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Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents

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The aim of the present study was to see the impact of life skill training on self-esteem, adjustment and empathy among adolescents. Total sample comprised of 60 students (30 males and 30 females) from the Hans Raj Model School, Punjabi Bagh who has received life skill training from the team of Expressions India. Self esteem inventory (school form), Adjustment inventory for school students (AISS) and the Empathy quotient (EQ) were administered in a group session one by one in two or three days both before training was given and after training. In the post condition, test scores were obtained after 5 months of training. The result showed that subjects improved significantly in post condition on self-esteem, emotional adjustment, educational adjustment, total adjustment and empathy. However, no significant difference was found on social adjustment in pre and post condition. Overall training was very effective as subjects improved in the post condition on all measures except one, thus showing that Life skill training do show positive result in bringing change in adolescent's attitude, thought and behavior by providing supportive environment to them.

Keywords: Self-esteem, Adjustment, Empathy

The present scenario of adolescents clearly shows that the condition of our youth has significantly deteriorated. Recent studies show that there is significant rise in the problems faced by the adolescents for example, serious emotional disturbances has increased (WHO, 2001), increased sexual activity in schools, rise in AIDS cases in India & greater use of alcohol consumption has been found (BSS, 2007). Apart from the above, use of heavy drugs and youth drop outs have also increased in the recent years (UNICEF, 2001).

All these studies clearly illustrate the increase in aggressiveness, suicidal cases, drug use, and depressive cases among adolescents. This gives us the clear image of the struggles that adolescents go through, the problems they face. So providing an experience that would strengthen adolescents coping abilities to counter environmental stress and disadvantages with which they sometimes have to cope with while experiencing is an essential need.

One best-practice model for contributing to the healthy development of adolescents is a life skills approach. A key aspect of human development - as important to basic survival as intellect - is the acquisition of socio-cognitive and emotional coping skills.This has been shown to have impact on behaviors. For more than a decade, research on interventions that address these specific skill areas has shown their effectiveness in promoting desirable behaviors, such as sociability, improved communication, effective decision making and conflict resolution, and preventing negative or high-risk behaviors, such as use of tobacco, alcohol and other drugs, unsafe sex, and violence. Developed by Dr.Botvin, a leading prevention expert, Life Skills Training

is backed by over 20 scientific studies and is recognized as a Model or Exemplary program by an array of government agencies including the U.S. Department of Education and the Center for Substance Abuse Prevention.

Life skills are essentially those abilities that help promote mental well being and competence in young people as they face the realities of life. UNICEF and WHO agree that life skills are generally applied in various aspects of life. Such as in the context of health and social events like human relationships, learning about social influences on behavior and learning about rights and responsibilities, as well as being taught in the context of health problems.

Life skills enable individuals to translate knowledge, attitudes and values into actual abilities – i.e. what to do and how to do it. Life skills are abilities that enable individuals to behave in healthy ways, given the desire to do so and given the scope and opportunity to do so. They are not a panacea: "How to do abilities" are not the only factors that affect behavior. If the model were placed within a larger, more comprehensive framework there would be many factors that relate to the motivation and ability to behave in positive ways to prevent health problems. These factors include such things as social support, cultural and environment factors etc.

It can be utilized in many content areas, issues, topics or subjects such as in prevention of drug abuse, sexual violence, teenage pregnancy, HIV/AIDS/STD prevention, suicide prevention, etc. UNICEF extends its use further into consumer education, environmental education, peace education or education for development, livelihood and income generation, among others. In short, it empowers young people to take positive actions to protect themselves and to promote health and positive social relationships.

Life skills education is an educational innovation that has spread in several countries since it was introduced in mid-1980, thus showing its effectiveness. Comprehensive Life Skills programmes developed in England, Canada, Australia and the United States have spread to over 30 countries. In our country, most of the initiatives have come from Ngo's sector.

The current scenario of adolescents revealed by increased depression, increased suicidal rates, increased drug use is the clear indication of the challenges that adolescent's are facing. Information overload, mixed messages from media, press, teachers, and family and from society at large add to the confusing scenario of the assimilating young mind. No doubt that they are at risk because they lack social support to seek accurate information and services. Thus providing an experience that would strengthen adolescents coping abilities to counter environmental stress and disadvantages with which they sometimes have to cope with while experiencing is an essential need. The purpose of this study is primarily to study the impact of life skill training on adolescents and to understand and explore what can be done at grass root level, starting from the school as school play crucial role in the development of cognitive, linguistic, social, emotional and moral function and competencies in a child. The present study therefore is an attempt to understand the effectiveness of this approach in the Indian setting on adolescent's self esteem, adjustment level and empathy.

