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REVIEW ARTICLE

LIFE SKILL EDUCATION AMONG ADOLOSCENTS

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| ARTICLE INFO | ABSTRACT |
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| Article History: Received 10 th July, 2016 Received in revised form 22 nd August, 2016 Accepted 25 th September, 2016 Published online 30 th October, 2016 | In any society, rapid change in social, moral, ethical and religious values demand changes in the life style of individuals. Such changes are inevitable and adolescents are most affected by these changes. Moreover, these changes interfere with physical, psychological and social health of adolescents, resulting in exposure, to high risk behavior. There is growing recognition that many adolescents are not sufficiently prepare to deal with the demands of the modern society. Today's adolescents are exposed to more information and cultural alternatives than earlier period. To overcome such difficult, the adolescent need to acquire life skills.It is known that there remains a significant gap between |
| Key words: | adolescent heed to acquire the skills. It is known that there remains a significant gap between adolescents having accurate information and its translation into behavior. Skill development is a key to facilitate this process of transforming information into healthy behaviour. Many studies prove that |
| Life skill education, Adoloscents, Effects, Models. | life education improves desired behaviors among adolescents and also proved to be effectives in the prevention of substance abuse (Botvin <i>et al.</i> , 1984; 1980; Pentz, 1983); adolescents pregnancy (Zabin <i>et al.</i> , 1986), the promotion of intelligence Gnzalez, 1990), the prevention of bullying (Olweues 1990); improved teacher-student relationship (Parsons <i>et al.</i> , 1988); improved academic performance (Weisberg <i>et al.</i> , 1989), improved school attendance (Zabin <i>et al.</i> , 1986); stress reduction (Ravindran 20100; improved self-esteem, self-confidence, social adjustment, emotional adjustment, empathy (Bharath and Kishore, 2010; Yadav and Iqbal, 2009); and improved problem solving skills and communication skills. |

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INTRODUCTION

Skill development is a key to facilitate the process of transforming information into healthy behavior. Adolescents with low levels of life skills are known to develop high risk behaviors which lead to long lasting health and social consequences. Many countries across the world have introduced life skills education in the school curriculum or for adolescents in special situation. For these reasons, life skills education isimportant tohelp young people cope with challenges that they face in their day-to-day lives. In this context to assess the level of life skills among adolescents is important. But till now the schools Kerala state government didn't include any life skill programme/education in the curriculum. By comparing with the academic performances with social ability the children of our schools are backward in dealing with problems and difficult life situations. So by adding such type of life skill education in the schools or it is important to place in context of wider education sector and helps children from high risk behavior.

Life Skills: Meaning

The World Health Organization (1997) defines life skills, as "abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life." There are innumerable life skills. Some are specific to certain situations while others are of a generic in nature. Based on various theoretical perspectives, as well as intervention and training in this area across cultures, a core set of 10 generic life skills are identified which are basic to every culture and can be used for promotion of psychological health in children and adolescents. These skills include decision problem solving, making, empathy, self-awareness, communication, interpersonal relationship, coping with emotions, coping with stress, creative thinking, critical thinking.

Decision making: - helps us to deal constructively with decision about our lives. This can have consequences for healths of young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decision may have

Problem solving: - enables us to deal constructively with problems in our lives. Significant problems that are lifting

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unresolved can cause mental stress and give rise to accompanying physical strain

*Empathy:-*is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behavior towards people in need of care and assistance, as is the case with AIDS suffers or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support

Self-awareness :- includes our recognition of ourselves, of our character, of strengths and weaknesses ,desires and dislikes. Developing self-awareness can help us to recognize when we are stressed on feel under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as developing empathy for others

Communication :- means that we 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, but also needs and fears. And it may mean being able to ask for advice and help in a time of need.

Interpersonal Relationship skills: -help us to relate in positive ways it the people we interact with this may mean being able to make and keep friendly relationships which can be of great importance toour mental and social well-being. It may mean keeping good relations with family members, which are important source of social support. It may also mean being able to end relationships constructively.

Coping with emotions :-Involves recognize emotions in ourselves and others, being aware of how emotions influence behavior, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately.

