chandrapur district. The following graph shows the block wise distribution of number of students benefited.

Fig. 2 Block-wise distribution of students
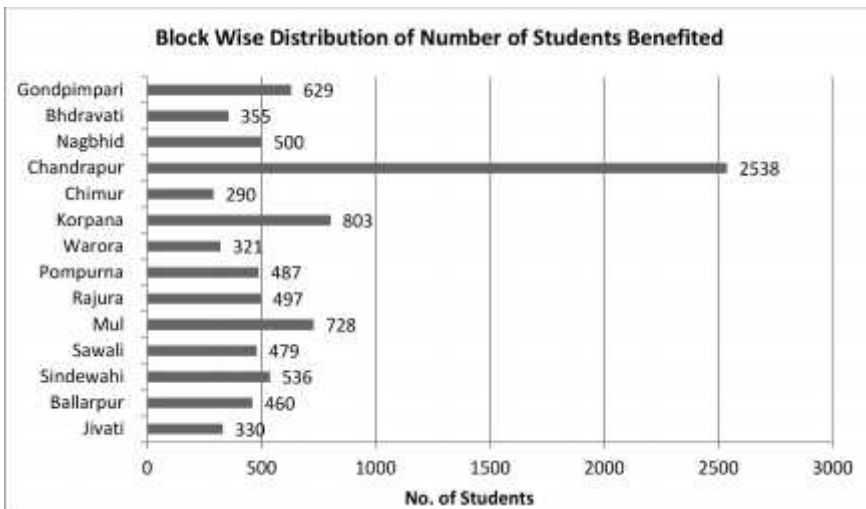
Fig. 3. Locations of Adolescent Life Skills Programme for
Chandrapur District
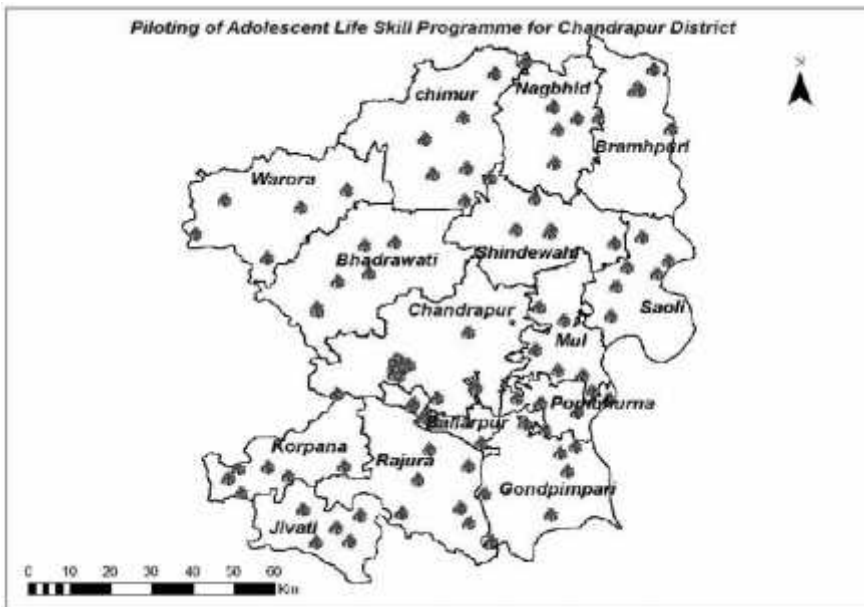
The implementation of project involved the participation and coordination of Education Department, Zilla Parishad, Panchayat Samiti, Schools, Teachers, students, community volunteers (Prerikas) and dedicated personnel of YASHADA and UNICEF, The following chart depicts the flow of responsibility handling and resource pooling for the project.

Fig. 4. Chart showing the participation of various agencies in the programme
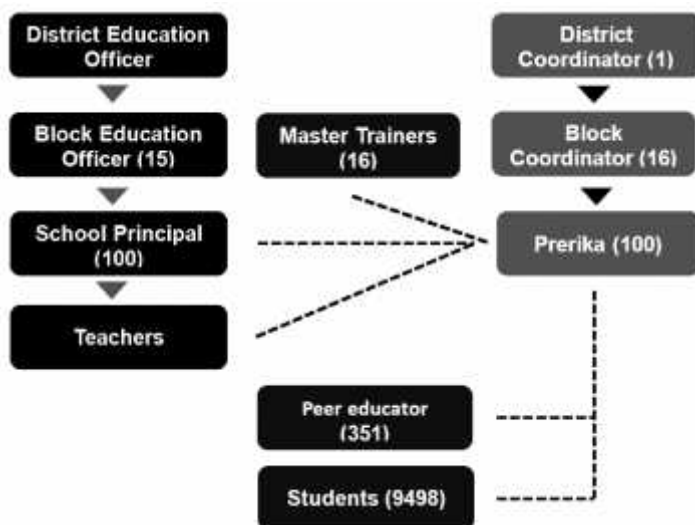
Strategy adopted for implementation of the project

The implementation of project involved action-based planning at the level of state, district, block and schools as follows:

Fig. 5 Role of various agencies at different level
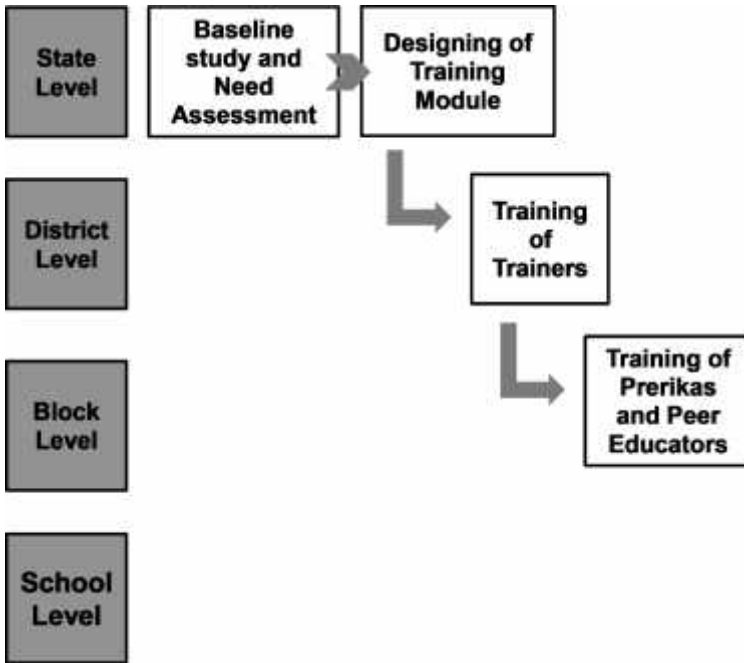
Baseline Study

Baseline study was conducted by YASHADA in selected 20 schools in Chandrapur district for analyzing the need of life skill education for adolescents in schools. Data was collected from students, parents, teachers and other authorities regarding the issues and needs of life skill education.

Designing of Training module:

Based on the findings of baseline study, YASHADA designed a training module in consultation with the experts working in the field of child rights and child development. The programme ensured the involvement of government systems and department especially Department of Education, Department of Health and Zilla Parishad, Chandrapur as one of the stakeholders for sustaining, scale up and replicating the intervention model.

The module consists of 24 sessions as mentioned below. Unlike the tradi-

tional teaching methods, participatory methods such as games, songs, debates, role-plays, group discussions, field visits etc. are incorporated in the module which makes the learning interesting and creative.

The module on life skill education consisted of 24 sessions which imparted skills required for adolescent for handling the day to day situations in life.

Fig. 6 Table showing various Modules in the programme

No	Topic	No	Topic
1	Social Powers and Social Discrimination	13	My relations (Interpersonal relation skills)
2	Know the healthy life practices	14	Cooperation and Team work
3	Mapping of village resources	15	Time Management
4	Resource Analysis and action plan	16	Exploitation, Violence and Harassment
5	Sex and Gender discrimination	17	Sexually transmitted diseases, HIV/AIDS
6	Love and Attraction	18	Emotional Management
7	Adolescence Health, Balanced Diet and De addiction	19	Financial Planning and savings
8	Communication skills	20	Financial Institutions and their services
9	My dream School	21	Family Budgeting
10	My dream village	22	Vocational Skills
11	Body mapping	23	We and media
12	Reproductive health and Menstruation Care	24	Anand Melava (Adolescents Convention)

Peer Education and Community Participation Model

The crux of programme was peer education model and community participation. The selection of peer educators (one girl and one boy from each class) and Prerika (active women in the age group of 18 to 25) was a important task. Peer educators were selected with the help of school authorities and one Prerika for each school was selected by Gram Panchayats where the school was located. The peer educators (677) and Prerikas (100) were trained who in turn conducted sessions in schools for the students of standard 9th and 10th.

Training of Trainers

Training of Trainers i.e. Prerikas and Peer Educators was done at block level by Master trainers of YASHADA, Education Department and Health Department.

The effectiveness of programme is systematically measured by analyzing the responses received from Peer Educators, Prerikas and students by using various tools.

School level Implementation

The Peer Educators conducted the sessions on each topic once in a week for 2 hours. The programme was spread across the academic year. The Prerika played a role of facilitator in conducting the sessions at the level of school and Gram Panchayat.

At the programme was validated by conducting 'Anand Melava'a convention for adolescents which was attended by Gram Panchayat members and staff such as Sarpanch, Gram Sevak and also the block level officers such as BDO, ICDS Officer, PSI, Block Education Officer, Taluka Health Officer and other government representatives. The students presented the activities conducted during the whole year through this life skill education programme and presented the report of needs of children regarding education, health, protection, exploitation etc. in their village based on child rights.

Results

Baseline Data

The data for baseline study was conducted from 600 respondents including students, teachers and parents from 20 schools from 8 blocks of Chandrapur. The data was collected in May 2014 before the commencement of project for assessing the needs of adolescents related to life skills.

Post Intervention Data

In order to assess the impact of Life Skill Education Programme conducted through Peer education model a post Intervention data was collected from 639 students of 40 schools in district. Data was collected in May 2016.

Since this was pilot project it was necessary to test the skills acquired by the adolescents through the programme. For this purpose the data of baseline study is compared with the data of post Intervention. Following are the findings of the comparative study:

The educational and career ambitions of the students:

The number of students who aspire for higher education and better career prospects has increased after attending the sessions on life skills. Following graph depicts the percentage of students who would opt for graduation, post graduation and M.Phil/Ph.D.

Also 34 percent of students say that they aspire to be Engineer and 22 percent students as Police person. This shows that the programme has certainly made students to think about their career prospect.

Fig. 7. Aim of students for education

Educational Aim of Students (%)
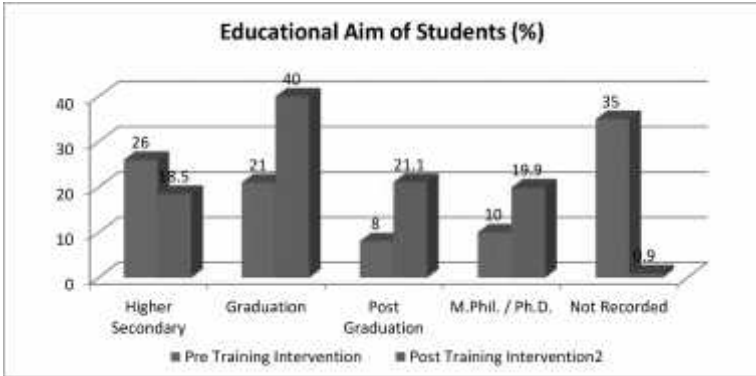
Fig. 8 Results of Career ambitions of students in post-intervention phase

Career Ambitions of the Students in Post Intervention Phase
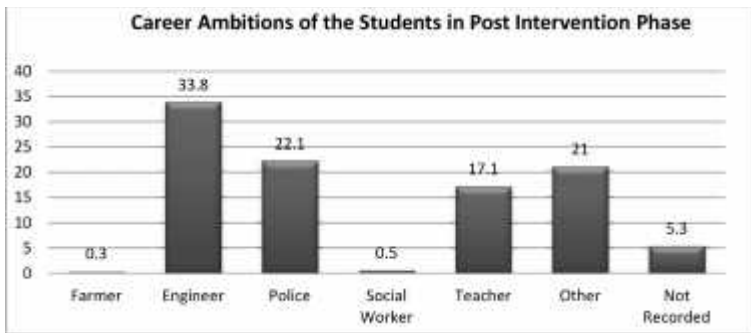
Knowledge regarding the physical changes occurring during Adolescence phase:

It is clear from the table below that the students both boys and girls had very little knowledge about the physical changes occurring during the adolescent age. But the inputs on life skill education has increased their awareness level upto 87 percent in girls and 63 percent in boys.

Fig. 9 Awareness about physical changes in pre-intervention phase

Awareness About Physical Changes Occurring During The Adolescent Age in pre intervention Phase
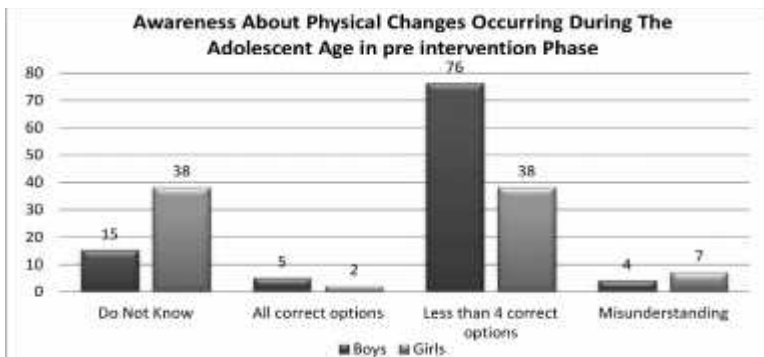
Fig. 10 Awareness on changes at post-intervention phase
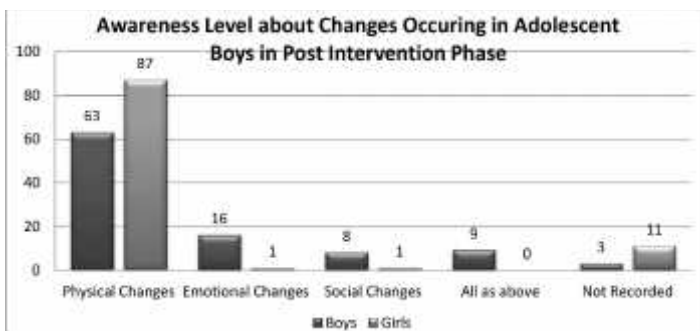
Fig. 11 Awareness of girls at post-intervention phase
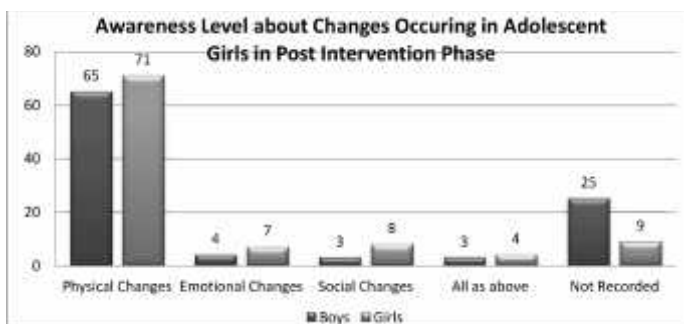
Awareness level of students related to age of Marriage

Before attending life skill education programme 54 percent of boys and 53 percent of girls were aware about the legal age of marriage of boys whilst 65 percent of boys and 76 percent of girls were aware about the legal age of marriage of girls.

After attending the sessions on life skill education it was found that the awareness level of legal age of marriage has increased up to 88 percent in boys and 83 percent in girls.

Fig. 12 Awareness about legal age of marriage at pre-intervention phase

Fig.13 Awareness about legal age of marriage in post-intervention phase

Fig.13 Awareness about legal age of marriage in post-intervention phase

Knowledge about the HIV/AIDS

The sessions on life skill included the inputs related to HIV/AIDS, its modes of transmission and the discrimination against HIV infected and affected person in society. It is found that before attending the sessions on life skill only 0.33 percent of the students were aware about HIV, 36 percent of students had misconception about HIV and 24 percent of students had never heard about HIV/AIDS. After the life skill education programme, majority of the students gained knowledge about all routes of transmission.

Also majority of students 89 percent of students said that there should not be discrimination against HIV infected or affected person and they too should have equal rights.

Fig. 14 Knowledge about HIV in pre-intervention phase

Fig. 14 Knowledge about HIV in pre-intervention phase
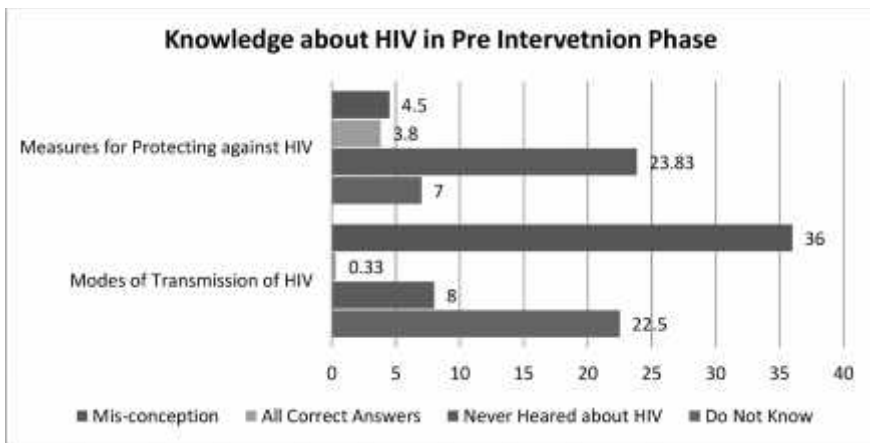
Fig. 15 Awareness on modes of transmission on HIV
in post-intervention phase
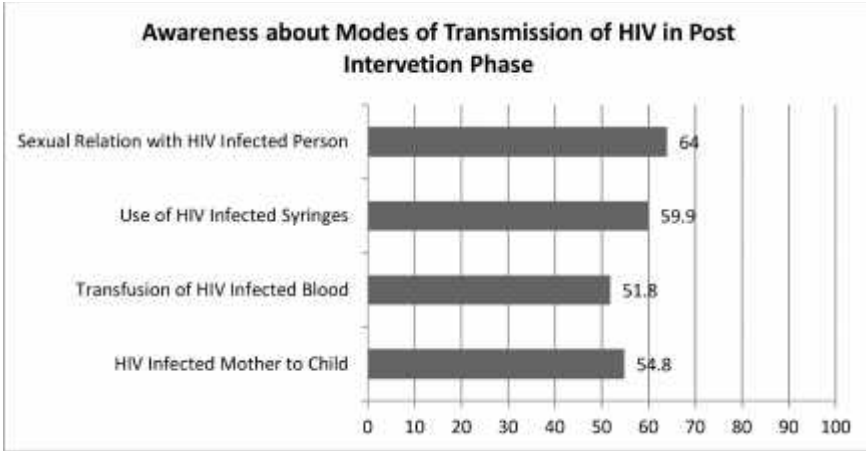
Fig. 16 Equal treatment towards HIV infected
person in post-intervention phase

Fig. 16 Equal treatment towards HIV infected
person in post-intervention phase
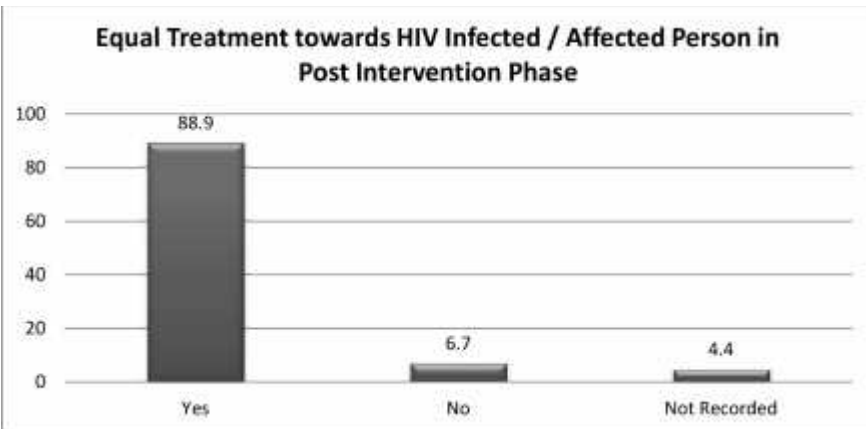
Knowledge about Child Rights

Incidences such as child labour, school drop outs and child marriages are violation of child rights.

It was found that before the life skill education programme only 31 percent of students were aware that child labour is violation of child rights, 39 per-cent were aware that school dropout is violation of child rights and 47 per-cent of students were aware that early marriage is violation of child rights.

It is clear from the fig.17 that the inputs on child rights through life skill education programme have increased the level of awareness about the child rights. Now, 77 percent of students know about child labour, 70 per-

cent of students about school dropout and 66 percent of students about early marriage say that it is violation of their rights.

