

LIFE SKILLS AND SOCIAL WELLBEING OF ADOLESCENTS IN
AIZAWL DISTRICT, MIZORAM

BY

H. Lalrinzuali

Department of Social Work

Submitted in partial fulfillment of the requirement for the Degree of Doctor of
Philosophy in Social Work, Mizoram University, Aizawl

*Dedicated to
My Beloved Family*

H.Lalthlanthanga

Dengkungi

H.Lalbuatsaihi

H.Lalruatsanga

Mizoram University

February 2020

DECLARATION

I, H. Lalrinzuali, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of Doctor of Philosophy in Social Work.

Date: February 2020

Place: Aizawl, Mizoram

(H.LALRINZUALI)

Research Scholar
Department of Social Work
Mizoram University

(KANAGARAJ EASWARAN)

Professor and Head
Department of Social Work
Mizoram University

(C. DEVENDIRAN)

Professor and Supervisor
Department of Social Work
Mizoram University

CERTIFICATE

This is to certify that the thesis “**Life Skills and Social Wellbeing of Adolescents in Aizawl District, Mizoram**” submitted by H.Lalrinzuali, in partial fulfillment of requirement for the Ph.D Degree in Social Work is carried out under my guidance. The thesis has not been submitted for award of any degree of this University or any other and this work is record of the Scholar’s personal effort carried under my guidance.

Date: February, 2020

Place: Aizawl, Mizoram.

(KANAGARAJ EASWARAN)

Professor and Head

Department of Social Work

Mizoram University

(C. DEVENDIRAN)

Professor and Supervisor

Department of Social Work

Mizoram University

ACKNOWLEDGEMENTS

I am grateful to the Almighty God who has given me good health and strength to complete my thesis in time.

I would like to express my sincere gratitude to my research supervisor Prof. C. Devendiran, Department of Social Work, Mizoram University, without whose valuable guidance and suggestions have been the one that helps me to complete my thesis and make it a success. Also, his patience, motivation and knowledge have been an important contributor for the completion of this thesis.

I would like to extend my gratitude to Prof E. Kanagaraj, Head of the Department of Social Work, for helping me and supporting me throughout the journey. I also thank Dr. Henry Z. Pachuau, Dr. Elizabeth H. and Dr. Grace Lalhlupuii Sailo, the faculty members of the Department of Social Work for their motivation and continuous support to finish the task.

I also express my sincere thanks to the Principal and teaching staff of Government Mizo Higher Secondary School, Government Zemabawk Higher Secondary School, Greenland Higher Secondary School, St. Joseph Higher Secondary School and Govt. Keifang High School and Keifang Higher Secondary School for giving me the permission to collect data and for their support.. Also, I thank all the school student respondents who participated and spared their valuable time in answering the questionnaire.

I like to thank my friends Ms. C.Vanlalhriati, Ms. Ramengmawii, Ms. Malsawmtluangi, Ms. Sangeeta Rai, Mr. Zoramsang Tusing and Mr. H.Vanlalchhanchhuaha for giving me suggestions, and their valuable time and

lending me a helping hand to bring a full shape of the thesis. With them, I can enjoy my journey throughout the study and kept me motivated when I was feeling down.

Last but not the least; I would like to thank my family for their constant support and encouragement throughout my research period. Without their support, I could not reach this far.

Date: February 2020

Place: Aizawl, Mizoram

(H.LALRINZUALI)

Research Scholar

Department of Social Work

CONTENTS

CHAPTER

Declaration	i
Certificate	ii
Acknowledgement	iii
Contents	v
List of tables	viii
List of Figures	ix
List of Abbreviation	x
I Introduction.....	1
1.1. Life Skills	
1.1.2. Core Life skills	
1.1.3. Theories of Life Skills	
1.1.3.1. <i>Social Cognitive theory</i>	
1.1.3.2. <i>Problem Behavior Theory</i>	
1.1.3.3. <i>Social Influence Theory</i>	
1.1.3.4. <i>Cognitive Problem Theory</i>	
1.1.3.5. <i>Theory of Multiple Intelligence</i>	
1.2. Wellbeing	
1.2.1. Social Wellbeing	
1.3. Conceptual Frame work	
1.4. Statement of the problem	
1.5. Objectives	
1.6. Hypotheses	
1.7. Chapter Scheme	
II Review of Literature.....	18
2.1. Origin and concept of Life Skills	
2.1.1. Life skills and Adolescents	
2.1.2. Life skills, Adolescents and Education	
2.1.3. Life skills Education	
2.1.4. Life skills Intervention	
2.1.5. Indian Association for Life Skills Education	
2.2. Social Wellbeing	

III	Methodology.....	58
	3.1. The Setting: Profile of the study Area	
	3.1.1. The State of Mizoram	
	3.1.2. Aizawl District	
	3.2. Methodology	
	3.3. Field of the Study	
	3.4. Pilot Study	
	3.5. Research Design	
	3.6. Sampling	
	3.7. Tools of Data Collection	
	3.7.1. Description about Life Skills Assessment Scale	
	3.7.2. Social Wellbeing Scale	
	3.8. Source of Data	
	3.9. Pretesting	
	3.9.1. Reliability of the tool	
	3.10. Data Collection	
	3.11. Definitions and Concepts	
	3.11.1. Adolescents	
	3.11.2. Life Skills	
	3.11.3. Social Wellbeing	
	3.12. Data Analysis	
	3.13. Limitations	
IV	Results and Discussion.....	73
	4.1. Profile of the Respondents	
	4.1.1. Familial Characteristics	
	4.1.2. Respondents Parental Profile	
	4.1.3. Socio Economic Characteristics	
	4.1.4. Respondents Attended Life Skills Education Programme	
	4.1.5. Respondents Family Household Property	
	4.2. Life skills of Adolescents	
	4.2.1 Respondents Life Skills by Age	
	4.2.2. Respondents Life skills by Type of School	
	4.2.3. Comparison of Life Skills by Type of Schools	
	4.2.4. Comparison of Life Skills by Type of School	
	4.3. Social Wellbeing	
	4.3.1. Social Wellbeing by Gender	
	4.3.2. Comparison of Social Wellbeing by Type of School	
	4.3.3. Comparison of Social Wellbeing by High and Higher Secondary School	
	4.4. Correlation Matrix of Dimension of Life Skills	
	4.4.1 Correlation Matrix of Dimension Social Wellbeing	
	4.4.2. Correlation between Life Skills and Social Well being	
	4.5. Descriptive Statistics of Life Skills	
	4.5.1. Descriptive Statistics of Social Wellbeing	
	4.6. Life skills and Age t –test Distribution	
	4.6.1. Life skills and Gender t –test Distribution	
	4.6.2. Social Wellbeing and Age t –test Distribution	
	4.6.3. Social Wellbeing and Gender t –test Distribution	
	4.6.4. Social Wellbeing and Domicile t –test Distribution	
	4.6.5. Life skills and Social wellbeing t –test	

4.7. Qualitative Findings of Life skills and Social Wellbeing	
4.7.1. Case Study	
4.7.2. Focus Group Discussion	
4.7.3. Daily Activities Schedule	
V Conclusion and Suggestion.....	127
5.1. Profile of the respondents.	
5.1.2. Familial Characteristics of the Respondents	
5.1.3. Respondent Parental Profile	
5.1.4. Socio-Economic Characteristics of the Respondents	
5.1.5. Attended Life Skills Before	
5.1.6. Respondents Family Household Assets	
5.2. Life skills of Adolescents	
5.2.1. Comparison of Life Skills by Type of School	
5.2.2. Comparison of life skills by High School and Higher secondary School	
5.3. Social Wellbeing	
5.3.1. Comparison of Social Wellbeing by School	
5.3.2. Comparison of Social Wellbeing by High School and Higher Secondary School	
5.3.3. Correlation Matrix of the Life Skills of the Respondents	
5.3.4. Correlation Matrix of Social Wellbeing among the Respondents	
5.3.5. Correlation between Life Skills and Social Well being	
5.4. Case Study	
5.5. Focus Group Discussion	
5.6. Implication for Social Work Intervention	
5.7. Suggestion	
Appendices	
Bibliography	xi
Questionnaire English	xxiv
Questionnaire Mizo	xxxii
Bio data	xli
Particulars of candidate	xliii

LIST OF TABLES

Table No.	Title	Pg. No.
2.1	Classification of Life Skills	39
3.1	Dimensions Of Life Skills And Number Of Items	68
3.2	Dimensions of Social Wellbeing and Number of Items	69
4.1	Profile of The Respondents By Gender	74
4.2	Respondents Familial Characteristics by Gender	77
4.3	Respondents Parental Profile by Gender	79
4.4	Respondents Socio Economic Characteristics by Gender	81
4.5	Respondents Attended Life Skills Education Programme Before	82
4.6	Respondents Family Household Property	84
4.7	Life Skills Score of Adolescents by Type of school	85
4.8	Respondents Life Skills by Age	90
4.9	Respondents Life Skills by Type of School	91
4.10	Comparison of Life Skill by Type of Schools	93
4.11	Comparison of Life Skill by Type of School	94
4.12	Social Wellbeing of Adolescents by Type of School	96
4.13	Social Wellbeing by Gender	97
4.14	Comparison of Social Wellbeing by Type of School	99
4.15	Comparison of Social Wellbeing by High School And Higher Secondary School	100
4.16	Inter Correlation Matrix of Dimension of Life Skills	101
4.17	Inter Correlation Matrix of Dimension of Social Wellbeing	103
4.18	Correlation between Life Skills and Social Wellbeing	104
4.19	Descriptive Statistics of Life Skills between Type of School, Age, Gender and Domicile	105
4.20	Descriptive Statistics of Social Wellbeing with Type of School, Age, Gender and Domicile	106
4.21	Respondents Life Skills and Age t-test Distribution	107
4.22	Respondents Life Skills and Gender t-test Distribution	108
4.23	Respondents Social Wellbeing and Age t-test Distribution	109
4.24	Respondents Social Wellbeing and Gender t-test Distribution	110
4.25	Respondents Social Wellbeing and Domicile t-test Distribution	111
4.26	Respondents Life Skills and Social Wellbeing t-test by Type of School	112

LIST OF FIGURES

Figure No.	Title	Pg. No.
3.1	Map of Mizoram	62
3.2	Map of Aizawl District	63
4.1	Daily Activities of Rural Adolescent Girls	122
4.2	Daily Activities of Rural Adolescent Boys	123
4.3	Daily Activities of Urban Adolescent Boys	124
4.4	Daily Activities of Urban Adolescent Girls	125

LIST OF ABBREVIATIONS

AEP	Adolescence Education Programme
AIDS	Acquired Immune deficiency Syndrome
AISS	Adjustment Inventory for School Students
CCE	Continuous and Comprehensive Evaluation
EQ	Empathy Quotient
HIV	Human Immunodeficiency Virus
LSAS	Life Skills Assessment Scale
LSE	Life Skills Education
NCF	National Curriculum Framework
NIMHANS	National Institute of Mental Health and Neuro Science
PDE	Provincial Director of Education
SBF	Salaam Bombay Foundation
SCERT	State Council of Educational Research and Training
UNFPA	United Nation Population Fund
UNICEF	United Nation Children Emergency Fund
UNODC	United Nation Office on Drugs and Crime
WHO	World Health Organization
PPE-CY	The Promotion of Positive Experience-Children and Youth

CHAPTER- I

INTRODUCTION

The present study attempts to study and assess the life skills and social wellbeing of adolescents in Aizawl District in Mizoram.

1. Introduction

Adolescence is the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 years. It is a period of rapid changes that takes place in terms of physical, emotional and social aspects of life. During this period an individual reaches a stage of biological maturation, there is an increase in size, height; weight and sexual development also take place. Further, in this period, a combination of biological, psychological and social forces influence in their development. The process of adolescence is a period of preparation for adulthood during which several key developmental experiences occur (WHO, 2013). They are also developing mentally and socially. They wanted to be socially accepted, become a member of a group, and participate in social activities or group activities. It is a transition period between childhood and adulthood and is one of the most dynamic periods of human development. It is also referred as the age of *storm and stress*. This stage is linked with many aspects of psychological problems like anxiety, adjustment, insecurity and emotional instability as well.

Adolescence is a stage encompassing physical and emotional stages of transition from childhood to adulthood. With the dramatic physical changes and development, adolescents worldwide find themselves in a situation characterized by an uncertain status and events might affect their concept of their own (Shipra Nagar, Shubhangna Sharma and Goldy Chopra, 2008). Adolescents are a diverse group and are in varying situations of risk, status and environments. During adolescence, hormonal changes lead to onset of puberty, sudden and rapid physical growth and

development of secondary sexual characteristics. Psychological and emotional changes like assertion of self identity and independence, sex drive, and attraction towards the opposite sex take place simultaneously. Adolescents are often not aware of adolescent-friendly sources of care, which combined with their limited knowledge hinders their ability to make informed choices to protect and promote their own well-being (Parida, Prasanta Kumar 2012).

In the world, adolescent's population consist of 1.2 billion in the age group of 10 to 19 years and it makes up 16 percent of the world population. More than half of all the adolescents reside in Asia. South Asia is more homes to adolescents and the population consists of around 340 million which is followed by East Asia and the Pacific with around 277 million adolescents population. In Sub Saharan Africa the population of the adolescents aged 10 to 19 years constitutes 23 percent of the region population (UNICEF, 2016).

The Government of India, in the National Youth Policy (2003) defines adolescents as 13-19 years. In India, the adolescent's population consists of more than 243 million, who account for almost 20 percent of the country's population (UNICEF, 2011). It is more than the total population of the 18 Western Asian countries.. Around 36% of the world's adolescents settled in China and India (UNFA). According to the census of India 2011, the total adolescents reside in rural areas is 181 million (72%). Also, 44 million adolescents (17% of the total adolescent population of the country) belong to Scheduled Caste category and 23 million (9% of the total adolescents' population) belong to Scheduled Tribe category. The Census data reveal that the sex ratio of adolescents in India is low – with the lowest at 882 in 2001 to the highest at 898 in 2011. According to 2011 censuses the population of Mizoram 10.97 lakhs out of which 2.27 lakhs are adolescents (10-19 years) comprising of one fifth (20.67%) of

the total population of Mizoram. It is a very significant group which is to be taken care and studied regarding their life skills and social wellbeing in the contemporary society.

Erik Erikson (1902-1994), in his theory of stages of human development, he defines adolescents stage as a period of '*Identity versus role confusion*'. He determined the age of adolescence from 13 to 19 years. Erikson states that the adolescent struggles to belong, to be accepted and affirmed and also at the same time they want to be him or herself. Adolescent stage is characterized by various emotional changes such as sensitivity about self, need for recognition and independence and psychological changes which are usually difficult to handle by the adolescents. Role confusion is a negative perspective in which the person is failing to see clearly who they are and how they can relate positively with their environment. In this period an individual faced difficulty in finding out whom they are, what they are all about, and where they are doing in life.

While there are no universally accepted definitions of adolescents and youth, for statistical purposes, the United Nations considers adolescent as the person between the ages of 10 – 19 Years. Stanley Hall (1904), defines that adolescence is the period from 12 to 23 years and it is filled with *storm and stress*. He views that adolescents' thoughts, feelings, and action oscillate between conceit and humility, good and temperance, happiness and sadness. He also believed that adolescence is the only period in which we have the only hope of improving our species.

World Health Organisation has defined adolescence as, "*one of the most rapid phases of human development. It is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills,*

learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles.”

WHO (2013) indicates that adolescence is a period of preparation for adulthood and during this period different types of developmental experiences occur. Physical and sexual maturation takes place during this period, these experiences include the movement toward social and economic independence, and development of identity, the skills needed to acquire adult relationships and roles, and the capacity for abstract reasoning.

1.1. Life Skills

Skill is an ability to do something well because it is a learned and practiced one. It is the learned capacity which helps any one do a task in a better and effective manner. Skills are abilities, which facilitate how to do and complete the task. Skills are learned and acquired from the institutions such as family, pre-school, primary school, elementary school, high school, higher secondary school, college, and university. These institutions play a pivotal role to provide a large space for learning environment and skill building of every individual. Due to these interventions, every individual come across different types of skills such as literary skills, language skills, functional skills, vocational skills, cultural skills, sports skills, recreation skills, life skills etc. There are numerous skills existing in the reality, however, only few skills are predominately used by the individuals those skills are the life skills. Among these skills life skills are the abilities or capacities that an each individual gains skill from their own life experiences to cope with realities in the society. Life skills are generally understood as the blend of knowledge, behavioural attitudes and values and designed the possession of some skills to know how to do something or reach to an aim or objective (Nair, 2010).

World Health Organization (1997) has defined life skills as, *"the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life."* UNICEF defines life skills as, *"a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills."*

Yadav, P., and Iqbal, N. (2009) states that, life skills are those essential abilities that help to promote mental wellbeing and competence in young people as they face the realities of life. 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.

Nasheeda, A. (2008) opines that life skills help youth to handle stressful situations in an effective manner without losing temper or becoming moody, able to disagree politely. Also assertive skills are essential for the development of self-esteem, positive attitudes, values, beliefs, and cultural differences.

Hayes, D.M., and Eddy, J.M.(1985) indicates that if positive stress coping skills are learned, practiced, and strengthened during the early years and negative coping skills not practiced and unlearned, the skills learned will help in succeeding their life. If effective communication skills are not developed, expression of personal feelings cannot take place and stressful environment can be cultivated in their life.

Edward de Bono (1994) defined life skills as "those skills needed by an individual to operate effectively in society in an active and constructive way." In the same view TACADE (1990), UK defined as "personal and social skills required for young people to function confidently and competently with themselves, with other people and with the wider community".

World Health Organisation (WHO, 1993) further emphasizes that Life skills facilitate an individual's to translate knowledge, attitudes, and values into the actual abilities. Life skills enable individuals to behave, given the ambition, the scope and opportunity to behave in a healthy ways. Life skills provide our knowledge of self-efficacy, self-confidence, and self-esteem. Life skills teaching promote positive health behaviour, positive interpersonal relationships, and mental well-being.

A life skill facilitates each and every individual to translate knowledge and attitudes in to actual abilities. Gaining and uses of life skills influence the way we feel, are influenced and are perceived by others. Thus, lifeskills help in promotion of mental, physical and social wellbeing (CBSE, 1994).

Further, Nelson and Jones (1992) suggested that the specific life skill should be comprising of three dimensions namely, attitude, knowledge and skill. A right attitude to any skill is that one should assume as a personal responsibility for acquiring, maintaining, using and developing it. Knowledge of learning the appropriate skills and making the right choices based on the knowledge acquired. Personalities who have been exposed to good models have this kind of knowledge which can guide their deeds. Skills involve incorporating knowledge and attitude into reality. The central to life skills philosophy are the concept of self-empowerment and a belief that skills are learnt, modified and improved upon as a person develops and accommodates to the life's challenges in the society.