Method

Sample:

The samples of the study comprised 60 students (30 males and 30 females). The age range of 15-17 years. The sample was collected from the Hans Raj Model School, Punjabi Bagh.

Tools:

Self esteem inventory (Adult form): Self esteem inventory by Coppersmith (1982) was used to measure the self esteem of the subjects. The SEI is designed to measure the

evaluative attitude towards the self in social, academic, family and personal area of experience. It was developed in conjunction an extensive study of self-esteem on children and the major basis was the widely used belief that self-esteem is significantly associated with personal satisfaction and effective functioning. The adult form of the SEI was used in the study. This form consists of 25 items. The subject has to put a "x" in the column of either" LIKE ME", if he/she thinks that the item signifies what he feels or "UNLIKE ME", if he/she thinks the item does not signify what he/she feels. Reliability coefficients ranging from .71 to .80 have been reported when alternate forms were used. The concurrent validity and predictive validity of the SEI has been reported to be good. SEI scores are significantly correlated to creativity , academic achievement, perceived popularity and family adjustment. High personality adjustment scores accompany high SEI scores. SEI scores are also correlated with scores on achievement and intelligence. They are also predictive of school achievement.

Adjustment inventory for school students (AISS): It was developed by Sinha and Singh (1984), for Hindi knowing school students of India, was used to assess different areas of adjustment. The inventory seeks to segregate well-adjusted secondary school students (age group 14 to 18 years) from poorly adjusted students in three years of adjustment. In this scale, the scoring is done in a reverse direction i.e. less score reveals better adjustment. A list of 100 questions indicating the significant problems of school students in the three areas was prepared. The questions were to be answered in "yes" or "no". The final inventory consisted of 60 items, 20 items in each area of adjustment. Meaning of the symbols and explanation of the areas: (a) Emotional adjustment: High scores indicate unstable emotion. Students with low scores tend to be emotionally stable. (b) Social adjustment: Individuals scoring high are submissive and tiring. Low scores indicate aggressive behavior. (c) Educational adjustment: Individuals scoring high on third are poorly adjusted with their curricular and curricular programmes. Persons with low scores are interested in school programmes. Coefficient of reliability was determined by (i) Split – half method, (ii) Test retest method and (iii) K-R Formula- 20. Table I gives the reliability coefficients of the total test and of subtests by the different methods. In item analysis, validity coefficients were determined for each item by biserial correlation method and only such items were retained which yielded biserial correlation with both the criteria. (i) Total score and (ii) Area score, significant level being 0.01. Correlating inventory scores with high ratings by the Hostel superintendent also validated this inventory. This was done on the data of 60 pupils living in the hostels of Patna Collegiate Multi purpose higher secondary school. The Hostel superintendent rated the pupils on a five point scale, namely, Excellent, Good, Average, Poor and Very poor in respect to their adjustments. The product moment coefficient correlation between inventory scores and superintendent's was found to be 0.51.

The EQ questionnaire: The empathy quotient by Cohen and Wheelwright (2004) was used to measure the empathy of the subjects. The EQ has a forced choice format, can be self administered, and is straightforward to score because it does not depend on any interpretation. It contains 40 empathy items and 20 filler/control items. On each empathy item a person can score 2, 1, or 0. The EQ comprises 60 questions, broken down into two types: 40 questions tapping empathy (items 1, 4, 6, 8, 10, 11,12, 14, 15, 18, 19, 21, 22, 25, 26, 27, 28, 29, 32, 34,35, 36, 37, 38, 39, 41, 42, 43, 44, 46, 48, 49, 50, 52,54, 55, 57, 58, 59, and 60), and 20 filler items (items 2, 3, 5, 7, 9, 13, 16, 17, 20, 23, 24, 30, 31, 33, 40, 45,47, 51, 53, and 56)The 20 filler items were included to distract the participant from a relentless focus on empathy. Each of the items listed above scores 1 point

if the respondent records the emp athic behavior mildly, or 2 points if the respondent records the behavior strongly. Approximately half the items were worded to produce a "disagree" response and half to produce an "agree" response for the empathic response. This was to avoid a response bias either way Following this, items were randomized. So, the EQ has a maximum score of 80 and a minimum of zero. Reliability- Cronbach's alpha was calculated for the EQ was 0.92, which is high.

