





A LIFE SKILLS INTERVENTION FOR ENHANCING PSYCHOLOGICAL WELL-BEING OF SECONDARY SCHOOL STUDENTS

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The study investigates the efficacy of a school-based life skills intervention on the psychological well-being of secondary school students. The study follows a quasi-experimental research design on a cluster sample of 80 school students studying in 9th grade. The investigator prepared the life skills training module by including three activities on all ten life skills identified by World Health Organization (WHO). The life skills training programme was executed in 40 sessions within the school premises in the form of life skills training sessions conducted daily for 40 minutes within the classroom setting. The results of the present study reveal a positive and significant effect of life skills training on the psychological well-being of secondary school students. The study also presents the implications of the results in the context of adolescent development.

KEYWORDS: Adolescents, Intervention, Life Skills, QuasiExperimental Research, Well Being

INTRODUCTION

Adolescents are generally perceived as a healthy age group, and yet 20% of them, in any given year, experience a mental health problem, most commonly depression or anxiety. In many settings, suicide is among the leading causes of death among young people (World Health Organization, 2003). Mental well-being is fundamental to a good quality of life. Happy and confident adolescents are most likely to grow into happy and confident adults, who in

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turn contribute to the health and well-being of nations (Rao, 2001). Emotional health and well-being among young people have implications for self-esteem, behaviour, attendance at school, educational achievement, social cohesion and future health and life chances (World Health Organization, 2008). Young people with a good sense of mental well-being possess problem-solving skills, social competence and a sense of purpose. These assets help them rebound from any setbacks that might occur, thrive in the face of poor circumstances, avoid risk-taking behaviour and generally continue a productive life (O'connell et al., 2009).

Many factors have an impact on adolescents' mental ability to achieve and sustain a state of mental well-being; these factors can operate at the level of the individual, family, school or neighbourhood and at a broader societal level (Morgan et al., 2008). Risk factors for mental disorders include, but are not limited to, poverty, social exclusion, violence, peer rejection, isolation, and lack of family support. Protective factors for mental wellbeing are linked to cohesion at community level, family well-being and individual behaviours and skills, access to adolescent-friendly social services, including health services, and macro-policies such as social transfers and minorities' integration (World Health Organization, 2003). The more risks young people experience, the worse their developmental outcomes are likely to be and the higher the probability of experiencing psychological distress or mental health disorders. On the contrary, the more opportunities young people have in childhood and adolescence to experience and accumulate the positive effects of protective factors that outweigh negative risk factors, the more likely they are to sustain mental health and well-being in later life (Sameroff & Mackenzie, 2003).

However, in recent years, big changes have taken place in our traditional society owing to industrialization, globalization, and COVID-19 pandemic. The impact of pandemic is evident on the entire society and adolescents are no exception. COVID-19 pandemic and lockdown developed a worldwide sense of fear and anxiety which has short term as well as long term psychological as well as social implications from the development perspective (Singh et al., 2020). In addition to physical health, COVID-19 had a substantial impact on the mental health of adolescents and pre-adults (Cohen et al., 2021). The family ties have weakened; moral, social, religious, and cultural controls rarely exist, and a new lifestyle emerged for the adolescents during the lockdown period. Since COVID-19 has been found to be associated with mental health of adolescents, it has been suggested that the management of COVID-19 should also focus on the mental health aspect (Octavius et al., 2020). In the globalized and competitive world of today, dilution of traditional norms and social support have heightened the stress among adolescents leading to multiple mental health issues such as depression, anxiety, aggression, loneliness, rejection, conflicts, and fear

of failure (Smith et al., 2004). Alcohol abuse and criminal behaviour among the adolescents too are not uncommon.