Rooth (1997) opines that acquiring life skills makes capacity building reality. Capacity building denotes to growth and development of individuals. Perhaps, it is a process which facilities in empowering people to become involved in various initiatives for reconstruction in their surroundings. Capacity building is the most significant facet underlying the core of life education.

Further, a life skill helps adolescents translate their knowledge, attitudes, and values into healthy behaviours that improve their lives in general. Life skills also help the teenagers to fight their challenges and protect themselves from teenage pregnancy, STDs, HIV/AIDS, drug violence, sexual abuse, and other health-related problems. If life skills are developed among adolescents, it will empower girls to avoid pregnancy before they reach physical and emotional maturity, the adolescents will develop their responsibility on their sexual behaviour, sensitivity in gender relations, prepare the adolescents boys to be responsible fathers and friends, encourage the parents to listen and respond to young people, also involve young people to make decisions that affect their lives. Thus, the life skills are inseparable and part and parcel of every individual for coping with realities in life.

1.1.2. Core Life skills

Life skills consist of personal, interpersonal, psychological, cognitive and physical skills. Life skills include generic life skill, problem specific skill and area specific life skills. The nature and definition of life skills are likely to vary from values, beliefs, customs, culture, tradition, attitude etc. However, the WHO (1997) suggests that there is a core-set of skills that are at the heart of skills-based initiatives for the promotion of the health and wellbeing of children and adolescents. The core set of skills are self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotions and coping with stress. The descriptions of these skills are as follows:

Self awareness is one of the core set skills of life skills. It helps us to recognise ourselves, our character, our strengths and weaknesses, our desires and dislikes. If self awareness is developed, it can help us in recognizing whether we are stressed or feel

under pressure. It is also essential for effective communication and interpersonal relationship and for developing empathy for others. Therefore, it's referred as mother of all other skills.

Empathy is the ability to understand or imagine the life of another person that how exactly the person feels the pain or emotions or feelings (putting a shoes of another person). In other words, it help us to place ourselves in the position of others and accept them as they are, which also help us improving in our social interactions. It is one of the important skills, which a social worker has to acquire.

Effective communication is an essential skill as well as process by which we are able to express ourselves, both verbally and non-verbally. It helps us to express our thoughts, feelings, emotions, opinions and desires, needs and fears and also being able to communicate in a effective way to facilitate in a time of need. It is one of the significant skills for survival.

Interpersonal relationship skills are the skills which make comfort to have positive and meaningful relationship with other people and also help us to make friendly relationships with the person we interact with, which is vital role for our mental and social well-being in the society. It is also one of the essentials survival skills.

Creative thinking is one of the life skills which facilitateus imagination to produce something new. It also explores the available possible choices and various consequences of our actions or non-action. It helps us to look beyond our direct experience and even when there is no identification of problem or decision is no need to be made, it can help us to respond adaptively with the situations of our daily lives. It helps us to think the problems/challenges in a new way or thinking of novel ideas. It is one of the hallmarks of the thinking skills of human being.

Critical thinking is a thinking skill of human being to express about the disapproval of something, especially the bad qualities of a person. It helps us to evaluate information and experiences in a purposeful manner. Critical thinking also help us to identify and assess the factors that affect attitudes and behaviour, such as values, peer pressure, and the media.

Decision making is one the life skills come under category negotiating skills. It is a process of deciding about something important, especially when we are in a group people. It helps us to deal with the decisions that are making a choice in terms of good or bad decision and have a major consequences in our lives. If the adolescents have made the right decision by choosing and identifying their values, preferences and belief, it is already an effective source of solving their problems.

Problem-solving is another important life skill of thinking skill. It is a process of finding ways and means of doing things or finding answer to the problems come across by an individual. It helps us to deal with our problems constructively and effectively in our lives. If our problems are not solved, it can cause mental as well as physical stress and strain. Therefore, it is one of the indispensable skills everyone has to possess to have a better wellbeing.

Coping with emotions of the essential skills refer to coping skills. It is a skill to deal successfully with something difficult in managing emotions. Coping with emotions enable us to recognize our emotions and how this emotions influence our behavior and able to respond to emotions appropriately. If we do not react appropriately to our intense emotions such as anger or sorrow, it can have a negative impact on our health. Therefore, it is necessary to deal with them and have more control over emotions.

Coping with stress is one of the coping skills of ten core set of life skills. Coping with stress is the ability to recognise the sources of stress in our lives, and how this affects our lives, and acting in ways that help to control our levels of stress. It may involve taking action to reduce stress by changing the physical environment or lifestyle and also learning how to relax so that tensions created by stress do not cause any health problems in a balanced way.

1.1.3. Theories of Life Skills

Life skills education as skills lies in five of the following theoretical frameworks (Nair et al. 2014). The theories are social cognitive theory, problem solving theory, social influence theory, cognitive problem theory, and theory of multiple intelligence. Let us discuss in detail the description of the theories above mentioned theories:

1.1.3.1. Social Cognitive theory

Social cognitive theory first started as a social learning theory in 1960 by Albert Bandura and later in 1986 it was developed into Social Cognitive theory. In Social Cognitive Theory, learning occurs in the social context with a direct interaction of the person, environment, and behavior. The learners build self-efficacy, observe and learn others' behaviour to build their personal behavior.

1.1.3.2. Problem Behavior Theory

Problem behavior theory is a theory developed by Richard Jessor and it is a framework that helps to describe the existence and development of alcohol abuse, drug misuse, and other behavioral problems. The theoretical framework focuses on three systems: the perceived-environment system, the personality system, and the behavior system. The perceived environment system includes social controls, models, and support. The personality system includes individual values, expectations,

beliefs, attitudes, and orientation toward self and society. Problem behaviors include a socially accepted behavior like drug abuse, alcohol abuse, deviant behavior, etc.

1.1.3.3. Social Influence Theory

Social Influence theory according to Kelman states that human beliefs, attitudes, and behavior are influenced and affected by others. He stated that social influence brings changes in attitude and action; these changes are brought by different levels of how the individual accepted the influence. Kelman's variety of influences includes compliance, identification, and internalisation. This social influence can shape the individual attitudes, action, and behavior in a positive and negative manner.

1.1.3.4. Cognitive Problem Theory

Cognitive problem theory implies teaching skills for approaching the situation to reduce the inappropriate and dysfunctional behavior. It includes finding a different type of solutions, recognizing the consequences of risk behavior. Cognitive problem solving helps the children the ability to manage their own thoughts and feelings, interact with others by developing solutions. This theoretical approach assumes that training the children at the early ages decrease the risk behavior of the child and also reduce the negative outcome.

1.1.3.5. Theory of Multiple Intelligence

Gardner Theory of multiple intelligence suggests that all people do not just have an intellectual capacity but have a different type of intelligence. According to this theory, "we are all able to know the world through language, logical-mathematical analysis, spatial representation, musical thinking, the use of the body to solve problems or to make things, an understanding of other individuals, and an understanding of ourselves. Where individuals differ is in the strength of this intelligence - the so-called profile of intelligence -and in the ways in which such

intelligence are invoked and combined to carry out different tasks, solve diverse problems, and progress in various domains."

1.2. Wellbeing

The wellbeing is a term refers to a feeling of being comfortable, healthy, and happy or feeling of being satisfied with life. In other words it is to have a sense of wellbeing in terms of feeling happiness or joy and satisfied with being existence physically, psychologically (mentally), economically, socially, culturally, spiritually of the total wellbeing of an individual. The concept of wellbeing has various domains such psychological, economic, material, and social. Wellbeing understood in broad sense which includes total judgment of life satisfaction and quality of life of every individual.

It is very difficult to define wellbeing in single definition; however there is a common parlance that it includes the presence of the positive feelings, emotions, moods and the absence of negative emotions. Wellbeing is described in a simple term as judging life in a positive manner and feeling good.

Dodge, R, et al (2012) examined from various subjects and viewed in different aspects of wellbeing namely physical wellbeing, economic wellbeing, social wellbeing, development and activity, emotional wellbeing, psychological wellbeing, life satisfaction, domain specific satisfaction, and engaging activities and work.

The World Health Organisation defines health as a "*state of complete physical, mental and social wellbeing and merely the absence of disease and infirmity*". From this definition one of the important aspects of wellbeing is social wellbeing.

1.2.1. Social Wellbeing

Washington State University has defined social wellbeing as, "*our ability to interact successfully within a community and throughout a variety of cultural contexts*

while showing respect for ourselves and others. Social wellbeing encompasses our interpersonal relationships, social support networks, and community engagement."

The United States Institute of Peace defined social well-being as, "*an end state in which basic human needs are met and people are able to coexist peacefully in communities with opportunities for advancement.*" The University of Wallong also defines social wellbeing as, "*the extent to which you feel a sense of belonging and social inclusion; a connected person is a supported person in society.*"

Keyes, C. L. M. (1998) explains that, social wellbeing is the evolution of a relationship and functioning in the society. According to Keyes, social wellbeing have five dimensions: social integration, social contribution, social acceptance, social actualization, and social coherence.

The first dimension social integration includes individual's evaluation of the quality of relationships to the society and self. While the second dimension social acceptance comprises of individual's interpretation and acceptance of other people based on their character as well as the feelings of confidence and comfort in interacting with them. The third dimension social contribution denotes individual's evaluation of his/her own social values as well as belief in having something valuable to share with the society. The fourth dimension social actualization refers to individual's belief in the evolution of society and the possibility of progress and actualization through it and the last social coherence consist of individual's perception of the quality , organisation and the soundness of the living world (Callaghan, 2008; Key Roberts, 2009).

From the above five dimensions the Keyes (1998) defined social wellbeing as people's perception and experiences in social circumstances as well as the degree of social responses to social challenges.

He further emphasizes indicates that social well being increases with education and with age aligning with a person who involved in their communities are feeling more socially integrated and socially contributive than the people who are not involved.

Eric Van Lente et al (2013) mention that social well-being and health behaviors have a relationship with both positive and negative mental health. The lower levels of social well-being indicate that a person is having a negative mental health and positive social wellbeing leads to positive mental health.

1.3. Conceptual Frame work

The researcher would like to present the conceptual framework of the study based on the understanding of life skills (Nair, R & Subasree, R. 2009) and the concept like adolescents and social wellbeing. Since the concept of adolescents is a transitional stage, is associated with teenage year, social constraint and the different phases of their life cycle. Therefore, the researcher preferred to have National Youth Policy (2003) classification of adolescents where the adolescent's age was classified into 13 to 18 years.

Further, the researcher took the important variables of youth such as gender (male and female), age (13-15 years and 16-18 years), type of school (government and private school) to associate with the life skills and social wellbeing. The concept of life skills is measured according to the classification made by World Health Organization (1997). The core life skills are self awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with stress and coping with emotions.

Furthermore, the social wellbeing of adolescents is perceived in terms of the definition given by Corey M Keyes (1998). It was classified into five dimensions:

social acceptance, social integration, social coherence, social actualization and social contribution.

In the light of the above mentioned parameters, provides an overall picture of the life skills and social wellbeing of the adolescents for assessment in the present study.

1.4. Statement of the problem

Adolescence is a period of time where major growth and development takes place and reaches its highest peak. It is a prime stage of human life span wherein the stage is designated as an age group whose central attributes are dependence, pre-pubescence sexual learning and pre-legal preparation for responsible social roles in the society. During this stage a major transition of life takes place in terms of a minor turns to become an adult, an independency takes over dependency and stress and storm generated.

An adolescent faces challenges in certain areas of life which could lead to role diffusion or negative identity, mismatch abilities and desires. The internal stress and social expectations lead to moments of confusion, self-doubts, and disappointment and also in society. Adolescents are more vulnerable and peer pressure pushed them into action without knowing any consequences. Because of peer pressure majority of them are found indulging in sex, drugs, smoking, and alcohol. The adolescents' life is full of opportunities to enter into a new experience to explore new relationships, to find new resources of inner strength and ability. Adolescents encounter today, different type of difficulties in this contemporary society and face more challenges than previous generation. They have to equip themselves to fit to live in this competitive world at this transition period until and unless their energy resource used in a healthy way.

Adolescents need proper support and guidance in decision-making, problem-solving, critical thinking, develops interpersonal skills, self-awareness, empathy, coping with stress and emotions. Many adolescents do not receive life skills education within the homes, they are very vulnerable and need more extra care to fight and come up with their life. There are many essential skills which adolescents need to acquire to live a happy and contented life. Among all necessary skills, the emphasized that Life Skills and social wellbeing are the aspects facilitate the adolescents to cope with their daily lives. Thus, the purpose of the present study is to assess the life skills and social wellbeing of adolescents in government and private school of Aizawl district. The present study focuses on the following objectives:

1.5. Objectives

1. To study the socio-economic status of Adolescents in Aizawl district.
2. To assess and compare the life skills of adolescents in government and private school of Aizawl district.
3. To identify the social well-being of adolescents in government and private school of Aizawl district.
4. To find out the relationship between life skills and social well-being among adolescents.
5. To suggest policy measures to develop life skills among the adolescents.

1.6. Hypotheses

1. There is a difference in the life skills of adolescence between government and private school.
2. There is a difference between the social well-being of government and private school of the adolescents.
3. There is a relationship between life skills and social wellbeing.

The first two hypotheses are derived from the intuitive sense of the researcher. The third hypothesis draws its inspiration from the efficacy of training life skills' in educational achievement and social acceptance study (Sheikhzade et al., 2013). The testing of the hypotheses would have implications for social policy and social work intervention.

1.7. Chapter Scheme

The present study is organized into five chapters. Chapter-I, Introduction, mainly covers the overview of the present study in terms of concepts adolescents, life skills, definitions, core life skills, social wellbeing and theories related to life skills, statement of problem and need and significance of the study. Chapter-II, Review of Literature, deals with views of literature from various books, journal articles, studies related to concept of adolescents and life skills , definition, type and classification of life skills and the importance of life skills for adolescents at various levels. Chapter–III, Setting and the Methodology, deals with field of study, research design, sampling procedure, methods and tools of data collection and data analysis plan. Chapter- IV, Results and Discussion, focuses on the interpretation of both statistics and inferences of the present study. Chapter–V, Conclusion and suggestions is specifically based on the objectives of the present study that the on the results were projected and deals with the overall picture, recommendation of the present study, with specific reference to the life skills and social wellbeing of adolescents for policy measures. Bibliography provides the list of books, journals, document and other type of literature. Appendix includes copy of tool in both Mizo and English, which was administered for data collection.

CHAPTER- II

REVIEW OF LITERATURE

Review of literature is essential and its help the researcher to understand the theoretical background and findings of different scholars in various aspects. For any type of scientific research work, theoretical knowledge is base in order to understand the concepts, theories, models, methods and different perspectives thoroughly. However, the secondary data is the only source, which helps the researcher to get the information as well as to analyze the present situation of the problem in the theoretical context. The purpose of the current review is to find out the research gap for further research on Life Skills and Social Wellbeing of Adolescents.

2.1. Origin and concept of Life skills

Life skills are in existence from the time immemorial when a man started living as a social being. The development of the concept of life skills has been initiated since 1990s by various international organizations. The contribution of WHO in developing life skills are highly commendable in terms of providing core life skills and facilitating in producing a module for life skills training and development. The successive International conferences on Health promotion have been adopting various strategies and techniques from traditional to modern methods for the promotion of health care practices which are focusing on imparting skills for achieving and maintaining good health and every walks of life of an individual at large.

2.1.2. Life skills and Adolescents

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. In particular, life skills are a group of 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 and manage their lives in a healthy and productive manner. It empowers individual to make informed choices in times of trouble and challenges.

The study conducted by Niaraki, F.R., and Rahimi, H. (2013) focused on the effects life skill training had on high school students in Iran. Sixty female students were randomly selected from five high schools in Iran. These were then randomly divided into experimental and control groups. Their self esteem on various dimensions such as general, social, academic and at home were measured both before the study and after the study using Coppersmith's self-esteem inventory (1981). Those in experimental group were given life skill training for a period of 10 days; those in control group were given none. At the end of the study, the self esteem of those in experimental group had increased tremendously, helping them to develop healthy attitude and positive personal development besides helping them in improving their knowledge on essential life skills.

A pseudo-experimental study on life skills was conducted by Esmailinasab, M., Malek, M.D., Ghiasvand, Z., & Bahrami, S. (2011) to find out the effectiveness of life skills on adolescents' students. Students were randomly selected from the schools in Karaj. These, then, were divided into two groups: experimental group and control group. Those in the first group were taught life skills by trained counsellors, while those in the second group were assigned as control group. The study found that those students who were taught life skills progressed significantly in self esteem in sharp contrast to those in control group. It also vividly found out that education in psychology and mental health lead to a significant decrease in problems encountered at school and in education.

Other study conducted by Rahmati, B., Adibrad, N., Tahmasian, K., and Sedghpour, B.S. (2010) aims at evaluating the effectiveness of giving training on life skills to children in 4th grade of elementary school. Students were randomly chosen. They were again divided into two groups of 20 participants each. Their social adjustment skills were assessed by conducting peer rejection test and Mattson social skills test. The results show that giving life skills training to students promote their social adjustment and adaptability skills.

Ndirangu, A.N., Wamue – Ngare, G, and Wango, G. (2013) studied the effects on gender has while implementing life skills education. They conducted their studies in secondary schools in Nairobi East District, Kenya using a research design that comprised of PDE office. Data, quantitative and qualitative, were collected using various methods such as questionnaire, observation, interviews and focus group discussions. From the study, it was found out that life skills were mainly taught by female teachers and that there were gender bias in selecting life skills‘ teachers. These teachers indicated that they were not very comfortable while they teach sensitive topics to those of the opposite sex; most of these teachers, therefore, do not cover their prescribed syllabus. The study also found out that female students in general would shy away while sharing their problems with boys but would readily open up to girls.

The impact life skills have on self esteem, adjustment and empathy among adolescents was studied by Yadav, P.,and Iqbal, N. (2009). Thirty male students and thirty female students were chosen from Hans Raj Model School, Punjabi Bagh. These students had already received life skill training from the team of Expressions India. Before and after the training students were asked to fill up self esteem inventory (school form), Adjustment Inventory for School Students (AISS) and

Empathy Quotient (EQ). Test scores were then collected after five months of training. The study found out that students show significant improvement in their self esteem and empathy, and in their ability to adjust emotionally and educationally. Interestingly, no significant improvement was noticed in their social adjustment skills.

Nasheeda, A (2008) studied the techniques employed in teaching life skills in Maldivian region in her paper entitled *Life Skills Education for Young People: Coping with Challenges*. In this, she pointed out that life skills such as communication skills and understanding were taught to children. The aim of the study is to help children who enter the transitional period with confidence and make them responsible persons capable of leading their nation in the future.