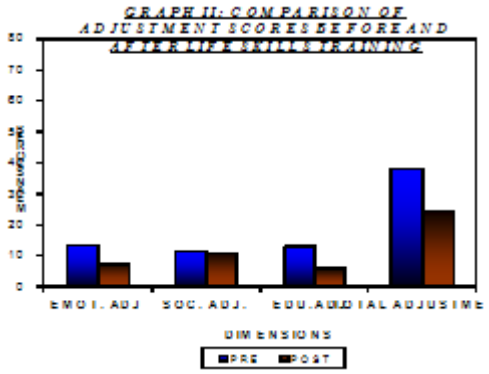
Table 1 Mean, SD and t value pre and post condition

Variable	Condition	Mean	SD	t
Self esteem	Pre	53.93	18.87	9.97**
	Post	69.06	15.97	
Emotional Adjustment	Pre	13.51	3.79	15.05**
	Post	7.53	3.35	
Social Adjustment	Pre	11.53	6.09	0.8
	Post	10.93	1.74	
Educational Adjustment	Pre	13.1	4.53	11.73**
	Post	6.13	3.47	
Total Adjustment	Pre	38.2	7.9	13.82**
	Post	24.61	4.92	
Empathy	Pre	40.71	17.19	10.80**
	Post	54.26	13.08	

** p< 0.01

The t able1 shows that there was significant d ifference b etween p re a nd post condition on Self-esteem, Emotional, Educational, Total adjustment and Emp athy. Significant dif ferences were observed between all the pairs at .01 level of significance. In post condition, subjects have improved in all the above variables. However, significant difference was not found between pre and post condition on Social adjustment.

Fig1 clearly depicts the gain in scores of all above dimensions among adolescents after LST. It could be observed that there is decrease in case of adjustment, but as there is reverse scoring in the inventory used, lower score reveals better adjustment.



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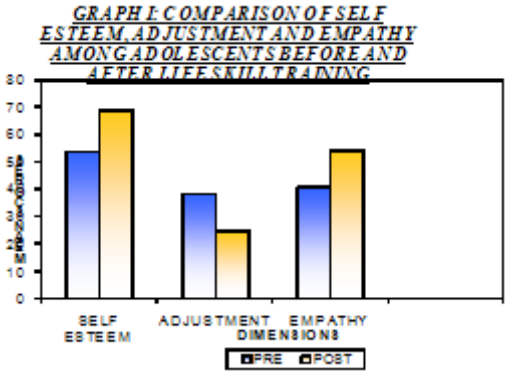

Fig 2 depict s the decrease in adjustment scores in adolescents after life skill training, thus proving the efficiency of the technique. As, in the case of adju stment, lower score reveals better adjustment.

Discussion

Changes in society and environment surrounding young people have created various problems in their growth and development of health. For example, competitive examinations, reduction of free time, reduction of interpersonal relationship skills and low self-training skills are said to cause juvenile worries, anxiety and stress. Their low tolerance an d in appropriate management toward stress are highlighted and have made health issues surrounding them varied and more serious. The trend is

expected to become more complex. Under these circumstances, valued skills to survive in healthy conditions are life skills, with which we can subjectively and positively solve various everyday problems and requirements. The World Health Organization (WHO) has defined life skills as 'necessary skills to constructively and effectively manage various issues and needs arising in daily life'. They are regarded as skills for people to act in a flexible and positive way. The present study focuses on these life skills as youth survival skills in healthy conditions and, using the framework of WHO's definition of three aspects in health: physical, psychological, and social aspects, aims to understand the skills that are useful in enhancing health in daily life (health-related life skills, hereafter).

The present study was aimed at studying the impact of life skill training on self-esteem, adjustment and empathy among adolescents. For this purpose, the total sample of the study taken was 60 students, out of these 30 were males and 30 were females.The sample was collected from the Hans Raj Model School, Punjabi Bagh. Scores of the subjects in the two conditions i.e. pre and post training were compared.

It was found that in the present investigation, there was significant difference at .01 level between pre and post condition on Self-esteem of adolescents .The mean score obtained by the subjects was found to be 53.93 before training and 69.06 after training. This indicates that the subjects had scored higher on the self-esteem dimension. The t-ratio obtained was 9.97, which was significant at .01 level of significance. Thus, Life skills' training is effective in increasing self-esteem of adolescents.