Coping with stress:-Is about recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, forexample, by making changes to our physical environment created by unavoidable stress do not give rise to health problems. Or lifestyle. Or it may mean learning how to relax, so that tensions

Creative Thinking:-It contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-actions. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situation of our daily lives.

Critical thinking:-is an ability to analyze information and experiencein an objective manner. Critical thinking can contribute to health by helping us to recognize and asses the factors that influence attitudes and behavior, such as values, peer pressure, and the media.

Across cultures life skills education is similar in three important ways. First the most important aspect is learning of life skills which are essentially those abilities which help promote mental well-being. Thisenables one to deal effectively with every day challenges. Secondly, to enable adolescents to learn and practice skills, life skills training is based on student –cantered and activity- oriented methodology. Thirdly, life skills training is based on the philosophy that young people should be empowered to take more responsibility for their a

Life Skills Education

For health promotion, life skills education is based on the teaching of generic life skills and includes the practice of life skills in relation to major health and social problems. Life skills lessons should be combined with health information, and may also be combined with other approaches, such as programmes designed to effect changes in environmental and social factors which influence the health and development of young people. The methods used in the teaching of life skills builds upon what is known of how young people learn from their own experiences and from the people around them, from observing how others behave and what consequences arise from behavior. This is described in the SocialLearning Theory developed by Bandura (1977). In Social Learning Theory learning is considered to be an active acquisition, processing and structuring of experience. In life skills education, children are actively involved in a dynamic teaching and learning process. The pedagogy of life skills education is based on cooperative learning, participative activities and experimental learning. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play games and debates. A life skills lesson may start with teacher exploring with the student what their ideas or knowledge is about a particular situation in which a life skill can be used. Teaching 10 generic skills is effective tool for promotion of mental well-being the acquisition of knowledge from life skills training influences the attitudes and values leading to positive behavior and in turn helps in prevention of high risk behaviors. Life skills training which enable skills learning aim to influence health and behavior in the social context. Though a person's behavior may partly be determined or influenced by environmental and social factors it essentially stems from the individual himself. The following is a diagrammatic representation of a model of how life skills education equips individual in pro-social ways, through the promotion of mental well-being by promoting behavioral preparedness. The behavioral preparedness is based on two aspects: the individual's psychological competence (based on acquisition and practice of life skills), and behavioral intensions.

Life skill education and adoloscents

In any society, rapid change in social, moral, ethical and religious values demand changes in the life style of individuals. Such changes are inevitable and adolescents are most affected by these changes. Moreover, these changes interfere with physical, psychological and social health of adolescents, resulting in exposure, to high risk behavior. There is growing recognition that many adolescents are not sufficiently prepare to deal with the demands of the modern society. Today's adolescents are exposed to more information and cultural alternatives than earlier period. To overcome such difficult, the adolescent need to acquire life skills. It is known

that there remains a significant gap between adolescents having accurate information and its translation into behavior. Skill development is a key to facilitate this process of transforming information intohealthy behaviour. Many studies prove that life education improves desired behaviors among adolescents and also proved to be effectives in the prevention of substance abuse (Botvin et al., 1984; 1980; Pentz, 1983); adolescents pregnancy (Zabin et al., 1986), the promotion of intelligence 9 Gnzalez 1990), the prevention of bullying (Olweues, 1990); improved teacher-student relationship (Parsons et al., 1988); improved academic performance (Weisberg et al., 1989), improved school attendance (Zabin et al., 1986); stress reduction (Ravindran, 20100; improved self-esteem, self-confidence, social adjustment, emotional adjustment, empathy (Bharath and Kishore, 2010; Yadav and Iqbal, 2009); and improved problem solving skills and communication skills. In the lifecycle of a homosapien organism, adolescence is a period of transition from childhood to adulthood. It is characterized by rapid physical, biological and hormonal changes resulting into psychosocial, behavioral and sexual maturation between the ages of 10 and 19 years in anindividual. Adolescents are often described as a face of life that begins in biology and ends in society. It means that physical and biological changes are universal and take place due to maturation but the psychosocial and behavioral manifestations are determined by the meaning given to these changes within a cultural system.During the transition period adolescent experience a number of stressful concurrent life changes. Until a child reaches early adolescence, family members are usually the strongest influence. With onset of adolescence, significant social changes occur. It is a time young people drift away and distance from parents. Peer groups become the largest and most influential Source affecting behaviour and values (Petersen and Hamburg, 1986). Spending more time with peers and confirming to the ideas and judgements of their peers are common during this periods. This transition is so crucial that adolescents face problems in certain areas of life such as parent-child conflicts, including in risky behaviors and mood changes.