Khera, S and Khosla, S. (2012) studied the relationship between self-concept and core life skills. They randomly selected 500 students in secondary classes from Sarvodaya schools, south Delhi. This study confirmed that a positive co-relation between self-concept and core life skills.

The fact that life skills training improve happiness and quality of life in students was revealed by the studies done by Hajia, T.M., Mohammadkhani, S., & Hahtami, M.(2011). If people learn how to improve their cognitive errors, have an effective relationship with others, manage their negative emotions and aggression, they would experience high levels of self-esteem, manage environmental stresses and reform their life styles, educational progress, and social support. The individuals who learned to utilize adaptive emotion regulation strategies report high level of happiness.

Miller, J.P., and Owen, B.E. (1993) in their study of *Competency, Coping, and Contributory Life Skills Development of Early Adolescents*, suggests that self-esteem and life skills are complementary constructs. The study found that developing life

skills increases self-worth and positive feelings towards themselves and also improve more in practicing new life skills.

The study conducted by M.Yeun et al. (2010) explored Chinese adolescents' perceptions of their own life skills development and the importance they place on such skills. The study involved 52 Hong Kong high school adolescents from within the school and outside the school. From the study, it was found out that students who possess basic life skills were the ones who could come out with practical solutions that schools might implement to enhance life skills development. Also the students who learned life skill have more solution for their future career planning and will help them in their personal and social growth.

Fallahchai, R. (2012) the effectiveness of instruction of academic and life skills on 170 academic freshmen. The study found out that students who had received training on life skills scored high in their academic and daily life. These were more willing to take responsibility for their well-being, and are better adapt in making good decisions, and are, by and large, prepared to face their future that might be coupled with various challenges and needs.

Liao, W et.al. (2010) highlighted in their studies on HIV/AIDS Prevention Education, they found that life skill based curriculum can improve students' knowledge on HIV/AIDS, besides helping them in their life as well.

Sobhi-Gharamalekia, N., and Rajabi, S. (2010) discussed found out that to achieve the effects of life skills training on providing mental health and self-esteem of university students. The study was experimental and before- after test design with control group was used. The results of the study showed that life skills training lessens mental disorders symptoms particularly anxiety, depression and stress of students doubtful to the mental disorder. It also showed that life skills training is a

good method in decreasing mental disorders symptoms among the students who are suspected to the mental disorder.

Sanongyard.P et.al (2012) investigated that how life skills are effective on behaviour modification for alcohol drinking prevention. The study was conducted among the 6th grade students in the age group of 9-12years old. The results show that increasing knowledge on life skills distant the attitude toward alcohol and after intervention fewer cases of alcohol abuse was found. Cognitive changes regarding life skills apparently led to cognitive and behaviour changes in the alcohol use domain. The findings of the study suggested that Life Skill Development Program is important and necessary and help the students to be aware of the negative outcome of alcohol abuse.

The study conducted by Sowmyashree K.N, “ Impact of Life Skill Training on Emotional Maturity among College Students”, consisted of 60 Pre-University students (30 male and 30 female) randomly selected from private college. Emotional Maturity Scale developed By Yashvir Singh and Mahesh Bharagava (1994) was used to collect the data. The result of the study shows that Life Skills have an impact on the Pre-University students of adolescents. The life skills training included classroom interactions, activities, narrating story as well as role play were used as a way of intervention. The students were asked about how life skills training had impact on their life. A positive response was showed in result and by their words that they have improvement in managing and handling their own emotions and also in other areas. The result also shows that there is a difference after life skills training in emotional maturity among pre-university students.

Priyadharshini, A.H. (2015) conducted a study between the orphan and vulnerable children residing in Tamil Nadu. The intervention was conducted by combining arts, media and enables the children to participate. From the study results, children were having poor coping with emotion and critical thinking skills, also have low self-esteem. The intervention study results in increasing self-esteem, self-confidence, reduce delinquent behavior and built character among the children.

Jain, Kapil and Parveen, Shahraj(2015) in their study, “An Assessment of Life Skill Education in Tribal Adolescent Girls of Residential Camp of Education for Drop outs and Illiterates” investigated in detailed regarding the issue of life skills of tribal adolescents. The sample of the study was 100 adolescent girls, who were attending the 4 months residential camp of education organized by Doosra Dashak. The result of the study shows that in pre-assessment 90% girls had habit of intoxication like tobacco chewing, pan-masala and so on. All adolescent girls were lack of knowledge of gender sensitization issue. The post assessment was done after four months and result of the post assessment shows markedly improvement in knowledge and. In adolescent stage proper guidance, counseling and training prevent drug abuse and also, they can get a proper track for their lifetime.

In the study of Parveen,S., Jain, K., and Mathur, M.(2015) the level of knowledge of life skill in adolescents was assessed. The research was conducted among class IX and X of a government co-educational secondary school of Jodhpur with the help of self-administered questionnaires prepared in English and translated into Hindi. From the study it has been clear that the adolescents have some knowledge about life skills and the score on empathy and self-awareness was high. Based on decision making the adolescents feels that it was culturally and traditionally more appropriate to have their parents decide their career options for them, although they

felt they have the ability to decide for themselves. It had also been found that the adolescents felt practical demonstrations for teaching of life skills would be more useful.

Aparna,N and Rakhee A.S (2011) in their paper, they were discussing how life skills education is important for adolescent's development. It is mentioned that Life skills helps adolescents to understand themselves and enable to assess their skills, their abilities and their areas of development. It helps the adolescents in making responsible decision, adjust with their environment and to get along with other people. It also enables young people to protect themselves and promote health and positive social relationships. Life skill education can serve as a solution for the problems as it helps the adolescents to lead a better life. It is also clear that life skills is very important and needed in the society and suggestion has been made that the education system should impart life skills education as part of their curriculum.

Behrani, P(2016) studied the implementation of life skills education programme in Central Board of Secondary Education School. The result of the study shows that the schools are following qualitative assessment practices based on the performance of the individual and group performance and marks are given based on that. The Schools are following the CBSE guidelines in teaching learning practices for teaching life skills which includes class discussion, role play using practical activities and in their teaching practices there is no special idea and inputs were mentioned. The parents also lack knowledge about life skills education; they rather put their mind in the academics than their life skills development.

Zollinger, T.W. et.al (2003) in their research assessed the impact of life skills training curriculum on Marion County, Indiana. The study included 1598 eighth grade students who participated in the Youth Tobacco Survey. The results of the study show

that students who participate in the Life Skills Training Curriculum are improving their knowledge about the damage that is caused by tobacco use. Few of the students also indicated that peer pressure really affected their decision on smoking. Attending Life Skills Training one or two times also results in reducing the prevalence of youth smoking as well as positive shifts in self-efficacy, attitudes and knowledge.

Kumar, V.T., Vanaja, A and Mobar,S.(2015) investigated a sample of 300 students (126 Boys and 174 girls) studying in the class ten were randomly selected from six secondary schools one of the district of Andhra Pradesh. The study found that gender, caste, parental income and school category has significant influence on attainment of life skills of HIV/AIDS prevention. It was observed that interactive process of teaching and learning helps young people acquire knowledge; attitude and skills to enable them to make informed health choices that affect their life. Education programmes in schools increases their knowledge. Better understanding of precaution against HIV/AIDS and higher confidence levels in dealing with challenging social situation.

Srikala, B and Kumar K.K. (2010) studied and pointed out the impact of the life skills education program (LSE program NIMHANS model) by assessing the difference between adolescents who were in the program and not in the program. The sample and control group were selected in the age group of 14 to 16 years from two schools in the Bangalore rural district (Chennapatna) and two schools from Udupi District. The students who are in the program in comparison to those who are not in the program were undoubtedly better adjusted to the school and teachers; they were also capable of coping with issues and have better self-esteem. The study indicated that even for 1 year, there was a change in the way the adolescent seen themselves in

the school, their confidence level developed and their ability to deal with their problems also develop.

Hunte, R.S., and Esmail, A. (2017) conducted a study about 178 inmates in correctional setting of 100 prisoners that chosen to engage in the life skills program and 78 prisoners who did not participate in the program. The study find out that inmates engaging in life skills training would reduce institutional misconduct in comparison to inmates who did not attend life skills training. It was a quantitative study, which was designed to determine the effects of life skills education based on the misconduct reports received by inmates in a medium prison in Omaha, Nebraska. The results show no significant relationship between life skills attendance and of misconduct reports.

Murakami,K., Tokunaga, M., and Hashimotoq, K.(2004) discussed the relationship between health-related life skills and sport experience for adolescents. The study was conducted among 1755 adolescents (846 junior high school students, 557 high school students, and 352 university students). The result of the study indicates that male students are good in obtaining physical activities and stress management skills. The male and female senior high school students have higher scores than male and female junior high school students in all skills. Also, males were able to use exercises and sports more positively and have higher stress management skill than females. The results explain that students who had experienced athletic activities gained more health-related life skills than students who had not experienced athletic activities. The results of the study suggested that sport experience have impact on health-related life skills.

Acharya, S. (2015) had studied the effect of anxiety level on academic achievement of adolescent students. The sample consists of 125 secondary school students and Sinha's Anxiety Scale had been used to assess anxiety level. The finding revealed that higher the anxiety, lower was the academic students. Life skills education helps in minimizing anxiety level of the students.

The study conducted by Kumaravel, S (2015) consisted of youth in the age group of 17-25 who are from diverse cultural background from 8 North Eastern states of India and who participated in the Capacity Building Training on Life Skills. The results revealed that that there is significant enhancement of life skills training, widening of skill methods. The study proved that the training on life skills and through life skill method is effective in the enhancement of psychological wellbeing, personality and leadership development among youth.

Gupta, S., Sardesai, B and Solomon, R.J. (2015) examined how self-esteem is related to mental health indicators. The sample of the study comprises of 91 males and 63 females, a total of 154 adolescents. The sample was collected from three schools in Navi Mumbai. Introduction of Life Skill Education can help in increasing self-esteem in adolescents and reduce mental health problems associated with adolescents. Life skills such as increasing confidence, non-blaming behavior and awareness of personal strength can increase self-esteem.

Atashbar, B., Amiri, H., and Atashbar, S. (2016) examined 24 male high school students who were studying in the department of Education in the academic year 2014-2015. From the study, it has been found out that life skills training have been effective in increasing mental health, academic achievement and self-concept. The students will able to cope their educational stress and emotional stress by learning life skills within the school environment and will help in their academic achievement.

It will also develop their self-consciousness, increase their self-esteem and self-concept.

Sandhu, R. (2014) discussed and studied 300 pupil teacher from ten colleges of Karnal and Kurukshretra District. The study shows that few of the students have high level of life skills and majority of the students have average level of life skills. It further states that the science student have higher level of life skills than arts pupil teachers. It is important to integrate life skills in the curriculum of school and college, as life skills help an individual in increasing their academic achievement, developed self-confidence, self-concept and prevent from all forms of risky behavior.

Botvin G.J. et.al (1994) investigated the effectiveness of alcohol and drug abuse prevention programs among inner-city minority 7th-grade students. The samples consist of 639 students from 6 New York City public schools. Schools were randomly selected to receive a generic skills training prevention approach a culturally focused prevention approach, or an information-only control. The results of the study indicate that students in both prevention approaches had lower purpose to drink beer or wine in the future in comparison to students in the control group. The students in the prevention programs had higher anti-drinking, anti-marijuana, and anti-cocaine and other drugs attitudes than the control group. The findings suggest that exposure to these prevention programs may serve as a protective factor against future initiation of alcohol and drug use.

Goudas, M.et.al. (2006) examined the effectiveness of a life skills training program taught as part of physical education lessons. The study comprise of a sample of 73 seventh grade students (35 boys and 38 girls) from four classes. A school-based intervention designed by Danish and colleagues was used to teach life skills. A life skills program was implemented 2 sessions per week for four weeks. The results of

the study show that after attending life skills programme, experimental group show greater improvement from time 1 to time 2 in comparison to control group participants. Students who received the program show improvement about life skills and higher self-beliefs for personal goal setting. Life skills training resulted in sport skills improvement in relative to the control group.

In the research study of Buhler, A., Schroder, E., and Silbereisen, R.K. (2008) whether life skills promotion is effective in substance abuse prevention. A pre-and post-test study was conducted in schools with a treatment and control condition. The study revealed that the student increased knowledge in life skills will distant themselves from alcohol and nicotine used. The drops out students have lower knowledge on life skills and have lower life skills resources. The study also suggests that life skills intervention will help in preventing the youth from substance abuse and further involved in drugs and alcohol.

World Health Organization (1997) paper on 'Life skills education for children and adolescents in school' highlight the importance of life skills education in various field of educational programme. Teaching of life skills in everyday life is important for the promotion of mental wellbeing, positive interpersonal relationship and positive healthy behaviour. The teaching of life skills to children and adolescents includes prevention of teenage pregnancy, how to deal with peer pressure to drug used and involved in vandalism. The school is an appropriate place for the introduction of life skills education

Opio James (2006) examined the awareness and application of Life Skill Education in Primary School of low conflict areas. The study was conducted in 12 primary schools in Kalaki County, Kaberamaido district in North Eastern Uganda. The study focused on establishing the various life skill practices in the areas of study.

Life skills are not well developed among the pupils and with the low development of life skills, the pupils are vulnerable to indulge in early sex, early marriages, drinking alcohol and smoking and also these leads to poor performance in school, early teenage pregnancy and higher rate of school dropout. From the teacher observation a large number of school going children are involved in drug use, alcohol abuse and girls dropout of the school due to early marriages and pregnancies.

V. Papacharisis et al. (2005) conducted two studies on the effectiveness of teaching a life skills program in a sport complex. The participants were Greek citizens in the age group are 10–12 years. The young athletes who participated in the life skills program show greater knowledge on life skills compared to athletes of the control group. Also, athletes in the experimental group indicated higher self- beliefs for personal goal setting, problem solving, and positive thinking than the athletes in the control group and also they performed better in volleyball and soccer skills. The results of the present studies indicate that when life skills training is planted in sport practices, youth will be improved in life skills and increase in setting goal, problem solving, and positive-thinking. They will also have a great chance of becoming better students, better athletes, and more concerned and productive community member.

Bardhan, A., and Nair, A.R. (2016) studied how the students learn life skills and how it have an impact in modifying their behaviour. The study was conducted among the school students who were studying in class seven and eleven who have risk behaviour. Life skills were imparted among the students and the parents and case study was conducted among the children who have received life skills during the intervention. The results of the case study highlight that children fell into various behavioural problems because of their lack of empathy, interaction and communication, emotional and social support from the family and the school. Once

all these are ensured through life skills intervention it has helped in developing mental well being of children and also enable them to come back to their normal positive life.

Hita C. R. and G. Venkatesh Kumar (2017) investigated that how Life Skills training have effect on Adolescent boys and girls with high Emotional Distress. The study of sample consists of 160 adolescent students between the age of 10 to 19 years who were selected from different school and colleges in Mysore city. Life skill training was given to students who scored high on negative emotions and low on positive emotions. The data analyzed that the participants in the experimental group showed a significant decrease in negative emotions and increase in positive emotions during the post intervention. The adolescent girls in the group have a higher gained more from life skills than the boys. The intervened group indicated that they have improved in their ability to recognize their emotions, cope with stressful situation, better interpersonal communication, handle day to day issues and solve problems more effectively, make appropriate decisions and perform better in facing situations.

Pujar, L.L and Patil, S, S (2016) study 120 adolescent girls studying in 8th and 9th standards in the age range of 13 to 15 years in Uppinbetageri and Amminbavi villages of Dharwad taluk. The intervention was given to the rural adolescents for a period of three months; different methods of training are used for different skills. The results revealed that majority of the adolescent girls have high level of life skills. Life skill education is helpful for the rural adolescent girls to take positive actions and improving their problem-solving ability and coping skills of stress.

Rajni Dhingraa and Kirti Singh Chauhan (2017) studied school going boys and girls (14-16 years) of classes VII, IX & X and were randomly selected from schools of five Zones of Delhi Municipal council. From the study it is found that adolescent's life skills are affected by various factors, economic status and education

of parents. Majority of the respondents who were participated in this study had average level of life skills as compared to the standard LSAS score. It was also found out that there is a significant correlation between parental education and levels of life-skills of adolescents. Educated parents are more conscious about the growth opportunities for their children, also they can provide a productive environment to their children to learn and grow well.

Monteiro, R., and Shetty, L.(2016) had studied 210 students (105 girls and 105 boys) 12 to 21 years in Mangalore city of Dakshina Kannada, Karnataka State, India. The study found out that most of the students have lack self-esteem and the average students have acquired life skills. The study also indicated that out of 210 adolescents 116(55%) had high level of life skill scores and 94(44%, had “low level” of life skills scores. It also shows that the students who have normal range of self-esteem have high levels of life skills and who have low self-esteem have low life skills.

Atashbar, B.,Amiri, H., and Atashbar, S. (2016) were studied 24 male high school students studying in the department of Education in the academic year 2014-2015. From the study, it has been found out that life skills training have been effective in increasing mental health, academic achievement and self-concept. The students will able to cope with their educational stress and emotional stress by learning life skills within the school environment and will help in their academic achievement. It will also develop their self-consciousness, increase their self-esteem and self-concept. Also, Hesari, Z and Tfreshi, M.M.(2017) in their study found out that life skills training help an individual in academic achievement, it helps the students in recognizing their strength and weaknesses and will help in strengthening their productive skills.

Lida, E. (2016) also studied how life have an impact on the mental health, social adjustment and achievement of female high school student. The study was conducted among 170 female students. Like other study, it has been found out that life skills are associated with achievement motivation and the student's educational performance. It not only prevents the students from risky behavior but also help them in improving their educational performance. Life skills also affected their social adjustment by managing their problems; plan their life and controlling their environment. Similarly, Muthulakhsmi, R & Pamela, A.L. (2016) had studied 64 students from government school in order to understand how life skills training promote students' academic achievement. It was found out that those who received proper life skills have scored higher life skills and had gained more academic achievement.

Sorensen, G et.al. (2012) opined that the effectiveness of a school-based life-skills tobacco control program for youth. The study was conducted on 1851 students in schools receiving the Salaam Bombay Foundation (SBF) intervention. The results of the study pointed out that The SBF student have stronger life skills than students in the control group. They have more knowledgeable about tobacco and related legislation and put more efforts to prevent tobacco use among others, friends, among school and within their neighbours. Also, students in the SBF schools were more likely to demonstrate positive life skills and attitudes than students in the comparison schools.