In the contemporary materialistic world, the younger generation undergoes emotional and stress related problems, frustrations, anxiety and behavioural disorders, conflicts, substance abuse and depression, the ill impact of COVID-19 and the lockdown made the situation grave. COVID-19 pandemic had a negative impact on mental health. It has been suggested to seek and to utilize all the available resources, design interventions and develop therapies to help adolescents cope with the pandemic situation (Jones et al., 2021; Singh et al., 2020). An influx of mental health care utilization is expected, and allocation of resources to address child and adolescent mental health concerns are essential (Racine et al., 2021). For prevention of such problems, there is dire need to develop an intervention for positive youth development.

Life skill training is such an intervention, which may provide the skill necessary for successful living of the individuals. In the present context, undue emphasis is given to academics. The need of the hour is to focus on life skill education by following this approach in the school curriculum. Youngsters don't need just knowledge and information. They also need to imbibe certain values, attitudes, self-esteem, social influences, and awareness. They also need social and personal skills to translate the acquired knowledge into behaviour so as to enable them to make right choices and responsible decisions. These skills will help them in developing their psycho-social competence, thereby empowering young people to have control over the circumstances. Critical thinking, creativity, decision making, team work, self-esteem, developing relationships, dealing with conflicts, problem solving, coping with stress and emotions are sets of skills necessary for healthy psycho-social development of individuals.

Life skills approach basically, helps in strengthening the behaviour of adolescents. By acquiring these skills, individuals will modify their behaviour and character which will lead to building self-confidence and enhanced productivity. According to the World Health Organisation (1997), internalizing the core essential life skills helps adolescents to deal with the concerns in the modern world in a dignified and mature way bringing success to them. These skills will help them to resist peer pressure as they learn how to accept themselves for who they are. These basic skills will help young people in coping with difficulties they face in their personal, emotional, and social development. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. With life skills one can explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises. Empowering children with life skills will help them realize their fullest potential and blossom as happy individuals. It will also help children meaningfully contribute to society as future lead-

ers. Moreover, [Ministry of Human Resource Development \(2020\)](#) also stresses upon some key changes in the education system and rightly emphasizes on the need to incorporate life skills in mainstream education.

REVIEW OF RELATED LITERATURE

Several studies have been conducted regarding effectiveness of life skill education programs in varied contexts at global level. Some of the pertinent studies are mentioned here. [Prajapati et al. \(2017\)](#) considered life skills education as an effective mode of education that enhances social, emotional, and thinking skills, and helps the 21st-century youngsters to achieve their goals, by strengthening their abilities to meet the needs and demands of the present society and be successful in life. It has been observed in several empirical studies that life skills programs empower the individuals by bringing about positive changes across varied population groups ([Ahmed et al., 2012](#); [Kaur & Joshith, 2021](#); [Khaksari et al., 2019](#)). [Tiwari et al. \(2020\)](#) observed an increase in the post-intervention scores using life skills intervention module and interactive teaching-learning methods indicating the effectiveness of life skills education program suggesting that implementing this health promotion module on life skills in the school curriculum will help in overall development of the personality of the school students. [Narasimharaju \(2020\)](#) showed that general well-being scores increased in the post-test condition after the successful completion of life skills training program among high school students from Karnataka state.

In a study on Taiwanese elementary school students, [Lee et al. \(2020\)](#) reported significantly higher scores on cognitive reappraisals in the life skills training group than the control group. Furthermore, LST was found to be associated with reduction of depressive symptoms among males, but not females. Also, [Rahimi et al. \(2020\)](#) showed that there was a significant difference between groups of training of educational life skills and control in terms of variable of hope and happiness in students. In another study, [Haug et al. \(2021\)](#) showed good acceptance of a mobile phone based life skills intervention program that could be easily and economically implemented in school classes. Initial results on program efficacy indicate that it might be effective in both preventing or reducing substance use and fostering life skills among adolescents. [Sharma et al. \(2021\)](#) assessed the life skills training program in two districts of Uttar Pradesh, India, by examining changes in knowledge, perceptions, and practices of community health workers about life skills and financial literacy. Life skills training program was found to be effective in improving the life skills and financial literacy of community health workers in India.