Fig. 17 Awareness about child rights abuse

Other significant impact occurred amongst adolescents due to life skill education programme

It was found that the life skill education programme developed the sense of self confidence and presentation skills. Students have started questioning the government and elected authority about their violation of rights and protection. This shows that they are now aware and empowered. They started taking care of their school property and maintained its cleanliness regularly. There was a sense reservation amongst boys and girls. Earlier they used to never sit together and play together but now they started interacting in healthy way and the discrimination has minimized. Now girls are more aware about the care and cleanliness during menstruation. Also there are cases where boys have quitted from addiction such as tobacco and cigars.

It was found that there was increase in knowledge and sensitivity towards issues related to rights, types of harassments, discrimination against women, power structure and services from the government after receiving the training.

School authority has reported that there is improvement in academic performance and discipline amongst the students.

This process has lead to formation of *Bal Panchayat* in some of the villages leading to *Bal Sabha* (Children Assembly) where the children do audit of child rights and protection and present it to the authorities. This has made one of the major agenda in Mahila sabha and Gram Sabha leading to Child Friendly Panchayats.

Conclusions

Life skill education for adolescents in school is a novel promotional programme conducted by peer educators of the same age group through participatory learning methods. It is unlike a traditional method of teaching in schools by adult teachers in authoritative roles. Adolescent age group is influenced by peers and peer pressures. It is a period of transition where an individual experiences physiological and emotional changes. They are more comfortable to share their problems and seek solutions from their peer instead of person in authority such as parents or teachers. Conceptual understanding and practicing of the skills occurs through experiential learning in a non-threatening setting through intervention of peers. Such initiatives provide the adolescent with a wide range of alternative and creative ways of solving problems. Repeated practicing of these skills leads to a certain mastery and application of such skills to real life situation and gain control over the situation. This programme empowers the adolescent to choose the appropriate values and behavior which are ingredients of positive mental health well being. This model of Life skill education based on peer education model was planned to be experiential, participatory and activity based for the students. The programme has revealed significant impact of life skills training as a promotional programme, which empowers and improves the psycho social skills of adolescents.

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Development of Coping Skills of Pre-service Teachers through Life Skills Training Programme

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Abstract

Fast changes in all spheres of life pose unprecedented challenges for individuals and societies. Coping skills adopted by individuals to face these challenges play a key role in their psychological wellbeing. Teachers' stress and wellbeing have a direct impact on students' learning (Briner & Dewberry, 2007). Hence, teachers need to be trained for the development of coping skills. The aim of the present study was to assess the development of coping skills of pre-service teachers, pursuing the B.Ed. course through a life skills training programme, developed and validated by the researcher. Two sub skills in the domain of coping skills, viz; coping with emotions (grief, loss, anxiety, abuse and trauma) and anger management were studied. These subskills were assessed by administering the life skills scale constructed and validated by the researcher. The reliability and validity of the tool was established. The sample was 249 male and female pre-service teachers pursuing the B.Ed. course in colleges affiliated to Mumbai University. Pre-test and post-test results were compared to analyze the development of life skills. The data was analyzed using descriptive and inferential statistics to determine the development of sub skills in the domains of coping skills. The findings and implications are discussed.

Keywords

Life Skills, Pre-service teachers, Coping skills, Teacher education, Wellbeing.

Introduction

Education is about giving people the opportunity to develop their potential, their personality and their strengths. In the present times, far reaching changes in all spheres of life pose unprecedented challenges for individuals and societies. Education aims to empower individuals to meet these challenges of an increasingly interdependent and complex world.

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For education to achieve its aims, key competencies critical to individual and societal well-being need to be identified. Globalization, urbanization, and subsequent migration assault traditional social systems such as marriage, family, gender roles, religious and social institutions. A rethinking of competencies to be developed through education is required, to find and hone skill sets help the individual adapt, develop flexibility and innovate to contribute productively to the society. Thus, the focus of education has shifted from equipping the individual with the basic skills of reading, writing, numeracy and computer skills to skills for living a successful life and contributing to a peaceful, cohesive world.

Coping effectively with these changes, needs knowledge about oneself and one's environment, attitudes to make the best of one's abilities, and one's resources and skill sets which help one to do so. These skills are broadly termed as life skills. Teachers play a crucial role in developing these skill sets in their students.

This requires a new set of competencies for teachers themselves, which may be demonstrated, imitated, practiced by their students for leading a successful life. These changing conditions signal a need for shift in emphasis in teacher education programmes from training teachers in pedagogical skills to training teachers in developing the knowledge, attitudes and skills critical for individual and social development.

Concept of Life Skills

Since life skills cover multiple content areas, they have been defined in various ways. WHO (2003) defines life skills as a group of cognitive, personal and inter-personal skills that enhance abilities to manage challenges and risks, maximize opportunities, and solve problems in cooperative, non-violent ways. Life skills as skills are applicable towards personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive for health.

Department of Mental Health, WHO (1999) identified five basic areas of life skills that are relevant across cultures. They are: decision-making and problem-solving, creative thinking and critical thinking, communication and interpersonal skills, self-awareness and empathy and coping with emotions and coping with stress. The present study is in the area of the skills for coping with emotions.

Need of the study

Teachers face an onslaught of emotions during the course of their work. It

is crucial for teachers to manage their emotions for two reasons. Firstly, teacher emotions have a great impact on the teacher student relationship which in turn is the key factor in effective learning. Secondly, teachers are role models for their students, and effective emotional management can be learnt by students, if the teachers practice the same.

In the Indian context, teachers are overburdened with a vast syllabus, overcrowded and highly heterogeneous classes, and administrative duties. In the present times, the students are digital learners, accustomed to ever changing stimuli, and easy access to vast information. Teachers need to be on their toes to ensure that their learners are effectively engaged in the school classroom. The government policies regarding curriculum transaction, as well as evaluation change frequently and the teachers are expected to cope with this change in a very short period of time, without adequate training. Teachers have to also deal with parents, superiors and peers in academic and administrative matters. Balancing work and personal life is also a challenge for many. Thus, teachers need to face multiple challenges, and might experience intense emotions in the process.

Pre-service teacher education aims to equip student teachers with the skills needed in the course of their teaching career. Empowered with the skills of coping with emotions, teachers can attain personal as well as professional excellence and model the same for their students. This necessitates the need to develop a life skills training programme in coping with emotions for pre-service teachers.

Coping with emotions

Coping skills are the skills to execute the appropriate response required to manage a perceived threat in the environment. Snyder & Dinoff (1999) noted that the concept of coping has its origins in the conceptualization of defense mechanisms by Freud.

Lazarus (1993) refers to coping as a process - a person's ongoing efforts in thought and action to manage specific demands appraised as taxing or overwhelming. Though emotion and stress have been extensively studied as separate concepts, Lazarus asserts that the concept of emotion includes the concept of stress. He points out that both emotion and stress can be explained by the appraisal and coping theory.

In his cognitive-motivational-relational theory, Lazarus observes that emotions are always a response to the cognitive interpretation by a person of the situation in relation to the achievement of goals which motivate the person.

An emotion is aroused through the interaction of the environmental demands and the unique personality variables of the individual. The process of appraisal negotiates and integrates the personality characteristics and the environmental demands.

Coping may be either problem focused or emotion focused. In problem focused coping, the person acts on trying to change the reality of the person-environment relationship. Emotion focused coping is aimed at regulating emotions tied to the stressful situation. Since cognitive appraisals are fundamental to the management of both, emotions and stress, strategies to cognitively appraise situations in ways which are self-helping, leads to effective management of emotions and stress. This is the principle on which the cognitive behavioral school of counseling approaches like Rational Emotive Behavior Therapy (REBT) is based. Hence, REBT techniques were selected for the modules dealing with managing emotions and stress.

The component life skills for coping with emotions were adapted from the categories of life skills for skills based health education given by WHO and their definitions are adopted for the study.

Operational Definitions for skill for coping with emotions

1.   Anger management: The skill of dealing with and reducing triggers, degrees, and effects of an angered emotional state.

2.   Coping with difficult emotions (grief, loss, abuse, trauma): The skill of *constantly changing cognitive and behavioral efforts to manage specific external and /or internal demands that occur due to experiencing* grief, anxiety, loss, abuse and trauma

Methodology:

Experimental method was adopted for the study. To ward off the impact of this intervening variable, Pretest-Posttest Nonequivalent Groups design was preferred to single group pre-post design. The researcher adopted stratified random sampling technique for selecting the sample. The final sample comprised of 249 male and female student teachers in two aided and two unaided colleges in the suburban area of Mumbai. The age range of the participants was from 22 years to 43 years.

Tools of research

A Life Skills Assessment Scale was constructed by the researcher. It was a Likert Type five point rating scale. Each skill was measured through 10 items. The scale was validated by experts. The Test Retest reliability was

0.8, while the internal consistency was 0.84.

Data Analysis

In the present study, the scores of the participants on LSAS were used for statistical analysis. SPSS (Statistical Package for Social Sciences) version 19 was used for statistical analysis. Online statistical software available on vassarstats.net was used for cross checking the analysis.

Results and findings

The following null hypothesis was tested:

H_0: There is no significant difference in the development of skill of coping with emotions of B.Ed. students trained using the 'Skills for Life' training programme and those not trained using it.

Since the two groups are not equivalent on the pre-test scores, ANCOVA was used to equalize group differences on pre-test in an attempt to estimate differences on the post-test scores that removes differences due to the pre-test scores.

The assumptions of ANCOVA viz. homogeneity of variance and homogeneity of regression were tested.

Source of variation	SS	Df	Mean squares	F
Among means	2224.55	1	2224.551	37.632
Within groups	14541.8	246	59.113	
TOTAL	1199695	249		

The test showed that the difference in coping LS scores between the CG ($N = 148, M = 66.26, SD = 7.239$), and the EG ($N = 101, M = 72.79, SD = 9.078$) was statistically significant, $F (1, 246) = 37.632$, p <0.01. Hence, the null hypothesis is rejected, and there is a significant difference in the post-test coping LS scores of the two groups when the difference in the pre-test LS scores has been controlled. Hence, the 'Skills for Life' programme was effective in increasing the level of coping skills of EG after being exposed to the programme.

Analysis of the component skills

The following null hypotheses were tested using ANCOVA:

H_0-1: There is no significant difference in the development of skill of anger

management of B.Ed. students trained using the 'Skills for Life' training programme and those not trained using it.

H$_o$-2: There is no significant difference in the development of skill of coping with grief, anxiety, loss, abuse, trauma of B.Ed. students trained using the 'Skills for Life' training programme and not trained using it.

Table no 2 ANCOVA of post-test scores of coping component life skills

Component Life Skills	Source of variation	SS	df	Mean squares	F
AM	Among means	420.751	1	420.751	16.741
	Within groups	6182.87	246	25.134	
	TOTAL	311458	249		
CE	Among means	916.195	1	916.195	27.287
	Within groups	8259.86	246	33.577	
	TOTAL	296735	249		

There is a significant difference in the post-test AM and CE scores of the two groups when the difference in the pre-test scores has been controlled. Hence, the 'Skills for Life' programme was effective in increasing the level of coping component life skills of EG after being exposed to the skills for life programme.

Qualitative Analysis

Qualitative data was collected and analyzed regarding various aspects of the study. Analysis of the responses of the expectations of the participants from the programme revealed that anger management, coping with emotions, time management and positive thinking were the skills that were most frequently expressed as expectations from the programme.

The need to manage anger was felt by almost all the participants. While a few expressed the need to manage anger "to reduce stress" for self, some wanted to learn about anger management to avoid inappropriate venting out on close people.

The need for coping with difficult emotions was expressed as wanting to manage one's own emotions for majority of the participants, while a few expressed the need to learn management of "emotionally charged situations". No participant expressed the need to specifically manage grief, loss, trauma or abuse.

Regarding the learning outcomes from the programme, the participants expressed developing the skills of anger management in the programme through statements like "I learnt to analyze the reasons behind my frustrations and anger" and "I learnt to express my anger in a proper way". Thus the participants learnt identification of anger triggers as well as the skills to convey anger in a constructive manner.

The skills of coping with emotions and stress were also developed by the participants. They reported a feeling of calmness, ability to consciously change thoughts to feel positive emotions and the ability to understand and deal with negative emotions without resorting to negative behaviors. This was reflected through statements like, "I have learnt that I can make myself happy" and "What others say does not affect me now, because I do not take it personally." The participants indicated that they had learnt to use cognitive strategies for coping with emotions; this may be due to the modules on REBT for handling emotions.

Regarding their reflections on the individual sessions in the programme, most of the participants expressed that the session on anger management helped them understand their own anger and that the role plays were effective in practicing anger management strategies. A participant reported that, "I used to be angry all the time, but now small things do not make me angry." A few participants expressed that they learnt to communicate their feelings of anger constructively. A participant shared, "I can now convey my anger, without venting it out on my family."

Thus, an analysis of the reflections of the participants regarding module activities revealed that the participants not only found these activities relevant but also reported using them to build their skills. Participants also expressed attitudinal changes towards others, "I learnt to accept people as they are" and life, "It's my outlook towards life that matters". Some participants also used these skills to help others, which is reflected in statements like, "I feel more confident to handle emotional situations, not only for myself, but also to help my friends and family members" and "Every day I share my learning with my mother and sister, because I want them also to learn these skills."

Implications

The findings of the present study suggest that life skills training programmes aimed at developing the competencies to cope with emotions and pre-service teachers can be trained to manage their emotions effectively.

The study involved training in the sub-skills of anger management and coping with difficult emotions (grief, loss, anxiety, abuse and trauma). A comparison of the scores in these sub-skills reveals that the programme was more effective for managing difficult emotions than managing anger. This is a significant finding, since in their expectations from the programme; the participants had not specifically mentioned the need to manage these difficult emotions. This may be because in the Indian context, there is a tendency to distract one-self from difficult emotions and not deal with them. Most participants faced difficult emotions in close relationships. Anger, on the other hand was directed at self as well as others. Thus, dealing with anger may need the participants to reflect on and deal with long standing personal issues. Since anger management is a crucial skill for teachers, this underlines the need to provide more intensive training in anger management.

Student emotions have been shown to be linked to teacher emotions (Meyer & Turner, 2006). Greenleaf (2002) observed that emotions serve as powerful tools for enhancing or inhibiting learning. Linnenbrink and Pintrich (2002) acknowledged, for example, that negative teacher emotions contribute to negative student emotions and lessen the probability that students will use cognitive strategies for deeper, more elaborate processing of information. Furthermore, it has been argued that emotions also shape cognition (Mesquita, Frijda & Scherer, 1997).

Teachers experience negative emotions more often than positive ones (Emmer, 1994). When asked to assess the outcomes of their own teaching, teachers referred to feelings of inadequacy and failure, together with anger towards their students (Lortie, 1975). Stress and poor emotion management continue to rank as the main reasons why teachers leave the profession. These deep connections between emotions and learning, together with the inter-relationship between student and teacher emotions, further illustrate the need to train teachers to cope with emotions.

Conclusion

Teacher emotion serves the functions of facilitating effective classroom interaction, motivating student engagement in learning and job satisfaction through appropriate emotional regulation (Fried, et al., 2015).The findings of the present study suggest that the participants showed enhancement in their life skills of coping with emotions after undergoing the intervention in the form of the life skills training programme. The narratives indicate that the module activities had an impact due to the experiential modality used, as

well as the opportunity provided for reflection and practice of the skills. These training modules could be integrated into pre-service teacher education programmes to empower teachers with the skills to regulate their emotions.

 The emotional climate of the classroom determines the quality of learning. Ensuring quality education for all is one of the goals included in the Sustainable Development Goals 2030. Hence, integration of life skills training for coping with emotions for teachers could be a way forward to achievement of this goal.

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Adolescence and Risky Behaviours

Dr. Janet Fernandes e de Souza*

Abstract

Adolescence is a period which can be the most volatile and difficult stretch of life. The landscape of these years is dotted with emotional peaks and valleys whose heights and depths may never be matched in later life. Risk taking refers to the tendency to engage in behaviours that have the potential to be harmful and dangerous. The present study aims to identify different kinds of risk taking behaviours among adolescents, make gender comparisons on risky behaviours and find reasons for risky engagement. The respondents for the study consist of 200 college students selected using convenient sampling from 3 colleges in Goa, 100 males and 100 females. The study involves a survey approach in which data is collected using a self-report risky behaviour questionnaire. The data collected focuses on five categories of risky behaviours, namely; substance use and abuse, unsafe sexual activity, risky online behaviours, night-life and body art and others. The results indicates an alarming percentage of adolescents involved in harmful, unsafe and unhealthy behaviours which posit the fact that need-based educational programmes should be made mandatory for adolescents in schools and colleges focusing on awareness, situational effects, short term and long term consequences on health and wellbeing and peer culture interspersed with a preventive focus on teaching skills to meet challenges, exercise of self-control, establish meaningful goals for life, learn the importance of choice and maintain healthy relationships. Such programmes would create a potential for raising healthy adolescents.

Keywords: Adolescence, risky behaviours, multi-level approach

Introduction

Adolescence is defined as a period of transition between childhood and adulthood. Concepts like 'period of storm and stress' and 'identity crisis' are used to denote this group of population. The landscape of these years is dotted with emotional peaks and valleys whose heights and depths may never be matched in later life. Adolescents are traversed in traditional soci-

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eties but buffeted and bewildered in modern technological cultures marked by rapid change. Apart from the natural puberty stresses, they have to bear the additional burden of strong tradition and familial authority. Adolescent developmental tasks include challenges of identity, autonomy, sexuality, academic functioning, and peer relationships. Research studies have consistently reported that in comparison to other life periods, the adolescent years are characterised by heightened potential for recklessness, thrill –seeking, rebellious, antisocial and risky behaviours (Arnett, 1992). Adolescents have a special thirst for new experiences. They experiment with new activities, test their limits, explore new skills and are adventurous. Research in neuroscience has proposed that the teenage brain is more open to ideas and makes them more likely to experiment and take risks. They show a greater tolerance to uncertainty and ambiguity- unknown risks. They have a different style of information processing where they get lost in the details about specific risks and overly focused on possible rewards, while ignoring the ultimate consequences. What is it about risky behaviours that lure the adolescents, against all reasons? It's the way they make them feel- intense, powerfully appealing feelings that are collectively called as the 'ABCDE' experience: aliveness, belonging, care, depth & ease. The more the activity induces these feelings, the more drawn to it the adolescents will be.

Research on the evolution of general risk attitudes over the life span have focused on factors such as decision making, emotional development, neurological and biochemical development, and social factors, all of which influence the likelihood of engaging in risky behaviours (Boyer,2006) but the contribution of each factor changes as a function of age, with a pronounced effect of social and emotional factors on adolescents (Somerville et al,2010; Steinberg,2008; Casey et al,2008; Gardner et al,2005; Figner et al,2009). A social neuroscience perspective on adolescent risk-taking state that risk taking increases between childhood and adolescents as a result of changes around the time of puberty in the brain's socio-emotional system leading to increased reward- seeking, especially in the presence of peers, fuelled mainly by a dramatic remodelling of the brain's dopominergic system. Risk- taking declines between adolescence and adulthood because of the changes in the brain's cognitive control system which improves individual's capacity for self-regulation (Steinberg, 2008).

Prevalence of risky behaviours among adolescents remains high, and there has been no decline in adolescents' risk behaviours in several years (Centers for Disease Control and Prevention, 2006). Adolescents and young adults are more likely than adults over 25 to binge drink, smoke cigarettes, have

casual sex partners, engage in violent and other criminal behaviour, and have fatal or serious automobile accidents, the majority of which are caused by risky driving or driving under the influence of alcohol. Public health experts agree that reducing the rate risk-taking by young people would make a substantial improvement in the overall well-being of the population (Steinberg, 2004).

Studies have shown that adolescents are no worse than adults in perceiving risk or estimating their vulnerability to it (Reyna & Farley,2006; Steinberg,2004) and the adolescents greater involvement in risk-taking does not stem from ignorance, irrationality, delusions of invulnerability, or faulty calculations (Reyna & Farley, 2006). These findings raise important questions for both scientists and practitioners about the factors that may contribute to age differences in risky behaviour and the changes between adolescence and adulthood that might account for these differences. Some researchers argue that the factors that lead adolescents to engage in risky activities are social and emotional, not cognitive and therefore efforts to prevent or minimise risk –taking should focus on changing the context in which risky activity takes place rather than attempting to change what adolescents know and the way they think.

Many factors moderate and modulate the translation of sensation seeking into risky behaviour, including maturational timing (i.e., with early maturers at greater risk), opportunities to engage in antisocial risk-taking (e.g., the degree to which adolescents' behaviour is monitored by parents and other adults, the availability of alcohol and drugs, and so forth), and temperamental predispositions that may amplify or attenuate tendencies to engage in potentially dangerous activities. Individuals who are behaviourally inhibited by nature, prone to high levels of anxiety, or especially fearful would be expected to shy away from harmful activities (Steinberg, 2004).

The present study seeks to identify risky behaviours among college students, explore reasons for engaging in risky activities, determine gender differences if any and provide suggestions on the need to strengthen healthy relationships among adolescents to create healthy societies.