Wurdinger, S. and Rudolph, J (2009) viewed that school should focus not only on the academic skills development; it should be more than that. They suggested that the school should focus on teaching life skills such as creative thinking and problem solving that will help the students to become a better member of the society. This

study is on Minnesota New Country School (MNCS) located in Henderson, Minnesota, it had a broad view of success and uses Project Based Learning (PBL) as its learning method, MNCS consist of 6- 12 grades between 11 to 18 years with the total 109 students. The result of the study showed that the school is excellent in teaching life skills that help the students in achieving success in college and also in their life. The study suggests that life skills education should be enhanced by the academic skills students so that it will help for the success after their graduation.

Prajapati, R., Sharma, B., and Sharma, D. (2017) mentioned in their paper about the importance of life skills education. Life skills education links the gap between capabilities and basic functioning. Life skills help an individual to enable to meet the demands and needs of the society and also help in dealing with their difficulties in life. Imparting life skills education in the school curriculum is important as it will help the adolescents in their academic performance, developing their emotional, cognitive, social skills as well as coping skills and will also enhance their critical thinking, problem solving and decision making skills.

Parvathy,V and Pillai, R.R (2015)analysed the impact of life skills education training on the adolescents of rural areas. The study sample consist of 57 schools student with 30 sample in experimental group and 27 sample in experimental delayed group from the coastal area group of Karunagapally. The study found out that there is improvement in the knowledge of overall life skills. There is also difference in the experimental and experiment delayed group in pre study and post study. There is a huge impact on the life skills education training on adolescents. This indicates when life skills is imparted among the adolescents, it change their way of thinking and improvement in their behaviour as well as improve in coping skills.

Sridevi, Y(2015) discussed life skills education in India and its importance for the youth. Life skills help the youth to strengthen their development as well as maintaining a healthy behaviour. The teacher also play an important role in educating the students, they can incorporate skills and guide them. In India Life Skills Education programme took place in the community mental health unit of National Institute of Mental Health and Neuroscience (NIMHANS), Central Board of Secondary Education (CBSE) has implemented and continue life skills education programme(LSE) for high school students. Rajiv Gandhi National Institute of Youth Development (RGNIYD) Tamil Nadu also initiated international conference and research activities to share and spread the aspect of life skills approach to education. The national Council of Education Research and Training (NCERT) in collaboration with National Aids Control Organisation (NACO) and Human Resource Development Agency (HRD) adopted life skills based adolescent education programme to prevent the youth against HIV/AIDS.

Sicily, T.S and Ravindranadan (2017) examined the effect of life skills training on the behavioural issues of adolescents. The study was conducted using case study method on five adolescents' students from Kottayam District. The training on life skills was given for a period of nine months and Life Skills Scale (Vranda, 2007) tools were used. The adolescents' studies were who drop out of school due to relationship, who engaged in substance uses, having a bad relationship with parents and addicted to social media. Life skills education was imparted on them and after 9 months of training, a difference is seen in the behaviour of the adolescents. They have improvement in their education, relationship with their parents improve, over involvement in social media decrease, quit using drugs and learn to control their

emotions. The results of the study show that life skills training are effective on dealing with the behavioural issues of the adolescents.

Jahangir, A and Mankani, N. (2017) discussed that how Life Skill-based Education empowered the adolescents in Pakistan. The study indicates that the education has an improvement in communication, the girls communication with their parents, friend and teacher increases as their level of comfort increase. The life skills education helps them in talking about their roles and responsibilities as well as their pride and strength. Both the boys and girls were aware about gender inequality that is practiced in the household and the society. In the focus group discussion they mentioned that they have improvement in taking their own decision and they relied less on others. The girls also mentioned that they want to make their own decision instead of taking the opinion from others. The life skills education they received leads massive changes in the life of the adolescents. Their views toward their life and the problem they face were different after the education.

Lalrinzuali, H and Devendiran, C. (2015) discussed the life skills of school going adolescents at selected High School of Durtlang with a sample consist of 60 school adolescents. Life Skills Assessment Scale developed by (Nair, et al 2009 was used to collect the data. The study shows that, in these life skills there is a difference between male and female (gender).While comparing with these life skills males has more life skills in self-awareness, interpersonal relationship, creative thinking. Females have more life skills in empathy, problem solving and coping with emotions. But, there is no difference in the life skills effective communication, decision making and coping with stress. From the overall scoring with core life skills, the school adolescents have scored higher life skills in empathy, self-awareness and critical thinking and have lower skills in coping with stress and creative thinking. It is clear

that it is important to impart life skills education among the adolescents especially in school.

Gomes, A.R., and Marques, B. (2013) investigated the study about how life skills programme has effect on students. The study sample involves 84 participants from four schools from four schools who are in the same geographical area of northern Portugal. The participants were allocated either as a control group or intervention group (took part in PPE-CY life skills program). The Promotion of Positive Experience-Children and Youth (PPE-CY, Gomes, 2010) is used and it focus on the development of six life skills such as stress management, motivation, problem solving, teamwork, communication and time management, which are important in the education of the youth.. The results of the study show that the students who participated in the PPE-CY intervention group showed a number of developmental experience than the control group. Also, after the program intervention, the participants in the intervention group show higher life satisfaction, higher expectation in their academic performance and optimism. The results of the study suggest that life skills can help young people in their decision making and built their confidence while facing new challenges.

Chan, R.M.C et.al. (2011) examined the interrelationship between teacher's care, life skills and academic achievement. The study is part of the project of life skills development among the Hong Kong adolescents. The teacher and students from 96 schools were participated in the study. The study finds out that the teacher's care on life skills is higher in females than males; this may be because of care of the female. Teacher's care is an important factor in contributing life skills development to students and also to their academic achievement.

Nair had classified life skills into five types- mother skills, thinking skills, survival skills, and negotiation skills and coping skills. Pan American Health Organisation (PAHO) also further classified life skills into three category namely, social skills, cognitive skills and emotional coping skills. These three skills are not used separately but they rather complement each other.

Table 2.1. Classification of Life Skills

Source/Author	Year	Types/Classification	Meaning
Radhakrishnan Nair	2011	Mother Skills	Self-Awareness and empathy.
		Thinking Skills	Critical thinking and creative thinking
		Survival Skills	Interpersonal Skills and Effective Communication
		Negotiation Skills	Decision making and Problem solving Skills
		Coping Skills	Coping with Stress and Coping with emotions skills.
PAN American Health Organisation	2001	Social Skills	-Communication skills -Negotiation/ Refusal Skills -Assertive Skills -Interpersonal skills (for developing healthy relationships) -Cooperation Skills -Empathy and Perspective taking
		Cognitive Skills	Decision making / problem solving skills - Understanding the consequences of actions. - Determining alternative solutions to problems Critical Thinking Skills - Analyzing peer and media influences - Analyzing one's perceptions of social norms and belief. - Self-evaluation and values clarification
		Emotional Coping Skills	-Managing stress -Managing feelings including anger -Skills for increasing internal locus of control (self-management, self-monitoring)

Gomes, A. R., & Marques, B. (2013) discussed that Life skills can be learned and used in daily life, and that enable people to be successful in different environments. There are different types of life skills: behavioral (e.g., managing time effectively), cognitive (e.g., managing negative thoughts), interpersonal (e.g., managing conflicts with other persons) and intrapersonal (e.g., managing lack of motivation by setting personal goals). In today's society where it is necessary to know how to deal with change, it is crucial for children and youth to play an active role in their own learning and development process.

2.1.3. Life skills, Adolescents and Education

Neil Thalagala et al. (2004), in their study, "National Survey on Emerging Issues among Adolescents in Sri Lanka", conducted a survey among school going children in Sri Lanka, concluded that adolescence need sound life skills to face demands, stresses and conflicts of life effectively. The survey consisted of two main components. The first component was carried out among 29,911 school-going adolescents representing 25 administrative districts of Sri Lanka. The second component was carried out among 10,079 out-of-school adolescents. Usually life skills are exercised in combination, and hence, cannot be measured in isolation. In general life skills improved with increasing age and socio-economic status. No gender differences seen in life skills. The overall pattern indicates the presence of a considerable percentage of adolescents in Sri Lanka lack sound life skills. Hence life skills promotion could be identified as an important focus of attention for the programmes aimed at adolescent wellbeing. The study recommended of incorporation life skills as a mandatory subject to the basic training curriculum of all the teachers, promoting in service training on life skill education, development of indicators to assess life skills education at school level, creating awareness among parents,

involvement of the existing school nexus such as health clubs, anti narcotic groups etc.

Fallahchai R. (2012), in his article, “Effectiveness of Academic and Life Skills Instruction on the Freshmen Academic Achievement” based on the study conducted to examine the effectiveness of instruction of academic and life skills on the freshmen academic achievement. The research procedures used semi-experimental with pre-test and post-test design with control groups. Sample of included 170 freshmen were randomly selected and assigned in experimental and control groups. An examination consisted of three stages: administering pretest, applying variables, and administering post-test. Throughout the examination process, all the members of the experimental group were first trained in sessions of 90 to 120 minutes for 9 weeks, and finally post test was administered for both experimental and control groups. The administering variables consists of teaching academic study and life skills such as studying and learning method, note taking techniques, stress management, problem solving, decision making, communication skills, critical and creative thinking.

Analyses were conducted to determine whether there was any difference between the two groups. Primary result shows that the experimental group shows higher performance than the control group. This result arrived at the conclusion that the students who had received academic and life skills training gained significantly higher scores in life skills and academic achievement than those who do not receive this training. The statistical results also obtained from analysis of covariance testing showed the educational program was significant after controlling the effects of pretest, i.e. teaching students life skills was effective on their knowledge and grades. In order to get more in depth understanding, the study suggested that such study should be repeated with larger sample.

Sharma. S (2003), in his article, “Measuring life skills of adolescents in a secondary school of Kathmandu: an experience” established to assess the life skills of a secondary school in Kathmandu. This study was conducted among 347 adolescents from class VIII, IX and X of a public of Shivapuri Madhyamic Vidyalaya co-educational secondary school at Kathmandu. Descriptive and cross sectional survey method was carried to select the sample from the classes. Among 347 adolescents, only 176 adolescents (51%) scored above mean and was rated “high level” of skills. Whereas 171 (49%) of the students had scored below mean and was rated as “low level” of life skills.

Focus Group Discussion were also conducted to confirm the results of the quantitative study and to make the results more reliable. Only a half (51%) of the respondents had higher level of life skills. The finding also established that mother’s education was significantly associated with increase life skills among the adolescents. It was found out that most of the teachers are not aware with the concept of life skills. As parents’ education shows significant association with life skills of the students, the study recommended that the policy of compulsory primary education to all should be strengthened. Teachers should also be provided with better knowledge and skills to deal with the adolescents in areas of counseling and risk behavior.

Raymond M. C. C. et al. (2011), in their article, “Interrelationships among Teacher Care, Students’ Life Skills Development, and Academic Achievement”, examined the interrelationship between teachers’ care, life skills and academic achievement. Teachers’ care is a significant factor contributing to all domains of students’ life skills development and to their academic achievement. In Hong Kong, therefore, it is significant to examine whether teachers’ care has any effect on the academic achievement of the students and what is the contribution to the life skills of

the students. This study is part of the large scale life skills development project among the adolescents in Hong Kong. Ninety six schools were invited to participate on this study. Both the teacher and the students are part of this study. Teacher Care Inventory (TCI) was used as a scale to assess their perception on life skills and Life Skills Development Inventories (LSD-SI) was used to assess the life skills development among the students. The study finds that the teachers' care on life skills is stronger in females than males. This may be due to the concern of the female regarding care. The study suggests that students' strength in resisting common risk behaviors and their self-perception of academic achievement would be enhanced when they experienced their teachers as genuinely caring, committed to their academic success, and trusting of their judgment and ability.

Mostafa .S and Bookani F.K. (2013), in their article, "The efficacy of training life skills' on educational achievement and social Acceptance", examined the relationship between learning life skills and academic achievement. The main purpose of this study is to determine the effectiveness of teaching life skills on educational achievement and social acceptance of middle school (Grade VI - IX) students of Boukan town, Iran. Life skills subject as a project was reinforced in the form of experimental school since 1382 until 1390 by the government in Iran. The aim of the project is to enhance psychological, social abilities and prevention from causing harmful behavior for health and safety. Therefore, research was conducted to assess the effectiveness of this program. Method of feedback with two groups of experiment and certification of sample amounts 619 people in each group were selected. Research tools consist of questionnaires of life skill, social acceptance and questionnaire of individual and personal background information. The finding indicated that the skill of knowing oneself and excitements have influences on students' educational

achievement. Teaching communication skills was effective on problem solving among the students and in return it improves their academic achievement. Whereas, decision making skill has no effect on the academic achievement of the students. But in general, the results show that teaching life skills leads to improvement of educational performance among the students.

Aparna.N and Raakhee.A.S. (2011), in their article, “Life Skills Education for adolescents: its relevance and importance”, explained the effectiveness of life skills education for adolescents. In order to make life of adolescents valuable and to convert them to individuals with high potential, educational system should be reformed giving due importance to life skill education. Life skills empower young people to take positive action to protect them and promote health and positive social relationships. It also entails being able to establish productive interpersonal relationships with others.

PoojaYadav and NavedIqbal (2009), in their article, “Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents” based on the study that investigated the outcome of life skills education; explained the usefulness of life skills education. The samples of the study comprised 60 students (30 males and 30 females). The sample was collected from the Hans Raj Model School, Punjabi Bagh. The result from the study showed that life skills training was very effective as subjects improved in the post condition on all measures except one. Thus showing that life skills training do show positive results in bringing change in adolescent’s attitude, thought and behavior by providing supportive environment to them.

Mahmoud, A., & Moshayedi, G. (2012), in their article, “Life Skills Education for Secondary Education” highlighted on the importance of life skills for youth. Life skills program should develop to promote health and well being of young people. It should act as a response to the health needs rather than intervention the already

existing risks. Life skills program should target the children and adolescents since young people of this age group seem to be most vulnerable to behavior-related health problems

2.1.4. Life skills Education

The WHO emphasizes the life skills approach on the development of basic personal and social skills which helps the individuals to take positive decision and life style choices. Further, it takes observable initiatives for the life skills empowerment programme in terms of health in both the developed and the developing countries. The Department of Mental Health, Geneva promotes the development of holistic, long term curricula for life skills education in schools. It provides technical aids to the advancement of life skills education for the better psycho-social development of children and adolescents.

The Department of Child and Adolescent Health and Development encourages life skills as part of effective programming for adolescent health to stimulate positive outlook. The Department of Health Promotion Geneva advocates the development of life skills education as an essential component of health promotion in schools and supports for the wellbeing of future citizens of the nations.

On the other hand, UNICEF considers life skills education as a core element for programming child and adolescent in terms of physical and mental health. It also provides technical support, training, funding to the advancement of life skills empowerment. It works for the improvement of the quality of education by adopting child friendly atmosphere and effective strategies in schools for the prevention of risk taking behaviour among the children and adolescents as well. The skill based programme have proven the better and effective in preventing sexually risk behaviour. The life skills education plays a vital role in addressing human rights and other social

issues. These skills enhance the young people to think rationally against exploitation and discrimination in the society. There are so many joint ventures and conferences made by various UN agencies for the promotion of life skills emphasizing on physical and social wellbeing.

2.1.5. Life skills Intervention

In India for the last four decades the efforts had been made to enhance the life skills development programme in different ways and at different levels. The UNESCO's global education report reveals that India has made improvement towards 'Education for All' goals. The central Board of Secondary Education in India introduced a scheme of Continuous and Comprehensive Evaluation (CCE), which is an incredible steps adopted to improve and strength the quality of learner's evaluation. The aim and objectives of the scheme is to evaluate the overall life skills of the students apart from the conventional assessment system of the students. The objectives of CCE highlighted by Nawani, (2013) are to enable the students to develop cognitive, creative and emotional skills; to place emphasis on thought process; to bring evaluation as an essential part of learning; to regularly monitor teaching-learning process; to assure the participation of parents in the academic structure of students; and to convert the education as a learner centered activity.

2.1.6. Indian Association for Life Skills Education

The professionals, practitioners, and educators all over India understood the significance of the need for collaborating together and formed an Association. The main objective of the association for encouraging mutual and collective efforts to develop, motivate and apply life skills to improve value of education and learning through inter-disciplinary and tras-disciplinary approaches. This association is registered under the Tamil Nadu Societies Registration Act 1975, S1.No. 47/2011. It

also focusing on the research and publication in the field of life skills. One of the main objectives of the association is to promote Life Skills approach in teaching, training and to build up the theoretical framework of Life Skills Education through organizing different deliberations, conferences, seminars, consultation and workshops pertaining to life skills enhancement.

Rajiv Gandhi National Institute of Youth Development (RGNIYD) which is functioning under the Ministry of Youth Affairs and Sports Government of India was established in the year 1993. The institute caters to youth for development and development for youth by focusing towards youth contemporary issues and challenges. The institution has set up a separate post graduate department of Life Skills Education and Social Harmony in the year 2008. The main aim and objective of the department is to prepare a team of youth with self-worth, power, and competence in all facets of life. The objective of the course is to train students in theoretical foundation of life skills education, educate students in training methodologies, enable students to apply life skills in different areas, develop professionals in Life Skills Education. It provides a platform to enhance and enrich the ability to work as youth trainers in the field of life skills education.

Thus, Life skills can be understood as those skills that can be learned and used in daily life, and that enable people to be successful in different environments. Life skills as a subject will consist applications of knowledge, values, attitudes and skills, which are important in the process of individual development and lifelong learning. They are not just a set of skills, nor are they equal to survival skills, livelihood skills, or vocational skills but part of these skills. They are non academic abilities, attitudes, knowledge and behavior that are necessary for successful living and enhance learning and quality of life. These skills will also help the students to accept the

responsibilities of one's role and respecting others and capable to meet daily problems, specially, interpersonal relationship and academic duties. There are many essential skills which we need to acquire to live a happy and contented life. Among all necessary skills, the authors identified Life Skills as one very important skill that helps the adolescents to cope with their daily lives and the social wellbeing.

2.2. Social Wellbeing

E. Van Lente et al. (2012) in their study examined the relationships between the positive and negative measure of mental health, social well-being and physical health. The sample consists of 10,364 Irish Adults and the study was conducted using a cross-sectional survey. From the study it has been found out that social well-being and health behaviours correlate with both positive and negative mental health. The person who feel lonely, who do not received proper social support and lack of involvement in community have lowered their social wellbeing and have a higher chance of negative mental health.

Sijtsema, J.J. et.al.(2013)also studied about the social well-being of the adolescent at school. It was measured using a self-reported measure based on the Social Production Functions questionnaire. The results of the study show that adolescents with affective problems are low on perceived social well-being that youth engage more in excessive and negative feedback seeking, which makes them experience interpersonal relationships as negative even though this does not always reflect reality. Oppositional, and conduct problems were shown to interfere with the development of social well-being during childhood and adolescence.