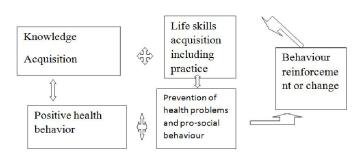
Some of the common high risk behaviour which lead to adolescent health and development problems, and are, in turn, aggravated by these problems, in a visions circle, are substance abuse (including the use of alcohol and tobacco), engaging in unwanted or unsafe sex, unhealthy eating habits, situations which increase the likelihood of accidents and violence, negative and possibly harmful peer relationships and affiliations, street children, child soldiers, child sexual exploitation and harmful work conditions. It is well known that alcohol and drugs impair judgments and increase the risk taking behaviour of the young people like dangerous driving, unprotected sexual relations, accidental injury or violence Causes for high risk behaviors include inadequate information and skills, poor access to education and health services and unsupportive environment settings. If these issues are not resolved the individual suffers from role diffusion or negative identities, which results in mismatched abilities and desire, are directionless and unprepared for the psychological challenges of adulthood (Berk, 2007; Vranda and Chandrasekhar Rao, 2006). These internal stresses and social expectations lead to moments of uncertainty, self-doubts and disappointment in the adolescent. It is in these situations that the young person takes risks and involves in risk taking behaviors. It isknown that there remains

a significant gap between adolescents having accurate information and its translation into behavior.

Effects of Life skill education on Adoloscents

It was estimated that young people below 20 years of age account for 40 per cent of the world's population, while 80 per cent are living in the developing countries (WHO-SEARO, 2000). In the present day, the youth exposed to an entirely new pattern of living and a new set of mores, values and standards that are being widely accepted but which stand in contract to those which were promoted by their parents and grandparents (Vranda, 2007). India being a vast and diverse country, the youth is slowly undergoing a cultural transition in their outlook due to rapid globalization and industrialization. The ambiguous values children and adolescents observe today in India, coupled with the increasing gap between aspirations and possible achievement, has led to a greater sense of 'alienation' (Singh and Singh, 1993). Indian youth is currently at the crossroads. Demands of contemporary life, changing family structure, dysfunctional relations, increased use of substance abuse and early sexual experimentation are some of the issues makes crucial for integrating life skills education for adolescents. Some of the problems of adolescents in India are low female literacy, early marriage and cohabitation (NFHS1995); sexually active adolescent; teenage pregnancies and child birth; pregnancies/ birth outside wedlock (Jejeebhoy1996; NFHS1995); tobacco use and alcohol consumption (IIPS2007) abuse /exploitation, violence including rape and inability to negotiate use of contraception (Bansal and Arya, 1993); cultural norms and sex (Jejeebhoy 1996); and inadequate improper knowledge of sexuality has placed Indian youth/adolescents at risk. Most of reproductive health services continue to target adult women neglecting this crucial group of adolescents. Furthermore, adolescents are rarely considered a distinct group and therefore their reproductive health needs, sexuality, reproductive morbidity, abortion seeking and reproductive choices are poorly understood and ill served. Acknowledging the abovementioned reality, enhancement of psychosocial competencies or life skills is must for adolescents to overcome the challenges of society successfully. Today's students do not come to school with basic life skills. Compared to students of a generation ago, students today lack basic social skill: they are rude, uncooperative. They lack emotional skills.