Objectives

1. To identify risk taking behaviours among college students
2. To assess reasons for engagement in risky behaviours
3. To investigate gender difference in risk taking behaviours
4. To suggest need based interventions for sustainable living

Methodology

Participants

The sample of the study consists of 200 college going adolescents, 100 males and 100 female students, in the age range of 15 – 20 years, selected through convenient sampling from three undergraduate colleges in Goa.

Tools used

The Risky Behaviour Questionnaire was used to collect information for the study. The questionnaire focuses on 5 risky behaviours: substance use and abuse -smoking, drug, alcohol, risky sexual activity, risky online behaviours, nightlife and related activities and other risky activities. Each of the 5 risky behaviours selected for the study had items relating to engagement, frequency, location, alone/group, possible reasons and the experience. The questionnaire was developed by the author with the help of the Adolescent Risk-Taking Questionnaire developed by Gurlone et al (2000).

Design

This is an exploratory study using the survey method to collect relevant information for the study. The researcher administered the questionnaire to the selected students in the classroom. The purpose of the study was explained to the students and the students were encouraged to give honest responses. The responses were analysed quantitatively and qualitatively to obtain results.

Results & Discussion

Involvement in Risky behaviours

Table1 Involvement in Risky behaviours

substance abuse drugs, alcohol & smoking	sexual activity	risky online behaviours	night life activities	other risky behaviours
81%	45 %	89%	66%	38%

The table 1 indicates the percentage of college students involved in the risky behaviours selected in the study. It is interesting to note that engagement in risky online behaviours showed a higher percentage followed by substance abuse, nightlife activities, sexual activity and other risky behaviours. All the participants of the study are active on social networking sites and a large percentage (89%) engage in risky behaviours such as creation of fake/dummy accounts, porn video sharing, hacking & phishing of mail privacy, posting

false profiles, revealing personal details n private information, sharing email IDS, virtual friend circles, sexting, cyber bullying and victimization, aggressive gaming, watching X- rated content, vulgar posts and modifying profile pictures. 80 % of the sample admitted watching or downloading sex videos. The college students spend on an average 6 hours online every day. Their parents are not aware of their engagement in such behaviours and nor do they want their parents to know about it. 75% felt that online activities have affected their life negatively – some have become addicts of porn sites, online gaming, online chats, and 15 students were booked under cyber crime laws. Students also reported lack of sleep and missing college due to long hours of online social networking engagement.

81% of students were involved in substance use, with a higher number involved in alcohol consumption and smoking and a few with drugs. They started off as social drinkers, reported getting into trouble due to drinking, some boys engaged in binge drinking, got into fights, some became habitual drinkers, missed college and often hangout with a heavy drinking crowd. 30 % tried to quit drinking and smoking but failed. Male students started drinking and smoking at the age of 16 years and girls at the age of 17 years. Students reported having missed class due to over drinking, lower academic grades, sexual assaults, memory blackouts and road accidents due to drunken driving. Parents were unaware of their drinking or smoking habits. Students reported being involved in drug delivery and drug use.

Night life activities engagement percentage was 66%. It involves visiting disco pubs, nude parties, night clubs, rave parties, funky house nights, trance nights etc. where in the students reported drinking alcohol, smoking, and illegal drug use to the extent of losing consciousness and not remembering the events of the previous night. Few instances of sexual use/abuse and rape were reported by some participants of the study.

Risky sexual activity like sexual intercourse before legal age, oral and anal sex, multiple sexual partners, violence in dating, rape, one night stands, homosexual encounters, and some reported being peeping toms and displaying sexually deviant behaviours like fetishism and voyeurism. There are students who are sexually active at an early age of 15 years. Girls and boys reported experiences of forced /unprotected sexual intercourse leading to unwanted pregnancy, abortion and sexually transmitted diseases at an early age of 18 years.

Involvement in other risky behaviours like rash driving, road rage, unsafe road habits, tattooing and piercing, suicidal thoughts, attempts to suicide,

antisocial activities like fights causing physical harm through use of force or weapon and destruction of property through gangs, stealing, shoplifting was found to be 38%. Students reported stealing things like mobiles, cash, 30% reported suicidal tendencies, 28 students reported attempts to suicide by consuming poison or cutting wrist veins. 15 students reported serious body injuries due to rash driving and 90 students reported having been made to pay a penalty fee for breaking traffic rules and regulations.

It is not surprising to note the large percentage of young people involved in various kinds of risky behaviours. The Goan culture being relatively a free culture provides easy opportunities for young people to engage in such risky activities even without the knowledge of parents. It is a matter of serious concern to our Goan society and our nation at large because involvement in risky activities calls for public health issues and public safety.

Gender differences on risky behaviours

Table 2 Gender differences on risky behaviours

Gender	substance abuse drugs, alcohol & smoking	sexual activity	risky online behaviours	night life activities	other risky behaviours
Males	74 %	83 %	91%	40%	70%
Females	44%	54%	69%	25%	14%

Table 2 indicates gender differences on the risky behaviour as observed in the sample chosen for the present study. Male students are found to engage in the five selected risky behaviours at a higher percentage than girl students. Also the frequency of engagement in such behaviours was higher for male students as compared to female students. Consideration of specific behaviour showed that female students reported a greater frequency of suicidal thoughts and attempts to suicide. Agarwal (2005) analysed adolescent risk taking behaviours in India with the help of a large scale survey and found that females are far behind in risk taking behaviours as compared to male adolescents. This difference may be attributed to the socialization culture in India where boys are given more freedom and are less restricted as compared to girls who are socialized towards family obligations and family oriented values and behaviours. A gender biased perception was also reported by participants where it is stated that it was okay for boys to indulge in risky activities and it was accepted as a part of them growing up and making mistakes. But a biased perception of 'gone case', loose character', bad girl was stamped on girls which threatened their self esteem and self image in the eyes of the social world.

Possible reasons for engagement in risky behaviours:

The various reasons cited for engagement in risky behaviours were: Peer pressure, belongingness/socialization, and emotional distress were strongly reported as possible reasons for engaging in risky activities. Most of the risky behaviours occurred in groups and the strong psychological need of attachment to peers, for an adolescent, makes the adolescents engage in behaviours that he/she would not engage in otherwise. Emotional distress arising out of broken relationships and family disputes as well as frustration arising from failure to achieve goals or targets were considered as reasons to engage in risky behaviours of drinking, smoking and drugs and find possible avenues for temporary relief from stress. Some reported drinking as a way of showing defiance to authority and asserting a sense of independence. Poor family background, lack of parental monitoring, antisocial neighbourhood, staying alone with both parents abroad, parents engagement in risky behaviours, lack of moral values and self control skills were some of the other reasons. With respect to risky behaviours related to sexuality, the strongly supported reasons are experimentation, pleasure, exercise of choice, proving manhood and womanhood, proof of being sexually competent and the superficial understanding of the meaning of love. With respect to nightlife activities, the adolescents engaged in a clubbing mentality syndrome –" If all are doing it, then who says it is bad". The entire peer gang has a share in the risky behaviour engaged and so it is not seen as incorrect or socially undesirable according to adolescents' standards. Attention seeking or the need to be noticed and the media influence are also the reasons reported for risky behaviours.

Interventions for healthy living

Involvement in risky behaviours is dangerous and harmful for health and psychological wellbeing. Efforts to reduce/minimise adolescents' engagement in risky behaviours should not only focus on health but also focus on social context because learning and engagement in risky behaviours often occur in social settings.

The multimodal approach that seeks to tap social, emotional and cognitive resources would seem to be a better option in tackling risky behaviours.

♦ Strengthening family programmes between parents and adolescents would help to reinforce and strengthen some of the protective factors needed to prevent risk behaviours such as parental monitoring, warm healthy parent –child relationship, authoritative parenting style, stating clear

expectations and limits to behaviour and open communication.

♦ Legislative measures- more vigilance and legally enforced age limits on drinking, gambling, smoking and driving as well as taking medical decisions and entry into nightclubs and pubs. Increasing prices and enforcing marketing restrictions on sale and availability of cigarettes, drinks and drugs.

♦ Mass media approaches- specific programs for adolescents providing information and decision making skills which explain the risks, costs and long term consequences of unexperienced dangerous risky behaviours, specially related to peer activity and crime.

♦ Mental health facilities those are easily available to adolescents for the purpose of counselling in the face of adversity like adolescent mental health clinics, special counsellors for adolescents, helpline services etc.

♦ Sex education in schools implemented in pre-adolescent years may help to reduce the increased level of curiosity and experimentation about sexuality and its sacredness and empower adolescents to make informed decisions with sexual issues and challenges.

♦ Special tailor-made programmes for adolescents categorised as 'high risk individuals' due to impoverished family background or neighbourhood or bad peers that will help to reduce stigmatization and reduce reactive risky behaviours.

♦ Special intervention workshops that will impart skills of resilience, self- control habits, time management, appropriate coping strategies, stress management, and wisdom skills to choose right behaviour and right friends.

♦ Wellness clubs for adolescents where adolescents learn to use their time gracefully in developing talents of music, song, dancing, art and other creative skills and also learn skills to build a culture of psychological wellbeing and positive living.

These interventions largely aim to increase young people's resilience, supported by promoting positive parental/family influences and/or healthy school environments supportive of positive social and emotional development. In addition there is a need to reduce the exposure of young people to negative influences, and to increase opportunities for engaging in activities that nurture positive development. This multi level approach may show a promise of reducing the vulnerability of young people during periods of transition and help in nurturing healthy adolescents.

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Social Networking on Facebook and Its Effects on Self-Esteem: A study conducted among the Late Adolescents and Young Adults

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Abstract

Social networking sites such as Facebook, Twitter, Instagram etc., have become very popular among the young people in recent years. Social networking sites are somewhere providing youngsters with a make-believe world where they can project themselves in a socially accepted manner which is indirectly contributing into shaping their self-concept. It is often seen that, when there is incongruence between the Facebook created social image and their real personality it may lead to a decline in their self-esteem and their sense of self-worth. This study aims to find out how Facebook has contributed as a factor in the changes observed in an individual's sense of self-esteem. The sample of this study include participants (N = 150) in the age range of 16 to 22 years i.e. late adolescents and young adults on whom a survey was conducted to explore the use of Facebook. Study participants were selected based on whether they had an active Facebook account. The measures of study include Rosenberg's Self Esteem questionnaire, Facebook questionnaire and personal information. Two third of sample were late adolescents and one third were young adults. A little over one fourth of the sample reported low self-esteem. High self-esteem was not observed among male participants and about 12 percent of females reported high self-esteem. More young adults (36 %) than late adolescents (23%) reported low self-esteem. Low self-esteem was observed among nearly one third of all adolescents who scored high on Facebook use. These observations line the high use of Facebook with low levels of self-esteem. There is clear gender difference with regard to Facebook use and high self-esteem. These finding highlight the need for life skills education among adolescents in improving social skills.

Keywords: Social Networking, Self Esteem, Facebook, Life Skills

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Introduction

In sociology and psychology, self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude towards the self. Self-esteem encompasses beliefs about oneself, (for example, "I am competent", "I am worthy"), as well as emotional states, such as triumph, despair, pride, and shame. Implicit and explicit self-esteem are subtypes of self-esteem. Implicit self-esteem is an automatic, unconscious self-evaluation; explicit self-esteem is a more conscious, reflective self -evaluation. Regardless of the type of self-esteem, one of the most pervasive facts about this construct is that all humans have a vital need to maintain and or raise it. Parallel to this line of thought, it can be expected that individuals will strive for positive self-presentations in both online and offline social settings. It is also likely that people with low self-esteem will be even more eager to engage in online activities that may raise their self-esteem. Many early theories suggested that self-esteem is a basic human need or motivation.

American Psychologist Abraham Maslow included self-esteem in his hierarchy of human needs. He described two different forms of "esteem": the need for respect from others in the form of recognition, success, and admiration, and the need for self-respect in the form of self-love, self-confidence, skill, or aptitude. Respect from others was believed to be more fragile and easily lost than inner self-esteem. According to Maslow, without the fulfilment of the self-esteem need, individuals will be driven to seek it and unable to grow and obtain self-actualization. Maslow also states that the healthiest expression of self-esteem is the one we take deserve from others. One of the most widely used instruments to measure self-esteem, the Rosenberg self-esteem scale (RSES) is a 10-item self-esteem scale scores that requires participants to indicate their level of agreement with a series of statements about themselves. Self-esteem is typically assessed using self-report inventories.

Social networking sites allow individuals to create profiles (public or private) that let users create connections with other users (Harbaugh, 2010). Although individuals of nearly all age groups use social networking sites (SNSs), studies have shown adolescents and college students use SNS the most frequently (Buffardi & Campbell, 2008; Pempeck, Yermolayeva, and Calvertt, 2009; Steinfield, Ellison, & Lampe, 2008). Facebook users choose the indi-

viduals they allow to be part of their contacts and can both give and receive feedback through profiles (Valkenburg, Peter, & Schouten, 2006). Individuals are able to post or display different information about themselves including pictures, various networks they are a part of such as school, work, region, and personal information such as their favourite books, movies and quotes on their profiles.

Facebook users report spending anywhere from 0 min to over 2 hours per day on the website, and, on average, users reported spending close to 30 min per day on Facebook (Pempek, Yermolayeva, &Calvert, 2009). As such, Facebook has become an important part of social interactions and warrants the intensive research into its use, especially in college student samples that use social networking sites extensively.

Researchers have taken a particular interest in the role of self-esteem in Facebook usage. Self-esteem refers to the extent to which one praises, approves, likes, or values oneself. Steinfield and colleagues (2008) conducted a longitudinal study of Facebook use and examined how self-esteem and other measures of psychological wellbeing were incorporated in bridging social capital in samples of undergraduates. Social capital generally refers to the benefits or resources associated with our social relationships. Steinfield et al. (2008) found that the association between Facebook use and social capital is greater for those with lower self-esteem than those with higher self-esteem. Specifically, the authors' note, ''a social network site that makes it easier for lower self-esteem individual to engage with others outside of their close personal networks can therefore be expected to have a larger effect for them than for higher self-esteem individuals (Steinfield et al.,2008). This is because individuals with low self-esteem are able to communicate with individuals on Facebook they may not be as readily able to do so in person. It likely makes asking questions and making plans easier since a response is not expected so readily (Steinfield et al., 2008). Further, Ellison, Steinfield, and Lampe (2007) found in a cross-sectional study that individuals with low-esteem gained more social capital through increased use of Facebook than those individuals with high self-esteem. The social compensation hypothesis is closely related to the idea of using SNS to increase social capital. In the context of social networking the social compensation hypothesis posits that individuals with lower self-esteem will attempt to compensate for lowered self-esteem by ''actively engaging in on-line activities'' (Lee, Moore,& Park, 2012, p. 1037). These activities include spending more time on Facebook (Mehdizadeh, 2010), increasing the frequency of logging

onto Facebook (Mehdizadeh, 2010) and having more friends on Facebook (Lee et al., 2012).

Methods

The study uses the survey research method for data collection from cross section of sample.

Sample

The participants of the study are from the age group of 16 to 22 years drawn from a single school and a single college of Navi Mumbai. Sample consists of 150 respondents. By gender the sample represents 47.3 percent males and 52.7 percent females.

Procedure

The date collection was conducted during the regular class period. Participant's privacy was protected through anonymous and voluntary participation and an informed consent was also obtained from the school administrators. The participants were instructed to enlist their own answers as the questions provided several answer options. The participants were also presented with unanimity and complete confidentiality.

Measures

After agreeing to participate in the research study, Facebook owners with active Facebook accounts were administered a two-part questionnaire. The first part (section) with personal information and the Rosenberg Self-Esteem scale (Rosenberg, 1965), a 10-item self-esteem measure, was administered to assess level of self-esteem. A self-esteem composite variable was calculated by summing the 10 items. This scale has shown to be a reliable measure using 4 point Likert scale, ranging from strongly agrees to strongly disagree. Apart from this, 29 item Facebook questionnaire were also administered to the respondents, who were required to indicate their responses related to Facebook usage and their activity on Facebook.

Results

A Survey was administered on 150 participants (subjects) to study and observe the levels of self-esteem and Facebook usage among people of various age groups. The respondents including both males and females under the age groups of late adolescents (16-19 years) and young people (20 to 22 years).

Table 1 Indicating age group self-esteem according to gender

Age Group		Gender		Total%
		Male	Female	
	Level	Column %	Column%	
	Late Adolescents	67.1	66.2	66.7
	Young Adults	32.9	33.8	33.3
Self	Low	30.1	24.7	27.3
Esteem	Moderate	69.9	63.6	66.7
	High	0.0	11.7	6.0
		Facebook Use		Total

Table 1 indicates age group and self-esteem per gender in late adolescents, the total percent is 66.7 as compared to 33.3 per cent in young adults. Self-esteem response was divided into three levels i.e. Low, Moderate and High. The table 1 indicates that there are 30.1percent males as compared to females which are 24.7 per cent with the low level of self-esteem. The data also presents that there are 11.7 percent of females reported high level of self-esteem as males report of high self-esteem was nil.

Table 2.Indicating age group, and self-esteem according to age group

Gender		Age Group		Total %
		Late Adolescents	Young Adults	
	Level	Column %	Column%	
	Male	49.0	48.0	48.7
	Female	51.0	52.0	51.3
Self Esteem	Low	23.0	36.0	27.3
	Moderate	71.0	58.0	66.7
	High	6.0	6.0	6.0

The Table 2 presents levels of self-esteem according to the age group. Low self-esteem was reported by 23 percent of late adolescents as compared 36 percent of young adults. Moderate self-esteem was reported by 71 percent of late adolescents and 58 percent of young adults.

Table 3.Indicating Facebook use and level of self-esteem

Self Esteem	Level	Low Column %	High Column%	
	Low	19.3	32.3	27.3 (41)
	Moderate	75.4	61.3	66.7 (100)
	High	5.3	6.5	6. (9)
	Total Count	57	93	150

Table 3 indicates the use of social networking sites mainly the Facebook and its impact / influence on self-esteem. The table presents the levels of self-esteem and its association with levels of self-esteem. About 32.3 percent reported high levels of Facebook use and low levels of self-esteem. Comparatively low levels of Facebook use were associated with only 19.3 percent of all respondents.

Discussion

The study sample consists of two third of the late adolescents and one third of the young adults investigated against the use of Facebook and its effect on self-esteem. A little over one fourth of the samples reported low self-esteem. High self-esteem was not observed among the male participants, whereas about 12 per cent of females reported high self-esteem. The young adults reported 36 percent low self-esteem than late adolescent i.e. 23 percent.

Low self-esteem was observed among nearly one third of all adolescents whose score high on Facebook use. These observations are in line with the high use of Facebook use with low level of self-esteem. A clear gender differences was observed in regard with Facebook use and high self-esteem.

Conclusion

Higher rates of Facebook use correspond with lower levels of self-esteem. This indicates that life skills training is most needed for high Facebook users. Males report higher rates of low self-esteem in comparison to females. High self-esteem was not reported by any males while one in every eight-female reported high self-esteem. This pointed out the greater need for life skills training to males than females. Life skills training in the areas of problem solving, decision making, interpersonal skills and communication skills will be most appropriate among adolescents and young adults of our age.

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Mindfulness Meditation: A Life Skill for the Mind

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Abstract

One of the UNESCO Sustainable Development Goals 2030 is outlined as health and well-being. High Self- esteem is one of the building blocks of individual's well- being. One must reduce level of anxieties to have a high self-esteem. Mindfulness meditation is one of the anxiety reducing measures which also boosts one's self-esteem. Mindfulness is a moment to moment awareness of one's experience without any judgment. It can be developed by certain activities like meditation. Mindfulness meditation is a practice of concentrated focus upon some sound or object or breath to increase awareness of present moment, promote relaxation and reduce stress eventually leading to personal growth.   Adolescence is a period of transition which is marked with physical and emotional challenges. It would help the adolescent to have a smooth transition to adulthood if taught the technique of mindfulness meditation. The aim of this study was to train the adolescents to mindfulness meditation and examine its effectiveness in improving self-esteem and reducing state trait anxiety amongst them. In the present study a group of fifty students were administered standardized tests of self- esteem and state trait anxiety for pre-assessment. From this group thirty five students voluntarily enrolled for mindfulness meditation training which was carried out twice a day, ten minutes each, for a period of two months. The training consisted of Anapana Sati, Mindfulness of breath, which was followed by re administering the scales. The difference between the pre and post scores of self- esteem and state trait anxiety was analyzed using the t- test which reflected the effectiveness of mindfulness meditation.

Keywords: Self-esteem, State Trait Anxiety, Mindfulness meditation

Introduction

Meditation was considered to be an ancient art having its roots in various eastern religions and attributed to the realm of spirituality. But today it has also become a secular practice implemented to promote health and well-

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being of individuals. The benefits of meditation is well researched and well documented. Many studies conducted on meditation show measurable changes in brain regions associated with memory, sense of self, empathy, and stress. The studies on analysis of MRI images which focused on areas where meditation-associated differences were shown viz; found increased gray-matter density in the hippocampus known to be important for learning and memory, in structures associated with self-awareness, compassion, and introspection (Mc Greevey, 2011) and as a successful therapeutic technique promoting personal development, healthy interpersonal relationships and self-compassion (Capurso, 2015).

