



# **Chapter 2**

## **Review of Related Literature**

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#### **2.0 Introduction**

The World Development Report (1993) of World Bank has clearly indicated that life expectancy in the developing World has risen and child mortality has decreased, sometimes dramatically. The toll from childhood and tropical diseases remains high even as new problems - including AIDS and diseases of aging populations - appear on the scene. And all countries are struggling with the health related problems. The report has indicated that whole world is facing problems related to health. To provide healthy citizen of the society number of Non - Government Organizations have initiated to find out solutions to the problems. The World Health Organization (WHO) has initiated to find out some mechanisms to provide healthy citizen to the country. The World Health Organization (WHO) has carried out certain research works and found that adolescent group is crucial group who faces number of problems related to their health. World Health Organization (WHO) has found that these health problems are related to their physical and mental health. The diseases are due to their mental sickness. The world is facing problems such as HIV / AIDS, unhealthy sexual behaviours, stress, drugs and alcohol, youth suicides. Majority problems are related to youth of the world. They are mentally weak. These kinds of problems are prevailing in the world. The developed, developing and under developing countries are facing the same kind of problems related to health. These health related problems are spreading of past in the world because of fast change in the cultural and social value system, change in life styles, media influence, etc. Due to these changes in the world, citizens of the world find difficulty to get adjusted with the changes in the world. These have increased risk in life. The youths are most effective group of citizens of the world. The adolescent group of the world is more victims of health related problems.

In 1993, World Health Organisation (WHO) got involved to find out ways to build competency of adolescent of the world. World Health Organisation (WHO) has paid attention to all aspects of adolescent and found that the adolescents need psycho-social competency with cognitive competency. In 1997, the World Health Organisation (WHO) has identified ten core Life Skills for developing competencies

in the adolescents. The Life Skills are identified in such a way that these cover all aspects of an individual life. The World Health Organisation (WHO) has mentioned that the Life Skills required by adolescents are helpful to any group of people of the world.

To promote Life Skills identified by World Health Organisation (WHO) number of agencies have initiated by collaborating with the government of the countries in the world. World Health Organisation (WHO), World Bank Organization, UNICEF and UNESCO have developed different projects to promote the Life Skills. The Life Skills were identified to make mentally healthy adolescent group and their development responsibility remained in the hand of family, school and community. In Geneva, in 1999, World Health Organisation (WHO) conducted a meeting and provided guidelines to promote the Life Skills. World Health Organisation (WHO) has recommended to promote the Life Skills with education at school level for making school children mentally healthy. In the guidelines, it is mentioned that primary school level is more appropriate for providing Life Skills Education. As per the guidelines of World Health Organisation (WHO) number of projects and programmes are implemented in the world by the Non - Government Organisations and the Governments.

The Life Skills is a new concept and more research works were done by the Non - Government Organization (NGOs). They have done small projects for promoting Life Skills Education in different countries of the world. For gaining more understanding regarding the concept, research reviews related to the Life Skills are divided into two categories:

- ☐ Studies related to Life Skills Abroad
- ☐ Studies related to Life Skills within India

### **2.1 Studies related to Life Skills Abroad**

As per the guidelines provided by World Health Organization (WHO) numbers of projects and programmes were developed by the different agencies, Non - Government Organizations and the Government of the country. The more numbers of projects and programmes were carried out by the UNICEF in collaboration with the government of the country. The Life Skills related projects and programmes were conducted for preventing HIV / AIDS, adolescent pregnancy, child abuse, substance abuse and violence, drugs, sexual health related problems, alcohol prevention, etc.

The investigator has reviewed 23 studies conducted related to Life Skills except Indian in the world. These studies were conducted to provide Life Skills Education to resolve different problems prevailing in the world. Some of studies have addressed more than one issue by providing Life Skills Education. These 23 reviewed studies were categories further by focusing each issue as addressed by providing Life Skills Education. The investigator has reviewed 13 studies related to HIV / AIDS prevention and out of 13, 06 were conducted by UNICEF in different countries of the world, 06 related to Sexual Health, 03 related to Mental Health, 02 related to reduce consumption of alcohol, 01 at Teacher Education and 06 related to inculcation of Life Skills in the sports.

UNICEF has carried out programmes and projects of Life Skills in the Myanmar(1997), Zimbabwe (1998), Indonesia (2006), Viet Nam (2000), Combodia (2005), Malawi (2007) and Tajistan (2006), to solve different problems prevailing related to health of citizens of the countries. These all projects and programmes were carried out by the UNICEF in collaboration with the Government of the countries.

For preventing spreading of HIV / AIDS diseases as existed in the world, numbers of countries have initiated with the help of different agencies and Non- Government Organizations to carry out certain projects and programmes. The initiatives were taken by Myanmar (1997), Zimbabwe (1998), Thailand ( 1999), Nepal (2008), Viet Nam (2000), Combodia (2005), Tajistan (2006) by providing Life Skills Education to school students.

In Myanmar (1997) and Zimbabwe (1998) by the Ministry of Education got Collaborated with UNICEF and in Thailand (1999) and in Nepal (2008) by the Ministry of Education, the Life Skills Education curriculum was designed for primary and secondary school students and it was implemented for facilitating the development of positive attitudes and behaviours to better equip school students to avoid HIV infection and AIDS. In Viet Nam (2000), Life Skills Education was initiated as part of project of UNICEF - *Mekong Subregion STD / HIV / AIDS*- which include Life Skills Education for youth out of school. Life Skills Education was also implemented in Primary Schools. In Combodia (2005), as project Life Skills Education was introduced to prevent spreading HIV / AIDS in adolescent group by creating awareness regarding those. The initiative taken by the Ministry of Education of the Countries was fruitful as the Life Skills Programme was found effective for creating awareness regarding HIV / AIDS in the school students. The students became

sensitive towards their behaviours. On the basis of the success of implemented Life Skills Programme, the Government of the country has developed another programme for higher group of school students.

For Reproductive Health of adolescents group of the country, Life Skills Education was introduced in Nepal (2008) and Bhutan (2003) by the Ministry of Education.

