



EFFECT OF LIFE SKILLS TRAINING ON SUICIDAL BEHAVIOUR OF ADOLESCENTS

Jagpreet Kaur 

The study aims to investigate the effect of life skills training on the suicidal behaviour of adolescents. The study employs a quasi-experimental research design. The sample comprised 970 adolescents studying in the ninth grade. The study was carried out in three phases. Life skills training programme was conducted in 30 sessions within the school premises. For each life skill, sessions were activity-based and participatory. The techniques used to impart training were role play, small group activities, lectures and group discussions. The results show a significant detrimental effect of life skills training on suicidal behaviour of adolescents. Life skills training was effective in reducing suicidal behaviour among adolescents. Life skills training improves decision-making, problem-solving, goal setting, conflict resolution, advocacy, coping, and mindfulness skills in students. Hence, schools should provide skill-building opportunities for adolescents to reduce risk factors and enhance protective factors. Also, schools should embed life skills training in general mental health promotion rather than specific suicide prevention activities.

KEYWORDS: Life Skills Training, Suicidal Behaviour, Adolescents

INTRODUCTION

Adolescence is a crucial phase in life and the presence of conditions like depression, anxiety and stress at this stage of life is a matter of concern. Depression in this population has been shown to be associated with increased risk of suicidal behaviour, homicidal ideation, tobacco use and other substance abuse into adulthood. Worldwide, there are approximately 900,000 reported suicides each year, including as many as 200,000 adolescents and young adults (Greydanus & Calles, 2007). Recent reports in the newspapers and media bring horrible pictures of the increasing adolescent suicide in India. Today, sui-

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cide is one of the major causes of death among adolescents worldwide. Evidence suggests that the number of adolescents committing suicide has drastically increased over the years. It is also observed that suicide occurs due to multiple factors, including individual, family, school and psychosocial factors. Suicide behaviours arise as daily life reactions to emotional chaos or disappointment and mostly reflect the misery that exists in a society or cultural system (Tseng, 2001). Globally, an estimated 71,000 adolescents commit suicide annually. According to the National Crime Records Bureau (NCRB) data, in India, nearly 34 persons out of 100 who ended their own lives were aged between 15 and 29 years. The total number of suicides in the age group of 15-29 years increased from 38,910 in 2001 to 46,635 in 2012, demonstrating a drastic increase of 19.9 percent.

Developmentally, adolescents differ from younger youth and from adults in ways that may increase their risk for suicidal behaviours. For example, adolescents may be more impulsive and may have a different time perspective than adults and may focus more on proximal consequences of behaviour than more distant goals when making decisions (Nurmi, 1991; Reyna & Farley, 2006). Suicidal behaviour of adolescents also occurs in different contexts than the suicidal behaviour of elder individuals. For example, adolescent suicidal behaviour often occurs in the context of family conflict, including strivings for autonomy, in the context of academic and disciplinary difficulties, or because of disruptions in peer relationships that are increasing in importance as youth get older. Most suicides among adolescents are preventable. Empowering adolescents with coping skills can greatly enable them to control their emotions, deal with frustrations, and handle life's situations rationally. As children grow from infancy to adolescence and young adulthood, they need to learn many kinds of skills. Language, reading, writing and mathematics are considered the most basic of the skills children must master. They also need to learn skills associated with work, income generation and money management. Last but not least, experience in the field of health education demonstrated that children need another group of skills that are now generally referred to as 'life skills'.

REVIEW OF RELATED LITERATURE

Life skills are essentially those abilities that help promote mental well-being and competence in individuals as they face the realities of life. Life skills enable one to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as they are part and parcel of life. Life skills training equips adolescents with skills in time management, effective communication, interpersonal relationship, coping, stress management, problem solving, and decision making (Jones & Lavalley, 2008; Yuvraj & Magdalin,

2012). Life skills training enhances resilience and self-esteem along with promoting mental health and well-being among adolescents (Assadi, Nasiri, & Nesayan, 2017; Barkhordar, Hasan, & Safdar, 2016; Deshmukh, 2014; Jose, Elz, & Asif, 2014; Joseph, 2014; Parmar & Jain, 2019; Rabani, 2019; Rahimi & Niaraki, 2013; Shwetha, 2015). Recent studies by Bushong (2009), Spaeth, Weichold, Silbereisen, and Wiesner (2010), Baskaran (2012), Gomes and Marques (2012), Taheri, Manzari, and Razari (2013), Joseph (2014), Pradeep, Arvind, and Ramaiah (2019) and Sayed et al. (2019) clearly suggest that life skills training at any level can create a positive change in the trainees.