In mindfulness meditation, people concentrate on the present moment: on breathing, physical sensations, sounds, thoughts, and emotions. Mindfulness attempts to encourage people to rely on the inner feelings of self –worth which can increase well -being without being judgmental. Mindfulness helps us to reorient to our inner self. The practice of meditation is associated with a sense of peacefulness and physical relaxation; practitioners have long claimed that meditation also provides cognitive and psychological benefits that persist throughout the day.

Being satisfied with oneself, feeling worthwhile or having high self-esteem is a necessary ingredient of well-being. When there is lack of self-awareness contributing to low self-esteem, mindfulness training has proved to increase in the sense of awareness which would in turn lead to higher self-esteem. Mindfulness helps to have a renewed sense of self.

Studies show that many teenagers are having a difficult time in developing a sense of well -being. They are unsure when it comes to what they really want in life, and how to look for the things that would make them happy and contented (Pepping, O'Donovan and Davis, 2013)

Past researches have shown that adolescents who do not have positive self-image face wide range of psychological and emotional problems (Greenberg, 1986).Thus, training the teenagers in mindfulness may help in healthy development. It is found to be an innovative practice to enhance personal and academic strengths, improve self-regulation and coping abilities among adolescents (Wisner, Jones, Gwin, 2009)

As children become teenagers, their horizons expand. They have new challenges and opportunities. There is a constant rift due to physical maturation, drive for independence and brain development and hormonal changes. Because of all these developments, adolescence can be particularly a stressful time, which can cause anxiety.

Stanford University, Meditation Centre, investigated a group of 16 patients with social anxiety disorder with a series of positive and negative words such as 'brave' and 'coward' and asked the participants whether each word was a good description about themselves. After eight weeks of mindfulness training participants were more likely to agree that the positive words described them well. The participants also experienced a reduction in anxiety symptoms. (Goldin, 2010)

Anxiety can affect individual's perceptions. More often anxious person tends to have distorted perceptions. His thoughts are more likely to be pessimistic, with generalized anxiety leading to lack of confidence in oneself, feeling of failure. Such feelings eventually result into setting ambiguous or unrealistic goals and thus inability to achieve them. It forms a vicious circle promoting anxiety. Anxiety also impacts the individual's state of awareness, disrupting different cognitive functions like attention, decision making, problem solving and so on (Bootzin, 1996; Carson & Butcher, 2007).

Spielberger (1972) has distinguished between state anxiety and trait anxiety. State anxiety refers to an unpleasant emotional arousal to threatening demands or dangers. It is more situational in nature and so prone to fluctuate. As the situation is perceived more unpleasant, individual's state anxiety is likely to be high as compared to normal circumstances. Its impact is more visible when the individual has high trait anxiety as well. Trait anxiety is a sign of individual differences in the tendency to respond with state anxiety in a threatening situation.

Among adolescents low self-esteem and anxiety act as deterrents in their personal as well as achieving excellence in academic spheres. Hence, aim of this study was to examine the effectiveness of mindfulness meditation on self-esteem and anxiety among adolescents.

Review of Literature

Mediation has a facilitating effect on an individual which is revealed in many studies. Singh T. and Kaur P (2008) revealed in their study on the effect of Shaktipat meditation on self- confidence of student-teachers in relation to gender and religion. Pre and post design of their study shows that the meditation notably shapes individual's personality and self-confidence towards more healthy profile. Wisner et al (2009) demonstrated that mindfulness meditation as one of the effective and innovative practice in school settings to enhance personal, academic strengths of the students as well as improve self-regulation and coping abilities among them. Randal C, Pratt D and Bucciin 2015 explored 17 studies on self- esteem and mindfulness which endorsed a

significant relationship between the two variables. Crescentini C and Capurso V (2015) investigated the relations between mindfulness and personality using well-known self-report inventories such as the Five-Factor model of personality traits and the Temperament and Character Inventory. Based on the intrinsic limitations of these explicit personality measures, a key set of results showing effects of mindful meditation on implicit, as well as explicit, self-representations was revealed.

Rationale

Self- esteem is one of the building blocks of individual's well-being. Adolescence is a period marked with a search of one's identity and a period of emotional turmoil. For a healthy development effective resolution of this turmoil is essential, for which various techniques like social skills, anger management, interpersonal relation management, conflict resolution skills, meditation and the like are useful. Mindfulness mediation leads to increase in self-awareness which helps to boost one's self-esteem. It also leads to overall healthy development and general well-being.

The WHO has outlined life skills such as critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self- awareness building skills, empathy, and coping with stress and emotions as important aspect of human development. To bring about changes in the thinking process disciplining the mind is necessary. Meditation has been proved to have a facilitating effect on the psyche of many. Thus, the present study explores the potential effectiveness of mindfulness meditation on self-esteem and anxiety in adolescent students.

Objectives

1. To assess the level of Self-esteem among adolescents.
2. To find the levels of state anxiety and trait anxiety among adolescents.
3. To train the adolescents to mindfulness meditation.
4. To examine the effect of mindfulness meditation training on self-esteem, state and trait anxiety among adolescents.

Hypotheses

1. There will be significant improvement in the scores on self-esteem among the adolescents who participate in mindfulness meditation training.
2. There will be significant reduction in the scores on state anxiety and trait anxiety among the adolescents who participate in mindfulness meditation training.

Variables

The variables of the study are self-esteem, state and trait anxiety and mindfulness meditation

Design

Quasi experimentaldesign was used in the present study, a group of 35 students participated in the mindfulness meditation training.

Sample Description

A convenient sampling technique was used, where fifty adolescent girls from the degree section of a college in Mumbai city were selected of which thirty five students volunteered to participate in the mindfulness meditation training. The age of the participants ranged from 17 to19 years.

Description of the Tools

Rosenberg's Self-esteem Scale (Rosenberg, 1965)

The scale measures global self-esteem levels of adolescents with four response options ranging from "Strongly Agree" to "Strongly Disagree". It consists of 10 items, 5 positively scored (item no. 1,3,4,7,10) and 5 with reverse scoring (item no. 2,5,6,8,9). The possible score ranges from 10 to 40. The higher score indicates high level of self-esteem.

State-Trait Anxiety Inventory Form Y (Spielberger, 1983)

The scale comprises separate self-report scales for measuring state and trait anxiety. This S-Anxiety scale consists of 20 statements which evaluate how respondents feel "right now, at this moment" and the response options range from "Not at all" to" Very much so" with 10 items of reverse scoring. The T-Anxiety scale also consists of 20 statements that assess how people "generally feel" and the response options range from "Almost never " to" Almost always" with 9 items of reverse scoring. Each STAI item is given weighted score of 1 to 4. A rating of 4 indicates high level of anxiety. Scores for both the scales range from 20 to 80.

Procedure

In the present study a group of fifty students were administered standardized tests of self-esteem and state trait anxiety for pre-assessment. From this group thirty five students voluntarily enrolled for mindfulness meditation training which was held for a period of exact two months. Each session of meditation was carried out twice a day for ten minutes each. The training

consisted of Anapana Sati and mindfulness of breath. Both the tests were re-administered on all the fifty students, 35 who attended and 15 who did not attend the training. The difference between the pre and post scores of self-esteem and state trait anxiety of all the participants was analyzed using Paired t- test.

Analysis of Data

Table 1: Self-esteem scores of the participants
who attended mindfulness training

	Pre Assessment Scores	Post Assessment Scores	t- value
Mean	20.8	27.55	9.08 *
SD	2.32	3.14	

$P < 0.01$

Table 2 a: State anxiety scores of the participants
who attended mindfulness training

	Pre Assessment Scores	Post Assessment Scores	t- value
Mean	56.94	45.26	8.14 *
SD	4.84	8.18	

$P < 0.01$

Table 2 b: Trait anxiety scores of the participants
who attended mindfulness training

	Pre Assessment Scores	Post Assessment Scores	t- value
Mean	57.77	48.45	9.01*
SD	4.62	5.80	

$P < 0.01$

Discussion

The aim of the present study was to train the adolescents to mindfulness meditation and examine its effectiveness in improving their self-esteem and reducing anxiety. Thirty five students volunteered to participate in the study. They were trained in mindfulness meditation. They practiced the meditation twice a day for a period of two months.

The pre test scores on self-esteem were mean of 20.8 and standard deviation of 2.32 and the post test scores were 27.55 mean and a standard deviation 3.14. A paired t-test was conducted to see whether the difference be-

tween the means of pre and post-test is statistically significant. The t value is 9.081921and is found to be significant at p $<$ 0.01.There is a difference in the pre and post test scores on self-esteem in these adolescents indicating that mindfulness meditation has shown positive impact on their self-esteem.

As mindfulness is a moment to moment non-judgmental awareness about oneself, it promotes relaxation and also enables the individual to focus on one's capabilities apart from limitations, boosting his self-esteem. High self-esteem facilitates persistence in motivation and efforts of the individual even after failure eventually resulting into personal growth.

Anxiety is a state of inner unrest or uneasiness. State anxiety describes the experience of unpleasant feelings when confronted with specific situations, demands or a particular object or event. It refers to a temporary condition in response to some perceived threat. It is more situational in nature and so prone to fluctuate. On the other hand, trait anxiety describes a personality characteristic rather than a temporary feeling of the individual. People with high levels of trait anxiety experience broader range of situations or objects than others. Adolescents tend to experience a lot of stressful events and thus experience anxiety in addition to the academic pressures making them feel more anxious.

The pretest mean scores on state anxiety were 56.94 with standard deviation of 4.84 and the post-test mean scores were 45.26 with standard deviation 8.18. A paired t-test was conducted to assess whether the difference between the mean is statistically significant. The obtained t-value 8.14 is found to be significant at 0.01level. There is a difference in the pre and post test scores on state anxiety which is emotional arousal and is more situational in nature. As the meditation makes the mind less agitated and more peaceful the distorted perception may also be reduced.

The mean scores of trait anxiety on pretest were 57.77 and standard deviation of 4.62 and the post test scores were 48.45 and standard deviation 5.80. A paired t-test was conducted to evaluate whether the difference between the means is statistically significant. The obtained t-value 9.01 is found to be significant at 0.01level. The difference between the pre and post test scores on Trait anxiety is a sign of individual differences in the tendency to respond with state anxiety in a threatening situation.

In the post meditation training discussion, the participants reported that they found the meditation technique more useful to reduce stress level especially during exams and particularly in the situations they felt threatening, which indicates that the participants had increased self-awareness and experienced

the benefits of the meditation.

Conclusion

The potential benefits of mindfulness meditation are revealed in the present study. The significant improvement in the scores on self-esteem and significant reduction in the scores on state anxiety as well as trait anxiety among the adolescents who underwent mindfulness meditation training are proving both the assumptions to be accurate. For a holistic development, educational institutions should include mindfulness training programmes as a part of their daily routine.

Implication

Young people are a treasure of the nation. Well developed and emotionally balanced youth will be an asset to the humanity. Thus, training youths academically with enough focus on mindfulness meditation will help in the holistic development of adolescents and further to the nation.

Limitation

The effectiveness of mindfulness meditation needs to be tested on a larger scale with a variation in the duration as well as frequency of meditation sessions to increase generalizability of the findings. The study used a quasi-experimental design which did not follow a strict control over the extraneous variables.

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Relationship between Locus of Control, Psychological Empowerment, Intrinsic Motivation and Employee Creativity: The Indian Context

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Abstract

Life skills training has been found to play a crucial role in fostering an internal locus of control (Conerly, 1997), a finding which could extend to workplace settings as well. Research studies have suggested that having an internal locus of control is an important factor associated with higher levels of psychological empowerment (Wang, Zhang & Jackson, 2013), intrinsic motivation (Wuhrmann, 2008), and employee creativity (Asgari & Vakili, 2012). Additionally, Zhang and Bartol (2010) found significant positive relationship between psychological empowerment, intrinsic motivation, and employee creativity. The current research builds on these prior studies to examine the correlations between the aforementioned variables in the Indian context. Respondents comprised employees working in both public and private sector who completed The Multidimensional-Multi-attributional Causality Scale (Lefcourt, Von Baeyer, Ware & Cox, 1979), Psychological Empowerment Scale (Spreitzer, 1995), Intrinsic Motivation subscale of the Work Extrinsic and Intrinsic Motivation Scale (WEIMS; Tremblay et al., 2009), and Creative Behavior Scale (Ganesan & Weitz, 1996). Data obtained from the participants were subjected to statistical analyses. The findings in the current study have been discussed in the light of relevant literature along with their implications for organizations.

Keywords: Locus of control, psychological empowerment, intrinsic motivation, employee creativity

Introduction and Review of Literature

This research aims to briefly study the connection between the variables of internal locus of control, psychological empowerment, intrinsic motivation and employee creativity. This research is built on several studies done on these aforementioned variables and their relationship with each other (Wang, Zhang & Jackson, 2013; Wuhrmann, 2008; Asgari & Vakili, 2012).

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The *locus of control* of an individual – internal or external – has an influence on the work they do, which, in turn influences their chances of a more successful outcome from the job (Mali, 2013).

Psychological empowerment, according to Spreitzer (1995), refers to four psychological determinants – meaning, competence, self-determination, and impact – that might affect organizational behavior; where 'meaning' is concerned with employee's feeling that their work is personally important, 'competence' is the employees belief on their ability to perform a task successfully, 'self-determination' is the employees perception on the freedom of choice when initiating tasks, and 'impact' is the degree to which the employees see their work making a difference for the organization.

Intrinsic motivation is the motivation to take part in a behavior that arises in the individual from within as they are driven by internal rewards (Cherry, 2016).

Employee creativity refers to behavior which is useful and novel (Scott & Bruce, 1994).

In a research done by Zhang and Bartol (2010), it was found that psychological empowerment, which was positively influenced by empowered leadership, had influence over creative process engagement and intrinsic motivation. Their research suggested that if an employee is willing to spend some effort and time to engage in creative processes, then creativity gains can be boosted; and that a leader plays a crucial role in the engagement of these creative processes by encouraging the employees.

Research study done by Asgari and Vakili (2012) studied the relationship between locus of control, creativity and productivity. It suggested that there was a significant and positive relationship between the employee's creativity, productivity and their locus of control, where the one with internal locus of control had higher creativity compared to those with external locus of control.

Wang, Zhang and Jackson (2013) did a research that studied how psychological empowerment was effected by the organizational climate, locus of control and self-esteem. They found that an important role in the psychological empowerment of an employee is mostly played by an organizations feedback and evaluation; and when an employee is not given any appropriate or accurate feedback, their psychological empowerment is hindered by having experienced negative effect.

Our research study aims to understand how an employee's work to be successful in an organization when comparing to other employees or other organizations, they either need to have an internal locus of control, be psychologically empowered, have intrinsic motivation, or have a combination of these life skills.

Methodology

Sample Description:

The sample included 30 employees between the ages of 25 to 47 years (Mean=32.77). With respect to gender, the sample consisted of 11 females (36.66%) and 19 males (63.33%). Out of the 30 participants 9 were employed in the public sector (30%), while the rest 21 were employed in a private sector (70%). The distribution of the sample with respect to annual family income (in INR) was as follows: 2, 00,000 or below (16.67%); 2, 00,001 to 5, 00,000 (26.66%); 5, 00,001-8, 00,000 (40%); 8, 00,001-12, 00, 000 (16.67%); and above 12, 00,000 (0%).

Measures

Respondents comprised employees working in both public and private sector who completed The Multidimensional-Multiattributional Causality Scale (Lefcourt, Von Baeyer, Ware & Cox, 1979), Psychological Empowerment Scale (Spreitzer, 1995), Intrinsic Motivation subscale of the Work Extrinsic and Intrinsic Motivation Scale (WEIMS; Tremblay et al., 2009), and Creative Behavior Scale (Ganesan & Weitz, 1996).

Procedure

Employees working in both public and private sector were approached for their participation and were informed about the relevant ethical issues. Participation in the study was voluntary, and participants were informed that their responses would be anonymous and kept confidential. Following this, respondents were handed over the questionnaires and were asked to rate their responses for the four scales used in this study. After they returned the questionnaires, they were thanked for their participation in the research project.

Statistical Analyses

Descriptive statistics for all the four aforementioned scales were calculated. The inter-relationships between the variables were examined using Pearson Product Moment Correlation.

Results and Discussion:

Table No. 1 Various Scales and its Scores

Scales	Multidimensional-multi-attributional causality scale (loc)	Psychological empowerment scale	Intrinsic motivation subscale of the work extrinsic and intrinsic motivation scale	Creative behaviour scale
Total	2592	253	491	785
Mean	86.4	8.433	16.366	26.166
SD	6.9361	2.1444	2.5526	3.8603
Range	36	8	11	20
Variance	46.5066	4.4455	6.2988	14.4055

Table No. 2 Scales and Correlation Values

SCALES	CORRELATION VALUES
Locus of Control & Psychological Empowerment Scale	0.6788**
Locus of Control & Intrinsic Motivation Scale	0.6887**
Locus of Control & Creative Behaviour Scale	0.7366**
Psychological Empowerment Scale & Intrinsic Motivation Scale	0.7133**
Psychological Empowerment Scale & Creative Behaviour Scale	0.7366**
Intrinsic Motivation Scale & Creative Behaviour Scale	0.7739**

**$p<.01$

With reference to the first two scales used in this study i.e. locus of control and psychological empowerment, it was observed that mean for the LOC was 86.4 and for the PE scale was 8.43. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)}$ = +0.68, p <0.01. The results indicated that there was a significant positive correlation between the variables of internal locus of control and that of psychological empowerment. This indicates that an individual has a higher level of psychological empowerment when they have an internal locus of control. That is, when employees believe that they have control over their work behavior and have influence over their life, at least in context of their work in the organization, they feel more empowered, compared to those who have external locus of control and believe their work behavior isn't really in their control but is controlled by others in the organizations. The results are consistent with research done by Luo and Tang (2003), in which it was found that, compared to individuals with external locus of control, those that have internal locus of control feel more empowered.

With reference to locus of control and intrinsic motivation it was observed

that mean for the LOC was 86.4 and for the IM scale was 16.36. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)} = +0.69$, p <0.01. The results indicated that there was a significant positive correlation between the variables of internal locus of control and that of intrinsic motivation. This indicates that individuals with internal locus of control, who believe they have control over their work behavior, are intrinsically motivated, that is, they are motivated to do a better job because they want to be better at it for themselves and aren't influenced by other factors as a means for motivation. The results are consistent with research done by Wuhrmann (2008), in which it was found that intrinsic motivation was higher in individuals who had an internal locus of control when compared to those individuals who had an external locus of control.

The study on locus of control and creative behavior scale, it was observed that mean for the LOC was 86.4 and for the CB scale was 26.16. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)} = +0.74$, p<0.01. The results indicated that there is a significant positive correlation between the variables of internal locus of control and that of employee creative behavior. This indicates that individuals who have internal locus of control have higher levels of creative work behavior compared to individuals who have external locus of control. That is, individuals who believe that they have control on their work behavior are more creative in the work they do in the organizations compared to those who believe they don't have any control over their work behavior. The results are consistent with research done by Asgari and Vakili (2012), in which it was found that here was a significant and positive relationship between the employee's internal locus of control and their creativity.

The analysis on psychological empowerment and intrinsic motivation has shown that mean for the PE was 8.43 and for the IM scale was 16.36. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)} = +0.71$, p <0.01. The results indicated that there is a significant positive correlation between the variables of psychological empowerment and that of intrinsic motivation. This indicates that individuals who are intrinsically motivated have higher levels of psychological empowerment compared to those who are extrinsically motivated. That is, individuals who are motivated to do work internally rewarded are more psychologically empowered compared than those individuals who do work because they get rewarded extrinsically. This result is consistent with the research done by Zang and Bartol (2010), in which it found that psychological empowerment and intrinsic motivation was positively correlated.

With reference to two scales used in this study i.e. psychological empowerment and creative behavior) it was observed that mean for the PE was 8.43 and for the CB scale was 26.16. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)}$ = +0.74, p<0.01. The results indicated that there is a significant positive correlation between the variables of psychological empowerment and that of employee creative behavior. This indicates that individuals who feel more psychologically empowered, are more creative in their work behavior compared to those individuals who don't feel empowered. The results are consistent with the research done by Zang and Bartol (2010), which demonstrated a connection between psychological and creative behavior of employees.

With reference to creative behavior and intrinsic motivation, it was observed that mean for the CB scale was 26.16 and for the IM scale was 16.36. To determine if the two scales are related or not a correlation was done. It was found that $r_{(29)}$ = +0.77, p <0.01. The results indicated that there is a significant positive correlation between the variables employee creative behavior and that of intrinsic motivation. This indicates that the individuals who are intrinsically motivated are more creative in their work behavior compared to those individuals who are extrinsically motivated. The results are consistent with that of the research done by Zang and Bartol (2010), in which it was found that intrinsic motivation worked through creative behavior.