In another study on teachers and health workers, [Cattaneo et al. \(2021\)](#)

observed: (i) an improvement in relationships between colleagues, students, and parents; (ii) a slight improvement in the perceived self-efficacy in managing negative emotions; and (iii) an improvement in the personal and collective effectiveness perceived in the school environment and job satisfaction. The study highlights further reflection on the usefulness of this approach for promoting resilience and protective factors and managing the consequences of the pandemic. [Sheykholeslami et al. \(2021\)](#) showed that life skills training was effective on resilience in Iranian school students with addiction readiness and this training program significantly increased resilience in students with addiction readiness in the experimental group compared to the students with addiction readiness in the control group. Further, such programmes with a focus on happiness and mental health were found to be helpful in improving the quality of life of individuals ([Amrei & Farahani, 2016](#); [Irannezhad, 2017](#); [Khademi et al., 2017](#); [Pardeep et al., 2019](#); [Rahmani, 2019](#); [Shovazi et al., 2021](#); [Sujatha & Jayakumar, 2018](#)).

In contrast to the findings of the previous studies, [Safaralizadeh et al. \(2022\)](#) observed that life skills training failed to play a significant role on increasing the hope and health among the women in the suburban regions of Khoy. It indicates that only interventions such as life skills training will not improve suburban women's hope and health. In another recent study, [Sukumar et al. \(2022\)](#) found life skills training and counselling services program to be effective in developing life skills of young participants. Further, they suggested that these modules and processes can be used to train youth and contribute to mental health promotion in the state. The review of related literature reveals that adolescence offers a window of opportunity to teach life skills through training programs. However, compared with early-childhood programs, the evidence on adolescent programs is less abundant ([Murphy-Graham & Cohen, 2022](#)). In the light of such inconclusive evidence in the context of effectiveness of life skills training, this life skills intervention was designed and implemented to study its effectiveness on psychological well-being of secondary school students.

OBJECTIVE OF THE STUDY

The main objective of the research is to study the effect of life skills training on psychological well-being of secondary school students.

DELIMITATIONS OF THE STUDY

1. This study was delimited to ninth grade students studying in government secondary schools of Punjab.

2. This study was delimited to Patiala district of Punjab

RESEARCH METHODOLOGY

The present study was conducted through quasi-experimental design to investigate the impact of life skills training on psychological well-being and its dimensions namely physical well-being, emotional well-being, social well-being, and school well-being among adolescents. In both experimental and quasi-experimental designs, the program is viewed as an 'intervention' in which a treatment - comprising the elements of the program being evaluated - is tested for how well it achieves its objectives. Quasi-experimental methods that involve the creation of a comparison group are most often used when it is not possible to randomize individuals or groups to treatment and control groups. Quasi-experimental designs identify a comparison group that is as similar as possible to the treatment group in terms of baseline (pre-intervention) characteristics.

TOOL USED

Psychological Well-being Scale by [Kalia and Deswal \(2011\)](#) was used to measure psychological well-being of adolescents. The scale consisted of 55 items represented in four subscales: physical well-being, emotional well-being, social well-being, and school well-being. It is a self-report five-point scale including positive and negative items to be marked as 'strongly disagree', 'disagree', 'undecided', 'agree', and 'strongly agree'. The scale has positive as well as negative items on Likert scale in the statement form. Scoring of the positive items is done as 1, 2, 3, 4, 5 and in case of negative items, the scoring procedure was reversed.

The reliability of the general well-being scale was estimated by using split-half method and spearman-brown method. The reliability coefficient was found 0.99 and total reliability of the scale was estimated 0.99. The validity of the scale was checked by calculating the coefficient of correlations between scores on the total scale and scores on each of the four sub-scales. The correlations ranged from 0.64 to 0.71. Since the scale has high reliability and validity, it was used to measure psychological well-being of adolescents in the present study. Psychological well-being scale is an individual as well as a group test. The scale takes about 15-20 minutes to administer.