In Myanmar (1997), Nepal (2008), Colombia (2005), Malawi (2007) and Iceland (2008) have integrated Life Skills Education in School curriculum by the Ministry of Education of the country. In Nepal (2008), Integrated Life Skills at different standard in different subjects. Life Skills were integrated in Social Study, Science, Health and Environment subjects. AIDS and HIV, reproductive health were incorporated in secondary curriculum. And in Myanmar (1997), Life Skills Education was integrated by the Department of Educational Planning and Training of the Ministry of Education in collaboration with UNICEF as part of its project - SHAPE (School - based Health Living and HIV / AIDS Prevention Education). It was initiated at primary school at general study course and later it was developed for upper primary students. It introduced as co-curriculum subject in lower secondary school. In Bhutan (2003), curriculum was change by integrating Life Skills Education in school curriculum. The curriculum included reproductive health and drug for making students sensitive towards their impacts. In Colombia (2005), Life Skills is part of the strategic Health Promotion plan of the Ministry of Health. It was developed for integrating in school curriculum. In Iceland (2008), Life Skills Education was developed as compulsory subject in school curriculum by the Ministry of Education. The National Centre for Education has prepared Life Skills Education materials for school students. In Malawi (2007), Life Skills are taught as a stand- alone subject as well as part of classes in Health, Science and Social Studies. The integrated Life Skills Education was fruitful for sensitizing school adolescent youth towards some issues, like, HIV / AIDS, reproductive health and drugs, as prevailing in the country. The adolescent group has started behaving appropriately in the situation. The government has gradually integrated Life Skills Education in rest of school curriculum. In Tajistan (2006), Ministry of Education has collaborated with UNICEF and taken support of Non - Government Organizations to provide Life Skills Education at school and specially to girls out of schools. The objective of Life Skills Education was prevention of HIV / AIDS with others objectives, like, Conflict resolution and negotiation. The result of provided Life Skills Education has brought change in the behaviours of the school

students. They have gained awareness regarding the HIV / AIDS and developed sense of responsibility for their behaviours.

For preventing youth from drug, Life Skills Education was introduced in Bhutan (2006), by the Ministry of Education initiative taken to introduce Life Skills Education at school level. Life Skills Education was provided to school students with the aim to sensitize students towards reproductive health and drug. By implementing Life Skills Education in school education, it was found that the school students became more sensitive towards reproductive health and impact of drug on them and on the society. The cases of drugs consumption by school students have reduced in the country.

Indonesia (2006), by the Ministry of Education with support of UNICEF has prepared *Life Skills Education for healthy Life* modules for primary and secondary schools. The objective of the programme was to promote healthy living to help students to solve health problems and encourage students to show responsible behaviours towards themselves, their family and their environment. The Life Skills Education modules were found effective to sensitize school students towards health related problems as prevailing in the country. They have developed sense of responsibility for their behaviours for the betterment of their family, themselves and the country at large. In Bangladesh (2005), for generating awareness related to Life Skills Education the Ministry of Education has incorporated Life Skills Education in School Education as it has given more importance for healthy citizens.

Numbers of other projects were carried world wide to know the effectiveness of the Life Skills Programme with respect to different aspects of human life and in the different fields. By these programmes and projects, Life Skills Education has extended its implication in other fields, namely, sports, physical education, school and college education, community, etc.

Ekua and Peter (2000), Magnani and Mackntyne (2001), Zafar (2006), U. S. Agency of International Development of South Bureau (2001), Motepe (2006), Clark et. al. (2007) have developed Life Skills Programme to prevent HIV / AIDS among young people. Except on study Zafar (2006), all have directly concentrated on adolescent group of school. Zafar (2006) has focused on teacher trainees and tried to reduce HIV / AIDS in school students.

Ekua and Peter (2000) have studied effectiveness of Life Skills Programme for HIV prevention in youth. The objective of the study was to study the effect of Life Skills

Programme on youth's behaviours, knowledge and understanding. Magnani and Mackntyne (2001) have carried out study on impact of exposure of Life Skills Education on adolescent sexual risk behaviours in South Africa. The objective was to assess the impact of exposure of Life Skills Programme to youth in kwazulu -Natal Province on knowledge and behaviours associated with the spread of HIV / AIDS. U.S. Agency of International Development's Africa Bureau (2001) has conducted study on Life Skills and HIV Education. The objectives were to enhance sexual health of adolescent of South Africa and to sensate adolescent of South Africa towards HIV / AIDS. Motepe (2006) carried out a study on a Life Skills Programme early adolescent AIDS Orphans with objectives to develop and empirically test the effectiveness of a Life Skills Programme for early adolescent AIDS orphans. Clark et. al. (2007) conducted a study on Life Skills Programme component with objectives to prevent adolescent pregnancy and HIV / AIDS and sexual health of adolescents. All have used developmental design for developing Life Skills Programme and experimental design to study the effectiveness of the Life Skills Programme. All have used different sampling techniques to study the effectiveness of the Life Skills Programme. Clark et. al. (2007), U.S. Agency of International Development's Africa Bureau (2001), Ekua and Peter (2000), Motepe (2006) and Magnani and Mackntyne (2001) focused study on adolescent group and they had selected samples from school students. Clark et. al. (2007), U.S. Agency of International Development's Africa Bureau (2001), Ekua and Peter (2000) used Cluster Sampling techniques and Motepe (2006) and Magnani and Mackntyne (2001) purposive sampling to study the effectiveness of the Life Skills Programme.- All investigators have employed qualitative techniques for data collection. The tools and techniques employed by them were Observations and Focused Group Discussions.

Zafar (2006), conducted study on transformative, model of Life's Skills Basic Education for gender impact of violence, sexual coercion and vulnerability to HIV / AIDS through Distance mode of Teacher Training with objective to identify the activities for the secondary school teachers which they can plug into daily classroom teaching for inculcation of the Life Skills in adolescents. He has focused on Teacher Education and selected samples from Teacher Education by employing purposive sampling technique. He has prepared teachers activity modules for subjects, Social Studies, English, Urdu and Islamyat of Pre- Service Teacher Education Programme. He has employed quantitative techniques by using percentage and t- test for data

collection. Data were collected by using questionnaire, parallel tests. The results of the studies revealed that there is substantial impact of integration of Life Skilled based activities into teaching of career subjects if teacher were properly trained with this focus in mind. Training of teachers ensures the competence and challenge patriarchal attitudes and behaviours of teachers particularly male teachers.