After doing appropriate statistics to test if there was any relationship between the variables, it was found that all the variables in this study had a positive relationship with each other, varying in intensity. Since the study relied on a small sample size of employees both in public and private sector, it is difficult to arrive at conclusion about the larger population. Additionally, the use of self-report instruments might have produced a "social desirability bias" (Fisher, 1993), which could have distorted the participants' responses. Overall, a significant positive correlation was found between all the four variables used in this study, i.e. locus of control, psychological empowerment, intrinsic motivation, and employee creativity

Concluding remarks

Internal locus of control in the work environment plays an imperative role in promoting not only psychological empowerment but also employee creativity. The higher the intrinsic motivation and internal locus of control, the higher the probabilities of success. This is because internally motivated individuals often believe that situations or rewards are the direct outcomes of their own conscientiousness and industriousness. On a whole it not only positively affects employees but also organizations. A strong positive correlation be-

tween locus of control, psychological empowerment, intrinsic motivation and employee creativity advocates competence and a tranquil execution of targets and ambitions among employees.

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Peer relationships in children with Attention-Deficit/Hyperactivity Disorder

Piyali Misquitta*

Abstract

This study attempts to understand the impact of ADHD on an area of a child's life which is often ignored by parents and clinicians – their relationship with peers. The main aim of the study is to examine whether children with ADHD more likely to have difficulty getting along with peers. The hypothesis of the study was that children with ADHD – predominantly inattentive type, and children with ADHD – combined type will have more peer relationship problems than a group of children without ADHD. Peer group relationships were assessed by the Strengths and Difficulties Questionnaire. The questionnaire subscale score of peer problems was interpreted and the results of that subscale were used for analysis. ADHD was diagnosed using the Disruptive Behaviour Disorders – Rating Scale (DBD-RS) or the Swanson, Nolan, and Pelham (SNAP) Questionnaire, as appropriate for age. Protocols with oppositional defiant disorder or conduct disorder were eliminated from the sample. The results of the chi-square test for goodness of fit and ANOVA analyses did not provide support for the hypothesis. A t-test for independent groups on the scores obtained on the peer relationship problems subscale indicated the experienced significantly less impairment in social skills than boys. The possible reasons for insignificant results and treatment implications are discussed.

Keywords: ADHD, peer, social relationships, children

Introduction

Social skills are a set of specific behaviours that maximize social reinforcement. They include the skills of initiating and responding to situations or interactions, and can be learned (Merrell & Gimpel, 2014). An evaluation or conclusion by parents, teachers, or peers of the task performance in a specific social situation is known as social competence (Merrell & Gimpel, 2014). Social competence can also include non-social skills like ability to use language, perceive social situations, cognitive skills, or even motor skills like in throwing a ball. A model of social competence by Gresham and Reschly

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(1981) considers social competence a combination of adaptive behaviour and social skills (Merrell & Gimpel, 2014). In this study, the social skills are evaluated by parents, specifically interpersonal behaviours.

This paper attempts to examine whether children who meet the symptomatic criteria for ADHD-predominantly inattentive type and ADHD-combined type show higher problems in peer relationships than children who do not have significant symptoms of ADHD.

Children with ADHD have been found to have a variety of cognitive deficits like specific neuropsychological deficits, an inflated self-evaluation of their own social competence, and deficits in in encoding social cues and generating hypothetical responses (McQuade & Hoza, 2008).

A study by Staikova et al (2013) reported that children with ADHD had significant deficits in pragmatic language as compared to typically developing peers (Staikova, Gomes, Tartter, McCabe, & Halperin, 2013). Similarly, Bunford et al (2014) found that emotional dysregulation, an inability to inhibit unacceptable behaviour, and poor self-regulation of emotions, is an important mediating factors in the expression of social skill deficits. Emotional dysregulation was especially an important factor when there were sub-clinical levels of depression (Bunford, Evans, Becker, & Langberg, 2014).

ADHD often co-occurs with a variety of externalizing and internalizing disorders, which could have their own effect on peer relationships and social skills. A review of past literature by Becker, Lubbe and Langberg (2012) indicated that co-morbid externalizing symptoms were associated with either no effect or an exacerbation of problems in social skills, friendship, and peer status in children with ADHD. The effect of co-morbid internalizing disorders like anxiety and depression have been less studied. However, the review did state that no co-morbid condition, anxiety for example, attenuated the negative effects of ADHD on peer relationships (Becker, Luebbe, & Langberg, 2012).

While most research is focussed on symptoms of hyperactivity and impulsivity interfering in social skills, new research is also exploring the effect of sluggish cognitive tempo (SCT) on social impairments in children with predominantly inattentive symptoms. One study indicated that children with SCT and inattentive symptoms were found to be more withdrawn and less likely to show leadership. Children with ADHD – combined type were more likely to have problems in the area of peer aggression (Marshall, Evans, Eraldi, Becker, & Power, 2014).

Although the paths to social skill deficits in ADHD are many, the end result is higher likelihood of peer rejections. Mrug et al (2012) followed children diagnosed with ADHD – combined type over 8 years. The results indicated that peer rejection predicted cigarette smoking, anxiety and global impairment at the 6-year follow-up. The negative outcomes were noted particularly during middle adolescence - around the age of 14-15, and then decreased by late adolescence. Children with ADHD who are rejected by their peers tend to socialize with other rejected groups, reinforcing deviant behaviours. The study also indicated that peer rejection appears to be more stable than reciprocal friendships, and thus may have more lasting outcomes (Mrug, et al., 2012). Thus, peer rejection appears to play a central role in children with ADHD by being an enduring factor, and increasing likelihood of social relationships that increase negative outcomes.

Given the enduring nature and negative outcomes of deficits in social skills, it appears to be a matter of great emergency to develop interventions targeting these skill deficits. In a review of literature of peer problems in children with ADHD the researcher concluded that though peer problems are impaired in children with ADHD, the current treatment options available are not sufficient. In addition, the review also mentions that a reduction of the symptoms of ADHD alone is not sufficient to result in better peer relationships (McQuade & Hoza, 2008).

Similarly, a randomized control trial in The Netherlands attempted to study the effect of administering a combination of social skills training and parental training programme, along with medical intervention, on children with ADHD. The control group, or standard treatment group, were offered medical treatment and three sessions of an educational parent group. Outcomes measured included severity of ADHD symptoms, social problems, peer relations, and aggressive behaviour, among others. The results indicated no significant differences in the outcome measures between the two groups (Storebo, Gluud, Winkle, & Simonsen, 2012).

A study following 16 children in a social skills training programme that incorporated developmentally appropriate games found no significant changes in social skills or self-esteem from pre- to post-intervention (Bridget, 2016). One of the key factors contributing to the insignificant results was the high number of respondents who did not complete the four-month programme. Thus, even if social skills training are effective in improving peer relationships, the high drop-out rates make the outcomes unpredictable. Parents of children with behavioural difficulty to invest in extra time or money separately for social skills training programmes was also noted (Bridget, 2016).

Unfortunately, children with ADHD are also perceived more negatively by their peers, which further leads to rejection (McQuade & Hoza, 2008). This could have implications for interventions, which may need to target typically developing peers of children with ADHD as well.

Material & Method

A sample of children referred for psychological assessment between ages 5 to 15 was used. The three levels of the independent variable obtained can be classified as the Inattention group, ADHD-combined group and non-ADHD group which did not have inattention or hyperactivity. The dependent variable measured in all groups was the extent of peer problems, as measured by scores on the Peer Relationship Problems subscale of the SDQ. The SDQ categorizes scores into normal and abnormal, and this was used to perform the chi-square tests.

Exclusion Criteria. The following exclusion criteria were used to eliminate potential subjects from the final sample:

a. Comorbidities: Children who met the symptom criteria of comorbid Oppositional Defiant Disorder, Conduct Disorder, or Hypomania as measured by parent rating scales were eliminated from the final analysis

b. ADHD – Predominantly Hyperactive-Impulsive Type: 3 children out of the initial sample pool of 200 were found to meet the symptom for only the hyperactive-impulsive items on the DBD-RS, and were removed from the final sample.

ADHD symptoms were quantified using the Disruptive Behaviour Disorders – Rating Scale (DBD-RS) or the Swanson, Nolan, and Pelham (SNAP) Questionnaire, as appropriate for age (Pelham, Evans, Gnagy, & Greenslade, 1992). The Disruptive Behaviour Disorders Rating Scale measures of parent and teacher-ratings of DSM-IV symptoms of ADHD, oppositional defiant disorder (ODD), and conduct disorder (CD). The DBD consists of 45 items rated on a 4-point scale (0 = not at all present, 3 = very much present), with higher scores indicative of more severe symptoms. Scores for the entire scale range from 0 to 135, for the ADHD subscale from 0 to 54, for the ODD subscale from 0 to 24, and for the CD subscale. In this study, the DBD was completed by one or both parents of a child referred for assessment.

The SNAP-IV Rating Scale is a version of the original Swanson Nolan and Pelham questionnaire, which included items from the DSM-IV criteria for ADHD and ODD. The questionnaire consists of 90 items rated on a 4 point

scale (0 = not at all, 1 = just a little, 2 = quite a bit, 3 = very much), and the score for subscales is the Average Rating-Per-Item (Swanson, 1992).

Peer group relationships were assessed by the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a behavioural screening questionnaire that measures emotional symptoms, behavioural problems, inattention and hyperactivity, peer relationship problems, and pro-social behaviour. The questionnaire also measures the impact and social impairment as a result of the perceived difficulties. (Goodman,1999). In this study, the parent form of the questionnaire was used. The questionnaire subscale score of Peer Problems was interpreted and the results of that subscale were used for analysis.

Results

Age range of the sample was between 5 to 15 years, with an average age of 8 years. The number of males in the final sample was 52 (62%), and the number of females was 32 (38%). The final sample size of the study was 84, of which 33% were diagnosed as having ADHD – predominantly inattentive type, 30% were diagnosed with ADHD-combined type, and 37% did not meet the symptom criteria for ADHD, and were considered the Non-ADHD group.

Of the total sample 61% (51) were found to have problems in peer relationships, and fewer girls (29%) were found to have these deficits than boys (70.5%). Of the total group, 17.8% of the children without ADHD had significant problems in peer relationships. A t-test for independent groups on the scores obtained on the peer relationship problems subscale indicated the girls (M = 3.8, SD = 1.0) experienced significantly less impairment in social skills than boys (M = 4.5, SD = 1.5), t(46) = -1.725 (p< 0.05).

The hypothesis of the study was that children with ADHD – predominantly inattentive type, and children with ADHD – combined type will have more peer relationship problems than a group of children without ADHD. The results of the analyses did not provide support for this hypothesis.

The average score with standard deviation obtained on the Peer Relationship Problems scale by the inattention, ADHD-combined and control groups were 3.29 (2.05), 3.34 (2.02), 2.70 (1.59) respectively. Chi-square test of goodness of fit was performed to determine whether the frequency of the social skills deficits was equally distributed in the 3 groups. The proportion of children with social skills deficits appeared to be equally distributed, X2 (2, N = 84) = 4.24, p > .05. An analysis of variance showed that the presence of ADHD symptoms was not a significant factor in the deficit of social skills F(2,81) = 1.05, p = 0.335.

Discussion

In the current study, the hypothesis stated that children with ADHD – predominantly inattentive type, and children with ADHD – combined type have more peer relationship problems than a group of children without ADHD. The results of the analyses did not provide support for this hypothesis. Statistical analyses indicated that there was no significant difference in social skills between the groups.

Insignificant and inconclusive results have been noted in earlier research as indicated in Becker et al (2012). The review indicated that when social skills and acceptance were assessed with parent-report measures, there was an increased effect on the social skills and competence (Becker, Luebbe, & Langberg, 2012). This effect could have been present in the present study as well, since the data collected was through parental questionnaires. On the other hand, it is possible that the children on the non-ADHD group actually did have significant symptoms of ADHD or ODD which parents were failing to recognize and endorse accurately. The confounding effects of using only informant rating scales could be overcome by adding peer ratings and direct observations. A combination of all could be more sensitive to differences between the groups studied.

In addition, the non-ADHD group was comprised of children facing significant enough difficulties to entail a psychiatric referral. If social competence is a combination of social skills and adaptive behaviour like independent functioning skills, physical skills, language and academic competencies (Gresham and Reschly 1987 in Merrell and Gimpel, 2014), then the ratings of parents may reflect global evaluations as a result of deficits in the adaptive behaviours of a child.

In this study, subjects meeting the symptom criteria of disorders like ODD, CD and hypomania were excluded from the analysis. This could also result in non-significant findings. In most reviewed studies, children with co-morbid conditions were included, and the co-morbidities were found to aggravate social skill deficits. This effect was especially seen in parent-report measures (Becker, Luebbe, & Langberg, 2012).

One of the significant findings in the study was the gender difference in the extent of perceived social deficits, with girls rated as having significantly better social skills than boys. Review of past literature has indicated that the psychosocial functioning in boys and girls with ADHD is similar, though boys and girls with ADHD have been found to be more aggressive than those without (Rucklidge, 2010). However, research done with children with-

out any a focus on diagnosis found that teachers rated boys higher on aggressive and disruptive behaviour than girls, and older boys were rated as more likely to engage in aggressive behaviour than younger boys (Walker, 2005). One of the explanations put forward to explain higher rates of aggressive behaviour in boys is that it could be an adaptive response to peer group interactions, and an effort to fit in. When there is an additional psycho-social stressor, like single-mother families, boys had a higher likelihood to act out and experience school suspension (Bertrand & Pan, 2013). The study also indicates that for boys, the likelihood to act out is significantly lower when they receive more inputs from parents and are able to spend more time with them.

The most significant implication of this research could be the need for more psycho-educational interventions targeting teachers, parents, and typically developing children in basic social skills from a young age. The gender differences in peer relationships could indicate the presence of gender stereotypes and expectations in parents, teachers and other authority figures. In addition, if children with ADHD are being rejected by typically-developing peers, then perhaps interventions need to be designed to reduce the rejecting behaviours, and replace them with more inclusive and accepting ones.

Given the high rates of peer relationship problems of children referred for psychological intervention in this study, social skill deficits do not appear to be limited to children with ADHD or other emotional and behavioural problems, but may also be co-morbid with problems in academic achievement or temporary stressors. It may also be useful to view social skill deficits as a sign of possible sub-clinical psychological concerns. Before any specific intervention target can be identified, social skills training programmes designed for children with ADHD may be of limited effectiveness. There is yet more work to be done to understand the mechanisms through which ADHD and social skill deficits are linked.

Acknowledgements

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Achieving Gender Equality through Innovative Life Skills Module

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Abstract

Sustainable Development Goals 2030 highlight mainstreaming the gender perspective as a prerequisite to bridge the existing gender gap.[1] To achieve this goal of perspective building it is essential to realize the nuances of the interrelationship between gender responsive advocacy and life-skills education. This paper begins by contextualizing gender responsive life-skills based education, giving an overview of benefits and effectiveness of gender-sensitive educational practices. Further, it discusses how gender responsive life-skills based modules can eventually facilitate positive behavior change and eliminate gender bias to empower women and girls.Elaborating on the context of the delivery of quality education with innovative tools, the paper illustrates integration of life-skills for promoting gender equality through School Cinema, a thoroughly researched film-based learning module of LXL Ideas Pvt. Ltd. The module is supported by workbooks designed to introduce and reaffirm life-skills and values among children and teacher training sessions for boosting their motivation. This case study involves in-depth interview and focused group discussion with School Cinema session facilitators and observation of the classroom sessions that include film screening, discussion, workbook and activities. Emphasizing on impact, scale and sustainability of innovative modules for promoting gender equality through life-skills based education; the paper also deliberates over the challenges faced in implementation and impact assessment of these modules. Finally, the paper concludes with recommendations to integrate gender-responsive life-skills based education within school curriculum. Actionable research that goes beyond theoretical analysis and provides innovative, impactful, scalable and cost-effective pedagogical solutions; teacher training; community involvement, and collaborations among stakeholders to share and imitate best-practices are some of the proposed solutions.

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Introduction

Gender Equality and Life Skills Education in India

Knowledge is a continuously evolving process that cannot be compartmentalized as subject domains are bound to overlap and co-exist. Unlike life skills, 'core subjects' like Math, Languages, Science, Social Sciences etc. can be easily measured and are placed at the pinnacle of hierarchy in school curriculum.

Fig 1.1 Core Life skills by World Health Organization	
Decision Making	Interpersonal Skills
Problem-Solving	Self-Awareness
Creative Thinking	Empathy
Critical Thinking	Coping with Emotions
Communication	Coping with Stress

Fig. 1.2 Partnership for 21st Century Skills	
Learning Skills	**Literacy Skills**
Critical Thinking	Information Literacy
Creative Thinking	Media Literacy
Collaborating	Technology Literacy
Communicating	
Life Skills	
Flexibility	
Initiative	
Social Skills	
Productivity	
Leadership	

Fig 1.3 Hilton-Pellegrino Framework

Cognitive Competencies
- CognitiveProcesses
- Knowledge
- Creativity andInnovation

Intra-personal Competencies
- Work Ethic
- Positive Self-Evaluation
- IntellectualOpenness

Inter-personal Competencies
- Teamwork andCollaboration
- Leadership

Though the international standards for life skills (Fig 1.1; 1.2; 1.3) have a holistic development approach, it is essential to contextualize them in Indian education scenario. Experts highlight that large scale implementation of National Curriculum Framework struggles with ill-equipped leaders to spearhead the movement of education transformation. Certain exemplary student learning outcomes and local context realities being taken into consideration remain miniscule achievements with a limited reach.

Sustainable Development Goals 2030 highlight mainstreaming the gender

perspective as a prerequisite to bridge the existing gender gap. To achieve this goal of perspective building it is essential to realize the nuances of the interrelationship between gender responsive advocacy and life-skills education by contextualizing gender responsive life-skills based education and mapping the benefits and effectiveness of gender-sensitive educational practices.

Women have to be equal partners in the development process and not at the mere receiving end. Linkages between sustainable development and gender equality are contingent upon three crucial aspects. Firstly, it is impossible to achieve optimum development outcomes if half of the population is subject to various and multiple forms of stereotypes, biases and marginalization. Secondly, the formulation of policies aiming to achieve sustainable development need to be gender sensitive in order to have an impact on women and girls from different economic, social and geographical areas. Finally, it is imperative to incorporate women's knowledge and give them the agency and scope for collective action since it will lead to enhancing the potential of resource mobilization, utilization and conservation.

The education space, especially the K-12 domain, has a dominance of women in the workforce. School teachers and principals, besides ensuring improved learning outcomes of students, also need to be mindful of unintentionally passing on the biased perspectives that eventually result in failure to break stereotypes. Same goes for families and society, however, it is difficult to influence the behavior dynamics in these spaces. Thus, it is important to ensure that the school domain is free of biases and invokes questioning and resistance against stereotypes that lead to discrimination. Effective and innovative pedagogical tools are required to achieve this goal.

Innovative Life Skills Pedagogy: School CinemaCase Study

The conventional instructional teaching methods are not conducive for LSBE. The traditional 'moral science' or 'value education' classes are not engaging for the students and thus innovation is essential to increase student learning outcome.

Teaching life skills as generic skills in relation to everyday life could form the foundation of life skills education for the promotion of mental well-being, and healthy interaction and behaviour. More problem specific skills, such as assertively dealing with peer pressures etc. could be built on this foundation. There are research indications that teaching skills in this way, as part of

broad-based life skills programmes, is an effective approach for primary prevention education (Errecart et al., 1991; Perry and Kelder, 1992; Caplan et al., 1992 in Kumar et al.,2015)

Films are a great medium to express and communicate thoughts and feelings across all age groups. 'School Cinema' is a film-based learning curriculum for children, parents and educators. It is supported by an interactive workbook, designed to introduce and reaffirm life skills, values and attitudes. The workbooks are backed with formative and summative CCE assessment guidelines (Continuous and Comprehensive Evaluation) that evaluates the students' Thinking Skills, Emotional Skills, Social Skills; Values and Attitudes. Each grade has a distinct module with ten movies for students, one film for teachers and one film for parents. The films deal with values, life skills (Fig 1.1), self-development, environment, social skills, adolescent education, citizenship and national integration.

The development of films is followed by the creation of interactive workbook/worksheets that incorporates information, illustrations and activities that enhance learning in an entertaining and informative manner. The workbook has four levels of evaluation – self, peer, parent and teacher, and looks at three levels of learning:

♦ Awareness – The students/educators/parents relate to the film and identify the core issues addressed in the film

♦ Understanding – The students/educators/parents understand the issue and relate it to their own lives

♦ Action - The activities in every module enable the students/educators/parents to internalize and act out the key learning

A mixed method of focused group discussions, in depth interviews and surveys were used in this case study.[1]Selected via purposive sampling, respondents included 4 filmmakers of School Cinema movies, 5 life skills trainers and 7 school counsellors across 4 schools in Bangalore. 8 film screening and activity sessions were observed from grades 3rd to 9th in the 4 schools with approximately 450 students in total. 72 school teachers also participated in the rating of the School Cinema films and workbooks through an online self-administered survey across 19 cities.