Oberle, E., Schonert-Reichl, K.A and Thomson, E.O (2009) conducted a study among the adolescence in the age group of 9 to 14 years. The sample is 56 boys and 43 girls in four 4th and5th grade classrooms attending public elementary schools in

middle class neighborhoods in Western Canada. From the study it was found out the positive dimensions of well-being are related to peer acceptance and that predictors of peer acceptance differ across genders. Self-reported social and emotional well-being is frequently considered as an outcome of peer relationships. Peer acceptance focuses on social and emotional skills and pro-social behaviors as predictor variables. Well-being is frequently considered to be an outcome of having friends and being accepted by peers.

Cicognani, E. et.al (2008) conducted a study with 200 Italian, 125 American and 214 Iranian University students, the study included both male and female. The results of the study indicated that global Social wellbeing scores are higher among American students than Italian and there is no difference with Iranian participants according to gender. It was found that social participation positively or directly affects social well-being, through the mediation of Sense of Community and Identification with Community. Students' social involvement affects their social well-being are similar across different national contexts and that most differences concern the form and context of participation activities and their frequency in male and female individuals.

Marie-Luise Müller (2012) investigated that how social aspects has an association with social wellbeing. The study was conducted on 1662 Dutch, for measuring social well-being; the Mental Health Continuum-Short Form (MHC-SF) (Keyes et al., 2008) was used. The result shows that greater amount of satisfaction with social contacts and a greater amount of time spent with neighbors and friends, is related to higher social well-being. Social participation has also a high association with social wellbeing, engaged and volunteer in the society the person has more connectedness with the society and also a sense of belonging in the society.

Valickiene, R.P., and Gabrielaviciute, I.(2014) studied 727 boys and 1014 girls, age 15-19 years from 8 high schools in one administrative region in Lithuania. The study revealed that adolescents vary according to their attachment to school, teacher support and open classroom climate for discussions – six groups with distinct patterns of school context perception can be identified. Students who perceive all school aspects positively report highest levels of subjective and social well-being. The configuration of low attachment, low teacher support and lack of openness for discussions appears to be a marker of low subjective and social well-being.

Keyes, C. L. M. (1998) discussed that social wellbeing increases with education and in general with age. Individuals who involved in their communities feel more socially integrated and socially contributive than people who had never been involved. Social integration and social contribution are higher among the individuals who have never been involved.

Wann, D.L. & Weaver, S. (2009) had done a study on the relationship between sport team identification and dimensions of social well-being. Participants were 204 (85 male: 119 female) college students receiving extra course credit in change for participation. From the study, the lack of relationship between identification and social contribution implies that psychological connections to a sport team do not relate to one's perceived social value. Their identification with their team is not related to their perceptions of social worth. Similarly, it is perhaps less than surprising that team identification was unrelated to perception of social actualization. This construct concerns beliefs that society is reaching its potential.

Campbell, M.E. and Eggerling-Boeck, J. (2006) pointed out that the psychological and social well-being of multiracial adolescents. The study was conducted among the seventh to twelfth students in the United States. The study

shows that the adolescents who identify themselves as a multiracial adolescent as a group have a higher level of depression than the white adolescents group. They also face more difficulty as a group and are less socially accepted. The largest multiracial group (American Indian-whites) has higher rates of depression, thoughts of suicide, and also, they do not always feel happy and socially integrated, but the results of the study do not have any negative outcomes.

Rehman, R., Habib, M., and Fatima, S. S. (2014) discussed that how social wellbeing attributes of first year medical students. The study sample consists of 800 first year medical student in the age group of 18 to 24 years. From the study it has been found out those individuals who have a strong social network within family, friends, and community enjoy better health. The study also reveals that female students are better at having good network with others and with friends in solving problems, and also exhibited a sense of belonging towards the community, family and peers. They also put more emphasis on the importance of social connections, social demands and social needs which reduced their stress level and helped in bringing a positive behavioral change.

Muratori, M., Beramendi, M., and Zubieta, E. (2014) conducted a study on the mediator role of values in wellbeing. The study sample consists of 1062 persons in the age group of 17 to 66 who are living in Argentina. The result of the study shows that psychological and social well-being are related with motives concerned basically with personal growth but also in the balance between person-focused and social-focused values and, in a lesser extent, with protection values. Also, social wellbeing has a strong association with social contribution which provides sense of utility and value to the society.

The City of London Corporation had studies how to improve social wellbeing in the city of London. The People living in this city are from different ethnic groups and it is difficult for them to have communication with other people. They are language barrier which made them felt isolated among other groups and the feeling of loneliness developed easily. Especially immigrant women concerned about their life during the pregnancy and child birth and asking helps from others during this period would let them feel like a bad mother to others. So, it is hard for them to get help from other. Also, the people with mental and physical health problem face more difficulty in having connection or communication with other people.

Morales, A.U. et.al.(2016) had studied social wellbeing among 481 Colombian and Peruvian immigrants' men and women. The result of the study show that women have lower social wellbeing in social acceptance dimension than men because women have more job insecurity and their low socio economic level affect their personal life. There is no indication of higher social wellbeing among the group of population, however, the Peruvian has greater perception of Social Coherence while the Colombian have a greater perception on social contribution.

Keyes C.L.M and Shapiro A.P (2013) discussed the prevalence and epidemiology of social wellbeing in the United States. The findings pointed out that marital status and occupational status has a strong connection with social wellbeing. The never-married persons have higher social contribution and previously married persons have higher social coherence than the married person. For both man and women, occupational status was more important to the social well-being. As the occupational status increase, women have increasingly higher levels of social acceptance, social contribution, and social integration than men.

Yun Yue and Quynh Lê (2013) conducted a study about International Students' Social Engagement and Social Wellbeing in an Australian Regional Area. The study reveals that due to cultural differences, inadequate language competency, intercultural understanding, religion, psychological worries, and racial discrimination, most international students find it difficult to engage with the local community. Some of the students also find that the local people are not friendly and approachable and this has a negative impact and makes them distance from the local society. The limited contact with the society is also due to the negative emotions, including homesickness, loneliness, anxiety and depression; and demographic factors such as age and gender are not significantly related to their social engagement, but length of stay and English proficiency in the host country has a significant impact.

Saheli, A et.al (2017) attempted to study the level of social wellbeing among the students of nursing and midwifery. The sample size consists of 1200 students in the fields nursing, midwifery, anesthesiology, operation room technician, and emergency care. Corey M. Keyes Social wellbeing scale was used for evaluating social wellbeing. The study indicates that social wellbeing is higher among the married students than others. The study showed no difference in social well-being score between female and male students, but males had higher social contribution whereas females demonstrated higher social actualization. The native students had more social well-being and social cohesion score than non-native students who lived in dormitories.

Burke, M., Marlow, C., & Lento, T. (2010) viewed the relationship between use of social networking sites and feelings of social wellbeing. The study found out that directed communication is associated with greater feelings of bonding social capital and lower loneliness, but has only a modest relationship with bridging social

wellbeing, which is primarily related to overall friend network size. The users who consume greater levels of content report reduced bridging and bonding social wellbeing and increased loneliness.

Sood, S., and Gupta, R. (2012) conducted a study among 200 adolescents in the age group of 12 to 19 years from the two district of Jammu and Kashmir, India. The age of the adolescents is found to be a significant factor for the wellbeing of adolescents. The study highlight that there is a higher wellbeing in early age than in the later adolescent years. When the age is increasing they are exposing more to a stressful situation, they are more responsibility as well as pressure from peers, family and the society.

Frolova, E.A and Malanina, V.A.(2016) examined the social wellbeing of Russian elderly people. The study was conducted among 585 respondents. The elderly who have a low income can help only their family; their social concentration can only concentrated on relatives. Those who higher income people can help others in the society and are more satisfied with their life and become happier. This indicates that social factors like communication with other people provide help and support for family and neighbours, family care play a significant role in the social wellbeing of the elderly.

Prati, G., Albanesi, C. and Pietrantonio, L. (2017) studied how social wellbeing and pro-environmental behavior are correlated. The sample consists of 298 undergraduate and master students from Italian public University. The study found out that social wellbeing is positively correlated. The people who contribute more to the society have more satisfaction and happiness which is totally linked personal wealth as well as doing something good to the society.

Singh, B and Kiran, U.V (2015) discussed how the educational status of the elderly affected their social wellbeing. The study was conducted among 200 elderly who were purposively selected from five categories; literate, high school, intermediate graduate and post graduate and above. From the study it has been found out that education has a significant effect on the elderly social well-being. The person who is well educated and have attained an educational qualification of graduate and above are more socially active than the person who is not well educated, they are also more concerned about their physical and mental health. It has also been found out that education plays an important role in a person and it leads to better socialization and social adjustment.

Ahonen, A., and Rajala, R. (2007) conducted a study on the psycho-social wellbeing of school children in the Northern Areas of Finland, Sweden, Norway and North-West Russia. The sample of the study was 13-15 years old school children from the comprehensive school. In this study social well-being was predicted by high material well-being, not being bullied and low pressure in school work. Material wellbeing has directly affected social wellbeing; if the person has a good proper material wellbeing (economically stable) they are socially accepted and easily socialized. The major use of computer in leisure time also leads to low social wellbeing; they are more risk to bullying at school.

Mozafarri, N. et.al. (2014) studied the social wellbeing of the Iranian nurse. The study sample comprises of 281 nurses who were randomly selected. Corey M Keyes Social Well Measurement scale was used to study their social wellbeing. The result of the study shows that the nurses who are secured in their employment have higher social well-being than other nurses. Social well-being was related to their age, gender, income, work experience and their satisfaction of working with others, their

official position etc. If they are satisfied with their work and their income is secured they have a higher social wellbeing.

Cosma, A. et.al. (2016) studied the Scottish adolescents about their social wellbeing. The study shows that the lower the age group the feeling of socially excluded is less and felt more confident. The higher age groups have higher level of school pressure and felt that they are socially left out. During the adolescent period, the desire for peer acceptance as well as the fear of social exclusion takes place and this can lead to risky behavior.

From the review of literature it was observed that there are copious studies on life skills, life skills and adolescents, life skills and mental health, life skills and education and life skills training and module preparation. These studies are conducted mostly by educators, academicians, and research scholars and focused on the life skills enhancement and promotion in different contexts. Some of the studies are focusing towards the conceptual and theoretical background pertaining to life skills training for children and adolescents and are in quantitative in nature. In spite of these, a few research gaps could be observed.

Firstly, there are numerous studies on life skills and adolescents at global and national levels. However very few studies found in the north east region of India in terms of life skills and academic Achievement among adolescents (Kharbuli, and C.Devendiran, 2015) and Life skills among Adolescents at Durtlang , Aizawl (Lalrinzuali,H and C.Devendiran, 2015). These studies are not focusing adequately on the life skills and social wellbeing among the adolescents.

Secondly, there are few empirical studies on life skills and social wellbeing in the context of Northeast, in particular Mizoram. Even these studies have not done extensively at macro level at different educational institutions, and different age

groups such as children, adolescents, and youth. There are notable studies in these areas of the region, state and district.

Thirdly there are dearth of literature in the context of Mizoram with regard to the life skills education and promotion especially no experimental based studies found with social work intervention in the personality and social wellbeing of adolescents focusing on the regional context and tribal perspectives. Therefore, the present study attempt to fill up the research gaps by conducting a scientific study on life skills and Social wellbeing of adolescent in Aizawl, Mizoram.

The present chapter reviewed the existing literature on life skills, classifications of life skills, life skills and adolescents, life skills and education, social wellbeing, life skills and social wellbeing, importance of life skills education and life skills and social work intervention and identified the research gaps. In the light of these the next chapter presents the settings of the present study and research methodology adopted for the present study.

CHAPTER - III

METHODOLOGY

The earlier chapter presented a critical review of literature and the major research gaps therein. In this chapter, the setting of the present study and methodology are presented, description of the studying process and the interview techniques that was used. This chapter has been divided into two major sections. The first section deals with the profile of the study area and schools. The second section deals with the methodological aspects of the present study such as pilot study, research design, sampling, tools of data collection, sources of data, pretesting, analysis, operational definition and limitations.

3.1. The Setting: Profile of the study Area

The settings of the present study includes the state of Mizoram ,Aizawl and the selected schools.

3.1.1. The State of Mizoram

From the traditional source the Mizos came out of a very big stone called “sinlung’ variantly ‘*Chhinlung*’. In the modern scientific age it is hard to believe that a man came out of a stone. There had been wide speculation regarding the location of ‘Chhinlung’ which could be identified with the Chinese city of Xinlong situated in the Szechwan province of China beside the western side of Yulong River and on the east of the Yantze Kiang river. Some section of the Mizo's yet think that they are the descendants of the lost tribe of Israel in the house of Ephraim. However, the majority felt that the case is not a proven fact and nothing can be gained by such claim.

Historians believe that the Mizos are a part of the Mongolian race spilling over into the eastern and southern India centuries ago. They came under the influence of the British and Christian Missionaries during the 19th century and currently majority

of the Mizo people are Christians. They introduced formal education system and also introduced Roman script for the Mizo language. They played vital role for the development of Mizo people in particular education and literacy.

The term 'Zo' comprises of all tribes of the zo ethnic group. It is broadly divided into two main linguistic groups. A group that finds it difficult to pronounce 'R' are Lusie, Hmar, Ralte, Lai, Mara, Rangkhoh, Darlong, Khawibu, Biete, Baawm, Pang, Maring, Aimol, Kom, Chiru, Lamkang, Moyon, and Monsang. The groups that difficult to pronounce 'G' are Thadou-kuki, Paite, Tiddim-chin, Gangte, Zou, Simte and Vaiphei. When ZORO was founded on 18th May 1988 at Champhai, it proposed a name called 'Zo' to accommodate the zo ethnic group.

The term 'Mizo' represents the men who live on the hills (Mi= Men, Zo= hills) or the highlanders. This group of tribes is of Mongoloid origin speaking a dialects of Tibeto –Burman origin. They are linguistically a kin to kuki-chin group of tribes. They have also close cultural resemblance. It is a generic term and of different tribes or clans who inhabit the entire perimeter of present Mizoram and whose culture, traditions, dialect, language and lifestyle are commonly designated by the term 'Mizo'. Mizo are broadly classified into two groups. The first group includes of the Lusei, Hmar, Ralte, Chawngthu, Pawi, Khawhhring, Khiangte, Chawhte, Ngente, Renthlei, Tlau, Pautu, Rawite, Zongte, Vangchhia, Punte, Paite, Fanai, Pawi, Thlado, Lakher, Pangkhua and Mawk. They inhabit the northern and middle part of Mizoram.

The second group is formed by the Pawi and Lakher with their different sub clan who are concentrated in the south and the south eastern parts of Mizoram bordering Myanmar. Mizoram formerly known as the Lushai Hills was occupied by the British in 1890 and was administered from Aizawl Headquarter. It was elevated to a status of an Autonomous District Council in 1953. The Northern Eastern

Reorganisation Act of 1971 granted a status of Union Territory under its present name, Mizoram and attained statehood on 20th February, 1987. The name of the state is a combination of two words 'mizo' and 'ram'. The word 'ram' means land or country, hence, Mizoram means a land of the Mizos.

Mizoram is one of the states of Northeast India, Aizawl is the state capital and is the biggest city of the State. Mizoram means 'Land of the Highlanders' and the official language is Mizo. The land of Mizoram covers the total area of 21087 sq. km. and located between 21° 58' and 24° 35' North latitude and 92° 15' East and 93° 29' East longitudes. Mizoram is 277 km long from north to south and 121 km wide from west to East and has eight districts. It is bounded on the north by Cachar District of Assam and with state of Manipur on the north east, on the east by Manipur state and Myanmar (Burma) and south by Burma and Bangladesh and on the west by Bangladesh.

Mizoram has a rugged mountain terrain and most of them are from north to south directions. Generally Mizoram comprise of primarily sand stone and shale which are laid down in deltas and river banks and no valuable mineral deposits have been discovered in Mizoram. Most of the river flows north south direction and River Tlawng is the longest river in Mizoram. The rivers are fed by monsoon wind and the average rainfall reach 254 cm per annum. The average height of the mountain ranges is 900 meters. The temperature varies from 11° C to 24° C in the winter and 18° C to 20° C in summer.

Mizoram enjoys rich biodiversity and is one amongst the mega biodiversity hotspots of the world. Natural vegetation comprises of tropical evergreen in the lower altitudes and semi-evergreen on the upper slopes. About 90.68 percent of the State's total geographical area is covered under forests. The land is rich in natural resources

and the State has 130 square km very dense forest, Moderate dense forest 5841 sq.km and 12, 960 sq.km of open forest (India Forest Report, 2015). The present notified forests (reserved/protected forest) constitute about 38% of the geographical area and even most of these are open, degraded and subject to pressure of shifting cultivation, encroachments, fire, illicit felling etc. Mizoram has abundant natural bamboo resources which cover 31 percent (6446 sq.km) of its geographical area and as many as 35 species of bamboo have been identified in the state. At present the total crop area in Mizoram is 132, 634, 00 hectare which is 6.28 percent of the total area of Mizoram.

According to 2011 census Mizoram's population constitute 1,091,014 and it is the second least populous state in the country. It comprises of eight districts namely, Aizawl district, Kolosib district, Serchhip district, Mamit district, Lunglei district, Champhai district, Siaha district, and Lawngtlai district. In, India, Mizoram is one of three states with a Christian majority which constitutes 87% of the total State population. Mizoram has a higher literacy rates than average literacy rates in India. In 2011 census, the literacy rate had reached 92%, and is second to Kerala, it is higher than the total literacy rate of India (74%). There were 3,894 schools in Mizoram as of 2012, 42% are owned and managed by Central/State governments, 28% are private without government subsidies, 21% are private with government subsidies, and the rest are primary and middle schools that are government financed run by three Autonomous District Councils of Mizoram.