This result has been supported by various studies [Morgan et al.1996, Friesenhahn 1999, Winkleby et al 2004]. Morgan et al (1996) found that LST have significant effects on attitudes and beliefs regarding substance use but rather less effects on actual behavior. An analysis of how these effects were mediated suggests that the enhancement of self-esteem and the learning of assertiveness skills played an important role in the outcomes. Winkleby et al (2004) also obtained Similar results. Friesenhahn (1999) study also confirm that there is significant difference in the self esteem of adolescents after LST, along with improved ability to interact with others, strengthened communication skills, gain in creative thinking skills, enhanced ability to make their own decisions and manage their resources, and greatly improved their ability to effectively work in groups to accomplish group goals. .

The self-esteem of an adolescent is an important contributor of his growth and dealing with difficulties. Studies have found that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence (Harter, 1990; Hirsch & Dubois, 1991). The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, delinquency, self-inflicted injuries, suicide (Battle, 1990; Bhatti, 1992), and anorexia nervosa.

Miller (1988) demonstrated that a program to increase self-esteem significantly changed the attitudes of students regarding their alcohol and drug use.

The results of these studies clearly illustrate the positive effect of life skills training on adolescents and importance of self-esteem as an important personality variable that needs to be strengthened as it is directly related to negative behaviors. If adolescents develop some life skills, then positive feelings of self worth will follow—or if such youth have positive feelings of self-worth, they will be more likely to develop and practice new life skills. It could be said that Group learning provides opportunity for social skills by encouraging social interaction and thus promotes self-esteem in the subjects.

Present investigation also revealed that there was significant difference at .01 levels between pre and post condition on Emotional adjustment. In post condition, subject's emotional adjustment has improved significantly.

Emotionally adjusting can be interpreted as emotionally stable. To be stable in emotions, to handle emotions well is an important skill that adolescents must learn, as this seems to be major cause of their involvement in high-risk behaviors. Effectiveness of LST has been supported by various researches like Deffenbacher, et al, (1986) reported that LST teach anger control.

LST thus teaches social and emotional skills that have positive effects in multiple realms, such as decreasing aggression in boys, decreasing suspensions and expulsions, decreasing drug use and delinquency, increasing academic test scores, and increasing positive attachments to school and families (Hawkins et al, 1992). Concisely, life skills programs address and have an impact on multiple behaviors. Skills for coping with emotions through learning self-management and controlling stress (often incorporating social problem solving skills) are a critical dimension of most life skills programs.

On social adjustment, significant difference was not found between pre and post condition. This shows that there is no impact of LST on the part of social adjustment among subjects. The reason for getting this result could be chance factors or may be due to individual differences and could be because of small sample size. Whereas it promote positive social adjustment is supported by study of Elias, etal (1991). Mize and Ladd (1990) have also researched that LST Prevent peer rejection.

The importance of social adjustment has been seen in the behavior of adolescents in dealing with people, having control on aggressiveness and to deal with different situations.

Apart from this, recent findings in behavioral epidemiology indicate that mental health problems, social problems, and health-risk behaviors often co-occur as an organized pattern of adolescent risk behaviors. (Greenberg et al, 1999). It focuses on increasing positive social skills with which to handle inevitable social disagreement and conflict, on the ability to generate alternative solutions to an interpersonal problem and on the ability to conceptualize the consequences of different behaviors. Relationships between these problem solving skills and social adjustment were found not only in preschool and kindergarten children, but also in adolescents and adults. So, it can be said that Social-cognitive skills, social competence, and problem-solving skills serve as mediators for behaviors, both positive and negative.

As for the third type of adjustment i.e. educational adjustment, table I reveals that mean of subjects in pre condition, 13.10 is higher than mean in post condition, 6.13, thus showing difference between the two mean values. The t value obtained is 11.73 that is significant at .01 level and thus again proves the effectiveness of LST. It is known that individuals having good adjustment in context of educational are at better pace in their adjustment with curricular and curricular programmers. One of such study is that of Hawkins et al (1992), who found that LST has been found to increase academic test scores. Significant difference was also observed between pre and post condition on Total adjustment. Total adjustment improved significantly in post condition. Because Adjustment is inevitably tied in with issues of independence, sufficiency and control and will vary from person to person influenced by their character, previous experiences and support network.

Hence, we can conclude that there is significant difference on adjustment of adolescents before and after life skill training in the area of emotional, educational and total

adjustment, only in social adjustment findings does not support the expectations.