Life skills training is found to have a significant impact on mental health problems like decreasing anxiety and depression and preventing them from self-harm of individuals (Barkhordar et al., 2016; Gupta, Francis, Netke, Dhinga, & Solomon, 2014; Lakshamanan, Ramdass, Bhaskar, Desai, & Charumathi, 2012; Taheri et al., 2013). Life skills training has also been found to be effective in reducing suicidal tendencies among individuals (Refahi, 2008; LaFromboise & Hayes, 2008; Wyman, 2014; Fekkes et al., 2016; Ram et al., 2020) (Fekkes et al., 2016; Ram, Koneru, & Gowdappa, 2020; Refahi, 2008; Wyman, 2014). Further, life skills training was found to have significant impact on individuals' health-related behaviour (Botvin & Griffin, 2002; Gupta et al., 2014; Sahebalzamani, Moraveji, Farahani, & Feizi, 2013; Tiwari, Naik, Nirgude, & Dutta, 2020). Likewise, it is suggested that intervention efforts for adolescent emotional reactions and suicidal behaviour need to be appropriate to the developmental level (Barkhordar et al., 2016; Gupta et al., 2014; Jamali et al., 2016; Mohammadi & Nejad, 2014).

SIGNIFICANCE OF THE STUDY

It is not sufficient to give young people knowledge and information. Attitudes, values, social influences, self-esteem, and awareness of alternative behaviour are also important. Equally important are the personal and social skills that they need to translate their knowledge into behaviour in a way that will enable them to make healthy and responsible choices and decisions. Life skills play an important role in directing these changes towards a successful end. Previous research studies have shown that life skills training can make significant contribution promoting development and protecting risk factors (Amrei & Farahani, 2016; Khademi, Abedi, & Pourmeidani, 2017; Shwetha, 2015). Experiences and research on young person show that there are lots of risk factors compromising development (Stanford, Jones, & Hudson, 2017; Thullen, Taliaferro, & Muehlenkamp, 2015). Hence, to empower young persons to manage these risk factors and promote healthy developmental outcomes, it becomes of paramount importance to provide opportunities for life skills development. Life skill training is such an intervention that can provide the skill necessary for

successful living. Imparting life skills is the basic attempt that must initiate for strengthening the behaviour of adolescents. Acquiring these basic skills will modify the behaviour and character of the adolescents. Effective acquisition of life skills can influence the way one perceives oneself and others and can enhance one's productivity, efficacy, self-esteem, and self-confidence. Hence, the present research focussed upon the design and development of a life skills intervention for adolescents and to study its effect on suicidal behaviour of adolescents.

OBJECTIVE OF THE STUDY

The main objective is to study the effect of life skills training on suicidal behaviour of adolescents.

RESEARCH METHODOLOGY

The design of the present study was a quasi-experimental design to investigate the effect of life skills training on suicidal behaviour of adolescents in Punjab.

POPULATION AND SAMPLING

The population of the present study was adolescents studying in ninth class in Government Secondary Schools affiliated with Punjab School Education Board (PSEB) in Punjab. Out of the total 22 districts of Punjab, 11 districts were randomly selected. From each of the 11 districts, a school was randomly selected from the list of schools that was sought from the District Education Officer. A total of 11 schools were randomly selected for the conduct of the present study. From these 11 schools, permission was sought from the concerned authorities and the principal of the school. The experimental and control group were taken as the intact sections of the class IX from secondary schools. A total sample of 970 adolescents was selected for the conduct of the present study. Experimental group comprised 485 students (Male = 264 and Female = 221) and control group comprised 485 students (Male = 251 and Female = 235).

RESEARCH TOOLS USED

The Suicide Probability Scale (Cull & Gill, 2001) is a 36-item self-report measure designed to aid in the assessment of suicide risk in adolescents and adults. Adolescents were asked to rate the frequency of their subjective experiences and past behaviours using a 4-point Likert scale ranging from 'None (1)' to 'all of the time (4)'.