School counsellors unanimously agree with rise in adolescent issues like premature sex, substance abuse, violence etc.They also stressed upon the influence of media and the increased access to various media portals avail-

able to students.School Cinema for imparting life skills is a well-received module amongst the school staff (Fig 2.1, Fig 2.2).

Fig 2.2 Ratings for School Cinema Workbook

Fig 2.1 Ratings for School Cinema Films
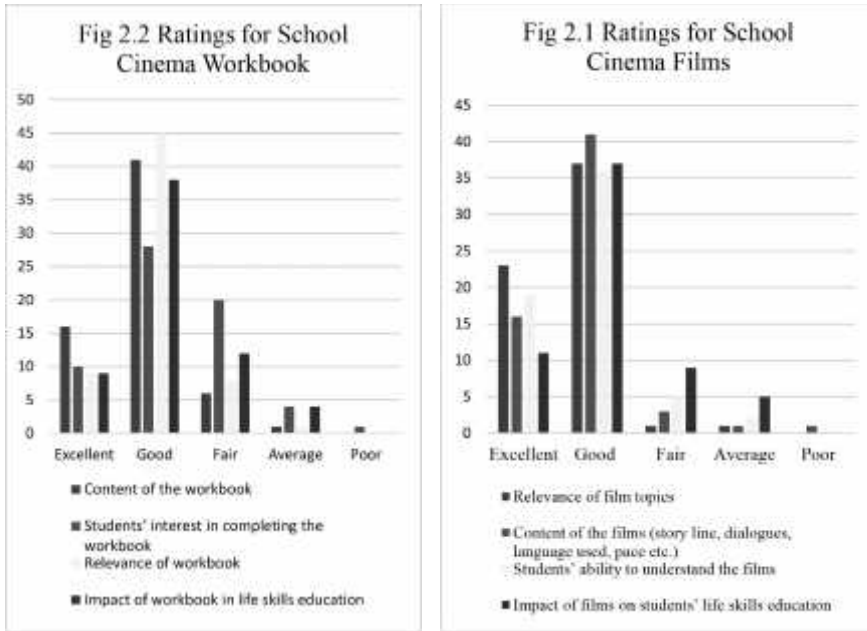
Life skills facilitators brought up various instances of encountering gender stereotypes while conducting sessions. While they addressed the issues through facilitation, counselling and activities, need for a strong gender responsive pedagogy was raised by all the facilitators. Cinema was reported as the most effective and convenient tool for communicating with students on certain sensitive aspects like puberty, relationships and body-image. Filmmakers expressed a sense of responsibility experienced by them in the process of making films for School Cinema. Unlike commercial cinema, this process was focused at connecting with the consumers of the films through the value and message leading to stimulation of thought.

Challenges in Effective Implementation and Impact of LSBE Modules

Systemic Issues: Lack of robust systems that ensure a rigorous and unbiased content development, teacher training, teacher/community sensitization and inclusive impact evaluations cripple the agenda of life skills based education.Lack of resources in LSBE further limit the scope for innovation and inclusion. Also, evaluation of life-skills remains abstract and this pushes it further lower in subject hierarchy for school curriculum. These systemic lacunae are often acknowledged and debated upon without escalating into

concrete corrective measures. Since the systems are not gender sensitive, the guidelines for implementing life skills modules are also nominally gender responsive.

Conventional Approach: Success in 21st century calls for learning outcomes that go beyond marks scored by students. While debating over 'quality of education', the focus on improved test scores and related educational achievement has been dominant. Life skills have become a part of this discourse recently. Experiential and interactive learning is one of the key tools in life skills education. Teachers however are still set in their ways of traditional hierarchical teacher-student relationship. This not only reduces students' learning outcomes but also results in failure to achieve mind-set shift of teachers from perceiving themselves as an authoritative figure to being a facilitator in learning. High teacher dependency along with lack of equipped teachers disintegrates the scope and efficiency of integrating life skills in pedagogy. Present generation of teachers have undergone a conventional schooling system where life skills discourse was completely absent. This has both a positive and negative impact. While some teachers acknowledge the requirement of this intervention, there are others who uphold the conventional method and not open to change.

Teachers themselves are not able to identify the need of gender sensitization. The ability to identify and address gender stereotypes and biases existing among students is possible only when the teachers have been able to unlearn what is considered 'normal' in terms of gender performance.

Lack of Clarity: Life skills are often confused with value education. Problem solving, effective communication etc. cannot be taught in a conventional lecture method. Many schools in India still continue with the age-old moral science periods wherein the teacher is expected to impart values to students, expecting them to soak in the wisdom and cope with the challenges life throws at them. Similarly, teaching vocational skills does not ensure that the individual is well-equipped to survive and adapt to changes in the world that lies beyond the academic or instructional space. Teachers are not guided and trained in adequate and appropriate ways.

Way Forward

What are the possible solutions for overcoming challenges and enhancing pedagogical experiences for life skills education to make them gender responsive? Any module or pedagogy which attempts to integrate life skills should adhere to the following key features:

Relevance and Sustainability: The pedagogy needs to be contextualized based on the socio-cultural and economic ethos of the stakeholders. A life skills module cannot function effectively if it does not address the uniqueness of these facets that the students, teacher and parents represent. This adaptability will also ensure that the methodology is contextualized and thus sustainable in the long run.

Scale: Increasing the reach of life skills education in schools is largely dependent on infrastructural amenities and trainers. Therefore, a cost-effective curriculum can be developed by revisiting the existing modules and addressing problems and gender biases prevalent in implementation due to inefficient resource allocation and/or insufficient resources.

Impact: This is an extremely challenging area since assessment of life skills is a long term process and impact can be studied with an in-depth and regular tracking of the students' life cycle, making it a time-consuming and expensive process. Since learning outcomes are primarily dependent on quantifiable results, research on impact assessment tools for LSBE modules is vital. Self-assessments, peer assessments are some of the methods that can be improvised and extrapolated to measure impact.

Collaboration: An alliance of experimental institutions, LSBE specialists, policy makers and other stakeholders in the education domain with a keen interest and/or experience in addressing gender issues will support in devising a module that incorporates the above mentioned features and also build a network of sharing best practices.

Research and Innovation: Life skills pedagogy has enormous scope for innovation. Myriad tools can be used in their existing forms or improvised upon to make the process engaging. Extensive 'action-research' that goes beyond theoretical analysis of curriculum and provides innovative and effective pedagogical solutions is quintessential. Revolutionizing existing teacher-training practices along with parent/community involvement and sensitization are substantial solutions to escalate awareness for life skills.

Conclusion

Life skills education needs to be student/learner centric and requires patience and guidance by teachers which is sometimes not suitable for an authoritarian style teacher. Achieving gender equality through innovative LSBE modules requires a nuanced perspective building that result in breaking stereotypes. Cinema is one of the most influential mediums which can be thought provoking and stimulate children and adolescents to develop a

gender sensitive perspective. Challenges of integrating and implementing life skills education in school curriculum arise from systemic issues along with behavioural/attitude biases and lack of clarity or awareness. Solutions for overcoming these challenges and enhancing pedagogical experiences for gender responsive life skills education are required. Focusing on relevance, sustainability, scale and impact of modules along with collaborations, training of teachers, research and innovation with a student-centered approach are measures that can be worked upon.

Acknowledgements

Appendix 1. Questionnaire for School Cinema Coordinators

Name:	Designation:
School:	City:
Email:	Mobile:

Since when are you taking School Cinema Sessions in this school?

    (dd/mm/yyyy)

For which classes do you take the School Cinema sessions?

Rate the School Cinema Movies on the following:

	Excellent	Good	Fair	Average	Poor
Relevance of movie topics Content of the movies	☐	☐	☐	☐	☐
(storyline, dialogues, language used, pace etc.)	☐	☐	☐	☐	☐
Students' ability to understand the movies	☐	☐	☐	☐	☐
Impact of movies on students' life skills education	☐	☐	☐	☐	☐

Rate the School Cinema workbooks on the following parameters:

	Excellent	Good	Fair	Average	Poor
Content of the workbook	☐	☐	☐	☐	☐
Students' interest in completing the workbook	☐	☐	☐	☐	☐
Relevance of workbook	☐	☐	☐	☐	☐
Impact of workbook in life skills education	☐	☐	☐	☐	☐

Briefly describe your experience of School Cinema (movies, workbook, training, activities).

Appendix 2: Questionnaire for Life Skills Facilitators (Focused Group Discussion)

♦ Why do you think that Life Skills are necessary?

♦ Describe your experience as a Life Skills Trainer.

♦ Do you face/observe any gender related issues while taking sessions?

♦ How do you deal with such issues?

♦ Do you feel that the module is helpful for you as a trainer to deal with these issues?

♦ How can the existing Life Skills module be improved to ensure gender equality through life skills?

♦ How is School Cinema a helpful tool for addressing Gender issues?

♦ Any other thoughts about Gender Issues and how to overcome them?

Appendix 3: Questionnaire for School Cinema Filmmakers

♦ How was your personal experience while making a school cinema ?

♦ How was your experience different from working on any other project - ad/feature/short film etc.?

♦ What motivated you towards making a film for School Cinema which is for children and tackling topics of life skills and attitudes?

- How did you convey the key message of the film through your story?

- What were the challenges you faced while making the film?

Any memorable experiences/takeaways that you'd like to share?

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Exploring Life Skills Profile of Youth

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Abstract

Life skills education is a pivotal aspect in today's education system as it enables a student to deal effectively with the challenges of life and also facilitates in realizing his/ her full potential. According to CBSE (2013), life skills training is not only related to classroom pedagogy, but is also concerned with attaining a balance between knowledge, attitude and skills. So, considering the importance of life skills education, present study was conducted with the objectives to explore the life skills profile of youth and to study gender differences in life skills of youth. Forty five college students (Girls-13 & Boys-32) who were participating in a leadership development program at Jnana Prabodhini, Pune were included in the study. Life Skills Assessment Scale (2010) developed by Nair, Subasree & Ranjan was used to measure the life skills of participants. Descriptive statistics and Mann-Whitney 'U' test were used to analyze the data. Descriptive statistics revealed that students are average on all the dimensions of life skills which is indicative of training needs. Significant gender differences were found on the grand score of life skills assessment scale ($p < .05$) in favour of girls. Score of girls are significantly higher than boys on the dimensions of empathy ($p < .05$) and coping with emotions ($p < .01$). No significant differences were found on the remaining dimensions of Life Skills Assessment Scale. Results have been interpreted in the light of relevant literature.

Keywords: Life Skills, Youth

Introduction

The real asset and resource of any country is its youth. Future of any country lies in the power, relentless energy and towering ambitions of its youth. The great Indian monk and philosopher Swami Vivekananda reiterated his unwavering belief in Indian youth by saying that, "*My hope of the future lies in the youths character; intelligent, renouncing all for the service of others and obedient- good to themselves and the country at large.*"

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The overall development of youth becomes extremely important in the current Indian scenario, as Indian youth are constantly exposed to various challenges and stresses posed due to rapid globalization and urbanization. The lives of todays' youth are more complicated than ever because of exposure to social media, academic stress and easy availability of addictive substances. So, it is evident that scholastic achievement cannot be the sole aim of educational agencies. Organizations working for youth need to keep in mind the overall empowerment of youth which will make them capable of handling the challenges in life in the most efficient ways.

To realize this aim, many national agencies in India like CBSE (Central Board of Secondary education), RGNIYD (Rajiv Gandhi National Institute of Youth Development) and IALSE (Indian Association of Life Skills Education) have focused on life skills as one of the primary areas of work.

WHO (1997) defined life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.' Considering the significance of life skills, CBSE has made 'life skills based education' an integral part of the continuous and comprehensive evaluation system targeted at adolescent students between the ages of 10-18 years.

In spite of the many attempts at the policy and organizational level, life skills education in India still remains on the periphery of mainstream curriculum. On the other hand, various national reports regarding the demographics of mental health of the youth of the country have been alarming. Research clearly shows that, the rates of suicides among young people are increasing (Radhakrishnan & Andrade, 2012). A study conducted on epidemiology of suicides in Bangalore showed that suicide rate was highest among the age group of 15-29 followed by age group 30-44 (Gururaj & Isaac, 2001). National crime records bureau report of 2009 also showed a similar pattern wherein the age group of 15-29 accounted for the largest proportion of suicides as compared to all the other age groups.

Like suicide, some other prominent mental health issues faced by Indian youth are stress, substance use and other mental disorders. Data available from various community studies show that for mental disorders, prevalence rate is the highest for youngsters as compared to other age groups (Singh & Gururaj, 2014). All these studies indicate that there is a significant need of life skills education from school level.

Objectives

(1) To explore the life skills profile of youth

(2) To study gender differences in life skills of youth

Method

Participants

Forty five college students enrolled for a leadership development program at Jnana Prabodhini, Pune participated in the study. They were studying in first and second year of bachelor degree from various faculties of university. Subjects comprised 32 males and 13 females from nuclear families (49%) and joint families (51%).

Tool

Life Skills Assessment Scale was administered to measure the life skills of participants. This scale was developed by Nair, Subasree & Ranjan (2010) at Rajiv Gandhi National Institute of Youth Development. This scale was standardised among the adolescents of age ranging 12 to 19 years. Scale consists of 100 items and measures 10 dimensions of life skills such as, Self Awareness, Empathy, Effective Communication, Interpersonal Relationships, Creative Thinking, Critical Thinking, Decision Making, Problem Solving, Coping With Emotions and Coping with stress.

Each item has five options Always true of me, Very true of me, Sometimes true of me, Occasionally true of me and Not at all true of me and respondent ask to choose one appropriate response which is most descriptive of him/her. To establish reliability- Cronbach's coefficient alpha (.84), test re-test reliability (.91), split half reliability (.82) was assessed which indicated high reliability. Face and content validity, item discrimination analysis, criterion validity and concurrent validity were established. Interpretations for each dimension are given in the manual. Personal data sheet was filled by students. Socio-economic details, family background, educational information etc. were collected through this data sheet.

Results

Table No -1 Mean and category of all dimensions of Life Skills Scale

	Dimensions	Mean	Indicated category (As per manual)
1	Problem Solving	44.84	Average
2	Self Awareness	43.20	Average
3	Empathy	38.91	Average
4	Effective Communication	39.44	Average
5	Decision Making	40.29	Average
6	Interpersonal Relationships	39.78	Average
7	Creative Thinking	39.48	Average
8	Critical Thinking	38.80	Average
9	Coping with Stress	38.41	Average
10	Coping with Emotions	37.69	Average

Descriptive statistics was calculated to explore the life skills profile of youth. Table 1 shows that, group means of all ten dimensions fall under average category which indicates need of special training in life skills. A similar study was conducted by Sharma in 2003 which investigated the life skills of secondary school adolescents in Kathmandu. Study revealed that out of 347 adolescents who participated in the study, 51% students had life skills scores above mean whereas 49% students had life skills scores below mean indicating a low level of life skills. So, it means that 49% students might have been in need of training in life skills.

Table No-2 Gender differences on dimensions of Life Skills Scale

Dimensions	Female Mean Rank	Male Mean Rank	U	sig
Problem Solving	26.88	21.42	157	NS
Self Awareness	26.12	21.73	167	NS
Empathy	29	20.56	130	.05
Effective Communication	25.81	21.86	171	NS
Decision Making	24.08	22.56	194	NS
Interpersonal Relationships	27.85	21.03	145	NS
Creative Thinking	23.58	22.77	200	NS
Critical Thinking	26.42	21.61	163	NS
Coping with Stress	26.73	21.48	159	NS
Coping with Emotions	31.81	19.42	93	.01
Total score	**29.12**	**20.52**	**128**	**.05**

Above values indicate significant gender differences on the total score of life skills. Mean rank of female was significantly higher than male students (U=128.50, p<.05). Some of the previous studies on gender differences in life skills have shown different results than the present study. In a study by Sreehari & Radhakrishnan (2015), no significant gender and age differences were found on the life skills of school going adolescents.

Table 2 indicates that mean rank of female on all dimensions were higher than mean rank of boys but significant differences were seen on empathy (U=130, p<.05) and coping with emotions (U=93.50, p<.01). Similar differences have been found for empathy in a study by Anuradha (2014). The study was an assessment of life skills of 600 adolescents from four southern towns. Study revealed that the score of girls were significantly higher than boys on empathy, self-awareness and critical thinking whereas boys' score were higher than girls on decision making and coping with emotions. Gender differences in coping strategies of 166 college students were examined by Brougham & et al. (2006). Results found that college women reported a higher stress and greater use of emotion-focused coping strategies for different stressors than college men. Similar result was found in large sample study (2816) by Matud (2004) the men were found to have more emotional inhibition than the women.

Many researches have been done on gender differences in emotional expression and coping. It is usually assumed that emotions and its various aspects are a 'territory' of girls than boys. But from the review of relevant literature, it seems difficult to make a conclusive comment about sex differences in coping with emotions. In a meta-analytic review of sex differences in coping, it was revealed that, women are more likely to use emotions focused coping strategies than men and seek social support for emotional reasons. They also use rumination, positive self-talk, wishful thinking and positive reappraisal more than men (Tamres, Janicki & Helgeson, 2002). So, this research might indicate that gender differences found in the current study might be attributed to the higher propensity of women to use various emotional strategies in coping.

Conclusion

Results showed average profile of life skills dimensions among college going students. Significant gender differences were found on the dimensions of empathy, coping with emotions and total score on life skills. On all the three factors, the score of girls were higher as compared to boys. No significant differences were found on the remaining factors of life skills.

Limitations

The present study has several limitations. Participants were not randomly selected and the sample size was limited making the sample not representative. Also, Life skills can be studied with other variables like psychological wellbeing, emotional intelligence etc.

Implications

In spite of the limitations, results of this study suggest the need of life skills training for youth. Effect of this training will be eventually reflected in their better psychological wellbeing and success in life. Gender differences in life skills indicate separate training needs for males and females.

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A Study of the Relationship between Self -esteem, perceived social support and academic performance

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Abstract

A positive self-esteem is a primary requisite for setting and achieving meaningful goals. A study was undertaken to investigate the relationship between self -esteem, perceived social support and academic performance among school students. The researchers found a significant positive relationship between self-esteem and social support but no significant relationship was observed between academic performance and social support as well as between self-esteem and academic performance. These findings are significant in the light of the extremely competitive and result (marks) oriented culture that prevails in academic institutions across the country.

Keywords: Self-esteem, perceived social support and academic performance

Introduction

Self-esteem is the magic bullet of modern life. Financial success, health, and personal fulfillment depend on a person's self-esteem. Psychologists believe that self-esteem is a judgment people make about themselves which is largely based on an assessment of one's various abilities and attributes.

The term "self-esteem" is often used in a broader sense to define the way people generally feel about themselves. Researchers call this form of self-esteem global self-esteem or trait self-esteem, as it is relatively enduring, both across time and situations. Self-esteem is also used to refer to the way people evaluate their various abilities and attributes. For example, a person who doubts his ability in school is sometimes said to have low academic self-esteem, and a person who thinks she is popular and well liked is said to have high social self- esteem. Sometimes self-esteem is used to refer to rather momentary emotional states, particularly those that arise from a posi-

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tive or negative outcome. This is what people mean when they speak of experiences that bolster their self-esteem or threaten their self-esteem.

Self-esteem has a strong relation to happiness. Low Self-esteem is more likely than high self-esteem to lead to depression under some circumstances. Some studies support the buffer hypothesis, which is that high self-esteem mitigates the effects of stress, but other studies have come to the opposite conclusion, indicating that the negative effects of low self-esteem are mainly felt in good times. Still others find that high self-esteem leads to happier outcomes regardless of stress or other circumstances.

Literature review

Self-esteem is considered important in academic circles, in the fields of personality and social psychology, it has been implicated in models of conformity (Brockner, 1984), attraction (Hatfield, 1965), persuasion (Rhodes & Wood, 1992), cognitive dissonance (Steele, Spencer, & Lynch, 1993), subjective well-being (Diener & Diener, 1995), and social comparison processes (Aspinwall & Taylor, 1993; Gibbons & Gerrard, 1991; Wood, Giordano-Beech, Taylor, Michela, & Gaus, 1994), just to name a few. Self-esteem is used as a predictor variable (some researchers study whether high self-esteem people think, feel, and behave differently than low self-esteem people), an outcome variable (some researchers study how various experiences affect the way people feel about themselves), and a mediating variable (the need for high self-esteem is presumed to motivate a wide variety of psychological processes).

A number of studies have found that gender affects the level of self-esteem and academic achievement. Girls experience low self-esteem as compared to boys (Carlson, Uppal & Prosser 2000; DuBoiset al., 2002). O'Brien (1991) examined sex difference in self-esteem and reported that men scored significantly higher in global self-esteem than women. A majority of other researchers (Kelikangas-Jarvimen, 1990, Sekaran, 1983) have also observed that male students' scored higher on self-esteem than female students. Kling, Hyde, Showers and Buswell (1999) and Rabbins et al. (2002) have also reported that adolescent boys have higher self-esteem than adolescent girls.