DEVELOPMENT OF LIFE SKILLS TRAINING MODULE

Life skills training module was an important part of the study which was prepared by the investigators after consulting various existing life skills train-

ing modules available online as well as offline. A module is an instructional unit that focuses on a particular topic. Life skills training module included a total of 30 activities which were performed with secondary school students over a span of 40 days. Three activities pertaining to all the ten life skills as identified by [World Health Organisation \(1997\)](#) were made part of the life skills training module. For the conduct of life skills training, various activity methods were used namely group discussions, pictures and blackboard, demonstrations, drama and mime, games adapted for both outdoor as well indoor learning, question box, drawings, role play and processing activities. After processing the activity, students were ready to carry out the linking learning to life activities and could move into real-life situations to practice new behaviour.

SAMPLE OF THE STUDY

The population of the present study was 9th class students studying in Government senior secondary school, Bahadurgarh in Patiala district of Punjab, affiliated to Punjab School Education Board (PSEB). A sample of 100 secondary school students was selected for the conduct of the present study. The experimental and control group were taken as the intact sections of class 9th from the school with 50 students each. However, at the time of conduct of the experiment, only 40 students appeared for each group on a regular basis. Hence, the final sample of the study comprised 80 students in the age group of 15 to 16 years studying in 9th standard. The experimental group had 40 students (22 males and 18 females) and control groups also comprised 40 students (21 males and 19 females).

CONDUCT OF THE STUDY

The study was conducted in three phases:

a. **Pre-experimental Testing:** The pre-testing was conducted by the researchers on a sample of 80 school students at Government Secondary School, Bahadurgarh (District Patiala). The pre-testing was done with the help of psychological well-being scale which was administered to the school students in group classroom setting. Prior to the pre-test, an informal session with the students was separately held, with the purpose of building rapport and introducing the training program. The participants were informed about the purpose of the study. They were assured that the information given by them would be kept confidential and would be used only for research purposes.

b. **Experimental Treatment:** For the conduct of the experiment, a life skills

training program was conducted. The sessions were carried out with the adolescents within the school premises. The life skills training program was executed in 40 sessions and 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 to be used to impart life skills training was role play, group activities, lectures demonstrations and group discussions. The control group was given general awareness about general aspects of society. However, they were not given any orientation to life skills.

c. **Post-experimental Testing:** It was done after the completion of the life skills training program with the help of the same research tool i.e., Psychological Well-Being Scale.

RESULTS AND DISCUSSION

To study the effect of life skills training on psychological well-being and its dimensions namely physical well-being, emotional well-being, social well-being and school well-being among secondary school students, the technique of analysis of covariance was used. Table 1 shows the means and SDs of pre-test and post-test scores of psychological well-being and its dimensions namely physical well-being, emotional well-being, social well-being and school well-being for the control and experimental groups.

Table 1
Means and SDs of the Pre-Test and Post-Test Scores of Psychological Well-Being and its Dimensions for Control and Experimental Group of Secondary School Students.

Dimensions of Well-Being	Stage	Control Group		Experimental Group	
		N	Mean SD	N	Mean SD
Physical Well-Being	Pre-test	40	37.99 3.70	40	39.12 4.24
	Post-test	40	38.00 5.10	40	43.10 3.77
Emotional Well-Being	Pre-test	40	50.32 6.69	40	51.52 6.08
	Post-test	40	50.37 5.94	40	54.77 5.54
Social Well-Being	Pre-test	40	57.90 4.48	40	58.80 4.59
	Post-test	40	59.32 7.01	40	62.80 4.87
School Well-Being	Pre-test	40	40.37 6.31	40	42.60 6.51
	Post-test	40	40.08 6.66	40	45.45 5.72
Total Psychological Well-Being	Pre-test	40	186.62 12.10	40	187.70 13.90
	Post-test	40	192.05 10.09	40	206.12 15.35

In order to see whether life skills training had any significant effect on psychological well-being and its dimensions among adolescents, analysis of covariance was applied on the post-test scores of psychological well-being and its dimensions among adolescents keeping pre-test score as covariate for each dimension of well-being.

