

# THE EFFECT OF LIFE SKILLS TRAINING ON THE MENTAL HEALTH OF INSTITUTIONALIZED YOUNG ADOLESCENTS

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The life skills are very important component in every individual's life. According to World Health Organization (WHO, 1997) life skills are a set of competencies for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills enhances the mental health of individuals. World Health Organization for the first time has given the definition for the words *Life Skills* and *Mental Health Concept*. Every individual uses life skills in their day to day life knowingly or unknowingly. During 2004, WHO states that Mental health is a state of well-being in which every individual understands his or her own potential to cope up with normal stresses of life, can work productively and fruitfully and is able to make a contribution for his or her own society and community. The word 'orphanage' means that a home for children with no parents. In present scenario only a few orphan and semi-orphan children are found in institutions. Rest of the children are staying in children homes due to poverty, vulnerability, for education, nutritional food and healthcare. The objective of the study is to see the effectiveness of life skills training on the mental health of institutionalized children. For the purpose, Life Skills Questionnaire (LSQ) and Mental Health Questionnaire (MHQ) were used for collecting the data and Life skills training module. Appropriate statistical techniques were used for the analysis.

**Keywords:** *Life Skills, Mental Health, Institutionalized adolescents*

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## INTRODUCTION

### Life Skills

Life skills based education has a long history of promoting the better health and child development. According to Ottawa (1986) Life Skills help the individual in terms of making better health choice. Convention on the Rights of the Child (1989) states that life skills education supposed to be directed towards the development of the "child's fullest potential". Life skills are like learning tools for the individual endurance, each individual have the ability for the development of oneself and quality of life. Dakar World Education Conference (2000) states that "each and every

individual have the right to get benefits from the education, that may be learning to know the new things and to do that one, to live together and to be". For the first time UN General Assembly on Children (UNGASS, 2002) recognized the life skills education because many issues were found related to child and youth. At the same time nations of the world devoted themselves to set goals to improve the children and young people. According to WHO (1997) life skills as internalizing the core life skills that help the adolescents to deal with the concerns in the modern world in a dignified and mature way to bring the success to them. Life skills are the skills sets and capabilities that help the individuals to face problems in their daily life with a positive manner and go about with their everyday task effectively (Joseph, 2008). UNICEF states that life skills are, "a behavior change or development of behavior approach designed to address a balance of three main areas: knowledge, attitude and skills". Every definition mainly focused on the ideas of life skills and also there were no specific list of the life skills. Hence, life skills will vary according to the circumstances and perspective of individuals. There were ten life skills recognized by WHO i.e., self-awareness, empathy, effective communication, interpersonal relationship, creativity, critical thinking, problem solving, decision making, coping with stress and coping with emotions respectively.

### **Mental Health**

In 1843, mental hygiene word was coined in English literature. WHO (1948) took initiative and conducted an international congress on mental health in London city. Afterward WHO's experts team gave a definition of the mental health and mental hygiene. Mental hygiene refers to all the activities and techniques which promote and uphold mental health. Mental health issues are a state of subject to fluctuations due to biological and social factors, which enables the individual to attain a satisfactory synthesis of his own potentially conflicting, instinctive drives to form and sustain harmonious relations with others, and to take part in constructive changes in his social and physical environment. The term Mental Health means the absence of mental illness and it allows the one to flourish and fully enjoy the life. Every individual is experiencing up's and down's in their life. At the same time individuals have the capacity to cope up with the problems and it varies from one to another. Mental health is affected by lack of self-esteem and confidence, feeling loved, family break up or loss, difficult behavior, physical illness and other reasons.

### **Institutionalized Children**

The word orphan comes from the Greek word "*orphanos*". Orphan children are those whose parents are dead, unknown or permanently neglecting him or her. Mostly the word Orphan is used for those who have lost both their parents. Global partners and UNICEF defined that orphans are the children who lost their one or both parents below the age of 18. Orphanage is a residential institution mainly dedicated to the care of orphan children. Orphanages are meant for

providing the care, free education and housing facility for them. In India often, people use to call orphanage as orphan home or children home but in other countries, people call orphanage as institutions.

Lumos foundation (2015) states that in Europe 80% of children who are living in orphanage are not really orphans. International children's charity (2011) had studied on orphan children in which only 20 million are orphans out of 4% of India's child population. In that only 0.3 % of orphans are children whose parents have actually died. Presently orphan children are seriously in need of protection, health care, nutrition and food.

Children who are living in orphanages have at least one living parent and most of the children have some extended family. Around the world most of the children who are living in an institution are having parent or close relatives. Normally children are entering orphanage because of poverty, disability, ethnic minority and many other reasons.