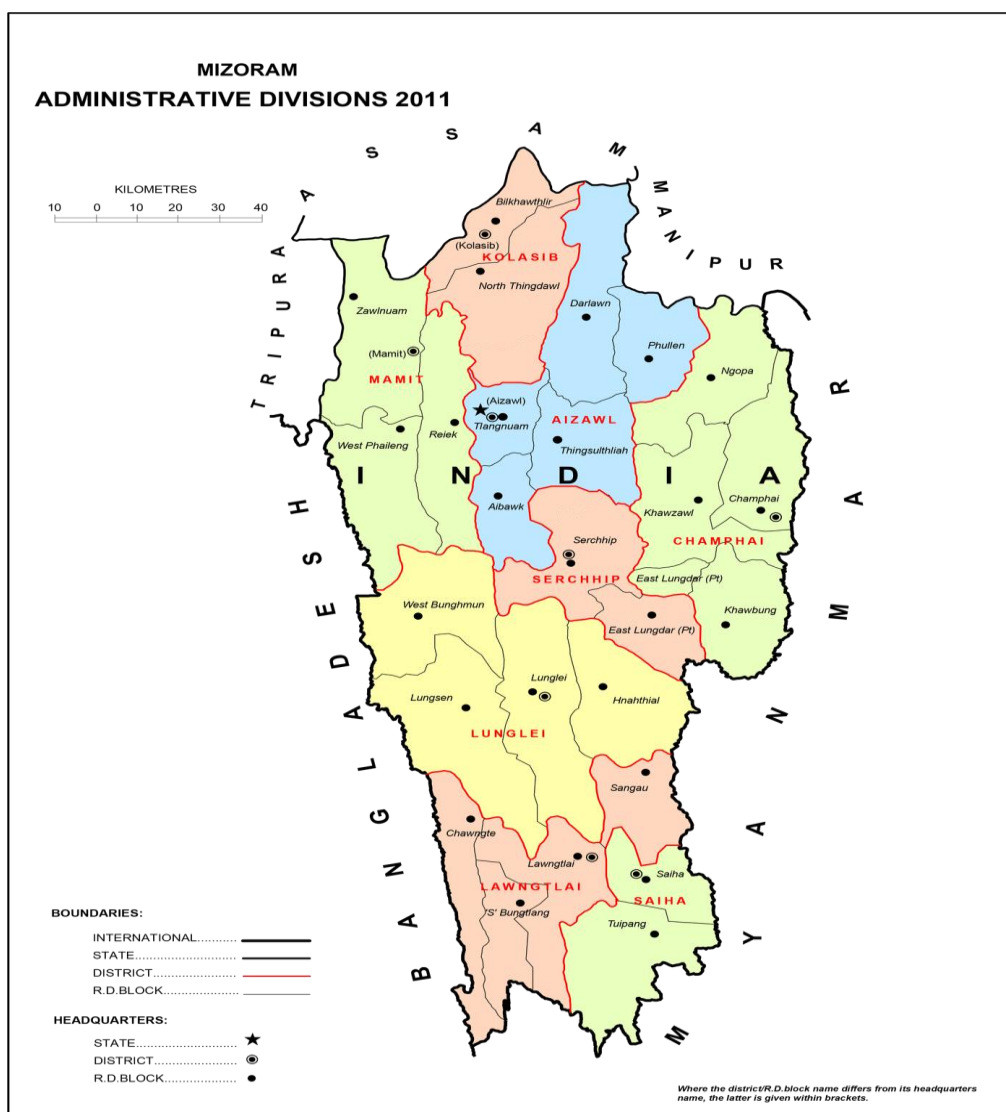


Fig 3.1 Map of Mizoram

Source: Mizoram Rural Development Census Map 2011

3.1.2. Aizawl District

Aizawl district is one of the districts of Mizoram state in India and is the district capital of Mizoram. The district is bounded on the north by Kolasib district, on the west by Mamit district, on the south by Serchhip districts and on the east by Champhai district. The district total area covers 3,576.31 square kilometers (1,380.82 sq mi). Its headquarters of the district is Aizawl city. In 2011, Aizawl is the

most populous district of Mizoram (out of 8).The district has 5 R.D. Blocks, Aibawk, Darlawn, Phullen, Thingsulthliah and Tlangnuam.

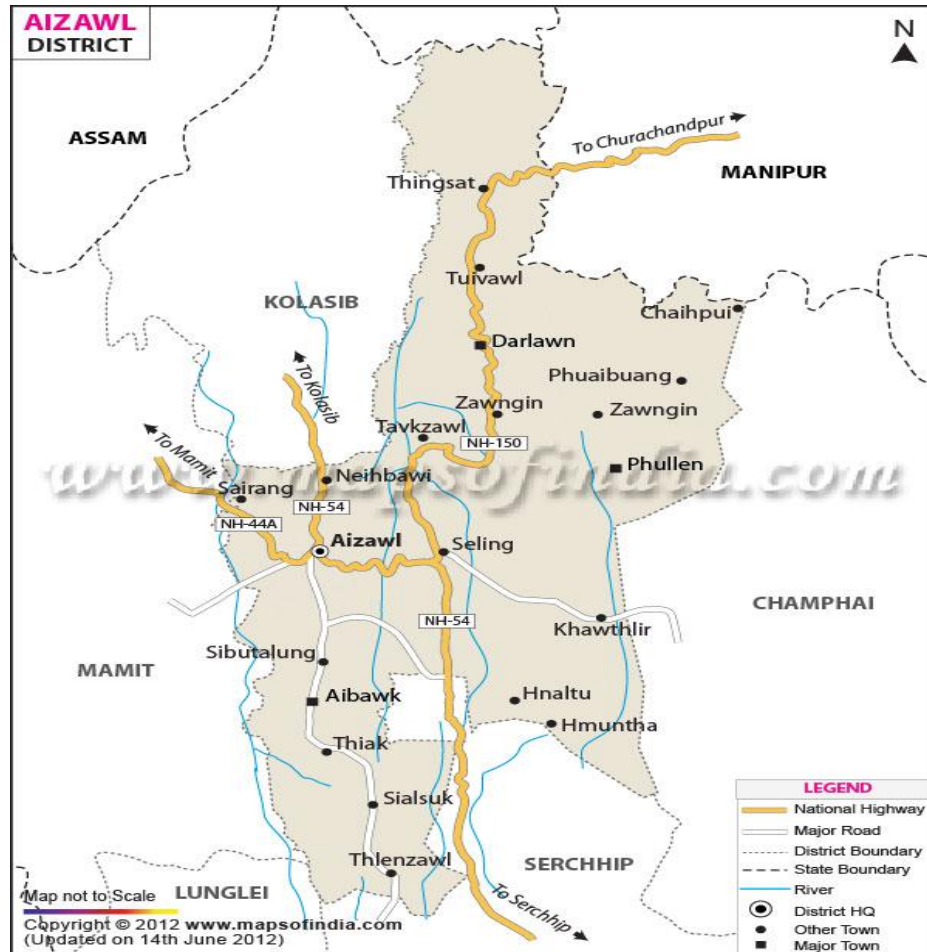


Fig 3.2 Map of Aizawl District

Source: Map of India 2012

According to the 2011 census Aizawl district has a population of 404,054, it is ranked 557th in India out of a total of 640. The district has a population density of 113 occupants per square kilometer (290/sq.km). Its population growth rate over the decade 2001-2011 was 24.07%. Aizawl has a sex ratio of 1009 females for every 1000 males, and a literacy rate of 98.5%.

3.2. Methodology

The methodological aspects of the present study such as pilot study, research design, sampling, tools of data collection, sources of data, pretesting, analysis, operational definition and limitations are also discussed.

3.3. Field of the Study

The field of the present study was Aizawl District. Among the 5 blocks of the District the Thingsulthliah Rural Development Block and Aizawl city were selected purposively for the study. The Thingsulthliah block is rural in characteristics whereas Aizawl is in urban characteristics. The study was carried out in the Government and private schools of Aizawl district, Mizoram. The respondents were selected from the school of Thingsulthliah Rural Development Block and Aizawl City. From Aizawl city, Government Mizo Higher Secondary School, Government Zemabawk Higher Secondary School, Greenland Higher Secondary School, and St. Joseph Higher Secondary School were selected and from Thingsulthliah RD block, Govt. Keifang High School and Keifang Higher Secondary School were selected for the present study based on the rural and urban characteristics.

The research scholar went to the Directorate of the school Education, Mizoram to collect list of schools in the Aizawl District. The list of target schools was obtained from the Directorate of School Education, Aizawl. The research scholar found out that there are 68 higher secondary schools. The schools are categorised into six types namely Central Government School, State Government School, Deficit school, Adhoc Aided School, Lump sum Aided School, and Private school. These schools are classified on the basis of the grants received from the State and central Governments.

Further, the research scholar found out that there are 202 high schools in the District. The schools are categorised into seven types namely central Government

school, state Government school, Deficit school, Adhoc Aided school, Lump sum Aided school, and Private school. The schools are classified on the basis of the grants received from the State Government.

3.4. Pilot Study

In the initial stage of the pilot study, the researcher discussed the present study with the school headmasters and principals of the selected Government and Private schools in order to get permission to conduct the present study. The researcher also explained about the objectives and the scope of the present to the headmasters and principals that the study is academic in nature. The pilot study ascertained the feasibility to carrying out the present study with the student respondents in both Government and private schools. They extended full cooperation in order to conduct the present study with Government and Private school adolescents.

3.5. Research Design

The present study is cross sectional in nature and descriptive in design. The descriptive design is used to describe the various socio-economic factors that are included in the present study. The term 'design' means 'blue print pattern'. Clarie Setizet. al (1962) stated that a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure'. As the name itself implies, the purpose of this research design is to provide description of an individual, a community, a society, an event or any other unit under investigation. The descriptive design is used to describe the various socio-economic factors that are included in the present study. The study intends to describe and assesses the life skills and social well-being of the adolescents and to find out the relationship between life skills and social well-being dimensions used in standardised scale.

The present study is based on primary data collected through qualitative and quantitative methods. In the qualitative method, participatory methods were included the case study, focus group discussion and daily activity schedule. The quantitative data was collected by using structured questionnaire. The secondary data was collected from books, journal, articles, government records, etc. The study makes use of appropriate scales in order to measure the life skills and social wellbeing.

3.6. Sampling

The study was carried out in the school of Aizawl District, Mizoram. The researcher was able to collect the list of students from the Directorate of School of Education, Mizoram. The students from both Government and private High School and Higher Secondary schools are selected for the present study. It was found out that the total population of government school adolescent is 7754 and the population of private school adolescents is 6857 of total 14611. The unit of the study is adolescent of government and private school. The respondents for the study were the adolescents in the age group of 13 to 18 years were selected. The sample size consists of 475 adolescent school students drawn by using systematic simple random sampling method from government and private schools of Aizawl District which constitutes 3 percent of the total government and private high and higher secondary schools.

3.7. Tools of Data Collection

The present study based on primary data collected from the government and private school going students using quantitative methods through questionnaire. The questionnaire was divided into four sections. The first section of the questionnaire deals with the profile of the respondents including family profile, academic profile, economic characteristic, parental education and occupation. The second section deals with house-holds assets. The third portion consists of the life skills assessment

dimensions of the respondents. The researcher adopted a standardize scale for assessing the life skills among the students. The tool was developed by Nair et al. (2009), Rajiv Gandhi National Institute of Youth and Development. The tool was also checked for its feasibility and reliability. The fourth section deals with Social Wellbeing Assessment Scale (Corey M. Keyes(1998).In the qualitative method, participatory methods were included the case study, focus group discussion and daily activity schedule.

3.7.1. Description about Life Skills Assessment Scale

Life Skills can be acquired and enhanced, to bring in personal success in all spheres and for leading quality and productive life. Life Skills are potential of being observed through measurement and a visible change in behaviour could be overtly seen through life skills enhancement training. Recognizing the conceptual frame-work of WHO, the Life Skills Assessment Scale was constructed to assess the levels of life skills among Indian adolescents. The multi-dimensional Life Skills Assessment Scale developed by Nair et al. (2009), Rajiv Gandhi National Institute of Youth and Development consists of 100 items (one hundred only) in the form of statements in-built with a 5-point scale for the respondent to check the appropriate response which is most descriptive of him/her viz., Always true of me, Very true of me, Sometimes true of me, Occasionally true of me and Not at all true of me. It has both positive and negative items.

The 100 test items have been arranged in such a fashion that the one test item pertaining to each dimension being measured are arranged one after the other ie., the test items under the first dimension are arranged in the order of 1st, 11th, 21st, 31st ... item sequence. This approach was adopted with a view to reduce the halo effect and the logical errors and also to relieve the respondent from monotony. Precise care has

been exercised to ensure that the double barreled statements are avoided. The added advantage is that the tool could be self-administrated or could be utilised in a group situation. The Life Skills Assessment Scale (LSAS) measures ten (10) dimensions of Life Skills as indicated below:

Table 3.1 Dimensions of Life Skills and Number of Items

Sl. No	Dimensions	Items	Maximum Possible Score
1	Self awareness	1*,11,20,29,36,46,55,65,74,80 & 89	55
2	Empathy	2,12, 21,30*,37,47*,56*,66,81,90& 96	55
3	Effective Communication	3,13,22,31*,38*,48*,57,67*& 75*	45
4	Interpersonal Relationships	4,14*,23,32,39,49,58*,76*,82,91,98,	55
5	Creative Thinking	5*,40,50,59,68,77,83,92	40
6	Critical Thinking	6,15,24,41,51*,60*,69,78,84,93,99	55
7	Decision Making	7,16,25,33,42,52*,61*,70*,79*,85,94*	55
8	Problem Solving	8,17,26,34,43,53,62,71,86	45
9	Coping With Emotions	9*,18*,27,44,54*,63*,72*,87,95*,97*,100*	55
10	Coping with stress	10*,19*,28*,35*,45*,64*,73*,88*	40
	Global Score	Sum of all the dimensions	500

*indicates negative items which required reverse scoring

Source: Nair et. al (2009)

The scores obtained under each dimension represent the level of life skills in the respective domain and summation of all the score obtained under each of the 10 dimensions would evolve as a global score for life skills.

3.7.2. Social Wellbeing Scale

Social Wellbeing Scale is developed by Corey M Keyes (1998). The Social Wellbeing Assessment Scale consist of 33 items with a 6-point scale to check the

response of the adolescents. The score of the respondents was rate into six dimensions viz., agree strongly, agree somewhat, agree little, disagree little, disagree somewhat, and disagree strongly. The scale has both positive and negative items.

The social wellbeing scale measures five dimensions of life skills as below:

Table 3.2 Dimension Social Wellbeing and Number of Items

Sl. No	Dimension Social Wellbeing	No of items
1	Social Integration	7
2	Social Acceptance	7
3	Social Contribution	6
4	Social Actualization	7
5	Social Coherence	6

Source: Corey M Keyes (1998) Social Wellbeing Article

3.8. Source of Data

The source of data is one of the most significant segments, without which, it is very difficult to gain knowledge of the present study. There were two sources of data used by the researcher. They were primary and secondary sources. The primary data was collected from the respondents of the selected both government and private schools with the help of structured questionnaire in their local language. In the qualitative method, participatory methods were included the case study, focus group discussion and daily activity schedule. The secondary data was collected from books, journals, local newspapers, magazines, websites, education departments and annual reports of the schools.

3.9. Pretesting

The finalized tool was pretested with Presbyterian English School, Durtlang and 30 respondents from class 9 and 10 students were selected for the study in order to find out the feasibility and adoptability of the tool. They felt that the questionnaire

was very clear because it was administered in their own language. The researcher modified the questions as suggested by the student respondents based on the pre-testing of the tool which helped her to focus the present study exactly on what the researcher wanted to study based on the objectives

3.9.1. Reliability of the tool

The administered scale namely Life Skills Assessment Scale developed by (Nair, et al 2009). It was tested for its reliability by conducting the statistical tests of Cronbach's alpha and the Split- half. The values are .71 and .696. Since the alpha value is more than .7 and split-half value is almost .7, the tool was found to be reliable and accepted for further data collection.

Social Wellbeing Scale is developed by Corey M Keyes (1998). It was also tested for its reliability by conducting the statistical tests of Cronbach's alpha and the Split- half. The values are .81 and .73. Since the alpha value is more than .8 is good and split-half value is more than .7, the tool was found to be reliable and accepted for further data collection.

3.10. Data Collection

The Actual data collection was done by researcher. The data were collected from the selected government and private schools' respondents during month April – June 2015. The questionnaire was distributed to the selected respondents and the data were collected. There were four phases in the data collection process. In Phase I and Phase II, government school respondents were taken into consideration. Similarly, in Phase III and Phase IV, private school respondents were taken for data collection.

3.11. Definitions and Concepts

3.11.1. Adolescents

According to the National Youth Policy 2003 an adolescent is defined as individuals who are in age group between 13 and 19 years.

3.11.2. Life Skills

Life skills is defined as the skills namely, self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotions, coping with stress (Nair, R and Subashree (2009), which are acquired by the adolescents in the age group between 13 and 19 years.

3.11.3. Social Wellbeing

Keyes, C. L. M. (1998) defined Social wellbeing is the appraisal of one's relationship and functioning in society. It has five dimensions: social integration, social contribution, social acceptance, social actualization social coherence

3.12. Data Analysis

The raw data are processed and analysed with the help of a computer package know as Statistical Package for Social Sciences (SPSS). The data were interpreted based on the objectives of the present study. The data are analysed in the form of descriptive statistics and inferential statistics. The descriptive statistics mean and standard deviation, proportions and percentages and Karl Pearson's co-efficient of correlation were also applied in the study. The inferential statistics parametric tests t-test was also used in the present study for testing hypotheses.

3.13. Limitations

- This present study is restricted to only adolescent group.
- The adolescent is scattered throughout the district and it was difficult to analyze the difference between the government and private school in terms of the school characteristics.
- The present study is focused to study only the district of Aizawl so that it cannot represent the entire adolescent level of life skills and social wellbeing.
- The present study conducted among the school adolescents and it may not encompass the whole Mizoram.

In this chapter an attempt has been made to present the empirical contexts of the present study area. It also described the various facets of the methodology of the present study in terms of research design, sampling procedure, sources of data, tools of data collection, processing and analysis and limitation of the study. In the next chapter Results and Discussion are described.

CHAPTER - IV

RESULTS AND DISCUSSION

The previous chapter discussed the methodology used in the research study and the limitations of the present study. In this chapter, an attempt has been made to present the results and discussions of data collected through a questionnaire in the government and private schools in Aizawl district, Mizoram. The collected data are analyzed and presented in the form of two way tables with different heads profile of the respondents, household property, life skills assessment scale, and social wellbeing.

4.1. Profile of the Respondents

The profile of the respondents is presented in age, gender, domicile, tribe/sub tribe, denomination, education and order of birth. It is an important aspect which helps us in identifying the target group which is relevant for the study. Age is an important factor which indicates about the maturity of the person and is also important in examining the respondents. Gender is an important variable in research, according to World Development Report (WDR) 2012; gender is defined as “socially constructed norms and ideologies which determine the behaviour and actions of men and women.” Domicile helps the researcher in understanding the place where he lives or resides in. Tribe is a social division of the people in a traditional society; it is an important factor which helps in identifying the person which tribe he is belonging to. Denomination is a religious subgroup within the religion, in the study area of Mizoram there are a different denominations, based on their denomination their view and values are also different. Education plays an important factor which might affect the person’s attitude, values, their views and their understanding toward the society and social phenomena. The response of the individual is probably to be determined by his educational status, so it is important to know the educational status of the

respondents. Order of birth means the order of birth within the family; the order of birth seems to have a effect on the psychological development.