They are do not control their impulses when it would be adaptive to do so; they act out their feelings without awareness of the feelings. They lack personal organizational and planning skills. And they lack basic citizenship skills: with shocking frequency they lie, cheat, and steal. The decline of character and emotional and emotional intelligence is not just an impression among those of us who have been educators for a number of years; shocking statistics substantiate the radical transformation of the nation's youth: 160,000students skip school each day because they fear bullies. More than 1 in 3 students report they do not fell safe at school. 83% of girls and 60% of boys have been sexually harassed at school-touched, pinched, or grabbed in a sexual way. 54% of middle school and 70% of high school students cheated on a test in the last year. 47% of high school students report they stole from a store in the past 12 months. In 1950, among youth of 14-7 years of age, less than half of one percent was arrested: by 1990 the figure had climbed to over 13%.



To cope with the increasing pace and change rate of modern life, our students also need new life skills such as the ability to deal with stress and frustration. Today's students will have many new jobs over the course of their lives, with associated frustration and need for flexibility. As medical sciences advances, it will place additional demands on the future generations: more than previous generations they will be called to care for older others with special needs. Kindness, compassion, care giving skills will be in demand. As mobility increase, society will include greater diversity, so tolerance and diversity skills also will be at a premium. In short, demand for a wide range of life skills is up. Narrow curricula that focus exclusively on academic and that ignore the traditional social skills and virtues will contribute to the crisis. So it is needed to broaden our curricula to include life skills. Schools are widely acknowledged as the major setting in which activities should be undertaken to promote students' competence and prevent the development of unhealthy behaviors. In contrast to other potential sites for intervention, schools provide access to all children on a regular and consistent basis over the majority of their formative years of personality development (Elias and Clabby, 1992: Rutter, 1980; Weisberg et al., 1989). Life skills education differs from conventional approaches to teaching health and other social interventions in schools. It is a studentcentered, participatory process of learning and applying new skills in a supportive classroom environment. This approach reinforces existing educational programmes. Life skill are taught and learned in the same way as other skills. They need to be tried and tested in easy, low risk situations, first, to create the conditions necessary for positive results from the practice of skills. Life skills can be applied in wide variety of context, for example, learning to make decisions related to road safety, friendship, boy-girl relationship, social responsibility, healthy life styles, academic related issues, school work, smoking, AIDS related behaviors etc. Learning skills in this way has a positive effect in constantly reinforcing the skill that is being

learned. Each lesson reinforces learning in previous lessons and lays the foundation for future lessons (WHO, 2001).

Model for life skills education among adoloscents

The life skill education is designed to facilitate the practice and reinforcement of life skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the protection of human rights, and the prevention of high risk behavior and social problems. Hence, life skills education is based on the teaching of the generic core skills for life and also includes the practice of life skills relation to psycho-social needs and issues. They are also taught in the context of holistic health and social influences of behavior and learning about rights and responsibilities as well as being taught in the context of health problems such as drug abuse, HIV/AIDS, alcohol use etc.

REFERENCES

- Botvin, G. J., Eng, A and Williams, C.L. 1980. Preventing the onset of cigarette smoking through Life Skills Training. Preventive Medicine
- Botvin, G.J., Baker, E., Botvin, E.M. Filzzola, A. D and Millman, R. B. 1984. Alchohol abuse preventionthrough the development of personal and social competence: A pilot study. *Journal of Studies on Alcohol*,
- Errecat, M.T., Walberg.H.J., Ross. J G., Gold, R.S., Fielder, J.F Kolbe, L.J. 1991. Effectiveness of Teenage Health Teaching Modules. *Journal of School Health*.
- Parsons, C, Hunter, D. and Warne, Y. 1988. Skills for Adolescence: An Analysis of Project Material, Training and Implementation. Christ Church College, Evaluation Unit, Canterbury, UK.
- Vranda, M. N. & Chandrashekar-Rao, M. 2007. Life Skills Education. In: Shekar, k., Parthasarathy, R., Muralidhar, D., *et al.* (Eds.), Handbook of psychiatric social work, NIMHANS Publication: Bangalore, India
- Weissberg, R. P. and Allen, J. P. 1986. Promoting children's social skills and adaptive interpersonal behavior. In B.A. Edelstein and L. Michelson (Edss), Handbook of prevention. New York: Plenum.
- WHO/GPA. 1994. School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners. World Health Organization/ Global Programme on AIDS, Geneva.