## AIM

The aim of the study is to assess the effect of life skills training programme (Life Skills Education Toolkit) on the mental health by assessing the difference between institutionalized young adolescents who participated in the program and a control group which did not participate in the programme.

## OBJECTIVES

1. To assess the life skills of institutionalized young adolescents.
2. To assess the mental health of institutionalized young adolescents.
3. The study the effectiveness of life skills training on the mental health of institutionalized young adolescents.

## HYPOTHESES

1.  $H_a$ : There will be a significant difference in the Life Skills of institutionalized young adolescents during Pre and post-test of the experimental group.
2.  $H_a$ : There will be a significant difference in the life skills of institutionalized young adolescents during Pre and post-test of the control group.
3.  $H_a$ : There will be a significant difference in the mental health of institutionalized young adolescents during Pre and post-test of the experimental group.
4.  $H_a$ : There will be a significant difference in the mental health of institutionalized young adolescents Pre and post-test of the control group.

## METHOD

### Sample

A pre-post testing design with control group was used for the study. The population of the study consisted of institutionalized young adolescents in Salem Tamilnadu. The age group of participants was 13-15 years and they were studying in 8<sup>th</sup> and 9<sup>th</sup> standard. For selecting the sample, random sampling was conducted at two stages. At the first stage, institutionalized boys and girls were selected randomly. Then the life skills and mental health questionnaires were administered for 430 adolescents, after that few institutions with high need were selected for the training. At the next stage, adolescents with the lowest scores were selected through simple random sampling and were replaced in experimental (130 subjects) or control (130 subjects) groups. Life skills trainings were imparted for twenty-one sessions by the researcher, one session a day basis.

## Measures

### 1. The Life skills assessment scale

The Life skills assessment scale developed by A. Radhakrishanan Nair, R. Subasree and Sunitha Ranjan (2010) was used to measure the life skills of the individuals. It consists of 100 items and has high internal reliability (Cronbach alpha is 0.84) and a validity correlation of  $r=0.84$ .

### 2. PGI General Wellbeing scale

PGI General Wellbeing scale by Moudgi et al., consisted of 20 items. This tool measures the positive mental health. Reliability was measured by K.R. 20 formula and was found to be 0.98 ( $p<0.01$ ) and test-retest reliability was 0.91 ( $p<0.01$ ). The test was correlated with a number of tests in different studies and found to be valid.

## STATISTICS ANALYSIS

Paired sample t-test and cross tabulation was used to assess the significant improvement in the mean scores of the respondents in the pre-test and post tests.

## RESULTS AND DISCUSSION

**Table: 1 Life skills of institutionalized adolescents in pre and post- test experimental group.**

Life Skills	Pre-test Experimental group		Post-test Experimental group		Paired t-value
	Mean	SD	Mean	SD	
Self awareness	39.73	7.01	42.98	4.70	4.03*
Empathy	34.45	5.03	43.76	4.44	16.59*
Communication	28.22	3.78	28.53	4.58	0.64 <sup>NS</sup>
Interpersonal relationship	33.98	4.22	36.81	4.81	5.11*
Creative thinking	25.84	3.49	29.47	5.02	6.56*
Critical thinking	36.17	5.25	39.57	4.90	5.58*

Decision making	35.45	4.06	32.18	4.37	6.18*
Problem solving	29.54	5.19	34.48	4.91	8.79*
Coping with emotion	32.12	5.44	31.38	5.30	1.11 <sup>NS</sup>
Coping with stress	21.56	4.98	23.52	5.26	3.00*
Global skills	313.79	16.81	345.95	19.72	16.82*
<b>* Probability (p)&lt;0.05, NS- Not Significant</b>					

**1.  $H_a$ : “There will be a significant difference in the Life Skills of institutionalized adolescents during pre and post-test of the experimental group”**

From table 2, it is found that except for coping with emotion and communication the “t” values are significant for life skills. Hence the hypothesis is confirmed. It is concluded that the institutionalized adolescents differ significantly in life skills on the basis of pre-test Experimental scores and post-test Experimental scores. The results of the test indicate significant improvement in the life skills of adolescents as they scored significantly higher scores in all the dimensions of life skills during the post-test as compared to pre-test. More ever, differences were found to be statically significant.

