



## Psychology

*Elixir Psychology* 43 (2012) 6790-6794

**Elixir**  
ISSN: 2229-712X

# A review on life skills education in schools

Sayantani Behura

Department of Psychology Ravenshaw University.

## ARTICLE INFO

### Article history:

Received: 21 November 2011;

Received in revised form:

25 January 2012;

Accepted: 8 February 2012;

## Keywords

Life skills,  
Education,  
School.

## ABSTRACT

*Life skills have been defined as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.” This paper examines the relevance of imparting life skills education in schools in today's world, the core life skills, the target group those who most needs it; challenges and issues of adolescent students. And lastly emphasis is given on various methods to enhance life skills in students.*

© 2012 Elixir All rights reserved.

## Introduction

“I never imagined, in my wildest dreams, that I would ever see something like this in my lifetime. All the airports are closed. No flights are being allowed to land in USA. The borders are all sealed. Even the domestic flights are all grounded. The smoke and the debris are moving like a tidal wave. It is like a scene from a Hollywood ‘disaster’ movie, however this is real. On live television, I can see shots of people running; like in a ‘disaster’ film, desperately clutching whatever they have in their hands, tears streaking their soot covered faces, running, just running. Everyone is crying, the announcers, reporters, the police, the public...everybody. Everyone is stupefied. They do not know what is happening. Everyone is disoriented. I can see a shot of the flight going to crash into the World Trade Centre. Can you imagine fifty-five floors crashing down like pancakes? New York is like a --- war zone. I can't believe it; the twin towers have collapsed! I am watching it live, sitting in New York, about half an hour away from the twin towers. First one tower, then the other. Even though I am watching it, I cannot believe it's true. It is so unreal. It is so horrible--- horrific is the word that is repeated by everyone, again and again. I keep on thinking about these events that have just taken place. While reflecting on them one appeal relentlessly returns to me: “...even though all institutions and offices will remain closed to-morrow, all the school principals, supervisors and few teachers are to report to their schools... As they have to meet to discuss how to help the children deal with the trauma of to-days events....”

Journal: 9.11.2001, New York

This explicates a civilization's concern about their children. But how about us!!! This can only be done not only by educating the school children but by educating them about life skills, so that they could face each trauma of life with greater resilience and higher efficiency.

“The improvement of mental health of children and prevention of childhood emotional problems is a very important part of any mental health programme. This can partly be done by teaching the school children the essentials of mental health and giving training in life skills’ (Murthy & Wig, 2003). Life skills education promotes mental well-being in young people and

equips them to face the realities of life. By supporting mental well-being and behavioural preparedness, life skills education equips individuals to behave in pro-social ways and it is additionally health giving (Weisen & Orley, 1996). Consequently, life skills education can be seen as empowering children and thus enabling them to take more responsibility for their actions (Orley, 1997).

Life skills education has been developed by different organisations with different objectives, for example, prevention of substance abuse (Perry & Kelder, 1992), prevention of bullying and prevention of AIDS (WHO, 1994). However, Orley (1997) argues that learning life skills is a desirable activity on its own as it helps individuals to deal effectively with everyday demands and does not have to be justified as preventing anything. Nor is it necessary to introduce a life skills education programme only when and where there are mental and behavioural disorders (WHO, 1999). Effective application of life skills can influence the way children feel about others and themselves, which in turn can contribute to the children's self-confidence and self-esteem.

School is a good place to introduce life skills programmes, as the school years, during which children acquire a major part of their formal education, are important developmental years in an individual's life. In school, besides academics children also learn social skills and encounter authority other than their parents (Matheson & Grosvenor, 1999). Furthermore, schools have a high credibility with parents and community members (WHO, 1997) and thus have a great influence on children and their families. For these reasons school is a formidable institution for a life skills intervention. I therefore believe a comprehensive teacher-training programme in life skills education would facilitate not only better teachers but also would support children's educational and mental health requirements (Edwards, 1994; Cohen, 1999; Brooks, 2001). In this manner schools can act as a safety net, by teaching students various life skills.

### Defining Life Skills

Life skills have been defined as “*the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*” (WHO). ‘Adaptive’ means that a person is flexible in approach and is able to adjust in different circumstances. ‘Positive behaviour’ implies that a person is forward looking and even in difficult situations, can find a ray of hope and opportunities to find solutions. The ten key life skills emphasized by WHO are:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Coping with emotions
- Coping with stress

Decision making helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have. Problem solving enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain. The problem solving is a kind of brain process that is complex, composing of visualizing, imagining, manipulating, analyzing, abstracting, and associating ideas (Johnson & Rising, 1969). World Health Organization (1993) defined that mean an ability to perceive problems and causes, seek choices, analyze advantage and disadvantage of each choice, assess choices, make sound decision of choice and solution, and implement suitable and correct solution.