Table 4.1 Profile of the Respondents by Gender

Sl.No	Characteristics	Gender		Total N=475
		Female n=278	Male n=197	
1	Age in Years			
	13-15	88 (31.7%)	71 (36%)	159 (33.5%)
	16-18	190 (68.3%)	126 (64%)	316 (66.5%)
	Mean age	15.88	15.92	15.90
2	Domicile			
	Urban	231 (83%)	150 (76%)	381 (80%)
	Rural	47 (17%)	47 (24%)	94 (20%)
3	Clan			
	Lusei	150 (54%)	103 (52.3%)	253 (53.3%)
	Ralte	36 (12.9%)	23 (11.7%)	59 (12.5%)
	Hmar	34 (12.2%)	28 (14.2%)	62 (13%)
	Paite	15 (5.4%)	6 (3%)	21 (4.4%)
	Pawi	28 (10.1%)	22 (11.2%)	50 (10.5%)
	Any other specify	15 (5.4%)	15 (7.6%)	30 (6.3%)
4	Denomination			
	Presbyterian	196 (70.5%)	118 (59.9%)	314 (66%)
	Salvation Army	18 (6.5%)	9 (4.6%)	27 (5.7%)
	Baptist	17 (6.1%)	23 (11.7%)	40 (8.4%)
	Roman Catholic	4 (1.4%)	3 (1.5%)	7 (1.5%)
	United Pentecostal Church	23 (8.3%)	20 (10.2%)	43 (9%)
	Any other specify	20 (7.2%)	24 (12.2%)	44 (9.4%)

Sl. No	Characteristics	Gender		Total N=475
		Female n=278	Male n=197	
5	Educational Standard			
	Class-9	51 (18.3%)	54 (27.4%)	105 (22%)
	Class-10	27 (9.7%)	34 (17.3%)	61 (13%)
	Class-11	194 (69.8%)	105 (53.3%)	299 (63%)
	Class-12	6 (2.2%)	4 (2%)	10 (2%)
6	Order of Birth			
	Eldest	81 (29.1%)	62 (31.5%)	143 (30%)
	Middle	40 (14.4%)	38 (19.3%)	78 (16.4%)
	Second Eldest	23 (8.3%)	15 (7.6%)	38 (8%)
	Second Youngest	38 (13.7%)	26 (13.2%)	64 (13.5%)
	Single	13 (4.7%)	5 (2.5%)	18 (3.8%)
	Youngest	83 (29.9%)	51 (25.9%)	134 (28.3%)

Source: Computed

The **table 4.1** shows the profile of the respondents according to two age group 13-15 years and 16-18 years. From the findings more than two third of the respondents (66.5%) are in the age group of 16-18 years and one-third of the respondents (33.5%) are in the age group of 13 to 15 years. The mean age is 15.9 years, which fall under the category of 13-15 years. It shows the gender classification of the respondents, more than half of the respondents (58.5%) are female and more than one-third of the respondents are male.

In domicile of the respondents, majority of the respondents (80%) resides in urban areas and one-fifth (20%) of the respondents are living in rural areas. This indicates that there are an increasing number of migrations from rural to urban areas.

In Clan, the respondents belong to Lusei, Hmar, Paite, Gangte, Ralte and other clan of Mizo Tribe. Among the clans, Lusei is the predominant clan and more than

half of the respondents belong to this clan, followed by Hmar constituting more than one-tenth (13%) of the respondents. Also, 12.5 percent of the respondents belong to Ralte clan and Pawi clan constitutes 10.5 percent of the respondents. Very few belong to the clan of Paite i.e. 4.4 percent and 6.6 percent belong to the other clan.

In religious denomination, Presbyterian is the dominant denomination and two-thirds of the respondents (66%) belong to this denomination. It is followed by other denomination constituting less than one tenth(9.4%) of the respondents which is then followed by United Pentecostal Church which constitute less than one-tenth (9%) of the respondents. Also, few (8.4%) of the respondents are in the Baptist denomination and 5.7 percent of the respondents belong to the Salvation Army. And, also very few (1.5%) belong to Roman Catholic.

As observed in the above table, the respondents studied are in the High School and Higher Secondary School, more than half of the respondents (63%) studied in Class eleven standards and more than one-fifth of the respondents (22%) studied in class nine standards. The respondents who are studied in class ten standards is 13 percent and 2 percent of the respondents studied in class twelve standards.

In the order of birth, less than one third (30%) of the respondents are the 'eldest' among the sibling in the family which is followed by 'youngest' which occupied more than one fifth (28.3%) of the respondents. The 'second youngest' constitute one seventh (13.5%) and few (8%) of the respondents are 'second eldest'. Also, very few (3.8%) of the respondents are the single child.

4.1.2. Familial Characteristics

Familial Characteristic of the respondents includes type of family, forms of family, size of family and numbers of siblings. Family is the first important moment of the Child life, and is the first place where the child education takes place, the place

for protection and where their needs are met. The family where the children are grown have importance in deciding his ideas, values, belief, behavioural pattern and attitudes towards various problems. So it is necessary to know the condition of the family to understand the respondents.

Table 4.2 Respondents Familial Characteristics by Gender

Sl. No	Characteristics	Gender		Total N=475
		Female n=278	Male n=197	
1	Type of Family			
	Joint	60 (21.6%)	43 (21.8%)	103 (21.7%)
	Nuclear	218 (78.4%)	154 (78.2%)	372 (78.3%)
2	Forms of Family			
	Stable	256 (92.1%)	183 (92.9%)	439 (92.4%)
	Broken	17 (6.1%)	6 (3%)	23 (4.8%)
	Reconstituted	5 (1.8%)	8 (4.1%)	13 (2.7%)
3	Size of Family			
	Small (1-3)	12 (4.3%)	5 (2.5%)	17 (3.6%)
	Medium (4-6)	171 (61.5%)	123 (62.5%)	294 (62%)
	Large (7 & above)	95 (34.2%)	69 (35%)	164 (34.4%)
4	Number of Siblings			
	0-3	207 (74.5%)	143 (72.6%)	350 (73.7%)
	4-6	71 (25.5%)	48 (24.4%)	119 (25.1%)
	7 & Above	0 (0%)	6 (3%)	6 (1.3%)

Source: Computed

The **table 4.2** show the respondents familial characteristics by gender in terms of types of family include joint family and nuclear family. The nuclear family includes a couple and their dependent children and the joint family is an undivided family where more than one generation live together in one house. Majority three

fourth (78.3%) of the respondents belong to a nuclear family and joint family constitutes more than one-fifth of the respondents (21.7%) among the sample studied. This simply indicates that changing family from joint family to nuclear family is increasing and this can result due to urbanization, modernization, migration etc.

The forms of the family are classified into stable, broken and reconstituted family. Vast majority of the respondents (92.4%) are from a stable family, few (4.8%) of the respondents are from broken family and very few of the respondents (2.7%) are from the reconstituted family.

The size of the family was classified into Small (1-3), Medium (4-6) and Large (7 & above). The finding of the study indicates that medium size of the family has the highest percentage comprising more than half (62%) of the respondents which is followed by the large size of the family comprising more than one third (34.4%) of the respondents. The small size of the family also comprises (3.6%) of the respondents.

The number of sibling they have in the family was also studied. More than two-thirds of the respondents (66%) have between 0-3 number of siblings and one-fourth of the respondents (25.1%) have siblings between 4-6 numbers. Very few of the respondents (1.3%) have siblings in 7 and above number.

4.1.3. Respondents Parental Profile

Parental profile of the respondents is studied to understand the parental condition within the family. The category was classified into fathers and mother occupation and mother and father educational status. Parent's occupation and education plays an important role in the positive outcome of the children. In many areas the quality of life of a person is determined by his occupational and educational status.

Table 4.3 Respondents Parental Profile by Gender

Sl. No.	Characteristics	Gender		Total n=475
		Female n=278	Male n=197	
1	Fathers Education			
	Primary	5 (1.8%)	6 (3%)	11 (2.3%)
	Middle	33 (11.9%)	37 (18.8%)	70 (14.7%)
	HSLC	79 (28.4%)	49 (24.9%)	128 (27%)
	HSSLC	64 (23%)	42 (21.3%)	106 (22.3%)
	Graduate & Above	97 (34.9%)	63 (32%)	160 (33.7%)
2	Father's Occupation			
	Unemployed	5 (1.8%)	6 (3%)	11 (2.3%)
	Agriculture/Farmer	30 (10.8%)	19 (9.6%)	49 (10.3%)
	Government Servant	116 (41.7%)	79 (40.1%)	195 (41.1%)
	Self-Employed	85 (30.6%)	65 (33%)	150 (31.6%)
	Any Other Specify	42 (15.1%)	28 (14.2%)	70 (14.7%)
3	Mother's education			
	Primary	15 (5.4%)	14 (7.1%)	29 (6.1%)
	Middle	57 (20.5%)	49 (24.9%)	106 (22.3%)
	HSLC	112 (40.3%)	61 (31.0%)	173 (36.4%)
	HSSLC	62 (22.3%)	45 (22.8%)	107 (22.5%)
	Graduate & above	32 (11.5%)	28 (14.2%)	60 (12.6%)
4	Mother's Occupation			
	Unemployed	24 (8.6%)	24 (12.2%)	48 (10.1%)
	Agriculture/Farmer	32 (11.5%)	22 (11.2%)	54 (11.4%)
	Government Servant	30 (10.8%)	28 (14.2%)	58 (12.2%)
	Self-employed	92 (33.1%)	64 (32.5%)	156 (32.8%)
	Any other specify	100 (36%)	59 (29.9%)	159 (33.5%)

Source: computed

The **table 4.3** shows respondents' parental profile as regards to parental education and occupation of the respondent was also studied. The educational qualification of the respondent's father was classified into primary (below 4), middle (5-8), high school (9-10), higher secondary (11-12), and graduate and above. More than one-third of the father (33.7%) studied up to Graduate and above, more than one fourth (27%) of the father studied up to higher secondary and also more than one fifth (22.3%) of the respondent's fathers are in high school standard. Also, one seventh (14.7%) of the respondent's father studied up to middle level and very few (2.3%) are in the primary level.

More than one third (41.1%) of the respondents' father work as a government servant, almost one third (31.6%) of the respondent father is self-employed and one seventh (14.7%) are engaged in other types of work. Also, few (10.7%) of the respondents' father is the agricultural farmer and 2.3% are unemployed.

Educational qualification of the respondents' mother was also classified into primary (below 4), middle (5-8), high school (9-10), higher secondary (11-12), and graduate and above. More than one-third of the respondents' mother (36.4%) studied up to HSLC and the respondent's mother who study up to HSSLC (22.5%) and Middle levels (22.3%) are same. Few (12.6%) are graduate and above and also very few (6.1%) study up to primary level.

The information on mothers' occupation was also sought. The table shows that there are a number of children whose mother (33.5%) engaged in others forms of income, almost one-third of the mothers (32.8%) work as self-employed. Also, 12.2 percent of the respondents' mother work as a government servant, 11.4 percent are the agricultural farmer and 10.1 percent are unemployed.

4.1.4. Socio Economic Characteristics

The socio economic characteristic is the measurement of the individual and family social and economic condition. The socio economic status can have an effect on the human functioning, their physical and mental health. It also leads to lower achievement in education, poverty increases and also affects the society. In the study it was classified into socio economic status, type of house they lived in and family monthly income.

Table 4.4 Respondents Socio Economic Characteristics by Gender

Sl. No.	Characteristics	Gender		Total N=475
		Female n=278	Male n=197	
1	Socio-Economic Status			
	AAY	16 (5.8%)	15 (7.6%)	31 (6.5%)
	BPL	33 (11.9%)	44 (22.3%)	77 (16.2%)
	APL	229 (82.4%)	138 (70.1%)	367 (77.3%)
2	Type of House			
	Mizo Hut	2 (0.7%)	1 (0.5%)	3 (0.6%)
	Assam Type/Tin Roof	139 (50%)	100 (50.8%)	239 (50.3%)
	RCC	137 (49.3%)	96 (48.7%)	233 (49.1%)
3	Family Monthly Income in Rupees			
	Below 5000	21 (7.6%)	16 (8.1%)	37 (7.8%)
	5000-20000	132 (47.5%)	74 (37.6%)	206 (43.4%)
	20000-35000	62 (22.3%)	48 (24.4%)	110 (23.2%)
	35000-50000	24 (8.6%)	37 (18.8%)	61 (12.8%)
	50000&above	39 (14%)	22 (11.2%)	61 (12.8%)
	Mean	29165±26682	30709±32433	29805±29182

Source: Computed

The **table 4.4** shows the Socio-economic Characteristic by Gender the family majority more than three fourth (77.3%) of the respondents belong to the category of Above Poverty Line and less than one-fifth (16.2%) of the respondents belong to Below Poverty Line. These findings show that few of the respondents (6.5%) are in the category of AAY.

The type of house they live in was classified into RCC (concrete), Assam type/tin roof and Mizo Hut. More than half of the respondents (50.3%) lived in Assam type or tin roof, and more than one-third of the respondents (49.1%) lived in RCC (Concrete) building. Very few of the respondents (0.6%) lived in Mizo hut.

The respondents whose family monthly income falls in Rs. 5000-20000 is (43.4%), almost one fifth (23.2%) of the respondents' family monthly income falls in the category of Rs. 20000-35000. The number of the adolescents that come in the income category of Rs. 35000-50000 and above 50000 is same (12.8%). The family monthly income below 5000 constitutes (7.8%). The average monthly income of the respondents Rs. 29805 which shows that majority of the respondents family members are in Government job.

4.1.5. Respondents Attended Life Skills Education Programme

Life skills education is important for the development of the individual. The study attempts to know if the adolescents have already attended life skills education programme.

Table 4.5 Respondents Attended Life Skills Education Programme Before

Attended	Type of school		Total N=475
	Govt. n=252	Private n=223	
Life Skills Education Before			
Yes	81 (32.1%)	93 (41.7%)	174 (36.6%)
No	171 (67.9%)	130 (58.3%)	301 (63.4%)

Source: Computed

The **table 4.5** shows respondents Attended Life Skills Education Programme Before that the adolescents have attended life skills education or not. The data show that the students who already attended life skills education programme are more among the private school (41.7%) and the students from the government school are almost one third (32.1%). The students who do not attend the life skills education programme are more among the government school students (67.9%) than the private school (53.8%). From the overall results it is seen that majority of the respondents (63.4%) had never attend life skills education programme and more than one third of the respondents (33.6%) had already attend life skills education programme.

4.1.6. Respondents Family Household Property

The household property of the respondents is study to understand their condition and what type of property are owned by the respondents' family. It also indicated that the property they owned can identify their economic condition of the family. In the study the family household property includes, television, refrigerator, mobile phone, car washing machine, LPG, computer and scooter or bike.

The **table 4.6** shows the respondents family household property/assets. Among the respondents, the vast majority of them (99.6%) owned television and very few of them do not own. The vast majority (91.8%) of the respondents owned refrigerator and very few 8.2 percent do not own. Also, vast e majority of the respondents (99.4%) owned the mobile phone and 0.6 percent do not own. The family who owned the car was almost one third (31.4%) and more than two third of the respondents' family (68.6%) do not own a car. Vast majority of the respondents' family (83%) have owned a washing machine and 17 percent of them do not own. Liquefied petroleum gas was owned by vast majority of the respondents (95.6%) and 4.4 percent do not own them. Desktop computer or laptop was owned by more than

two third (68.6%) of the respondents' family and the family who do not own was about one third (31.4%). Also, more than half of the respondents' family (55.6%) owned bike or scooter and the family who do not own was more than one third (44.4%).

Table 4.6 Respondents Family Household Property

Sl. No.	Characteristics	Gender		Total N=475	
		Female n=278	Male n=197		
1	Television	Owned	276 (99.3%)	197 (100%)	473 (99.6%)
		Not Owned	2 (0.7%)	0 (0%)	2 (0.4%)
2	Refrigerator	Owned	253 (91%)	183 (92.9%)	436 (91.8%)
		Not Owned	25 (9%)	14 (7.1%)	39 (8.2%)
3	Mobile Phone	Owned	276 (99.3%)	196 (99.5%)	472 (99.4%)
		Not Owned	2 (0.7%)	1 (0.5%)	3 (0.6%)
4	Car	Owned	87 (31.3%)	62 (31.5%)	149 (31.4%)
		Not Owned	191 (68.7%)	135 (68.5%)	326 (68.6%)
5	Washing Machine	Owned	233 (83.8%)	161 (81.7%)	394 (83%)
		Not Owned	45 (16.2%)	36 (18.3%)	81 (17%)
6	LPG	Owned	264 (95%)	190 (96.4%)	454 (95.6%)
		Not Owned	14 (5%)	7 (3.6%)	21 (4.4%)
7	Desktop Computer/Laptop	Owned	195 (70.1%)	131 (66.5%)	326 (68.6%)
		Not Owned	83 (29.9%)	66 (33.5%)	149 (31.4%)
8	Bike/Scooter	Owned	159 (57.2%)	105 (53.3%)	264 (55.6%)
		Not Owned	119 (42.8%)	92 (46.7%)	211 (44.4%)

Source: Computed

4.2. Life skills of Adolescents

Life skills are the abilities which help us in dealing or handling with the challenges in our life. Life skills is important because it help the individual in developing healthy behavior, improve self esteem, built self confidence, how to cope with stress and emotions. Life skills were classified into ten dimensions viz., self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, decision making, problem-solving, coping with emotions and coping with stress. The score from the respondents was rate into five dimensions namely: always true of me, true of me, sometimes true of me, occasionally true of me and not at all true to me.