Another result that has been produced in this study is that there was significant difference on Empathy level of adolescents before and after life skill training. The mean score obtained by the subjects was found to be 40.71 before training and 54.26 after training. This indicates that the subjects had scored higher on the dimension of Empathy. The t-ratio obtained was 10.80, which was significant at .01 level of significance. The result indicated that a significant difference exists on the ability of adolescents to empathize before and after life skill training.

Empathy is a verbal response, which reflects emotional content of the other person's talk and the causes of emotions. Empathy has an affective component (for example, feeling an appropriate emotion triggered by another's emotion), a cognitive component(for example, understanding and/or predicting what someone else might think, feel, or do), and a mixed component (cognitive and affective).

Sympathy is clear instance of the affective component of empathy. Sympathy is said to occur when the observer's emotional response to the distress of another leads the observer to feel a desire to take action to alleviate the other person's suffering (Davis, 1994). The observer may not actually act on this desire, but at the very least the Observer has the emotion of wanting to take appropriate action to reduce the other's distress.

Empathy is a component of communication and can only be improved with appropriate training (Winefield and Chur-Hansen 2000). It allows us to understand the intentions of others, predict their behavior, and experience an emotion triggered by their emotion. .

Perspective taking and empathy are two critical social skills. Programs in violence prevention have successfully taught specific skills that link perspective taking and empathy to appropriate behaviors. Young people are found to show increased skill in identifying and relating to another person's feelings if a real-life role model demonstrates empathy for a character in a distressful situation (Feshbach, 1982). Guiding children to practice these empathic responses within conflict situations can build habits of thinking and caring about other people's perspectives and feelings and help them to come up with nonviolent solutions instead of resorting to aggression (Slaby and Guerra, 1998).

The reason for getting such a result could be summarized in this way. Life skills applied to drug/substance use prevention are supposed to facilitate the Practice and reinforcement of psychosocial skills that contribute to the promotion of personal and social development such as self awareness, empathy, communication skills, interpersonal skills, creative thinking, critical thinking, coping with emotions and coping with stress.

Empathy and interpersonal sensitivity may be turned simply into useful 'tools' for adjusting delinquent or disturbed young people to schooling. Lack of empathic concern, poor communicative responsiveness and high emotional contagion significantly contributed to reduced personal accomplishment (Orndahl and O'Donnell 1999).

Thus, it is an important variable to be considered and the ability of subjects empathizing has been found to be greater after LST.

In the light of above discussion, it could be said that life skill training can specifically address the needs of children growing up in disadvantaged environments that lack opportunities to develop these skills. Health promotion and prevention programs focusing only on transferal of information are less effective than programs incorporating skills development.

The social, cognitive and emotional coping skills targeted by life skills programs

are shown to be mediators of problem behaviors and there lies the success of LST.

There are research indications that teaching skills in this way, as part of broad-based life skills programmes, is an effective approach for primary prevention education (Errecart et al., 1991; Caplan et al., 1992). Apart from this, the most important point for its effectiveness is in its delivery method that was most effective emphasized sharing, cooperating and contributing. The conclusions drawn were that interactive educative programmes were 'statistically superior' (Black et al., 1998) to non-interactive interventions in preventing drug misuse as the style was not didactic, but highly interactive and participatory. Similar study of Tobler et al. (2000) also indicated that non-interactive lecture- oriented programs have minimal impact, whereas interactive programs like LST, that enhance the development of interpersonal skills have greater impact. LST includes training in refusal skills, goal setting, assertiveness, communication, and coping and therefore greater benefits were also achieved.

The other point to be mention is that Life Skills are taught using an interactive, problem-solving approach that arranges activities as a series of steps. First, the students identify the problem, and then they brainstorm all possible solutions. They then examine the advantages and disadvantages of each solution, and the best solution is agreed upon. Students next devise plans for carrying out selected solutions. Thus, nothing is forced upon subjects. Concisely it could be said that the learning activities offer numerous opportunities for participants to provide their own input into the nature and content of the situations addressed during the learning activities (e.g., creating their own case studies, brainstorming possible scenarios, etc.).

But one obvious limitation of this type of prevention approach is that it addresses a limited set of etiological factors within school settings. More research is therefore needed either to extend this approach to other intervention modalities (e.g., approaches targeting the family or community) or to integrate it within a more comprehensive intervention strategy targeting a broader array of etiological factors.

Thus although considerable progress has been made in the past decade, the present study would be an important contribution in this field but still further research is needed.

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