DEVELOPMENT OF LIFE SKILLS TRAINING MODULE

For imparting life skills training, a module was prepared. In this module, four activities pertaining to each of ten life skills namely, self-awareness, effective communication, interpersonal relationship, decision making, problem solving, creative thinking, critical thinking, empathy, coping with emotions and coping with stress were included.

CONDUCT OF THE STUDY

The study was conducted in three phases:

a) **Phase I:** The study was conducted on a sample of 970 ninth grade students (Mean age = 14.95). Suicide Probability Scale was administered to adolescents within their respective school premises. The participants were approached in their classrooms with prior permission from the principal of the school, along with the assistance of the concerned class teachers.

b) **Phase II:** For the experiment, life skills training programme was conducted with IX class adolescents within the school premises. For various sessions, the investigator with the assistance of class teacher and fellow students gave inputs regarding life skills training. The life skills training programme was conducted in 30 sessions. Each life skills training session was conducted for 40 minutes. For each life skill, sessions were activity based and participatory in nature. The major techniques used to impart training were role play, small group activities, lecture and group discussions. The control group was given general awareness with regard to health, environment and socio-economic aspects of society. However, they were not given any orientation to life skills.

c) **Phase III:** Post-testing was done after the completion of the life skills training programme with the help of above-mentioned scale.

RESULTS AND DISCUSSION

The purpose of the present study was to examine the effect of life skills training on suicidal behaviour of adolescents. Analysis of covariance was used to study the effect of life skills training on suicidal behaviour of adolescents. The means and SD's of pre-test and post-test suicidal behaviour scores of experimental and the control groups are shown in Table 1.

Table 1 shows the means and SD's of both the groups viz. experimental and control groups at the pre-test and post-test stage. At the pre-test stage, the mean suicidal behaviour score of experimental group was 51.24 and

Table 1

Means and SDs of the Pre-test and Post-test Suicidal Behaviour Scores of Subjects of Experimental Group and Control Group.

	Experimental Group			Control Group		
	N	Mean	SD	N	Mean	SD
Pre-test	485	51.24	12.49	485	49.15	12.00
Post-test	485	41.69	10.22	485	46.00	12.36

that of control group was 49.15. After the treatment was over, the post-test scores were obtained. To see whether life skills training had any significant effect on suicidal behaviour among adolescents, analysis of covariance was employed on the post-test suicidal behaviour scores of adolescents. The results of ANCOVA are presented in the Table 2.

Table 2

Summary of the Results of Analysis of Covariance of Suicidal Behaviour Scores for Two Groups of Adolescents.

Source	SS	df	MS	F
Pre-test	30128.20	1	30128.20	308.69**
Treatment	2707.52	1	2707.52	27.74**
Error	94380.63	967	97.60	
Total	128994.80	969		

** $p \leq 0.01$

It may be observed from Table 2 that F-value for testing the significance of effect of life skill training on adjusted mean suicidal behaviour scores of both the experimental and control groups came out to be 27.74 which is significant at 0.01 level. This indicates that treatment given to the experimental group has a significant effect on suicidal behaviour among adolescents.

The adjusted mean suicidal behaviour scores of adolescents of experimental and control groups along with pre-test and post-test mean scores are presented in Table 3. It may be seen from the Table 3 that the mean suicidal behaviour scores of school-going adolescents of experimental group decreased from 51.24 to 41.69 and the mean suicidal behaviour scores of school-going adolescents of control group decreased from 49.15 to 46.00 from pre-test to post-test.

Results in Table 3 show that the t-value for testing the significance of mean

Table 3
Post Hoc Analysis of Suicidal Behaviour Scores of Adolescents of Experimental and Control Group.

Group	N	Pre-test Mean	Post-test Mean	Adjusted Mean	t
Experiment	485	51.24	41.69	42.17	4.60**
Control	485	49.15	46.00	45.52	
General Means		50.20	43.85	43.85	

**p≤0.01

difference in adjusted mean suicidal behaviour scores of the experimental and control group came out to be 4.60 which is significant at 0.01 level depicting a significant difference in the adjusted means suicidal behaviour scores of students of experimental and control groups on post-test, showing significantly lower suicidal behaviour scores for school-going adolescents of experimental group as compared to the control group (Figure 1).