Creative thinking contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives. World Health Organization (1993) defined creative thinking means an ability to think extensively and diversely without sticking to a particular concept. Creative thinking is a kind of divergent thinking that is ability of brain to think in different dimensions for new inventions including discovering problem solutions successfully through divergent thinking, composing of originality, fluency, flexibility, and elaboration.

Critical thinking is an ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media. Critical thinking is an ability to analyze and sort information, problems, and surrounding situations (World Health Organization, 1993). Beyer (1985) noted that critical thinking is ability with specific characteristics as it needs a care to understand its definition definitely as well as analyses of data, knowledge, or belief objectively for judging validity and reliability of those data, knowledge, or belief.

Effective communication means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it

may mean being able to ask for advice and help in a time of need.

Interpersonal relationship skills help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively. Goleman (1996) pointed out that to create interpersonal relationship and communication is an active behaviour to communicate with other people for exchanging proper and valuable information into better change, through cooperative abilities with the others. Those abilities are: 1) able to convince the others to express their opinions out softly and effectively, 2) able to communicate well, accurately, softly, correctly and reliably, 3) able to be a leader with supporting colleagues and right way, 4) able to stimulate the condition for better change, 5) able to cope with conflicts effectively, to have verbal compromise, to improve and end the conflicts properly, 6) able to create the relationship as well as cooperation in work performance successfully, 7) able to work in teams with other people, and 8) able to create potentialities of the teams for cooperative power.

Self-awareness includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure. Self-awareness refers to perception including understanding of feeling, idea, and emotion of the owner in reality and ability to control emotion as well as feeling. It is known as a conscious person who is able to perceive and realize one’s own feeling, idea as well as emotion in reality and also to control one’s own emotion and feeling (Goleman, 1996).

Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support.

Coping with emotions involves recognising emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately. World Health Organization (1993) defined coping with emotions mean an ability to assess emotion and being aware of its influence upon individual’s behaviour, select suitable means to manage emotion, and an ability to recognise causes of tension and how to cope with it, how to release, avoid, and shift tension to other desirable behaviour.

Coping with stress is about recognising the sources of stress in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems. The life skills described above are dealt with here in so far as they can be taught to young people as abilities that they can acquire through learning and practice. Inevitably, cultural and social factors will

determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence.

#### **Why teach life skills?**

##### **Life skills are essential for:**

- the promotion of healthy child and adolescent development;
- primary prevention of some key causes of child and adolescent death, disease and disability;
- socialization;
- preparing young people for changing social circumstances.

##### **Life skills education contributes to:**

- basic education;
- gender equality;
- democracy;
- good citizenship;
- child care and protection;
- quality and efficiency of the education system;
- the promotion of lifelong learning;
- quality of life;
- the promotion of peace.

It was also suggested that the learning of life skills might contribute to the utilization of appropriate health services by young people. Areas of primary prevention for which life skills are considered essential include:

- adolescent pregnancy;
- HIV/AIDS;
- violence;
- child abuse;
- suicide;
- problems related to the use of alcohol, tobacco and other psychoactive substances;
- injuries;
- accidents;
- racism;
- conflict;
- environmental issues.

#### **Who needs Life Skills?**

The Life Skills programme is a school based programme where Life Skills are imparted in a supportive learning environment. They are applicable for all ages of children and adolescents in school. However, the age group targeted is mainly 10-18, adolescent years, since young people of this age group seem to be most vulnerable to behaviour related health problems. The programme is for the promotion of health and well being and targeted group is all children.

#### **Challenges faced by Adolescent Students**

As adolescence is the period of onset puberty to adulthood. During this period children go through physical, cognitive and emotional changes. For this reason it is very important for individuals to understand and be prepared for the phases of adolescence.

During the adolescence stage the individual's body begins to grow rapidly, size and the shape of the body changes, causing some teenagers to feel uncomfortable in their body. In addition to physical growth, teenagers also experience hormone changes and sexual maturation. These changes leave them confused, vulnerable and egocentric. Research reveals that these pubertal changes affect adolescent's self image, mood and interaction with parents and peers (Berk, 2007). However, if the adolescent is informed in advance about these changes, their psychological reactions are known to differ from those that have no prior knowledge about these pubertal changes. For girls who have not

been informed about menarche the reactions could be shocking, frightening and disturbing.

