



ISSN: 2456-0057
IJPNPE 2019; 4(1): 1190-1192
© 2019 IJPNPE
www.journalofsports.com
Received: 19-11-2018
Accepted: 22-12-2018

Dr. Suman Pandey Mahadevan
Assistant Professor, Department
of Physical Education, Savitribai
Phule Pune University, Pune,
Maharashtra, India

Dr. Sanjeev A Sonawane
Professor & Head, Department
of Education and Extension,
Savitribai Phule Pune
University, Pune, Maharashtra,
India

Relationship between life skills and mental health of adolescent boys

Dr. Suman Pandey Mahadevan and Dr. Sanjeev A Sonawane

Abstract

The purpose of the study was to investigate correlation of the life skills with Mental health of school going adolescents. Researcher had selected 275 adolescent boys (aged between 14 to 17years) from 5 different Schools (affiliated to the CBSE board) of Pune with the convenience sampling. Since the research intended to measure Life Skills of the students, it was necessary to develop a standardized assessment tool to measure the Life Skills of the school going Adolescents. The LSAQ (Life Skills Assessment Questionnaire) was developed with the help and guidance of the panel of experts. The validity and reliability was established. To measure the Mental health Positive Mental Health Inventory (PMHI) by Agashe and Helode (1983) was used. The tests were administered by following all the protocols and the relevant data was collected. The collected data was analysed statistically (SPSS) to check the normality and then appropriate statistical procedure (Spearman coefficient of correlation) was used to compute the correlation between the Life Skills and Mental Health. The r value was .222 which is significant at 0.05 level of significance. It was concluded on the basis of statistical analysis that there is significant positive relationship between Life skills and Mental health.

Keywords: Adolescents, life skills and mental health

Introduction

Adolescence is marked by immense turmoil in emotional and behavioral spheres. Adolescence is the phase in which children undergo remarkable and unusual changes in body size, physiological and psychological and social functioning. All body dimensions, development and maturation are completed. This is the net result of hormones and social structures designed to foster the transition from childhood to adulthood (Rutter M, Graham P, 1976) [1]. WHO defines adolescence as the period of life between the ages of 10-to 19 years. The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization and modernization have exposed them to changes in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behavior. Healthy adulthood depends upon successful resolution of these emotional and behavioral problems. Walking on this tight rope, most adolescents go through to adulthood normally. All adolescents may not be so fortunate, to get the ideal societal support for this smooth transition. Some develop maladaptive patterns in emotional and behavioural spheres. This creates the possibility for the individual's future resulting in depression, delinquency and suicides among other problems (WHO, 1996).

Lots of emphasis have been given on the physical health but hardly any attention has been shown towards the mental health of the adolescents which is also an integral part of their overall health. "Mental health a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of Life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2007). It has been observed that there has been a rise in the prevalence of mental illness and maladaptive behaviors among adolescents. WHO estimate shows that up to 20% adolescent have one or more mental or behavioral problems. Studies conducted in different parts of the world show that prevalence of behavioral and emotional problems in adolescents ranges from 16.5% to 40.8% and in India it is in the range of 13.7% to 35.0%.

Correspondence

Dr. M Pari
Assistant Professor, Department
of Physical Education, Savitribai
Phule Pune University, Pune,
Maharashtra, India

As adolescents form one fifth of India’s population, this means a sizable disease burden on the society. Lack of data on the subject precludes an assessment of the magnitude of the problem which is essential for effective health care planning (Pathak R, Sharma RC, 2011).

Life skills are Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. There are 10 core life Skills that are laid down by WHO are: Self awareness, Empathy, Interpersonal Relationships, Communication skills, Problem solving, Decision Making, critical thinking, creative Thinking, Coping with stress and coping with emotions. Theories of human development and adolescent behavior find these specific skills to be essential components of healthy development, and the skills that define a resilient child. Research also finds that these particular skills are mediators of behavior in adolescence. Results of many experimental program evaluations find that life skills development can: prevent or delay the onset of drug use, prevent high risk sexual behavior, teach anger management, improve academic performance, and promote positive social adjustment. These information somewhere shows that life skills and mental health have some relationship among them, and if developed effectively, can be of great help in the promotion of Mental Health.

Material and Methods

Method: This study was conducted in two phases; the first phase was the product phase which comprised development of the Life Skills Assessment Questionnaire (LSAQ) and second phase was the Descriptive Survey to find the correlation between the life skills with mental health.

Participants: Total 275 adolescent boys (aged between 14 to 17 years) were selected as a sample for the study from Different Kendriya Vidhyalas of Pune using purposive sampling method.