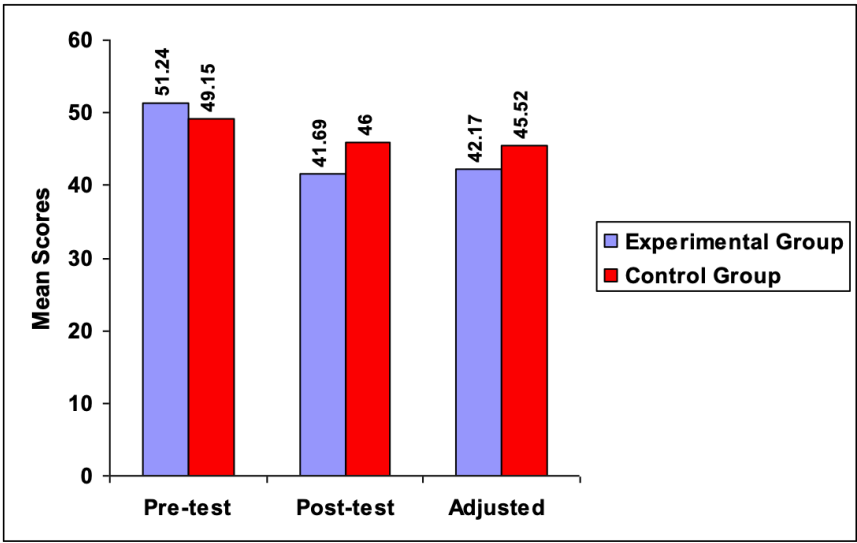


Figure 1. Comparison of Pre-test, Post-test and Adjusted Mean Suicidal Behaviour Scores of Experimental and Control Group.

CONCLUSIONS

From the results of the analysis of covariance, it may be concluded that exposure to life skills training had a significant effect in reducing suicidal thoughts among adolescents. Similar results were obtained by [Lafromboise and Howard-Pitney \(1995\)](#), [Refahi \(2008\)](#), [Lafromboise and &hayes \(2008\)](#), [Wyman \(2014\)](#), [Fekkes et al. \(2016\)](#) and [Ram et al. \(2020\)](#). [Lafromboise and Howard-Pitney \(1994\)](#) believed that the life skills and suicide prevention approaches offered in the curriculum were useful and necessary. Thus, the findings of the present study pertaining to life skills training and its impact on suicidal behaviour of adolescents have a theoretical and empirical support from the literature and these are logical and relevant to explain adolescents' development perspective for future life.

In the present study, life skills training is found to be effective in reducing the suicide behaviour among adolescents. Research shows that life skills training enhances decision-making, problem-solving, goal setting, conflict resolution, advocacy, coping, and mindfulness skills for all ages to reduce suicide risk factors. Hence, schools should provide skill-building opportunities to reduce risk factors, enhance protective factors, and involve families. Also, schools should embed life skills training in general mental health promotion rather than specific suicide prevention activities.

Life skills emerged as the key protective factor for suicide and include critical thinking, stress management, conflict resolution, problem-solving, and coping skills. Building life skills in children and adolescents and providing them with psycho-social support in schools and other community settings can help promote good mental health ([Sreehari & Thomas, 2013](#)). It is suggested that life skills workshops should be organized in the school so that the adolescents can improve their life skills. Special life skills training programme should be organized with a focus on government school students, students belonging to the rural areas and those from socially disadvantaged section of the society.

Life skills training helps in promoting overall mental health among school-based adolescents and youth by reducing early risk factors for depression, substance abuse and building resiliency. Teachers should help in introducing life skills programme in their routine teaching so that adolescents may change their behaviour. Life skills education is highly relevant to the daily lives of young people. When it is part of the school curriculum, the indications are that it helps to prevent school drop-out. [Nasheeda, Abdullah, Steven, and Ahmed \(2019\)](#) suggested that more work is needed to ensure proper transfer of life skills to attain long term results. Furthermore, once experience has been gained in the development and implementation of a life skills program for schools, this may help with the creation and implementation of programs for other settings.

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