**Table: 2 Life Skills of institutionalized adolescents in pre and post-test control group.**

Life Skills	Pre-test control group		Post-test control group		Paired t-value
	Mean	SD	Mean	SD	
Self Awareness	38.82	8.59	39.39	4.66	0.77 <sup>NS</sup>
Empathy	34.15	7.71	34.37	4.61	0.35 <sup>NS</sup>
Communication	26.60	4.53	26.60	4.60	0.00 <sup>NS</sup>
Interpersonal Relationship	33.89	5.23	37.12	4.21	5.97*
Creative Thinking	26.85	5.54	27.72	4.86	1.54 <sup>NS</sup>
Critical Thinking	33.72	5.24	37.55	5.39	6.96*
Decision Making	36.42	5.48	37.04	4.30	1.03 <sup>NS</sup>
Problem Solving	31.42	4.70	32.26	4.57	1.63 <sup>NS</sup>
Coping With Emotion	33.76	5.31	37.50	4.99	5.42*
Coping With Stress	21.06	4.47	21.62	4.63	0.99 <sup>NS</sup>
Global Skills	319.34	19.39	331.29	21.96	5.60*
<b>* Probability (p) &lt; 0.05, NS- Not Significant</b>					

**2.  $H_a$ : “There will be a significant difference in life skills of institutionalized adolescents during pre and post-test of the control group”**

From table 2 it is found that the t-values are significant for the Life Skills. The institutionalized adolescents differ significantly in Life Skills in pre-test control group and post-test control group. Hence, the hypothesis is confirmed.

On the basis of life skills assessment, the mean score obtained during the pre-testing and post testing phases indicated that there was no progress in the life skills of institutionalized young adolescents. Participants got low scores in all the

dimensions of life skills when compared to the pre-test. Only few dimensions were found to be significant. It may be due to the repeated exposure of questionnaire which could have led to awareness of these skills.

**Table: 3 Mental Health of institutionalized adolescents in pre and post-test experimental group.**

Mental Health	Pre-test		Post-test		Paired t-value
	Experimental group		Experimental group		
	Mean	SD	Mean	SD	
	13.45	3.62	14.82	2.46	<b>4.08*</b>

\* Probability (p) <0.05,

**3.  $H_a$ : "There will be a significant difference in the Mental Health of institutionalized adolescents during pre and post-test of the experimental group"**

From table 3 it is found that the t-values are significant for the mental health. Hence the hypothesis is being confirmed. It is concluded that the institutionalized adolescents differ significantly in mental health in pre-test experimental group and post-test experimental group. Participants got mean score of 13.45 (pre-test) and 14.82 (post-test) respectively. The term, Mental health is used to describe the level of cognitive or emotional wellbeing or absence of mental health disorder. In this perspectives adolescent who are part of this training programme have got higher scores when compared to pre-test scores. Life skills help the children to overcome emotional problems and other day today problems.

**Table: 4 Mental Health of institutionalized adolescents in pre and post-test control group**

Mental Health	Pre-test		Post-test		Paired t-value
	control group		control group		
	Mean	SD	Mean	SD	
	10.74	2.99	8.88	3.73	<b>4.64*</b>

\* Probability (p) <0.05

**3.  $H_a$ : "There will be a significant difference in the mental health of institutionalized adolescents during pre and post-test of the control group"**

From table 4 it is found that the t-values are significant for the mental health. Hence, the hypothesis is confirmed. It is concluded that the institutionalized adolescents differ significantly in mental health during pre- and post-test scores for the control group.

Participants have got higher mean score of 10.74 in pre-test and mean of 8.88 in post-test. It shows that mental health of participants was less when it compared to post-test scores. In the control group, the children's mental health scores are lower than the experimental group.

## FINDINGS

- The average level of Life Skills score has increased to 36.2% in girls and 27% in boys.

- The very Low category of life skills has been controlled on the basis of family type.
- Only 1 (0.8%) participant who stayed less than 2 years in the institution has improved to the level of high Global Life Skills.
- 45.4% of Participants from the category who belonged to the category of less than 2 years of study have improved to an average level of Life Skills.
- The present study found that institutionalized adolescents were having better life skills. The life skills module is trained can help young adults to manage their life in a better way.
- The study also found that institutionalized adolescents belonging to the experiment group were good at Self-awareness, empathy, interpersonal relationship, creativity, critical thinking, decision making, problem solving and coping with stress.
- The study found that institutionalized adolescents were having positive mental health.

#### **LIMITATION AND SUGGESTIONS FOR FURTHER STUDY**

1. The sample of this study consisted of institutionalized adolescents in Salem and sample the size is very small and the generalization will have limited accuracy.
2. This study may be repeated among of institutionalized adolescents in a very large sample across states.
3. Further, the study may be conducted to explore the life skills and mental health of institutionalized adolescents in comparison to another group.

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