All the studies related to prevention of HIV / AIDS have revealed that the Life Skills Programme helped adolescent group to gain awareness regarding HIV / AIDS. They have become more conscious regarding their behaviours in the daily life situation. The Life Skills approach to child and adolescent health resulted into healthy human development.

For creating awareness and making adolescent sensitive towards Sexual Health numbers of studies were carried out. Maganani and Mackntyne (2001), Zafar (2006), U. S. Agency of International Development of South Bureau (2001), Clark et. al. (2007) and Seifert (2007) have conducted studies to sensitize adolescent school students for their sexual health. Except Zafar (2006), all researchers have directly focused adolescent school students. Seifert (2007), conducted study on Life Skills keeping it real: Investigating the impact and outcomes of a high school sexual health unit of study. The study was conducted with the objective to study impact and outcomes of pilot sexual health unit of study. The purposive sampling technique was used and 13 students of 15-17 age of one urban secondary school were selected. The tools and techniques applied were observation, concept mapping, portfolios and supervised electronic classroom discussion. Data collected were analyzed qualitatively. All studies have implemented the Life Skills Programme developed by them on school students and their studies revealed that the adolescents have gained the understanding regarding different aspects of sexual health. They have become able to decide correct and wrong behaviours and have gained assertive skills for healthy sexual life. (Seifert, 2007). The sexual health unit of study strongly impacts the choices that teens make with respect to risk behaviours have changed attitudes and knowledge of the students which could lead to change in behaviours which improve health. Zafar (2006) study reveals that the focused training helped the teachers to provide proper guidance to school students and help them to become healthy person. Simovska and Sheehan (2000), Thomas et. al. (2004) and Campo (2007) have carried out studies by making use of Life Skills Programme for Mental Health promotion of different citizen of the country. The studies on metal health promotion were carried



out for different field people of the world. Simovska and Sheehan (2000) have developed Life Skills Programme for mental health promotion in Australian and Macedonian Schools with the objectives to enhance mental health of both countries students. Thomas et. al. (2004) have carried out study on mental health of youth. The study focused on improving leadership quality of youth. Campo (2007) has conducted study on the medical students for developing their mental health for dealing with critical cases. All investigators have developed Life Skills Programme with reference to need of the group selected. They all have employed different methodology to study the effectiveness of the programme. Simovska and Sheehan (2000), Thomas et. al. (2004) have selected school students by employing cluster sampling technique, and Campo (2007) has employed purposive sampling technique and selected 13 medical students. Simovska and Sheehan (2000) have employed observation, questionnaire, Thomas et. al. (2004) has employed Youth Leadership Life Skills Scale, Community Involvement Scale were employed and Campo (2007) has used Hostility Questionnaire, Life Skills Questionnaire, the Later Fear of Death Scale and Centre of Epidemiologic Studies Depression Scale as tools and techniques for the studies. Quantitative technique employed by Campo (2007) and Thomas et. al. (2004) and Simovska and Sheehan (2000) have employed qualitative techniques for the data analysis. Campo (2007) has used mean, ANOVA and correlation to study the mental health of medical students in two components clinical adjustment and hostility. The finding revealed by all the studies are that the Life Skills helped the youth to develop their mental health. Simovska and Sheehan (2000) found that the adolescent of both country required more culture based Life Skills Programme. For health related aspects same programme was useful to both countries adolescent groups and they became conscious for their mental health. Thomas et. al. (2004) found that leadership quality of youth has improved as they have improved their self confidence. They initiate for taking decision and show leadership behaviours in school. Campo (2007) found significant associations between hostility and cynicism and maladaptive responses to the clinical vignettes were noted. Following the intervention, hostility, cynicism, anger, and aggression were significantly reduced, with concomitant reductions in maladaptive decision-making.

To reduce consumption of alcohol and drugs in the citizen of the world, different projects and programmes were carried out world wide. International Centre for Alcohol Policies (1999) and Zafar (2006). Approach of Zafar (2006) to reduce

consumption of alcohol by adolescent was to train teachers to inculcate Life Skills in school subjects. International Centre for Alcohol Policies (1999) has directly focused adolescent group of South Africa. It has developed focused Life Skills Programme for school students. The data were collected by employing questionnaire to find out development of Life Skills among school students. Stratified Random sampling technique was used to select sample schools in South Africa. The major findings were that the Life Skills Programme helped to create awareness regarding impact of consumption of alcohol among adolescents on them and their society at large. Zafar (2006) found that Life Skills programme was moderately helpful to reduce consumption of alcohol among adolescent group. Drugs consumption related studies were mostly carried out in America and European countries as drugs consumption was more in adolescent group. The focus of these studies was to prevent consumption of drug among adolescent group.

Apart from Education field, Life Skills Education has been used in the sports field. Danish (2002), Hellison (2003), Papacharisis et. al. (2005), Martin and Levallee (2006), Holt and Mandigo (2008) have carried out studies to introduce Life Skills in the sports. Danish (2002), created the Sports United to Promote Education and Recreation (SUPER) program, the objective of the study was a sports based intervention intended to teach youth Life Skills. Hellison (2003) conducted U. S. Sports based Life Skills intervention program is the Teaching Personal and Social Responsibility (TPSR) Model with the objective to develop personal and social responsibility in the youth by providing training to teachers and coaches. Papacharisis et. al. (2005) have carried out a study to evaluate modified version of SUPER with Greek children. The objective of the study was to evaluate modified version of SUPER with Greek children. Maratin and Levallee (2006) have conducted study on exploring perceived Life Skills development and participation in sports. The objective was to know how perceived Life Skills were developed. Holt and Mandigo (2008) have carried out a case study, to study the development of the Life Skills in youth through sports at higher schools. The methodology adopted by the investigators was experimental design except Holt and Mandigo (2008). They had adopted case study to develop the Life Skills in youth through sports at higher school. The sampling technique adopted was purposive sampling and collected data were analyzed by employing qualitative techniques of data analyses. The findings of the studies revealed that through sports Life Skills of youth were developed. They became

responsible and higher goal setter, self confident, problem solver and think positive. Hellison (2003) revealed that this model helped teachers and coaches to decide how to teach individual responsibility through sports and other types of physical activities. The Life Skills can be inculcated through sports.