The help and assistance provided by friends and family at any time of need is called social support. Social support is an available assistance provided to the person of a social group. The assistance that one can get includes family, friends, neighbors, pets, organizations, coworkers etc. According to Towey (2013) social support is a part of one's relationships with others that enhances a sense of belongingness. Social support inculcates a positive self

image and also helps one cope with difficult times and improves the quality of life. Studies on social support have found that a low level of social support is linked to poor physical and mental health (Cohen *et al*., 2000). Uchino (2006) found that social support is related to lower rates of morbidity and mortality. Some studies have found that there were significant associations between all sources of support with depressive symptoms, anxiety, self-esteem, and academic adjustment, but fewer significant. Parental support has been found to be a robust unique predictor of adjustment for both boys and girls, and classmates' support was a robust unique predictor for boys.

Academic achievement

Academic achievement is often described as knowledge attitude or skill developed in the school subject usually measured by test scores or by marks assigned by teacher or by both. DuBois,

Burk, Braston, Swenson, Tevendale and Hardesty (2002) revealed that school environment has been shown to play an important role in determining trajectories of adolescents' self esteem

The relationship of socio-cultural environments of students and academic achievement has been explored by many researchers. Joshi (1988) found that rural and urban students do not differ in academic achievement whereas Grewal and Singh (1987) found rural students significantly higher on the level of academic performance.

Budd, Buschman and Esch (2009); Teoh and Nur (2010) found a strong relationship between self-esteem and social support. Moreover, Tam, Lee, Har and Pook (2011) discovered a positive correlation between perceived social support and self-esteem with perceived peer support as the highest form of perceived social support in adolescents. Arslan (2008); Hoffman, Ushpiz, and Shiff, (1988) suggested that social relationship during adolescence helps in the development of self-esteem. Family and peers are considered important factors of social support as they are readily available to the adolescents (Schwartz, 2006).

Social support from family is an important source of influence on self-esteem and life satisfaction of both males and females (Helsen, Vollebergh, Meeus, 2000). Aydin (2005) concluded that adolescents who have strong relation with their families and trust them have been observed to maintain good relationships with their peers as well. A lot of researchers have found that social support is one of the factors that have an influence on the level of self-esteem an individual has. Some people perceive variables such as being

loved, attractive, and competent as a base for self-esteem. For others, self-esteem may depend on being powerful, virtuous or self-reliant.

An individual's self-esteem will depend on either internal or external factors. Basing self-esteem on internal characteristics provides a better buffer against anxiety than if it were based on external characteristics, including achievements and conditional approval from others (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Much research has validated the assumption that high self-esteem is in tune with educational achievement (Marsh, Byrne, and Yeung 1999), and that ability levels may influence depressive symptoms and levels of self-esteem (Humphrey, Charlton, and Newton 2004), and that a positive self-concept is desirable for children's personal development (Branden 1994).

Aim of the study

The aim of the present study was to investigate the relationship between self-esteem, social support and academic achievement among adolescents.

Objectives

The specific objectives of the study were:

♦   To study the relationship between self-esteem and social support.

♦   To study the relationship between self-esteem and academic achievement.

♦   To study the relationship between social support and academic achievement.

Methodology

Sample

The sample for the study consisted of 58 school students studying in 9th & 10th grade in the city of Mumbai. 76 questionnaires were distributed among the school students, out of which 18 were rejected as the respondents had either not filled up the questionnaires fully or had not filled them correctly.

Measuring tools

The following psychometric instruments were used for the study:

1   Rosenberg's Self-Esteem Scale

The Rosenberg self-esteem scale was developed by Morris Rosenberg (1965) and measures the respondent's global self-esteem. The scale consists of 10

statements about the self, to which the respondent indicate strong agreement, agreement, disagreement or strong disagreement. The 10 items tap the contents involving the degree to which one is satisfied with his/her life, feels has a number of good qualities, has a positive attitude towards oneself, feels useless, desires more self-respect or thinks one is a failure. The 10 items are rated on a 4 point scale. Thus the total range of scores is 10-40. The items are both positive and -negative which are coded in such a way that the higher the score, the higher the self-esteem.

Test-retest reliabilities of 0.85 & 0.88 have been reported for the scale (Rosenberg, 1979). The Rosenberg self-esteem scale correlates well with other measures of self-esteem (Demo, 1985) as well as other theoretically related variables (Wylie, 1974).

2 The Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS is intended to measure the extent to which an individual perceives social support from three sources: Significant Others (SO) (Items 1, 2, 5, and 10), Family (FA) (Items 3, 4, 8, and 11) and Friends (FR) (Items 6, 7, 9, and 12). The MSPSS is a brief, easy to administer self-report questionnaire which contains twelve items rated on afive-point Likert-type scale with scores ranging from 'strongly disagree' (1) to 'strongly agree' (5). The MSPSS has proven to be psychometrically sound in diverse samples and to have good internal reliability and test-retest reliability, and robust factorial validity.

3 Academic achievement

Academic achievement was measured based on the grades (percentage marks) that the students had obtained in their annual examinations of the earlier academic year. For students in the ninth standard, their performance in the eighth standard annual examination was taken as a measure of their academic achievement. Similarly, for students in the tenth standard, their performance in the ninth standard annual examination was taken as a measure of their academic achievement.

Hypotheses

The following three hypotheses were proposed and tested:

H1 There is no significant relationship between self-esteem and social support.

H2 There is no significant relationship between self-esteem and academic achievement.

H3 There is no significant relationship between social support and academic achievement.

Results

Table 1

Pearson Product Correlation between self-esteem,
social support and academic achievement.

Correlations between self-esteem, social support and academic achievement	R
1. Self-esteem and social support	.393*
2. Self-esteem and academic achievement	0.154
3. Social support and academic achievement	0.005

**p < .01

There was a significant moderate positive relationship between self-esteem and social support. However, no significant relationship was found between self-esteem and academic achievement as well as between social support and academic achievement. This suggests that self-esteem is affected by the level of social support. An increase in social support leads to an increase in self-esteem. Hence the first hypothesis (H1) is rejected. There is a low positive correlation between academic achievement and self-esteem. There is a very small positive correlation between social support and academic achievement. Both these correlation are not significant and hence the second and third hypotheses (H2 and H3) are supported i.e. the null hypotheses are accepted.

Discussion

The present study investigated the relationship between self-esteem, social support and academic achievement. The study found that there was a significant positive relationship between self-esteem and social support. The scores of the total sample suggest that students having higher social support are found to have higher self-esteem. An explanation for this can be that an anxious person's self-esteem is boosted when provided with social support. No significant relationship was found between self-esteem & academic achievement and between social support & academic achievement. This suggests that academic achievement has no significant impact on self-esteem and vice versa. The findings were similar with regard to the relationship between social support and academic achievement.

According to Harter (1993) and Rosenberg (1981) self-esteem plays a vital role in the development of adolescents which is built when social support is provided. Huurre (2000) found that self-esteem tends to be higher in adolescents who have higher levels of social support. Stryker (1980) suggested that people who have supportive role models are more likely to have higher self-esteem. The results of the current study are concurrent with Çakar and Karatas (2012) who found a causal relationship between adolescent self-esteem and perceived social support. Tajbakhsh and Rousta (2012) found family support to be strongly affecting self-esteem. However, Brown and Larson (2009) considered peer support important because adolescents at this stage spend more time with peers, often without supervision from adults. He further elaborated that expectations and opinions of the peers have more importance and value during adolescence.

Limitations of the Study

The participants in the study were students from one single school in the city of Mumbai. The study did not include students from other schools. Hence any generalized conclusions should be made with a great deal of caution.

Conclusions

The study found that there was a significant positive relationship between self-esteem and social support. There was a positive relation found between self-esteem & academic achievement and social support & academic achievement but the results were not significant. There is a need for an in depth study on a larger sample of students in order to come to more definitive and broad based conclusions.

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Empowering Orphans through Life Skills Education: An Exploration

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Abstract

An Orphan is a child whose parents are dead or have abandoned by them permanently. In common usage, only a child who has lost both parents is called an orphan. According to UNICEF, there are more than 163 million orphans in the world. The pattern of the protection of orphans differs from society to society and from time to time. The importance given to protection of orphans is influenced by the contemporary social attitudes towards them.Orphans have to face the greatest challenges of all the children on the earth. Unless adopted or absorbed by an orphanage, these children are left to street. This results in a high rate of suicide, turn to crime and prostitution for survival, ultimately producing more orphans. Not every person is able to adopt an orphan but education can help them to survive. The state of Kerala is having a formalized system forcaring the orphans. The status of Orphanages in Kerala is comparatively better; they provide good environment, Food and accommodations. Life skill training helps to promote mental well-being and competence in young people as they face the realities of life. This paper tries to analyze status of orphan's education and empowerment in the state of Kerala. Attempt is also made to explore in to the strategies for integrating life skill education for empowerment.

Keywords: Orphan, Orphanages, Life skill, Empowerment

Introduction

UNICEF and global partners define an orphan as a child who has lost one or both parents. By this definition there were around 132 million orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean. This large figure represents not only children who have lost both parents, but also those who have lost a father but have a surviving mother or have lost their mother but have a surviving father. Of the more than 132 million children classified as orphans only 13 million have lost both parents. Evidence clearly shows

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that the vast majority of orphans are living with a surviving parent, grand-parent, or other family member.   95 per cent of all orphans are over the age of five.

Various groups use different definitions to identify orphans. One legal definition used in the United States is a minor bereft through "death or disappearance of, abandonment or desertion by, or separation or loss from, both parents". In the common use, an orphan does not have any surviving parent to care for him or her. However, the United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV and AIDS (UNAIDS), and other groups label any child that has lost one parent as an orphan. In this approach, a *maternal orphan* is a child whose mother has died, a *paternal orphan* is a child whose father has died, and a *double orphan* has lost both parents.This contrasts with the older use of *half-orphan* to describe children that had lost only one parent. This definition contrasts with concepts of orphan in many industrialized countries, where a child must have lost both parents to qualify as an orphan. UNICEF and numerous international organizations adopted the broader definition of orphan in the mid-1990s as the AIDS pandemic began leading to the death of millions of parents worldwide, leaving an ever increasing number of children growing up without one or more parents. So the terminology of a 'single orphan' – the loss of one parent – and a 'double orphan' – the loss of both parents – was born to convey this growing crisis.

Orphans are relatively rare in developed countries, because most children can expect both of their parents to survive their childhood. Much higher numbers of orphans exist in war-torn nations such as Afghanistan.

Table: 1 Orphans statistics in different continent (2002)

Sl No	Continent	Number of orphans (1000s)	Orphans as percentage of all children
1	Africa	34,294	11.9%
2	Asia	65,504	6.5%
3	Latin America & Caribbean	8,166	7.4%
	Total	107,964	7.6%

Source: (USAID/UNICEF/UNAIDS (2002) "Children on the brink 2002: a joint report on orphan estimates and program strategies")

Orphans in India

In a study conducted by SOS Children's Villages India (2005) has found that 4 per cent of India's child population of 20 million are orphans. Most of

these children have been abandoned by their parents. In fact, the charity estimates that only 0.3 per cent of these orphans are children whose parents have actually died. The data analyzed in the study came from India's National Family Health Survey-3 (2005-2006), as well as from the national census. Under the terms of the study, "orphan" was defined as a child who has been abandoned or has lost *both* parents. This is slightly different from the terminology used by inter-governmental organizations such as the United Nations Children's Fund (UNICEF) and the Joint UN Programme on HIV/AIDS, which also treat children who have lost only one parent as orphans. The high proportion of abandoned children among orphans highlights the fact that poverty is a major reason behind the situation. Indeed, the study found that states such as Uttar Pradesh, Bihar and West Bengal had more orphans than India's richer states. Generally, the country's central and eastern regions were found to be worse affected than the north and the south.

Combined, the states of Madhya Pradesh, Uttar Pradesh and Chhattisgarh are home to 6 million orphaned children under the age of 18. By 2021, these states will probably be home to 7.1 million orphans. The eastern region, encompassing Bihar, Orissa, Jharkhand and West Bengal, now houses 5.2 million orphans, but will likely have 6 million by 2021. Each of these regions is home to more than double the number of orphans living in either the north or west regions. "Poverty has been a significant contributor in high orphan children in these states," said Rakesh Jinsi, the organization's Secretary-General. He added the social unrest and terror in areas affected by militancy can also be partly blamed. HIV and AIDS were also observed to be part of the reason.

An estimated 41 per cent of India's population is below that age of 18 – the largest child population in the world. According to the study, an additional 13 per cent of these children live in single-parent households, which are also socially and economically marginalized. About 85 per cent of children from single-parent households live with their mothers. Orphaned children are greatly in need of care and protection, being among the most susceptible to poverty, child labour and child trafficking. Future trends on progress toward reducing the number of orphans are mixed. While the total number of orphans is set to increase from 20 million to 24 million by 2021, the relative number, or proportion, is expected to fall. "Governmental and non-governmental agencies working on child rights must jointly work towards address-

ing the needs of these children by providing them with nutrition, education and protection," said Mr. Jinsi.

Empowerment and Organized System in Kerala

The statistics reveals that in Kerala, around 75,000 children below 18 years are living in orphanages. Around 1500 orphanages are functioning in Kerala. Almost 80- 90% of the children in orphanages have families and relatives. Many orphans and vulnerable children slip further into poverty once the family's main bread winner stops working or dies. There is nothing more traumatic for a child than to see a parent die. Added to this tragedy is the loss of adult guidance and protection. Children without proper adult care are more likely to be abused and exploited.

Children in this category include orphans, abandoned children, children who have lost their parents in war, communal riots, natural disaster, and accidents etc. They are not properly fed; they have no shelter, nutritious food, health care, education or any recreation. Most of them are facing economic and social exploitation. They are deprived of love and affection of the family and are often unwanted by the family members.

Children are the greatest assets of our nation. Investing in them is investing for a better future for our country & for our world. Considering all the reality of the present situations faced by some children (orphans) in our society, Kerala Government has launched a noble initiative "SNEHAPOORVAM" to provide financial support to orphans who are living in the family, with their relatives, friends, or the support of the community under the Social welfare Department implemented through Social Security Mission. The mission has initiated the project that aims at bringing these children to the main stream of the society.

Table II: District wise Distribution of Orphanages, Registered under Kerala State Orphanage Control Board (KSOCB) Kerala

1	Thiruvananthapuram	105
2	Kollam	59
3	Pathanamthitta	45
4	Alappuza	43
5	Kottayam	107
6	Idukki	71
7	Eranakulam	175
8	Thrissur	135
9	Palakkad	103
10	Malappuram	112
11	Kozikode	78
12	Wayanad	48
13	Kannur	85
14	Kasaragod	39

Source: (http://www.swd.kerala.gov.in/images/VIKASBHAVAN/Orphanage?1015.pdf)

The table 2 shows that, the state of Kerala is having a formalized system for caring the orphans. Every district has enough number of orphanages and the status of Orphanages in Kerala is comparatively better; they provide good environment, food and accommodation. Many of the organizations, philanthropists, NGO's and Government has sanctioned money for empower the orphans life and education. Unfortunately the status of orphans education and empowerment still remains in a low profile. Though the curriculum and syllabus is equal to the main stream, there shows a degree of variations in the outcomes. This may be because of frustrations and socio- personal mal adjustment.

Life skill training helps to promote mental well-being and competence in young people as they face the realities of life. They can be utilized in many problem areas: prevention of drug use, sexual violence, teenage pregnancy, HIV/AIDS prevention and suicide prevention. UNICEF, UNESCO and WHO lists the ten core life skills strategies and techniques as: problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self awareness building skills, empathy, and coping with stress and emotions.

Orphans and their Empowerment – Kerala Scenario

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

A review by UNICEF found that approaches relying on life skills have been effective in educating youth about health-related issues—such as alcohol, tobacco, and other drug use; nutrition; pregnancy prevention; and preventing HIV/AIDS and other sexually transmitted infections (STIs). Life skills education programmes can also be effective in preventing school dropout and violence among young people. Finally, these programmes can lay the foundation for skills demanded in today's job market. Life skill should empower the orphan such as realization of identity, getting appropriate employment, self- esteem, socio personal adjustment, decreasing the anxiety, effective communication and good relationship to others.

The investigator made a survey of life skill of select orphans for total and component wise (Ten Components). The obtained percentage score and mean score for component wise and total for the selected orphans is presented in Table 3.

Table III: Percentage and Mean score obtained for the life skills. (Total and Component wise) for the total sample,

SlNo	Component	Mean scores	Percentage
1	Self-awareness	10.5	52.5
2	Critical Thinking	16.6	66.2
3	Effective Communication	11	55
4	Problem solving	9.6	48
5	Empathy	4.9	49
6	Decision Making	9.4	63
7	Creative Thinking	12	59
8	Inter Personal Relationship	17	66
9	Coping With Stress	13.03	65.15
10	Coping With Emotion	11.97	59.85
	Total Life Skill Scores	**115.29**	**59.12**

From the Table 3, it is clear that the mean score obtained for the life skill score for orphan is 115.29 and the percentage score is 59.12 of all components. The score obtained for each component explained as follws:

Self-awareness: It includes recognition of 'self', our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure. The obtained mean score is 10.5 and Percentage is 52.5

Empathy: To have a successful relationship with our loved ones and society at large, we need to understand and care about other peoples' needs, desires and feelings. Empathy is the ability to imagine whatlife is like for another person. Empathy can help us to accept others, who may be very different from ourselves. The obtained mean score is 4.9 and Percentage is 49

Critical thinking: Itis an ability to analyze information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behavior, such as values, peer pressure and the media. Creative thinking is a novel way of seeing or doing things that is characteristic of four components – fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving of something new), and elaboration (building on other ideas). The obtained mean score is 12 and Percentage is 59.

Decision making: It helps us to deal constructively with decisions about our lives. This can have consequences for health. It can teach people how to actively make decisions about their actions in relation to healthy assessment of different options and, what effects these different decisions are likely to have. The obtained mean score is 9.4 and Percentage is 63.

Problem solving: It helps us to deal constructively with problems in our lives. Significant problems that are left unresolvedcan cause mental stress and give rise to accompanying physical strain. The obtained mean score is 9.6 and Percentage is 48.

Interpersonal relationship: This skill helps us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping, good relations with family members, which are an important source of social support. It may also mean being ableto end relationships constructively. The obtained mean score is 17 and Percentage is 66.

Effective communication: It means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, and also needs and fears. And it may mean being able to ask for advice and help in a time of need. The obtained mean score is 11 and Percentage is 55.

Coping with stress: It means recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help us control our levels of stress, by changing our environment or lifestyleand learning how to relax. The obtained mean score is 13.3 and Percentage is 65.15

Coping with emotions: It means involving recognizing emotions within us and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health if wedo not respond appropriately. The obtained mean score is 11.97 and Percentage is 59.85.

It can be inferred that of all the components Problem Solving having the lowest percentage and the highest is for Critical Thinking. This necessitates the need for effective strategies and techniques to be implemented for calibrating the life skills of orphans.

Strategies and Techniques for Empowerment

The main strategy for empower the orphans is the life skills approach in education. It is an interactive, educational methodology that not only focuses on transmitting knowledge but also aims at shaping attitudes and developing interpersonal skills. The main goal of the life skills approach is to enhance young people's ability to take responsibility for making healthier choices, resisting negative pressures, and avoiding risk behaviors. Teaching methods are youth-centered, gender-sensitive, interactive, and participatory.

The most common teaching methods include working in groups, brainstorming, role-playing, storytelling, debating, and participating in discussions and audio visual activities.

Conclusion

The life skills can develop and empower the orphans life style, education and competence.Life Skills Education results in bridging up communication barriers with peers and other adults. It enables young people to handle stressful situations effectively without losing one's temper or becoming moody. It is important for development of self esteem, positive attitudes, making a firm stand on values, beliefs and cultural differences. When an individual learns all the basic skills to cope with challenges individuals will feel more confident, motivated, and develop a positive attitude towards life, thus, make more mature and adult like decision.

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Parental perception about implementation of CBSE Life Skills Education Programme in Delhi Schools

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Abstract

With cultures and lifestyles in transition, children in today's era need to be adequately equipped with life-skills to help deal with the stress and challenges of modern life. Parents being the first teachers for their children try to provide a conducive environment for the inculcation of these skills and values at home. Schools are also trying to do their part by introducing Life-Skills Education (LSE) in school curricula. The present study was conducted to find out the perception of parents about the LSE being given to their children studying in selected Central Board of Secondary Education (CBSE) schools of Delhi. A self-devised questionnaire was administered on 120 parents of adolescents aged 14-16 years. Findings of the study reveal that majority of the parents are aware about the LSE being imparted to their children in the school and 73% parents find it adequate and relevant for the children in secondary schools. Need for LSE in schools is strongly felt by the parents as it plays a crucial role in preventing risky behaviour, developing coping skills, shaping a positive personality and dealing with the stress of modern life. Although certain lacunae were observed by the parents in the transaction of LSE in terms of nature of activities, allocation of time, attention to the subject, assessment and training of teachers, nevertheless they felt the need for more interactive sessions of parents as well as students in the school related to LSE.