Similarly for boys who have not been informed about spermarche the reactions could cause mixed feelings. Moreover, information on these changes could help the young person to develop a more positive body image. On the other hand, when teens have a poor body image, self esteem is low, relationships gets rocky. Conversations with friends shift to dieting and exercise, focus gears to how they look than on what they want to accomplish in life. Sometimes adolescents divert their energy into more experimental activities such as smoking, drugs, fighting and breaking rules. Often parents, teachers and care givers are concerned about these changes and believe that this is due to raging hormones.

Adolescence, the second decade of life (10-19 years), is a period of rapid development, when young people acquire new capacities and are faced with many new situations that create not only opportunities for progress, but also risk to health and wellbeing (World Health Organization, 1998). There is much research literature that indicates that life skills education is needed by young people and should therefore be developed.

Indeed, there is a great wealth of research that identifies the need for life skills in many areas of young people lives (World Health Organization, 1996). Educating children and adolescents in the early years can instill positive health behaviours and prevent risk and premature death.

Prevention can cost less than treatment. The life skills approach has several useful advantages. It can be applied in a range of cultural settings. It lends itself to implementation in schools and other "formal" settings, but also to use in informal settings where skill development is the main goal (Botvin & Kantor, 2001; Godfrey et al., 2002; Marlatt et al., 2003). The concept of life skills has been integrated during the drastic AIDS epidemic to prevent and resolve adolescent health behavioural problems (World Health Organization, 1998). Therefore, the focus of life skills education among students at the initial stage aimed to prevent and resolve AIDS problems (Suwanketnikom & Vorasan, 1996; Erawan, 1997; Erawan, 2007).

#### **Key Issues and Concern of Adolescent Students**

##### **Developing an Identity**

Self – awareness helps adolescents understand themselves and establish their personal identity. Lack of information and skills prevent them from effectively exploring their potential and establishing a positive image and sound career perspective.

##### **Managing Emotions**

Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt, and love. Very often, they are unable to understand the emotional turmoil. They do not have a supportive environment in order to share their concerns with others. Counseling facilities are not available.

##### **Building Relationships**

As a part of growing up, adolescents redefine their relationships with parents, peers and members of the opposite sex. Adults have high expectations from them and do not understand their feelings.

Adolescents need social skills for building positive and healthy relationships with others including peer of opposite sex. They need to understand the importance of mutual respect and socially defined boundaries of every relationship.

##### **Resisting Peer Pressure**

Adolescents find it difficult to resist peer pressure. Some of them may yield to these pressures and engage in experimentation.

Aggressive self conduct; irresponsible behaviour and substance abuse involve greater risks with regard to physical and mental health. The experiment with smoking and milder drugs can lead to switching over to hard drugs and addiction at a later stage.

Acquiring Information, Education and Services on issues of Adolescence

Exposure to media and mixed messages from the fast changing world have left adolescents with many unanswered questions. The widening gap in communication between adolescents and parents is a matter of great concern. Teachers still feel inhibited to discuss issues frankly and sensitively. Adolescents seek information from their peer group who are also ill informed and some may fall prey to quacks. Fear and hesitation prevents them from seeking knowledge on preventive methods and medical help if suffering from RTIs and STIs.

#### **Communicating and Negotiating safer life situations**

Sexually active adolescents face greater health risks. Girls may also face mental and emotional problems related to early sexual initiation. Resisting the vulnerability to drug abuse, violence and conflict with law or society.

Imparting Life Skills Education: A Teacher's Perspective  
The method used in teaching of Life Skills builds upon the social learning theory and on what we know of how young people learn from their environment; from observing how others behave and what consequences arise from behaviour. It involves the process of Participatory learning using 4 basic components:

1. Practical activities
2. Feedback and reflections
3. Consolidation and reinforcement
4. Practical application to day to day life challenges

#### **Peer Educators Approach**

The peer training approach, involves one teacher and 3-4 student representatives from each school (forming the core life skills team) at the school. They learn these skills through active learning and participation in a 6 session inter school training workshop programme. They further train their peers at school in these skills through the same process. They follow up with the main resource team for feedback, discussions, training material etc.

#### **Methods to enhance Life Skills in students**

Each workshop is specially designed to impart a particular skill and involves all or some of the following techniques:

- Class discussions
- Brainstorming
- Demonstration and guided practice
- Role plays
- Audio and visual activities, e.g., arts, music, theatre, dance
- Small groups
- Educational games and simulations
- Case studies
- Story telling
- Debates
- Decision mapping or problem trees

We find that behaviour does not always follow the mind. This is when incidents of "*I know but I can't help it*" occur. What we need is the ability to act responsibly. Life skills enable us to translate knowledge, attitudes and values into actual abilities. Hence WHO has rightly mentioned "*Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of*

*health and social problems, and the protection of human rights*".