Life Skills were inculcated in the education field as separate subject or even as integrated form in school subjects for resolving different prevailing problems in the society. Life Skills were also inculcated through the sports for mentally and physically healthy citizen of the country. These all studies have suggested that for providing Life Skills Education to the students at school or even through the sports trained teachers and coaches were required. Their training was essential for effective implementation of the programme. For providing training to community special counselors need to be trained to develop Life Skills of the citizens. Zafar (2006) strongly recommended that the Life Skills need to be integrated in Teacher Education as compulsory subject for future teachers. Special tools and evaluation patterns need to be decided to evaluate enhancement of Life Skills among adolescents. Continuous and comprehensive Life Skills Education needs to be provided at school level.

#### ➤ **Emerging Observations**

From the reviewed studies related to Life Skills abroad, some observations have been drawn. These observations are discussed as under.

- ❑ More programmes and projects were conducted for preventing HIV / AIDS. It shows that more attention was given to prevention of HIV / AIDS among adolescent group by Ekua and Peter (2000), Magnani and Mackntyne (2001), Zafar (2006), U. S. Agency of International Development of South Bureau (2001), Motepe (2006), Clark et. al. (2007) and Zafar (2006). Even Myanmar (1997), Zimbabwe (1998), Thailand ( 1999), Nepal (2008), Viet Nam (2000), Combodia (2005), Tajistan (2006) government have initiated to provided Life Skills Education to adolescent by including Life Skills Education in school curriculum.
- ❑ The UNICEF has conducted different programmes and projects to inculcate Life Skills Education at school level in different countries in the world.
- ❑ Very less focus was given to reduce consumption of alcohol in the world. Only two studies International Centre for Alcohol Policies (1999) and Zafar (2006) were conducted to reduce consumption of alcohol by adolescents group.
- ❑ For Mental Health of citizens of the world only three studies were carried out by

Simovska and Sheehan (2000), Thomas et. al. (2004) and Campo (2007). It shows that efforts have started to improve Mental Health of citizen of the world.

- ❑ Maganani and Mackntyne (2001), Zafar (2006), U. S. Agency of International Development of South Bureau (2001), Clark et. al. (2007) and Seifert (2007) have carried out studies to sensitized adolescent group towards their sexual health. It indicates that Sexual Health was second major concern for developing Life Skills among adolescents.
- ❑ Life Skills were integrated with School Education to concentrate directly on adolescent group of the world. Danish (2002), Hellison (2003), Papacharisis et. al. (2005), Martin and Levallee (2006), Holt and Mandigo (2008) have developed Life Skills Programme to inculcate Life Skills among youth of the country by introducing Life Skills through the sports.
- ❑ Only one study was conducted at Teacher Education by Zafar (2006). The focus of the study was again adolescent group but approach was adapted to inculcating the Life Skills in different school students and trained teachers to teach those school subjects along with the Life Skills.
- ❑ Focus of all the studies reviewed was directly or indirectly adolescent group of the world which indicates that other groups of the country were ignored to inculcate the Life Skills among them.
- ❑ Most of all studies have adopted Developmental and Experimental Design and only one study has used Case study design for the study.
- ❑ Mostly tools used were self made and only Campo (2007) has used one standardized tool for the study. Most of the studies employed cluster sampling or purposive sampling techniques and only International Centre for Alcohol Policies (1999) has employed stratified random sampling technique for the study.
- ❑ Data were collected both qualitatively and quantitatively. Only two studies, Thomas et. al. (2004) and Campo (2007) have used quantitative techniques to analyze data collected and rests of the studies have used qualitative techniques for data analysis.
- ❑ Most of the studies found the Life Skills Programme was effective to sensitize adolescent towards problems prevailing in the world. It was helpful for developing mentally healthy citizens in the world.
- ❑ All studies have recommended training for teachers, coaches, councilors and social workers to provide Life Skills Education to citizens of the world.

## **2.2 Studies related to Life Skills within India**

Study of Life skills is recent area in India. It was included as one the component of Adolescent Education in India.

At time of identification of the Life Skills by the World Health Organization (WHO) some health related problems existed in India. The prevailing problems in India were more related with Mental Health, such as, increasing number of HIV / AIDS cases, Sexual Health related problems, Mental Health related problems, use of Alcohol and Drugs and some Social Problems related to girls health and life. All these problems were more related to adolescent group of the country. As per the guidelines of World Health Organization (WHO) initiatives have been taken to address prevailing health related problems in the country. The World Health Organization (WHO) has initiated NIMHANS to work to impart Life Skills Education to citizen of the country with country context. As the problems prevailing in India were more related to adolescent group, the Life Skills were seen as means to improve their health and modules were developed for inculcating the Life Skills as one component of Adolescent Education at school level. Different modules for secondary students, standard wise, were prepared by the NIMHANS for providing Adolescent Education. The NCERT has also prepared Adolescent Education Modules and in those modules Life Skills were used as approach to make adolescent mentally and physically healthy person. Apart from those efforts the Life Skills were introduced as subject and integrated with subject by the NCERT at school level at central and state levels.

The reviewed studies were classified into different categories as prevention of HIV / AIDS, Mental Health, Development of Life Skills Programme, Youth Empowerment, Reduce Consumption of Drug and Alcohol, Sexual Health and Adolescent Education. Many studies were reviewed under two or more categories as per issue covered by the study. The investigator has reviewed 04 studies related to HIV / AIDS, 07 related to Mental Health, 04 related to Adolescent Education which had covered Sexual Health, 06 related to Development of Life Skills Programme, 03 related to Reduction of Consumption of Drug and Alcohol and 02 on Youth Empowerment.