Table 2

Results of Analysis of Covariance of Psychological Well-Being and its Dimensional Scores of Experimental and Control Group of Secondary School Students.

Dimension Of Well-Being	Source	SS	df	MS	F
Physical Well-Being	Pre-test	704.70	1	704.70	97.72**
	Treatment	313.34	1	313.34	43.45**
	Error	555.28	77	7.21	
	Total	1573.32	79	1025.25	
Emotional Well-Being	Pre-test	1962.40	1	1962.40	222.03**
	Treatment	216.43	1	216.43	24.49**
	Error	680.55	77	8.84	
	Total	2859.38	79	2187.67	
Social Well-Being	Pre-test	1246.63	1	1246.63	190.39**
	Treatment	181.25	1	181.25	27.18**
	Error	504.18	77	6.55	
	Total	1932.06	79	1434.43	
School Well-Being	Pre-test	2176.93	1	2176.93	212.03**
	Treatment	193.88	1	193.88	18.88**
	Error	790.57	77	10.27	
	Total	3161.38	79	2381.08	
Total Psychological Well-Being	Pre-test	3962.11	1	3962.11	66.46**
	Treatment	302.61	1	302.61	5.07**
	Error	4590.17	77	59.61	
	Total	8854.89	79	4324.33	

* $p \leq 0.05$; ** $p \leq 0.01$

It may be seen from Table 2 that the F-value for testing the effect of life skills training on adjusted mean score for physical well-being, emotional well-being, social well-being, school well-being and total psychological well-being of adolescents keeping the respective pre-test scores as covariate, came out to be 43.45, 24.49, 27.18, 18.88 and 59.16 respectively which are significant at 0.01 level. This indicates that treatment given to the experimental group significantly enhanced psychological well-being and its dimensions among adolescents. The adjusted mean scores of psychological well-being and its dimen-

sions among adolescents from experimental and control groups along with pre-test and post-test mean scores are presented in Table 3.

Table 3

Adjusted mean psychological well-being and its dimensional scores for secondary school students of experimental and control groups and t-values

Dimension Well-Being	Of Group	N	Pre-Test (Mx)	Post-Test (My)	Adjusted Mean (Myx)	t
Physical Well-Being	Experimental	40	38.00	43.10	42.99	4.31**
	Control	40	37.99	39.12	39.19	
	General Means		37.99	41.11	41.09	
Emotional Well-Being	Experimental	40	50.33	54.78	54.83	2.50*
	Control	40	50.37	51.52	51.60	
	General Means		50.35	53.15	53.21	
Social Well-Being	Experimental	40	59.33	62.80	62.36	2.88*
	Control	40	57.90	58.80	59.31	
	General Means		58.61	60.80	60.83	
School Well-Being	Experimental	40	40.05	45.45	45.46	2.14*
	Control	40	40.37	42.60	42.54	
	General Means		40.21	44.02	44.00	
Psychological Well-Being	Experimental	40	187.70	206.12	205.25	7.46**
	Control	40	186.62	192.05	192.48	
	General Means		187.16	199.02	198.86	

* $p \leq 0.05$; ** $p \leq 0.01$

It may be observed from Table 3 that the t-value testing the significance of difference in adjusted mean physical well-being and total psychological well-being scores of experimental and control groups came out to be 4.31 and 7.46 respectively which are significant at 0.01 level. However, the t-value testing the significance of difference in adjusted mean emotional well-being, social well-being, school well-being scores of experimental and control groups came out to be 2.50, 2.88 and 2.14 respectively which are significant at 0.05 level. It can be observed from Table 3 that the mean physical well-being, emotional well-being, social well-being, school well-being and total psychological well-being scores of the experimental group are significantly greater than the

adjusted mean physical well-being, emotional well-being, social well-being, school well-being and total psychological well-being scores of the control group.