Tools for Data Collection: To collect the data from the selected sample following tools were administered.

Life Skills: To measure life skills, Life Skills Assessment Questionnaire (LSAQ) was administered on the selected students. This was a teacher made questionnaire. This

questionnaire was 5 point Likert scale containing 63 close ended questions. The questions were framed to assessed core life skills such as Self awareness, Interpersonal communications, Empathy, Decision making, Problem solving, Critical thinking and coping with stress. Students were asked to provide their true and genuine response for each question as Always, usually, Sometimes, usually not and never. Numerical score for each response was given.

Mental Health: The Positive Mental Health Inventory (PMHI) by Agashe & Helode was used to measure the Mental health of the subjects. PMHI is comprised of three components i.e. Self-acceptance, Ego-Strength and Philosophies of life. PMHI comprised of total 36 questions, 12 questions for tapping each component. Each question was provided with two response Yes(√) & No (X). A numerical credit of One mark was given to each response that matched with the keyed answer and a numerical credit of Zero mark was given to that response which didn’t match with the keyed answer.

Statistical Tools: To compute the reliability of the LSAQ coefficient of correlation (Test-Retest) was used. Further, Descriptive statistics, mean, standard deviation and standard error of mean was computed for the scores of Life Skills and Mental Health. To investigate the correlation of Life Skills with Mental health Spearman’s coefficient of correlation was used.

Results and Discussions

Table 1: Descriptive data analysis of Life Skills and Mental Health

	Life Skills	Mental Health
N	275	275
Mean	241.73	20.44
Std. Error of Mean	1.54	.23
Median	242.00	20.00
Mode	252	22
Std. Deviation	25.45	3.87

Table no. 1 shows that the mean and SD of Life Skills and Mental Health are 241.73(SD=25.45) and 20.44 (SD=3.87) respectively. The Std. error of Mean for Life skills and Mental Health is 1.54 and .23 respectively. It can be interpreted from the above table that Adolescents possessed good Life Skills and moderate Mental Health.

Table 2: Coefficient of correlation between Life Skills and Mental Health

	Life Skills	Coefficient of Correlation	Mental Health
Spearman’s rho			.222**
		Sig.(1 tailed)	.000
		N	275

The table no.2 shows that the coefficient of correlation value is .222 which is significant at 0.05 level of significance. Therefore it can be concluded that there is a positive significant relationship between Life S and Mental health.

Discussions

Core life skills such as interpersonal relationships, empathy, critical thinking, self awareness and coping with stress are positively related with mental health. Jahoda (1958) [6] also emphasized that for having better mental health self knowledge, moral values and social responsibility is needed.

As suggested by Srinivasa Murthy and Wig (2003) [5] the improvement of mental health of children and prevention of childhood emotional problems is a very important part of any mental health programme. This finding is also supported by Sahu, Kiran & Gupta Deepika as they mention in their study Life skills based education and intervention programs cultivate the necessary abilities among children at very early level to maintain emotional and mental health. Developing life skills helps students to translate knowledge, attitudes and values into positive healthy behaviour, such as acquiring the ability to reduce special health risks and adopt healthy

behaviour that improve their lives in general such as planning ahead, coping with stress and emotion, decision-making, and forming positive relationships.

Conclusion

A significant association was found between the Life Skills and Mental Health of the adolescent boys. It was observed that students with good Life Skills had positive Mental Health.

References

1. Rutter M, Graham P, Chadwick O, Yule W. Adolescent turmoil: fact or fiction? *Journal of Child Psychology and Psychiatry*. 1976; 17:35-56.
2. World Health Organization. Life Skills Education for Children and Adolescents in Schools. Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programs. World Health Organization - on Mental Health. Doc. WHO/MNF/PSF/93.7A. Rev.2.Geneva: World Health Organization, 1997, 1.
3. Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK, Goel NK. Behavioural and emotional problems in school going adolescents. *Australasian Medical Journal* 2011, 4(1):15-21 retrieved on 26/11/14 from <http://dx.doi.org/10.4066/AMJ.2011.464>
4. Madhu Singh. *Understanding Life Skills*. UNESCO Institute for Education, Hamburg, 2003.
5. Srinivasa Murty R, Wig W. Who bothers about mental health care? *The Tribune* (24.12.2003). In Swaroop Rawal S. Ph.D.. Thesis, The role of drama in enhancing life skills in children with specific learning difficulties in a Mumbai school: My reflective account. Coventry University in Collaboration with the University of Worcester. Retrieved, 2003-2006, 74. <http://www.actionresearch.net/living/rawal.shtml>
6. Jahoda M. *Current concepts of positive mental health*. New York, NY: Basic Books, 1958.