For preventing HIV / AIDS, Pugalenth and Jothy (2006), Azar and Adhikary, (2008) Srinivasan (2009) and Kumar and Kumar (2009) carried out the studies. Pugalenth and Jothy (2006) conducted study on Life Skills Education on Sexual Behaviour HIV / AIDS. The objectives were to examine the impact of Life Skills Education on HIV/ AIDS attitudes of the men and women, to analyze the attitude of the people and

specific socio-economic and other background characteristics, to analyze the variations of the prevalence of HIV/ AIDS among men and women in the reproductive ages and to examine the sexual behaviour of women and risk of HIV and Life Skills Education. Azar and Adhikary (2008) carried out study to prevent HIV / AIDS among the adolescents in 2007- 2008. The Modicare Foundation started a project in collaboration with the Rajiv Gandhi Foundation. The project was entitled as addressing the HIV and AIDS issues and empowering the out school vulnerable adolescents through Life Skills Education. The objective of the study was to create awareness about HIV and AIDS among the adolescents. Srinivasan (2009) has conducted study on Life Skills Education for convict children in convict home to prevent drug / alcohol abuse, unsafe sexual behaviours and HIV / AIDS and increased risk of violence. Kumar and Kumar (2009) have conducted a study on Life Skills Education Program in Tamilnadu Schools. The objectives of the study were to develop Life Skills of the students, to generate awareness about HIV/ AIDS among school students and to remove stigma and discrimination against people living with HIV. Pugalenthi and Jothy (2006) have used Survey Method. The data for the present study were obtained from NFHS III (2005-06), the Census of India 2001, District Level Health Surveys and Reproduction and Child Health Surveys. Azar and Adhikary (2008) have employed Development and Experimental Design and the Training Materials were developed and implemented on selected sample. The sample for the study was 20,000 adolescents of New Delhi. Data were collected by using tests for students which were used as pre test and post test for studying effectiveness of the programme. Srinivasan (2009) has employed experimental design and selected adolescents of Convict home of Sriperumbudur were the sample purposively. The questionnaires were used for data collection. And t- test was used for data analysis. The study found that the adolescents have improved their knowledge and skills to prevent drug abuse, unsafe sexual behaviours, HIV / AIDS and increase risk of violence. Kumar and Kumar (2009) have used stratified random sampling technique. The sample for the study was IX and XI standard students studying in government, government aided, private, corporation, matriculation and Anglo Indian Schools in the State and two teachers from each school in the State. They have used questionnaire for students and teachers. All studies have employed qualitative analysis technique to analyze data collected. All the studies revealed that Life Skills Programme has created awareness in preventing spreading of HIV / AIDS diseases. Pugalenthi and Jothy

(2006) have revealed that despite women's exposure to modern medicine, knowledge about HIV transmission and prevention is exceptionally low. It is, therefore, essential to scale up existing HIV/ AIDS programmes and introduce new programme to address the high level of HIV vulnerability among men and women. Azar and Adhikary (2008) have revealed that Life Skills Education programme brought a tremendous impact among the adolescents which increased their knowledge on growing up issues, HIV and AIDS and reduction on the myths and misconception. It has enhanced their self confidence and specially provided a platform for the adolescent girls to talk about the sensitive issues which were always untouched. Kumar and Kumar (2009) found behavioural change in the target group after attending the training programme. They were aware about the usage of safety processes to prevent HIV/AIDS.

For drug and alcohol prevention very few studies were carried in the country and there were carried out by the National Institute of Mental Health and Neurosciences (NIMHANS) (1998) and (2007) and one by Srinivasan (2009). National Institute of Mental Health and Neurosciences (NIMHANS) (1998) has conducted study on dimensions of the alcoholism epidemic in Karnataka: the case for urgent action with the objectives to find out status of using alcohol and drug in Karnataka state in India, to train peer educators on Life Skills training to reduce consumption of alcohol in Karnataka state. NIMHANS (2007) carried out study on drug abuse among street children in Bangalore. The objective was to reduce drug abuse among street children in Bangalore. NIMHANS (1998) has collected data from the State Excise Department, Government of Karnataka and Census of India, 1991 to study the status of consumption of alcohol in the State. The training provided to the peer educators in the Life Skills for providing the Life Skills to the community for reducing consumption of alcohol in the State. The peer educators were selected those who voluntarily wanted to participate in the project. And NIMHANS (2007) has concentrated only on drug problem and carried out survey of the Bangalore regarding drug abused street children. 281 children were assessed for drug. NIMHANS (1998) has analyzed the data qualitatively and the study revealed that there are chronic and habitual users in urban centres, whereas there is clear evidence that the problem is larger and more serious in rural Karnataka. The focus of intervention needs to change from tertiary prevention [treating people after they have become dependent and have developed severe health and social problems] to primary and secondary prevention [preventing people who have not started drinking from starting and early detection

and early intervention for people who are drinking at levels likely to start causing problems. The trained educators were able to create awareness among alcohol users regarding impact of consumption of alcohol and drugs on them and their family through imparting Life Skills Education to them. They were aware and moderate impact shown to reduce consumption of alcohol and drugs in Karnataka State. NIMHANS (2007) has analyzed data qualitatively and it was found that Life Skills was helpful to sensitize children for impact of drug on their life and moderately it was helpful for reducing consumption of drug among street children. Srinivasan (2009) found Life Skills Education was effective to develop skills and knowledge to reduce risk behaviours and prevent adolescents from consumption of drug.

To enhance Mental Health of citizen of the country, numbers of studies have been carried out. Bhavé (1999), Prasad (2002), Rawal (2006), UNICEF (2007), Galagali (2008), Kurlhikeyan (2009) and Chalrath and Yadav (2009).

Bhavé (1999) has conducted study on the Life Skills Programme to reduce levels of risk factors in adolescents and young people. Prasad (2002) has carried out study on advocacy and capacity building through Life Skills Education, the peer educators approach for adolescents with objectives to design a school based program for Mental Health and Life Skills Education called “Expressions India”, to sensitize the school going adolescents about relevant psychological issues, to promote the Life Skills and prevent the difficulties associated with behavioural and learning problems and to create awareness, responsibility and empowerment amongst adolescents, their parents and teachers. Rawal (2006) has conducted study on the role of drama in enhancing Life Skills in Children with special learning difficulties in a Mumbai Schools. The objective was to enable a gain in positive behavioural intentions and improve psychosocial competence in the children. UNICEF (2007) has carried out Life Skills Education Project in M.P. in collaboration with Rajya Shiksha Kendra with the objective to promote girls educations and holistic development by imparting Life Skills Education to adolescents aged 11 years to 14 years in 48 districts of M.P. Galagali (2008) conducted a study on adolescent Life Skills Education Program the Bangalore Experience. The objectives of the study were to empower the adolescent with practical scientific knowledge and its application in daily life, to promote and encourage a healthy lifestyle and to give scientific and non judgemental explanations to all health related queries. Karthikeyan (2009) conducted a study on Life Skills Education and Mental Health Promotion. The objectives of the study were to study