Thus, it can be concluded from these results that the life skills training has a positive and significant effect on psychological well-being and its dimensions among adolescents. Similar findings have been reported in a number of research studies conducted in varied contexts. For example, [Mohammadi et al. \(2014\)](#) found that life skills training has the greatest effect on the subjective well-being of school students in Iran. In another study on female adolescents in Iran, [Bahrambadi et al. \(2015\)](#) found that life skills intervention caused an improvement in their psychological well-being and school satisfaction. [Sujatha and Jayakumar \(2018\)](#) found that life skills training had a significant and positive effect on the well-being of institutionalized adolescents.

Also, [Jagtap and Karmalkar \(2018\)](#) revealed a positive impact of such training on all the dimensions of psychological well-being of rural adolescents in Maharashtra. S observed that life skills predicted sustained psychological wellbeing, less loneliness, and a lower incidence of new chronic disease and physical impairment over a period of four years in the case of elderly. In an Italian context, [Sagone et al. \(2018\)](#) carried out an exploratory analysis of the main life skills in relation to psychological well-being among participants aged 12 to 14 years and showed positive correlations between perceived self-efficacy in life skills and various dimensions of psychological well-being. [Yankey and Biswas \(2019\)](#) found life skills training to be effective in promoting psychosocial well-being of Tibetan refugee adolescents. In a similar vein, [Rajabi and Aslami \(2019\)](#) found that life skills training significantly increased psychological well-being and happiness in elderly women. These results highlight the necessity of using life skills training programs to improve psychological well-being and happiness in elderly women.

In another study on female married university students in Iran, [Sadati et al. \(2019\)](#) observed that basic life skills training is an effective way to increase the psychological well-being and student adaptability. [Shovazi et al. \(2021\)](#) suggested that providing a training opportunity for Afghan women to learn life skills based on self-care, enables them to realize their strengths and weaknesses and improve their quality of life and mental health. [Maddah et al. \(2021\)](#) found that life skills-based health promotion intervention is effective in enhancing the wellbeing of university students in Lebanon. It is suggested that such interventions should be replicated in other similar contexts to improve university students' well-being. On the basis of the results of these studies, it may be concluded that the result of the present study has support from the earlier research studies and are worthwhile in the adolescent development perspective.

RECOMMENDATIONS

Following recommendations may be made on the basis of the results of the present study:

1. The results of the study revealed that the life skills training has a positive and significant effect on the psychological well-being of adolescents. Hence, the life skills programmes should be introduced in schools to ensure healthy psycho-social development of adolescents.

2. More interactive and appropriate activities need to be included in the lessons so that learning of life skills education becomes fun for the children, and they can learn effectively in the classroom.

3. The foundation and pedagogy of life skills education must be included in the teacher training curriculum in the teacher training colleges and universities. This will adequately prepare the teachers to deliver the life skills education content in schools. The teachers have not much knowledge to teach life skills education, and this is a major handicap in its implementation (Grover, 2018).

4. Teachers of life skills education need to develop a positive mind set. They must believe that life skill training is a major component of the curriculum and plays a huge role in the development of the child. This will enhance the teaching of life skills education.

5. The successful teaching of life skills education requires adequate resources. Schools need to be well equipped with life skills resources for the teaching of life skills education. The Department of Education should encourage the production of other life skills education resources like audio-visuals, board games for making life skills education programmes effective. This will make the teaching more interactive and interesting to the learners.

CONCLUSIONS

Hence, it may be concluded from the results of the present study that the life skills training plays a significant role in enhancing the psychological well-being of adolescents. Further, these results have both theoretical and empirical support from the earlier research and these results are worthwhile to explain adolescent development perspectives. Also, the present study is an extension of these studies on effectiveness of life skills training for improving the psychological competence of Punjabi adolescents. Similar studies may be further replicated on larger samples for generalizing the results to the young population.

In our country, the educational dynamism is undergoing sea change in the

context of NEP 2020, the concept of life skills and life skills education needs to be given enough impetus. [Ministry of Human Resource Development \(2020\)](#) has given due importance to life skills and inculcating life skills among students with the help of significant structural and functional changes in the education system and pedagogy.

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