#### **References**

- Berk, L. E. (2007). *Development though the Life Span* (4th ed.). Boston: Pearson Education.
- Beyer, B. K. (1985). Critical thinking: What is it? *Social Education*. 49(4), 270-276.
- Birell Weisen, R. and Orley, J. (1996) Life Skills Education: Planning for Research as an integral part of life skills education development, implementation and maintenance. Geneva: WHO, Programme on Mental Health.
- Botvin, G. J., & Kantor, L. W. (2001). Preventing alcohol and tobacco use through life skills training. *Alcohol Research and Health*, 24, 250-257.
- Brooks, R. (2001) Fostering motivation, hope, and resilience in children with learning disorders. *Annals of Dyslexia* 51: 9-20.
- Cohen, J. (1999) Educating Minds and Hearts: Social Emotional Learning and the Passage into Adolescence. New York: Columbia Teachers College Press .
- Edwards, J. (1994) The scars of dyslexia: eight case studies in emotional reactions. London: Cassell.
- Erawan, P. (1997). *A study of school-based training of teachers model*. Bangkok: Office of the Secretary of The Teachers Council of Thailand.
- Erawan, P. (2007), Assessment of Life Skills Promotion Among Students at Basic Education Level in Thailand. Paper presented at the APEC Conference on Evaluation as a Tool in Educational Planning: Best Practices in Evaluation of Educational Program, Kuala Lumpur, Malaysia.
- Godfrey, C., Toumbourou, J. W., Rowland, B., Hemphill, S., & Munro, G. (2002). *Drug education approaches in primary schools*. Melbourne, Australia: DrugInfo Clearinghouse.
- Goleman, D. (1996). What's your emotional IQ? Reader's digest. May, hal. 17-20.
- Johnson, D. A., & Rising, J. R. (1969). *Guidelines for Teaching Mathematics*. Belmont, CA: Wadsworth.
- Life Skills Education & CCE, Class IX & X, Central Board of Secondary Education, Preet Vihar.
- Marlatt, G. A., Larimer, M. E., Mail, P. D., Hawkins, E. H., Cummins, L. H., Blume, A. W., et al. (2003). Journeys of the Circle: A culturally congruent life skills intervention for adolescent Indian drinking. *Alcoholism: Clinical and Experimental Research*, 27, 1327-1329.
- Matheson, D. and Grosvenor, I. (Eds.) (1999) An Introduction to the Study of Education. London: David Fulton
- Murty, S. and Wig, W. (2003) Who bothers about mental health care? *The Tribune* ( 24.12.2003).
- Orley, J. (1997) Promoting Mental Health and Teaching Skills for life: The WHO Approach. [online] [www.healthchildrennetwork.lu/pdf/conference/1997/orley-enpdf.2003](http://www.healthchildrennetwork.lu/pdf/conference/1997/orley-enpdf.2003).
- Perry, C. and Kelder, S. (1992) Models for Effective Prevention. *Journal of Adolescent Health* 13 (5): 355-363. WHO (1993) Life Skill Education in Schools. Geneva: WHO.
- Suwannaketnikom, S. & Vorason, S. (1996). *Evaluation of the Training on Attitude and Life Skill Education for AIDS Prevention*. (Mimeographed paper).

- WHO (1993 a) Increasing the Relevance of Education for Health Professionals. Technical Report Series No. 838, Geneva: WHO.
- WHO (1994) Training Workshops for Development and Implementation of Life Skill Programmes. Geneva, Division of Mental Health: WHO.
- World Health Organization. (1997). *Life Skills Education in Schools*. Geneva: World Health Organization.
- WHO (1997) Life Skills Education For Children and Adolescents in Schools. Geneva: WHO.
- World Health Organisation. (1998). *UN JOINT SOCIAL SECTOR INITIATIVES IN INDIA*. Retrieved November 13, 2008, from United Nations - India:<http://www.un.org.in/Jinit/who.pdf>
- WHO (1999) Partners in Life Skills Education Conclusions from a United Nations Inter-Agency Meeting. Geneva: Department of Mental Health, Social Change and Mental Health Cluster, WHO.
- WHO (2001) Regional Framework for Introducing Life skills Education to Promote the Health of Adolescents. Project: ICP HSD 002/II New Delhi: WHO.317
- World Health Organisation. (2001, April). *libdoc.who.int - /searo/2001/*. Retrieved November 13, 2008, from WHO | World Health Organization:[http://whqlibdoc.who.int/searo/2001/SEA\\_HE\\_182.pdf](http://whqlibdoc.who.int/searo/2001/SEA_HE_182.pdf)