the nature and extent of the Mental Health problem, to identify the Life Skills practices to help mentally retarded children to improve their skills and to study the impact of Life Skills Education on mentally retarded children. Chalrath and Yadav (2009) have carried out on who is more stressed: a high school student or a medical student? The objective of the study was to study among high school and first year medical students, the psychological distress and the psychological manifestations of stress. Bhavé (1999) has developed a programme and implemented that by adopting experimental design. Purposively junior colleges of Mumbai were selected and training was provided to teacher to carry out Life Skills Education in the colleges. The questionnaires were administered for collecting data and qualitative techniques were used to analyze the data. The study revealed that the trained teachers were able to impart Life Skill Education to students. They suggested providing training to all teachers to carry out Life Skills Education in the colleges. The adolescent girls have shown interest to learn the Life Skills and their Life Skills have enhanced. Prasad (2002) has employed developmental and experimental design and selected sample 120 schools of New Delhi, 6000 teachers as master trainers and 200 adolescents as peer educators of same age. Tools used for data collection were the structured questionnaires for students, teachers and parents. The data were analyzed by employing t- test. It was found that the role of peer educators was significant in maintenance of Adolescent Education and school Mental Health Programme. Rawal (2006) has carried out action research by employing observation and parents', teachers' interviews. The data were analyzed qualitatively and found that this was accomplished through augmentation of creativity, emotional understanding and development, improved self esteem and a notion of autonomy to enable the students to deal effectively with the demands and challenges of everyday life. UNICEF (2007) has selected 105 Kusturba Gandhi Balika Vidhyalay, 57 girls Hostel and 47 RBC is to be implemented in all 48 districts of M.P. They found it moderately effective to reduce girls' drop out from the schools. Galagali (2008) 362 adolescents aged 10-18 years constituted sample for the study. Questionnaires were used as tool for the study and given at the end of each session. Percentage was calculated to analyze the data. The study reveals that all the respondents felt they have improved their knowledge. 83% of them could apply the knowledge practically, 90% teachers and parents in the post program wanted to learn for helping the adolescents. Karthikeyan (2009) the sample of the study, one G.V. School, Chidambaram mentally retarded students. Pre

test and post test were used as tools for the study. The study reveals that Life Skills Education and training help the mentally retarded children to overcome their difficulties and help in acquiring a job for their future. The training they received in terms of Life Skills Education helps in mainstreaming the mentally retarded children with other normal children. Chatrath and Yadav (2009) the sample of the study comprised of 400 high school students and 350 first year medical school students of New Delhi. A cross sectional study using Self Report Questionnaires, the General Health Questionnaires (GHQ-28) and the Cohen Hoberman Inventory of Physical Symptoms (CHIPS), were used for the study. Mean and Pearson correlation were used to analyze the data. The study reveals that higher levels of stress were observed among the high school adolescents aged 14 years than 18 years students who have entered the first year of college and is being manifested in the form of psychological distress and somatic symptoms. Therefore, the Life Skills acquired during the process of normal development can go a long way in avoiding both mental and physical illnesses. From all studies, it was revealed that Life Skills were helpful to enhance Mental Health of adolescents.

Many studies were carried out where the Life Skills Programme was developed and it was implemented to study the effectiveness for that group. UNICEF (2005), Vashishta (2006), Chaudhary et. al. (2007), Goerge (2007), Rao et. al. and (2008), Vijaylakshmi and Kumar (2009) have carried out research to study the effectiveness of the Life Skills Programme. UNICEF (2005) has conducted study in collaboration with the GCERT for developing Life Skills Education modules for Elementary Teachers by integrating the Life Skills in elementary school subjects. Vashishta (2006) has carried out empirical exploration of Life Skills relevant to science and technology with objectives to identify the Life Skills relevant to science and technology as per the preference of boys and girls of elementary schools, to analyze the performance of elementary school students for Life Skills on the basis of achievement in science and technology and to analyze the different components of the Life Skills and study the preference pattern of elementary school students on those components of Life Skills. Chaudhary et. al. (2007) conducted study on a Life Skills Intervention Programme for Adolescents: Contextual Approach with objectives to planning and implementing a Life Skills Programme for adolescent girls from a low income context with specific focus on developing Self Awareness, Self - Esteem and Confidence along with Communication and Decision Making Skill and to inculcate

gender awareness and sensitivity. Goerge (2007) has studied for enhancing the Life Skills among middle school students through intervention program for school students of Maduria, Tamilnadu. The objectives of the study were to explore the presence and enhancement of Creative Thinking Skill as a Life Skill among the middle school students, measure the major components of Creative Thinking, namely, fluency, flexibility, originality and elaboration and to measure academic performance as a related variable of creative thinking. Rao et. al. (2008) conducted a study on the Life Skills Programme and its importance for the Juveniles in conflict with law. The objectives of the study were to educate each Juvenile about Life Skills, to enable them to know their short comings, to strengthen the personality of each juvenile in conflict with the law, to understand their needs and counsel them how to lead a new life, to interact with parents and assist them to know the expectations of their wards and beneficiaries of the Life Skills Programme can utilize it, not only in their lives but also can educate others as instructor or peer counselors. Vijaylakshmi and Kumar (2009) have carried out study on Effectiveness of Life Skills Education on adolescents. The objectives of the study were to do screening and form an experimental and control group, to study the demographic profile of the students, family details and socio-economic background, to impart Life Skills Education inputs to the experimental group, to study the outcomes of the Life Skills Education between the experimental and control group and to suggest strategies for making Life Skills Education as sustainable practice in the schools. Vashishtha (2006) has conducted a study on class VII students of various schools of Ajmer selected through systematic randomization carried out in three different phases. Questionnaires were used to collect data and Chi- square for data analysis. The study found that low achievement groups have the higher preference for Communication Skill followed by Empathy, Creative Thinking, Problem Solving, Self Awareness and Stress Management, respectively. Higher achievement group students preferred problem solving to be major Life Skills relevant to science and technology. Next are Creative Thinking, Decision Making, Critical Thinking, Communication Skill, Self Awareness Skill, Stress Management, Empathy and Interpersonal Relationships in order to their performance. Marjory of the students performed Problem Solving to be the most relevant and Interpersonal Relationship to be lest relevant to science and technology. Chaudhary et. al. (2007) has used action research and selected 33 higher secondary school girls age of 16 years to 17 years. Questionnaires were administered for data