Keywords: Adolescence, life skills, perception, parents, Life skills Education

Introduction

Parenting today's adolescent is becoming increasingly challenging due to the gradual disintegration of the joint family system and the fast pace modern life. New era has destroyed the essential values from the society and family. Living life is all about living it fully and being able to deal with its

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inevitable difficulties and adversities in an effective way. To have a smooth sailing in the vast ocean of life, we need to possess certain skills termed as Life Skills. Parents being the first teachers for their children try to provide a conducive environment for the inculcation of these skills and values at home. These skills were traditionally taught to the children within the home and the development of skills and information needed for a successful vocation were imparted in school. However, perceptions about what equals academic success is changing and so, for today's parents social and life skills are becoming an increasingly important element in education (Sivanes & Phillipson, 2017). Parents need to be realistic and sensitive to special considerations of temperament, learning style and circumstances of their teens (Kastner &Wyatt, 2012). While mainstream education in India today focuses on maths, science, history and language, there is a need for it to also focus on developing social, emotional and cognitive skills; together, these are known as life skills. The ability to nurture healthy relationships, solve problems and make healthy decisions, is something that every individual needs, and childhood is the period where these abilities must be developed (Ranganathan, 2016). Schools are also trying to do their part by introducing Life-Skills Education (LSE) in school curricula.

Research suggests that the experiences that young people have during early adolescence provide the foundation on which they develop their personalities (Leffert, et al., 1996). Altering adolescence from a stagnant period of life into a period of constructive development often requires young people to adopt a new way of thinking and a new way of looking at the world. Lack of confidence in oneself at this stage may lead to adolescent's yielding to peer pressure, aggressive self-conduct, irresponsible behaviour and substance abuse. (CBSE Life-Skill Education and CCE, 2010). Ndirangu (2000) pointed out that contemporary youth are undergoing stressful experiences emanating from the pace of modern life, in particular its ruthless competition and unrealistic notions of success. He argues that home-related problems, financial worries due to poverty, conflicting signals from adult world, peer pressure, rapid physiological changes, quest for identity, traumatizing experiences from childhood, worries about career and school performances, the impact of televised violence, and pornographic magazines, all have a negative effect on the adolescents. Tuko Pamoja (2006) emphasised that life skills when rightly taught in secondary schools help learners to succeed and experience fulfilled lives in their individual families and the society in general. These skills form pillars or foundations in one's life to equip students for societal adjustment.

Adulthood demands a variety of skills for everyday living. Factors influencing the development of Life-Skills appear to include not only experiences within the school curriculum and the guidance and counselling programmes but also talent development opportunities and family & peer relationships (Yuen et al., 2010). Those adolescents show more success in life who belong to families in which parents are both supportive and accept the child's need for more psychological independence. Children accept that the teachers encourage and help them to develop their life skills, but nevertheless credit their parents with being the primary influence (Deslandes et al., 2012). Both parents and teachers have an important role to play; their roles do not replace but rather compliment and reinforce the other's role, thus providing the student with a consistent message. Thinking of parents and teachers as "partners" refers to this mutual effort toward a shared goal. It also implies shared responsibility of parents and teachers for supporting students as learners (Christenson & Sheridan, 2001). According to Nair (2005), the Family Life Education and Life-Skill training Programmes are good support systems for adolescents at the community level.

Life-Skills Education provides an integrated and holistic approach to adolescent development (Parmar & Katoch, 2015). A majority of Life-Skills intervention models provide students with hands-on, after-school experiences focusing on social and emotional skill development. While this is distinct from school learning, there are growing attempts to align such programmes with curriculum to ensure that such skills are reinforced for children and they are able to achieve effective learning at greater scale (Farham et al., 2015). The Discussion document on the National Curriculum Framework for School Education (NCERT, 2000) has recognised the importance of linking education with life skills: "it is through these skills that pupils can fight the challenges of drugs, violence, teenage pregnancy, AIDS and many other health related problems. Although Life-Skills are developed in children through the various curricular and extracurricular activities in the schools but CBSE is the only Board in India which has developed a comprehensive programme for development of Life skills Education for students that endeavours to bring about a change in attitude, behaviour and skills in them.

Objective for the study

The present study was conducted to find out the perception of parents about the LSE being given to their children studying in selected CBSE schools of Delhi. It's a part of the wider research work undertaken by the researcher on evaluating Life Skills Programme in CBSE schools in Delhi.

Methodology

The sample for the present study comprised parents of 120 adolescents from 15 CBSE affiliated schools taken randomly from the four selected zones of Delhi. To collect the information from the parents, the researcher visited the schools and explained the purpose of the study to the school authorities as well as the students. Assurance of confidentiality was given to them that data obtained would be used strictly for research purpose and complete confidentiality would be maintained. Informed consent of the respondents was taken.

For the selection of students, a list, of students studying in classes VIII, IX and X was taken from Head of institution and then from that list 8 students from each school were picked up randomly. A self-devised questionnaire to study the perceptions of parents about the programme was used for recording perception of parents about the LSE being given in their child's school.The categories covered in the questionnaire were as follows: background Information about parents, definition of life skills, source of information about the Life Skills Education (LSE) being given in the school, relevance and adequacy of the LSE, manner in which LSE is being imparted in the school, change in the students due to LSE, aspects where LSE would help students in future, feedback asked by the school and suggestions for improvement of LSE. The questionnaire for eliciting the perception of the parents was given to the selected students who in turn were supposed to get it filled from their parents and bring it back. Address and phone number of the student's parent was recorded and parents were contacted in case the student failed to bring the questionnaire back. Home visits were also made to collect the missing information. The data obtained were subjected to both qualitative and quantitative analysis.

Results and Discussion

(a) Profile of Sample parents: 120 parents belonging to the urban areas of Delhi city falling in the selected districts, participated in this study, 91 fathers and 29 mothers gave their opinion about Life Skill Education (LSE) being given to their adolescent children aged 14-16 years studying in selected CBSE schools (VIII, IX & X classes). Majority (38%) of the parents were aged between 35-45 years, 31% were aged between 25-34 years, while 31% were above 45 years of age. Of all parents, 47.5% were in private jobs while 27.5% were self-employed. 12.5% parents (all mothers) were home makers, and an equal number (12.5%) were in government jobs. 71.7% parents belonged to the upper middle class of socio economic status and

28.3% to the middle class. Majority of the parents (41.7%) had education up to graduation followed by up to intermediate class (25.8%) and post-graduation (25%). Only 7.5% parents had pursued higher education.

Parent's perception regarding concept of Life Skills Education given in school

The first item in the questionnaire intended to identify the **concept of life skills** as perceived by the parents (Table 1). According to 42.5% parents, life skills are helpful in bringing positive change in behavior of the children so that they are able to deal with challenges of life. A large number of parents perceived that life skills are instrumental in enhancement of various skills in children, be it emotional skills (11.6%), thinking skills (9.1%) or social skills (22.5%). Moreover, parents also thought that life skills are the skills that can bring a change in the attitude of their children (15.8%). Few parents (6.6%) considered inculcation of good values in children as life skills. Parents considered life skills as the skills that are a part of life and are related to all aspects of life. They develop the potential of children (15%). It may be inferred from table 1 that a large number of respondents directly related life skills to a very overt aspect of personality i. e. behavior. It could possibly be due to the fact that life skills training being imparted to their wards, may have directly produced visible changes in children's behavior.

	Responses	f	%
1	Positive change in behaviour	51	42.5
2	Enhancement of Emotional skills	14	11.6
3	Enhancement of Thinking skills	11	9.1
4	Enhancement of Social skills	27	22.5
5	Attitude change	19	15.5
6	Inculcation of values	08	6.6
7	Others	18	15
	Total	148*	

* Options have multiple responses

(b) Source of information about the Life Skills Education (LSE) being given in the school.

Parents were aware of LSE being given in school through various sources. A large number (42.4%) reported having gone through the school curriculum while 39% parents were informed by their children. Few (11.6%) parents had attended orientation workshops about LSE organized by the school

while some parents (11%) had read about it on the internet also (Table 2). It could be inferred from the table that maximum parents acquired information by themselves going through the curriculum or from their children.

Table 2. Source of information about LSE being given in the school.

Responses	f	%
Orientation workshops	14	11.6
School curriculum	51	42.4
Internet	11	9.1
LSE in school (through child)	47	39.1
Any other	03	2.5
Total	126*	

(c) Adequacy of information about LSE programme in the child's school

When the parents were asked whether the information about life skills that they receive from the above mentioned sources was adequate, a large number of the parents (64.2%) found the information adequate while 21.7% couldn't decide as to whether they get all the information or not. Only 14.2% parents found the information inadequate and tried to get more through other sources as well.
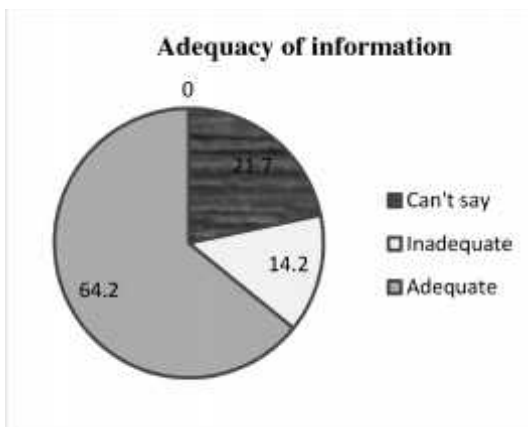

Figure 1. Adequacy of information about LSE programme in the child's school.

(d) Manner in which LSE is being imparted

Majority of the parents (70%) were satisfied by the manner in which LSE is being imparted to their child by the school. Though 10.8% parents found it very good and termed it exemplary, there were those (5.8) who were unsatisfied and said there is scope for improvement. 1.7% parents thought it was dismal and 11.7% could not decide on their answer (fig 2).
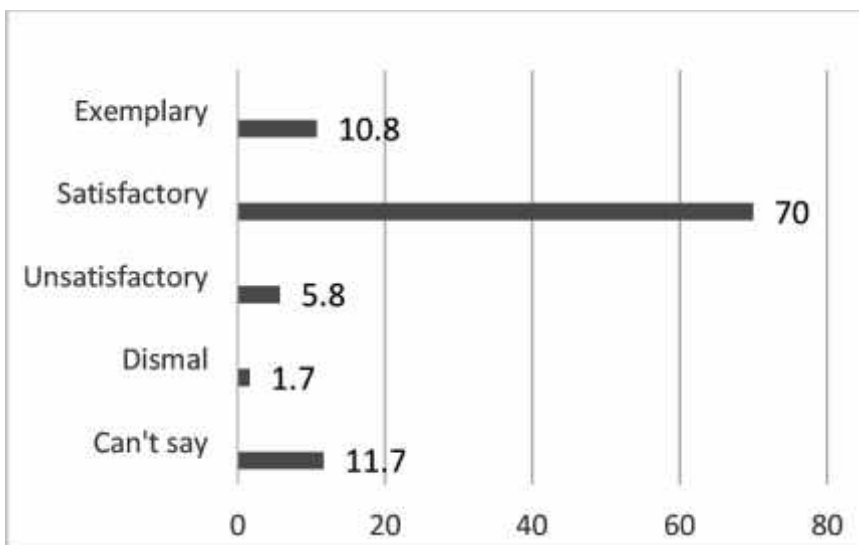

Figure 2. Manner in which LSE is being imparted

(e) Change in children due to LSE given by the school

Rather than simply identifying that the LSE programme was necessary, and beneficial, parents were able to expand on the particular benefits they saw. They indicated that LSE has been instrumental in bringing changes in their children in terms of various aspects. Mean scores, as well as frequency determination depicted that maximum change was seen in children in terms of thinking and social skills as well as self-confidence. Parents have also noticed an enhancement in the overall academic performance (table 3). These findings suggest that parents believe that through Life Skills Education, positive and desirable changes can be brought in the adolescents in terms of their thinking & social skills, self-confidence to a large degree and also in attitude behavior and coping skills thereby also enhancing their academic performance.

Table 3. Parent's perception about change in children due to LSE given by the school

	Aspects/Areas	No change f (%)	Hardly any change f (%)	Can't say f (%)	Some change f (%)	Quite a lot of change f (%)	N=120 Mean ± S. D.
1	Attitude	13 (10.8)	11 (9.2)	23 (19.3)	48 (40)	25 (20.8)	3.50 ± 1.2
2	Behaviour	6 (5)	17 (14.5)	7 (5.8)	55 (45.8)	35 (29.5)	3.80± 1.1
3	Enhanced Academic performance	8 (6.7)	12 (10)	13 (10.8)	43 (35.8)	44 (36.7)	3.86± 1.2
4	Thinking Skills	3 (2.5)	12 (10)	8 (6.7)	48 (40)	49 (40.8)	4.06± 1.2
5	Emotional Skills	11 (9.2)	6 (5)	24 (20)	47 (39.2)	32 (26.7)	3.69± 1.1
6	Social Skills	5 (4.2)	6 (5)	11 (9.2)	57 (47.5)	41 (34.2)	4.02± 1.0
7	Coping Skills	7 (5.8)	10 (8.3)	20 (16.7)	52 (43.3)	31 (25.8)	3.75± 1.1
8	Self Confidence	5 (4.2)	10 (8.3)	8 (6.7)	44 (36.7)	53 (44.2)	4.08± 1.1

(f) Some other aspects where LSE would help children in future

As depicted   (table 4) when asked what are the other aspects of life where LSE would help children in future, parents considered life skills as an important influencing force in the refining of personal skills, attitude and overall personality (22.5%) of the children so that they can have clarity of future prospects (17.5%). Parents mentioned that most crucial was enhancement of self-confidence of children (18.3%) followed by skill of adjustment with the pressure and challenges posed to children by people and society at large (15.8). Parents interviewed in a similar study by Theresa et al (2004) viewed the 4-H (head heart, hand & health) Cloverbud program   influential in life skill development, particularly in the areas of social skills, learning to learn, and personal development (self-confidence, self-care, and self-direction). In fact, life skills are needed in all aspects of life (14.1%). Other areas mentioned by the parents were coping with the life stressors like studies and stress of higher classes, career development, job attainment, self-reliance and skill for self-employment etc. (11.6%).

Table 4. Some other aspects where LSE would help children in future:

	Areas / Aspects	f (%)
1	Clarity of future prospects	21(17.5)
2	Adjustment	19(15.8)
3	Self Confidence	22(18.33)
4	Refinement of personal skills	27(22.5)
5	Coping with life stressors	14(11.6)
6	All the above	17(14.2)
	Total	120

(g) Relevance and adequacy of LSE given in the school in secondary curriculum

As given in table 5, large number of respondents included in this study (55%) agreed that LSE in secondary curriculum is adequate and relevant to tackle the emerging issues of the new era and (18.3%) parents strongly agreed to the notion. While 18% parents couldn't decide, 10.8% disagreed with the statement. Only a miniscule number (0.8%) strongly disagreed. This depicts that parents perceive Life skills education given in the CBSE schools where their children are studying as being adequate and also relevant according to the need and challenges of the present times. Scheer & Lafontaine (1999) in their study provided a general sense that adults associated with the Life Skills program (i.e., parents, volunteers, and Extension professionals) believed it was beneficial for the children.

Table 5. Relevance and adequacy of LSE given in the school in secondary curriculum

	Responses	Frequency (%)
1	Strongly disagree	1 (0.8)
2	Disagre	13 (10.8)
3	Can't say	18 (15)
4	Agree	66 (55)
5	Strongly agree	22 (18.3)
	Total	120

(h) Source of information about school's LSE programme

In terms of acquisition of information about Life Skills Education programme from school, parents mentioned different sources like orientation workshops for them (44.17%), circulars sent by the school (26.7%), Parent Teacher Meets (20.83%), and school functions (13%). Some other source of information cited were; notebooks and worksheets related to life skills, Sessions about life skills held in school, mention during Annual function, children talk about the programme at home. Some parents (4%) also reported that they did not get any information about LSE being held in their ward's school (table 6). Results show a trend that majority of information received is by the direct involvement of parents when they attend workshops and PTM's in the school.

Table 6. Source of information about school's LSE programme.

	Source of information	Frequency	%
1	Workshops	53	44.17
2	Circulars	32	26.7
3	PTM	25	20.83
4	Functions/Meets	13	10.83
5	Any other	6	5
6	None	5	4.16
	Total	134*	

* Options have multiple responses

Feedback is an important tool to assess any programme and also to suggest improvements/ revisions in it. When asked whether school takes the feedback of the parents in relation to LSE, 51.7% replied in positive while 48.3% said they were never asked for feedback.

(i) Suggestions given by parents for improvement of LSE

Though the impression of parents about the programme was mostly positive, parents did address several gaps in the programme and suggested improvements. Foremost observations was regarding want of time/periods available for LSE transactions. 31.7% respondents demanded that the number of life skills periods (presently 1 or 2 periods are given) should be increased in the time table and regularity should be maintained. Students should be made aware of the benefits of Life skills education and they should be motivated to participate whole heartedly in the classes and activities re-

lated to life skills (17.5%). According to Sivanes & Phillipson (2017), 69 per cent of parents believe schools should do more to teach their child about social skills. Moreover (15.8%) parents in the present study expressed the need for efforts to be made by the schools in increasing awareness among parents about the significance of LSE (for their children) and ensuring their increased participation since they believed that parents are the integral part of the teaching learning triad. "*During PTMs teachers should sensitize the parents about LSE programme and its benefits*", said one parent. Both parents and teachers have an important role to play; their roles imply shared responsibility of parents and teachers for supporting students as learners (Christenson & Sheridan, 2001).

Necessity for seriousness in implementation of the programme by the school authorities was felt by 15% parents, who said that the school should give more importance/attention to it and impart it systematically. The study by Garst et al.(2006) supports the importance of purposeful planning for positive outcomes, as the greatest gains were related to components that were designed to enhance specific life skills.

Need was also felt by10.8% parents for improvement in the nature and number of activities being undertaken. *"The activities should be such that students are interested in them", "Life skill activities should be fun so that the children can unwind"*. The parents mentioned hands-on activities, fair, camp, community service, and craft activities as the vehicle for life skill development in the study by Theresa et al (2004).

Other suggestions included the inclusion of practical projects and tasks related to life-skills, forming groups for children, having clubs in school and taking students for outdoor activities (7.5%). *"Children should be taken out of the school to have hands on experience of life and struggles of other people out of their comfort zone"*, suggested one parent. Strict parameters for testing the changes in students, monitoring of classes and validation of outcomes were also suggested (2.5%). Parents also suggested that joint sessions for students and parents should be promoted to have better communication and understanding (2.5%).Two parents believed that teachers should be specially trained for transaction of life skills as qualified ones can be more efficient. A study by Hurst (2017) shows that teachers can be supported to improve their relationships with all parents, resulting in a better education for all children while also encouraging parents to become more involved in the education process. One parent mentioned that value education should be included in life skills while another suggested LSE should start from primary level itself (table7).

Table 7. Suggestions for improvement of LSE.

	Suggestions	f	%
1	Increase in number and regularity of LS classes	38	31.7
2	Improvement in LSE Implementation	18	15
3	Improvement in the nature and number of activities	13	10.8
4	Increasing awareness, participation and motivation in students	21	17.5
5	Increasing participation and awareness in parents	19	15.8
6	Include innovative practices for LSE	9	7.5
7	Strict parameters for testing of Life skills of students	1	0.85
8	Strict parameters for validation and monitoring of LSE	2	1.7
9	Have joint sessions for students and parents	3	2.5
10	Qualified and trained teachers	2	1.7
11	Others	2	1.7
12	Indifferent response	4	3.3
13	No suggestion/ no idea	7	5.8
	Total	139*	

* Options have multiple responses

CONCLUSION

School plays a significant role in shaping the personality of their students. Inclusion of Life Skills Education in the school curriculum is an effort in this direction. The perception of parents of adolescents receiving LSE in school was studied to understand their views about it and its importance for development of children. Based on the discussion above, it was concluded that majority of parents had knowledge about the LSE given by their child's school. They considered life skills to be essential for healthy development of their children's personality and thought it was necessary to be given in the schools as the society is rapidly changing. The manner in which LSE is being imparted in schools is largely satisfactory and is capable of bringing positive change in the behaviour, attitude and skills in children. Parents believed that LSE could be used to enhance confidence, coping skills and other traits in children so that they become capable of living a happy and healthy life and cope well with the challenges of future life.

The present LSE curriculum followed by schools was found to be adequate and relevant by majority of parents. More than half of the parents admitted of giving feedback to school about the programme. Though the parental perception about the LSE programme of CBSE was found to be largely positive, several lacunae related to implementation were pointed by the par-

ents such as inadequacy of time allotted for LSE, requirement for taking it more seriously, improvement in activities related to life skills etc. Need for creating awareness in students as well as parents about LSE and bringing the two together was suggested by the parents. The present research has implication for policy makers and planners, especially for CBSE and other school Boards, teachers and parents since on the basis of perception of stakeholders, further changes in LSE can be brought about.

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