collection and data analyzed by applying t-test and content analysis technique. The study reveals that the programme has created an understanding about the gendered practices of socialization influencing individual roles and responsibilities and restricting process and self growth. They have understood assertive communication and have realized difference between the aggressive and assertive communication. Goerge (2007) has employed experimental design and selected sample of 137 students of 7<sup>th</sup> standard by employing cluster sampling technique. The achievement tests, creative thinking test made by Dr. C. G. Venkatesa Murthy in 2005 were administered for data collection. The regression analysis was used as data analysis technique. The study found that the Life Skills activities provided within the institutional context on a routine basis were well received, internalized and the outcome noticeably expressed. They become more creative as they were at formal operation thinking state. Rao et. al. (2008) have adopted developmental and experimental design for the study. The sample was constituted of those juveniles who migrated from other States. Consumption of Gutkha, Bidi, Cigarette and alcohol was found among the juveniles. Data collected by administering tests on juveniles and collected data analyzed quantitatively. The findings revealed that the juveniles have recognized their strengths and personalities. The tests indicate that there was behavioural change in the boys. Criminal propensity came down and morality increased. It shows the programme was effective for juveniles. Vijayalakshmi and Kumar (2009) the design employed for the study was Quasi Experimental design. The sample for the study was all students who were studying in 11<sup>th</sup> standard of government aided school of Permbur, Chennai. Questionnaire and Mooney's Problem Checklist were used as tools for the study. The findings of the study were that they have gained knowledge about Life Skills. They were able to use those skills in their daily life. Teachers found that it is meaningful and interesting to learn these.

For Youth Empowerment two studies were carried by Mythili (2008), Rajiv Gandhi National Institute for Youth Development (RGNIYD) (2009). Mythili (2008) has carried out a study on assertiveness and value system among adolescents with objective to develop assertiveness among male and female. Rajiv Gandhi National Institute for Youth Development (RGNIYD) (2009) has carried out project on youth empowerment in collaboration with Students Partnership Worldwide. The objectives were to empower young people in rural government schools and communities to take lead role in decision making, to make responsible decision about their Sexual

Reproductive Health and to have improved the Life Skill and livelihood opportunities. Mythili (2008) has purposively selected 25 male and 25 female adolescents from a school of Chennai. Rayhus assertiveness scale was used to measure the assertiveness among male and female adolescents and Rokeach study of values was used to assess the relative importance of different values within the person's total belief system. Chi-square analysis and t-test were applied for data analysis. The study found that there is significant difference between males and female adolescent population in assertive behaviours and values (instrumental and terminal values). The investigator has concluded that birth order, education, family background, physical changes, economic status of their parents and religious faith have strong impact. In being assertive in the period of adulthood one has a participating and responsible role to play, tasks to perform and skills to develop. Rajiv Gandhi National Institute for Youth Development (RGNIYD) (2009) for carrying out project random sampling technique was used. Life Skills Programme was implemented on school students. Questionnaires were administered to collect data and data analyzed qualitatively. The finding reveals that the youth became sensitive towards taking decision confidently for betterment.

The Life Skills were included in Adolescent Education as one component of the education. There are number of studies carried out on Adolescent Education. A few of them were reviewed by the investigator. Prasad (2002), Oza (2003) and Talwar (2007) have carried out studies on Adolescent Education where Life Skills were included. Prasad (2002) has carried out study on advocacy and capacity building through Life Skills Education, the peer educators approach for adolescents in which Life Skills were used as part of Adolescent Education. Oza (2003) conducted a project on Advocacy Programme on Adolescence Education for Secondary School Teachers of Baroda City. The objective was to orient secondary school teachers about concept and importance of Adolescence Education, to identify various plug-in points from each subject's content to develop various curricular and co-curricular activities of students, their parents and school teachers. Talwar (2007) has conducted a study on development of a training programme on Adolescence Education for secondary school teachers and students and studying its effectiveness. The objectives were to find out awareness level of the secondary school teachers regarding adolescents and Adolescent Education, to find out awareness level of the students of IX standard regarding adolescents and Adolescents Education, to identify the plug in points from each subject of the secondary school curriculum which can take a centre stage in

Adolescent Education, to develop training programme for implementing Adolescent Education and to study effective of developed programme. Prasad (2002) found that the Adolescent Education was useful for sensitizing adolescents on HIV/ AIDS, Sexual Health and Mental Health issues. Oza (2003) has selected 25 Gujarati Medium schools of Baroda city. Tool used was a questionnaire developed by the investigator for pre and post tests. The teachers and principals were found to be in favour of integration of Adolescence Education in schools. The programme brought about concept clarity regarding the Adolescence Education, its needs and importance in schools. Talwar (2007) has purposively selected XI standard students and teachers of that school were selected for the study and data collected by administering teachers questionnaire, students questionnaire, observation schedule, HIV / AIDS questionnaire, semi structured interview and effectiveness questionnaire on selected samples. The data were analyzed by employing qualitative techniques. The findings of the study reveals that the students have gained awareness regarding themselves. The teachers were found to have positive attitude towards Adolescent Education and were in favour of integrating in school curriculum. The selected samples have gained understanding regarding HIV / AIDS.

The overall findings of all the studies reviewed within India indicated that the Life Skills were helpful to sensitize citizens for healthy life. The Life Skills were useful to create awareness regarding some problems in the country. The studies also suggested that the trained teachers or counselors, social workers are required for providing Life Skills Education.

### **Emerging Observations**

From the review of the related literature the following observation are made.

- ☐ More numbers of studies have been conducted on adolescents by addressing different issues related to adolescent health.
- ☐ For preventing HIV / AIDS, Pugalenthil and Jothy (2006), Azar and Adhikary (2008) and Kumar and Kumar (2009) have carried out studies. Pugalenthil and Jothy (2006) have conducted study on adult men and women where as Azar and Adhikary (2008), Srinivasan (2009) and Kumar and Kumar (2009) have conducted studies on adolescent.
- ☐ For Reducing Consumption of Drug and Alcohol, very few studies were carried in the country and which was carried out by the National Institute of Mental Health

and Neurosciences (NIMHANS) (1998) and (2007) and Srinivasan (2009). NIMHANS (1998) has conducted study on adult and NIMHANS (2007) and Srinivasan (2009) have conducted study on adolescents.

- ❑ To enhance Mental Health of citizens of the country, Bhawe (1999), Prasad (2002), Rawal (2006), UNICEF (2007), Galagali (2008), Kurlhikeyen (2009) and Chalrath and Yadav (2009) have carried out studies. All these studies are on adolescents. UNICEF (2007) has given special focus to girls to reduce drop out of girls from the schools.
- ❑ Prasad (2002), Oza (2003) and Talwar (2007) have carried out studies on Adolescent Education where Life Skills was included.
- ❑ Most of the studies have used Developmental and Experimental design. Very few have used Survey and Case study to provide Life Skills Education. Data were collected by adopting Observation, Focused Group Discussion, Questionnaire and Tests in most of the studies. For analyzing data, very few studies used quantitative techniques.
- ❑ Many studies were carried out where Life Skills Programme was developed and it was implemented to study the effectiveness. UNICEF (2005), Vashishta (2006), Goerge (2007), Chaudhary et. al. (2007), Rao et. al. (2008) and Vijaylakshmi and Kumar (2009) conducted research to study the effectiveness of the Life Skills Programme. Except Rao et. al. (2008) all studies has focused adolescent group for developing the Life Skills Programme. Rao et. al. (2008) has conducted study on juveniles. UNICEF (2005) has developed Life Skills Education modules for Elementary Teachers.
- ❑ For Youth Empowerment two studies carried out by Mythill (2008) and Rajiv Gandhi National Institute for Youth Development (RGNIYD) (2009).
- ❑ Most of the studies have recommended training for Teachers, Counselors and Social Workers for providing Life Skills Education.
- ❑ Most of the studies found Life Skills Programme effective in reducing density of the problems prevailing in the country.

### **2.3 Implications of the review of related literature for the present study**

Life Skills related 41 studies were reviewed by the investigator within India and abroad. The reviewed studies have covered different issues which were prevailing in the globe. To prevent HIV / AIDS, 13 studies were conducted abroad and 03 studies in India. It indicates that more focus was given to prevention of HIV / AIDS issue and Life Skills were provided to different group of people in the globe. The studies have revealed that though Life Skills Education, awareness regarding HIV / AIDS has increased and the exposed group became more sensitive towards prevention of HIV / AIDS. The studies covered Mental Health issues were total 10, out of 10, 04 were conducted abroad and 06 were in India and all studies were conducted on adolescent group. 08 studies have covered Sexual Health issue, 06 studies were abroad and 02 were in India, which have covered the Life Skills as part of Adolescent Education.

From the review of related literatures, it is evident that more studies have focused on adolescent group. In abroad by UNICEF in different countries like Myanmar (1997), Zimbabwe (1998), Thailand (1999), Viet Nam (2000), Bhutan (2003), Cambodia (2005), India (2005), Bangladesh (2005), Indonesia (2006), Tajistan (2006), Malawi (2007), Iceland (2008) and Nepal (2008) projects and programmes were carried out on adolescent group to address issues prevailing in the globe. International Agency for Alcohol Policies (1999), Ekua and Peter (2000), Simavskar and Sheehan (2000), Magnani and Mackntyne (2001), U. S. Agency of International Development of South Bureau (2001), Thomas et. al. (2004), Zafar (2006), Motepe (2006), Clark et. al. (2007), Campo (2007) and Seifert (2007) have carried out studies focusing adolescent group on different issues. In India, Bhave (1999), Oza (2003), Rawal (2006), Pugalenthil and Jothy (2006), Talwar (2007), Chaudary et. al. (2007), NIMHANS (2007), UNICEF (2007), Azar and Adhikary (2008), Galagali (2008), Vijayalakshmi and Kumar (2009), Kumar and Kumar (2009), Chaudhary and Yadav (2009), Srinivasan (2009) and Karthikeyan (2009) have focused adolescent group for addressing different issues prevailing in the country. Most of the studies were found effective to provide Life Skills Education to these groups. They have become aware regarding those addressed issues and behaved with responsibility in the situation.

More numbers of studies have used the education as medium to inculcate the Life Skills in the adolescents. These studies have suggested that trained teachers, social workers and counselors are required for inculcating the Life Skills effectively in adolescents. The training was provided to teachers and helped them to inculcate the



Life Skills subject content. Only one study was conducted by Zafar (2006) in Teacher Education. In the study, teacher trainees were trained to inculcate the Life Skills with school subject and it was found an effective mean to provide Life Skills Education to adolescents at school level. Apart from education, the sports was also used to inculcate the Life Skills in adolescents. 05 studies were carried where Life Skills Education was provided through the sports to the adolescents. These studies suggested that training was needed to be given to coaches for inculcating the Life Skills. These studies were found effective for developing self confidence, team spirit, self esteem, decision making and coping with emotions and stress.

Almost all studies have used developmental design for developing the Life Skills Programme and experimental design for implementing developed Life Skills Programme. Very few studies have used survey and case study design. The data were collected through the investigators made tools constructed by the investigators. Mostly, tests, questionnaires were used with observation and focused group discussion. For data analyzes very few studies have used quantitative techniques where they have collected data through tests, scales and questionnaires. And most of studies have used qualitative techniques of data collection due to nature of study. Only one study Goerge (2007) has provided clear indicators to measure development of Creative Thinking Skill.

The Life Skills were used as a means to develop healthy persons as it was integrated in Adolescent Education as one component. It was found an effective approach to sensitize adolescents and trained teachers were efficiently able to use the Life Skills approach to provide Adolescent Education to the adolescents (Talwar, 2007).

The investigator has not come across any study in India, at Pre -Service Teacher Education for providing training to teachers to provide Life Skills Education at school level. The present study is an attempt to develop a programme on the Life Skills for the Student - Teachers.