Table 4.7 Life Skills Score of Adolescents by Type of school

Sl. No.	Characteristics	Type of school		Total N=475
		Govt. n=252	Private n=223	
1	Self-awareness			
	Very High(Above 46)	9 (3.6%)	8 (3.6%)	17 (3.6%)
	High(42-46)	35 (13.9%)	25 (11.2%)	60 (12.6%)
	Average(34-42)	166 (65.9%)	157 (70.4%)	323 (68%)
	Low(30-34)	30 (11.9%)	30 (13.5%)	60 (12.6%)
	Very Low (below 30)	12 (4.8%)	3 (1.3%)	15 (3.2%)
2	Empathy			
	Very High(Above 48)	5 (2%)	3 (1.3%)	8 (1.7%)
	High(43-48)	47 (18.7%)	38 (17%)	85 (18%)
	Average(33-43)	162 (64.3%)	152 (68.2%)	314 (66%)
	Low(28-33)	31 (12.3%)	27 (12.1%)	58 (12.2%)
	Very Low (below28)	7 (2.8%)	3 (1.3%)	10 (2.1%)

Sl. No	Characteristics	Type of School		Total N=475
		Govt. n=252	Private n=223	
3	Effective Communication			
	Very High(Above 35)	14 (5.6%)	14 (6.3%)	28 (6%)
	High (31-35)	45 (17.9%)	42 (18.8%)	87 18.3%
	Average(23-31)	159 (63.1%)	131 (58.7%)	290 (61%)
	Low (19-23)	30 (11.9%)	32 (14.3%)	62 (13%)
	Very Low(below 19)	4 (1.6%)	4 (1.8%)	8 (1.7%)
4	Interpersonal Relationship			
	Very High(Above 48)	5 (2%)	2 (0.9%)	7 (1.5%)
	High(43-48)	44 (17.5%)	30 (13.5%)	74 (15.6%)
	Average(33-43)	167 (66.3%)	163 (73.1%)	330 (69.5%)
	Low(28-33)	32 (12.7%)	17 (7.6%)	49 (10.3%)
	Very Low(below28)	4 (1.6%)	11 (4.9%)	15 (3.2%)
5	Creative thinking			
	Very High(Above36)	4 (1.6%)	11 (4.9%)	15 (3.2%)
	High(32-36)	40 (15.9%)	35 (15.7%)	75 (15.8%)
	Average(24-32)	172 (68.3%)	148 (66.4%)	320 (67.4%)
	Low(20-24)	30 (11.9%)	30 (13.5%)	60 (12.6%)
	Very Low(below20)	4 (1.6%)	7 (3.1%)	11 (2.3%)
6	Critical Thinking			
	Very High(Above 43)	6 (2.4%)	6 (2.7%)	12 (2.5%)
	High(37-43)	41 (16.3%)	37 (16.6%)	78 (16.4%)
	Average(25-37)	169 (67.1%)	155 (69.5%)	324 (68.2%)
	Low(19-25)	33 (13.1%)	23 (10.3%)	56 (11.8%)
	Very Low (below 19)	3 (1.2%)	2 (0.9%)	5 (1.1%)

Sl.No	Characteristics	Type of School		Total N=475
		Govt. n=252	Private n=223	
7	Decision Making			
	Very High(Above 44)	4 (1.6%)	10 (4.5%)	14 (2.9%)
	High (39-44)	39 (15.5%)	25 (11.2%)	64 (13.5%)
	Average (29-39)	176 (69.8%)	160 (71.7%)	336 (70.7%)
	Low (24-29)	27 (10.7%)	18 (8.1%)	45 (9.5%)
	Very Low (Below 24)	6 (2.4%)	10 (4.5%)	16 (3.4%)
8	Problem-solving			
	Very High (Above 41)	3 (1.2%)	3 (1.3%)	6 (1.3%)
	High (36-41)	40 (15.9%)	31 (13.9%)	71 (15%)
	Average (26-36)	183 (72.6%)	160 (71.7%)	343 (72.2%)
	Low (21 - 26)	22 (8.7%)	21 (9.4%)	43 (9%)
	Very Low (Below 21)	4 (1.6%)	8 (3.6%)	12 (2.5%)
9	Coping with emotion			
	Very High(Above 42)	9 (3.6%)	7 (3.1%)	16 (3.4%)
	High (37-42)	31 (12.3%)	36 (16.1%)	67 (14.1%)
	Average (27-37)	168 (66.7%)	152 (68.2%)	320 (67.4%)
	Low(22-27)	36 (14.3%)	26 (11.7%)	62 (13.1%)
	Very Low(below22)	8 (3.2%)	2 (0.9%)	10 (2.1%)
10	Coping with stress			
	Very High(Above 32)	14 (5.6%)	11 (4.9%)	25 (5.3%)
	High(28-32)	43 (17.1%)	41 (18.4%)	84 (17.7%)
	Average(20-28)	161 (63.9%)	135 (60.5%)	296 (62.3%)
	Low(16-20)	27 (10.7%)	31 (13.9%)	58 (12.2%)
	Very Low(below 16)	7 (2.8%)	5 (2.2%)	12 (2.5%)

Source: Computed

The **table 4.7** shows life skills score of adolescents by type of school that more than half of the respondents (68%) scored the average self-awareness skill. Less than one-fifth of the respondents (12.6%) scored low and also (12.6 %) scored high self-awareness skills. Only a few (3.6%) of the respondents scored very low and the rest (3.2%) score very low.

On empathy, two third (66%) of the respondents scored average, less than one fifth (18%) of them scored high empathy skills and (12.6%)of the respondents scored low. Also, very few of the respondents scored (2.1%) and very high empathy skill is scored by (1.7 %).

In effective communication, more than half of the respondents (61%) scored average, less than one fifth (18%) of the respondents scored high, few of the respondents scores (12.6%), very few of the respondents (2.1%) scored very low and the rest of the respondents scored (1.7%).

In interpersonal relationship, more than two third (69.5%) scored average level of life skills, less than one fifth (15.6%) scored high, few of the respondents(10.3%) scored low and very few of the respondents (3.2%) scored very low and 1.5 percent scored very high.

In creative thinking, more than two-thirds of the respondents (67.4%) scored average, (15.8%) of the respondents scored high, few (12.6%) of the respondents scored low creative thinking skills. Also, very few (2.3%) of the respondents scored very low and the rest (1.9%) scored very high creative thinking skills.

Regarding critical thinking, more than two-thirds (68.2%) of the respondents scored average, one-sixth (16.4%) of the respondents scored high critical thinking skill and one eight (11.8%) of the respondents scored low. Very few (2.5%) of the respondents scored very high and 1.1 percent scores very low critical thinking skill.

In decision making, almost three fourth (70.7%) of the respondents scored average, less than one fifth (13.5%) of the respondents scored high and 9.5% of the respondents scored low. Few of the respondents (3.4%) scored very low and 2.9 percent scored very high.

As regards to the problem-solving skills, almost three fourth (72%) of the respondents scored average level, where as less than one fifth (15%) of the respondents scored high and few (9%) of the respondents scored low level. Very few of the respondents (2.5%) scored very low and the rest of the respondents (1.3%) scored very high.

More than two third (67.4%) of the respondents scored average in coping with emotion skill, one-seventh (14.1%) of the respondents scored high and few of the respondents (13.1%) scored low. Very few (3.4%) of the respondents scored very high and the rest scored 2.1percent.

In coping with stress, more than half (62.3%) of the respondents scored average, less than one fifth (17.7%) of the respondents scored high and one eight (12.2%) of the respondents scored low. Few of the respondents (5.3%) scored very high and very few (2.5%) scored very low.

From the findings it is found out that the life skills scores on all the ten dimensions is average level which means that the scoring is neither low nor high. There is also no much difference between government and private school in life skills score.

4.2.1 Respondents Life Skills by Age

The **table 4.8** shows respondent's life skills by age, the life skills dimensions have been binned on the basis of the mean and standard deviation of the total scores. The total scores have been divided into four classifications such as less than or equal to 298 -very low, 299-320 – low, 321-343 –moderate and 344 and above high. Among the respondents more than one third (35. 4%) have low level of life skills and less than one third (31.8%) of the respondents have moderate level of life skills. In these levels about two fifth (38%) respondents are in the age group of 16 – 18 years and more than one third (36.5%) respondents are in the age group of 13- 15 years. Further, in the younger age group (15-18 years) more than one fifth (22%) of respondents have high life skills. The table reveals that the younger age groups (15-18 years) have a better life skills rather than older age group (15-18 years).

Table 4.8 Respondents Life skills by Age

Life skill (Binned)	Age		Total
	13 -15 Years	16 -18 Years	
<= 298 - Very low	18 (11.3%)	56 (17.7%)	74 (15.6%)
299 – 320 - Low	48 (30.2%)	120 (38%)	168 (35.4%)
321 – 343 - Moderate	58 (36.5%)	93 (29.4%)	151 (31.8%)
344+ High	35 (22%)	47 (14.9%)	82 (17.3%)
Total	159 (100%)	316 (100%)	475 (100%)

Source: Computed

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.370 ^a	3	.025*
Likelihood Ratio	9.424	3	.024
Linear-by-Linear Association	8.949	1	.003
N of Valid Cases	475		

*p<0.01

In order to find out the relationship between the life skills and age by applying chi-square test, an hypothesis has been formulated in such a way as:

H0: There is no relationship between life skills and age of the respondents.

H1: There is a relationship between life skills and age of the respondents.

From the above table the chi-square value is significant at (.025*) with 3 degrees of freedom. Hence the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, we can conclude that there is a relationship between life skills and age group of respondents.

4.2.2. Respondents Life skills by Type of School

The **table 4.9** shows respondent's life skills by type of school, the life skills dimensions have been binned on the basis of the mean and standard deviation of the total scores.

Table 4.9 Respondents Life skills by Type of School

Life skill (Binned)	Type of school		Total
	Government School	Private School	
<= 298 - Very low	39 (15.5%)	35 (15.7%)	74 (15.6%)
299 – 320 - Low	85 (33.7%)	83 (37.2%)	168 (35.4%)
321 – 343 - Moderate	85 (33.7%)	66 (29.6%)	151 (31.8%)
344+High	43 (17.1%)	39 (17.5%)	82 (17.3%)
Total	252 (100%)	223 (100%)	475 100%

Source computed

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.059 ^a	3	.787
Likelihood Ratio	1.061	3	.787
Linear-by-Linear Association	.160	1	.689
N of Valid Cases	475		

The total scores have been divided into four classifications such as less than or equal to 298 -very low, 299-320 – low, 321-343 –moderate and 344 and above high. Among the respondents more than one third (35.4%) have low level of life skills and less than one third (31.8%) of the respondents have moderate level of life skills. The private school (37.2%) has lower life skills than the government school. The table reveals that private school has higher life skills than the government school.

In order to find out the relationship between the life skills and type of school by applying chi-square test, an hypothesis has been formulated in such a way as:

H₀: There is no relationship between life skills and type of school.

H₁: There is a relationship between life skills and type of school.

From the above table chi-square there is no significant relationship between life skills and type of school Hence the null hypothesis is accepted and the alternative hypothesis is rejected.

4.2.3. Comparison of Life Skills by Type of Schools

The **table 4.10** shows the comparison of life skills by type of school, it highlights the scoring difference between life skills in government and private high school. the government school students (m=38.06) have higher empathy skills than the private school students (m=37.93). There is no difference between government school student (m=37.95) and the private school (m=37.31) in interpersonal relationship skills. In self-awareness, there is no difference between the government (m=37.59) and private school (m=37.55). Also, in decision making, there is no difference in the score of government (m=33.83) and private school (m=33.70). The private school (m=32.08) has higher coping with emotions skills than the private school (m=31.38).Also the government school have higher problem-solving skills

(m=31.25) than private school (m=30.79) There is no difference between government school (m=31.02) and private school (31.58) in critical thinking skills. In creative thinking, the government school (28.04) have higher skills than private school (m=27.57). Again, there is no difference between government school (m=27.44) and private school (m=27.35) in effective communication. Also, in coping with stress there is no difference between government school (m=24.37) and private school (m=24.14).

Table 4.10 Comparison of Life Skills by Type of Schools

Sl.No.	Life skills	Type of School				Total N= 475	
		Govt. n =252		Private n =223		Mean	S.D
		Mean	S.D	Mean	S.D		
1	Empathy	38.06	5.24	37.93	4.81	38	5.04
2	Interpersonal Relationship	37.95	5.10	37.31	4.95	37.65	5.04
3	Self Awareness	37.59	4.35	37.55	3.96	37.57	4.17
4	Decision Making	33.83	4.81	33.70	5.25	33.77	5.02
5	Coping with Emotions	31.38	5.38	32.08	4.79	31.71	5.12
6	Problem Solving	31.25	4.70	30.79	4.87	31.03	4.78
7	Critical Thinking	31.02	5.80	31.58	5.82	31.28	5.81
8	Creative Thinking	28.04	3.82	27.57	4.15	27.82	3.98
9	Effective Communication	27.44	4.43	27.35	4.50	27.4	4.46
10	Coping with Stress	24.37	4.39	24.14	4.36	24.26	4.37

Sources: Computed

From the total scoring, the adolescent students have scored the highest in empathy skills which indicates that they can easily know how to interact with others and trying to be sensitive towards the feelings of others. The data also point out

that the adolescent students have low creative thinking skills, effective communication skills and low coping with stress. Thus, the table shows that Govt. school adolescents are better in empathy and creative thinking while comparing the private school.

4.2.4. Comparison of Life Skills by Type of School

The **table 4.11** shows the comparison of life skills between high school and higher secondary school students.

Table 4.11 Comparison of Life Skills by High School and Hr. Sec. School

SI No.	Life Skills	Type of School				Total N=475	
		High n=166		Hr. Sec. n=309		Mean	SD
		Mean	SD	Mean	SD		
1	Self-Awareness	37.6	4.02	37.55	4.25	37.57	4.17
2	Empathy	37.87	5.30	38.07	4.91	38	5.04
3	Effective Communication	27.75	4.63	27.21	4.37	27.4	4.46
4	Interpersonal Relationship	38.20	4.95	37.35	5.07	37.65	5.04
5	Creative Thinking	28.22	4.02	27.61	3.95	27.82	3.98
6	Critical Thinking	32.13	5.89	30.83	5.72	31.28	5.81
7	Decision Making	34.27	5.29	33.5	4.85	33.77	5.02
8	Problem Solving	31.01	5.05	31.05	4.64	31.03	4.78
9	Coping with Emotions	31.77	5.08	31.68	5.16	31.71	5.12
10	Coping with Stress	24.98	4.42	23.87	4.31	24.26	4.37

Sources: Computed

Regarding self-awareness, there is no difference between high school (m=37.6) and higher secondary school (m=37.55). In empathy, the higher secondary school (m= 37.87) have higher skills than the high school students (m=38.0). There is no difference in the score of high school (m=27.75) and higher secondary school (m=27.21) ineffective communication skills. The high school students (m=38.20) have higher interpersonal skills than the higher secondary school (m=37.35). In

creative thinking, the high school (m=28.22) have higher skill than the higher secondary school (m=27.61). The high school have higher (m=32.13) critical thinking skills than then higher secondary school students (m=30.83).

In decision making, the high school have the higher skill (m=34.27) than the higher secondary school (m=33.5). There is no significant difference between high school (m=31.01) and higher secondary school (31.05) in problem-solving skills. Also, in coping with emotion skills, there is no difference between high school (m=31.77) and higher secondary school (31.68). The high school (m=34.98) have higher coping with stress skill the higher secondary school (m=23.87).

From the total mean score, empathy is highest among the other entire ten dimensions. The high school and higher secondary school students have lower skills in effective communication, coping with stress and creative thinking.

4.3. Social Wellbeing

Social wellbeing is when there is a feeling of belonging in the society, when the needs are met and a person exists peacefully in the society. The Social Wellbeing Assessment Scale consists of 33 items with a 6-point scale to check the response of the adolescents. The score of the respondents was rate into six dimensions viz., agree strongly, agree somewhat, agree little, disagree little, disagree somewhat, and disagree strongly.

The **table 4.12** shows social wellbeing of adolescents by type of school and their scores on social wellbeing. In social integration, more than half of the respondents (60%) score moderate, almost one-fourth of the respondents (24%) score high and less than one-fifth of the respondents (15.6%) score low level. Regarding social acceptance, more than half of the respondents (61.9%) score moderate, almost

one fifth (24.4%) of the respondents score high and few of the respondents (13.7%) score low.

Table 4.12 Social Wellbeing of Adolescents by Type of School

Sl No.	Social Wellbeing	Type of school		Total N=475
		Govt. n=252	Private n=233	
1	Social Integration			
	High (Above 24)	56 (22.2%)	58 (26%)	114 (24%)
	Moderate (15-23)	154 (61.1%)	133 (59.6%)	287 (60.4%)
	Low (below 15)	42 (16.7%)	32 (14.3%)	74 (15.6%)
2	Social Acceptance			
	High (Above 29)	49 (19.4%)	67 (30%)	116 (24.4%)
	Moderate(19-29)	171 (67.9%)	123 (55.2%)	294 (61.9%)
	Low (Below 19)	32 (12.7%)	33 (14.8%)	65 (13.7%)
3	Social contribution			
	High (Above 24)	50 (19.8%)	44 (19.7%)	94 (19.8%)
	Moderate (16-24)	157 (62.3%)	146 (65.5%)	303 (63.8%)
	Low (Below 16)	45 (17.9%)	33 (14.8%)	78 (16.4%)
4	Social Actualization			
	High (Above 28)	41 (16.3%)	44 (19.7%)	85 (17.9%)
	Moderate (18-28)	178 (70.6%)	158 (70.9%)	336 (70.7%)
	Low (Below 18)	33 (13.1%)	21 (9.4%)	54 (11.4%)
5	Social Coherence			
	High (Above 25)	37 (14.7%)	37 (16.6%)	74 (15.6%)
	Moderate (17-25)	171 (67.9%)	160 (71.7%)	331 (69.7%)
	Low (Below 17)	44 (17.5%)	26 (11.7%)	70 (14.7%)

Source: Computed

In social contribution, a majority of the respondents (63.8%) score high, one-fifth of the respondents (19.8%) score high and one-sixth of the respondents score low.

In Social actualization, the majority of the respondents (70.7%) score moderate social wellbeing, less than one-fifth of the respondents (17.9%) score high and few of the respondents (11.4%) score low.

In social coherence, more than two-thirds of the respondents (69.7%) score moderate, one-sixth of the respondents (15.6%) score high and few of the respondents (14.7%) score low level.

From the findings it is found out that the social wellbeing scores on all the five dimensions is moderate level which means that the scoring is neither low nor high. It is clear that there is no difference between government and private school social wellbeing score.

4.3.1. Social Wellbeing by Gender

Table 4.13 Social Wellbeing by Gender

Social Wellbeing (Binned)	Gender		Total
	Female	Male	
<= 91	29 (10.4%)	33 (16.8%)	62 (13.1%)
92 – 107	102 (36.7%)	81 (41.1%)	183 (38.5%)
108 – 124	100 (36.0%)	63 (32.0%)	163 (34.3%)
125+	47 (16.9%)	20 (10.2%)	67 (14.1%)
Total	278 (100%)	197 (100%)	475 (100%)

Source Computed

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.378 ^a	3	.039*
Likelihood Ratio	8.462	3	.037
Linear-by-Linear Association	8.230	1	.004
N of Valid Cases	475		

The **table 4.13** shows respondents social wellbeing by gender, the social wellbeing dimensions have been binned on the basis of the mean and standard deviation of the total scores. The total scores have been divided into four classifications such as less than or equal to 91-very low, 92-107 – low, 108-124 – moderate and 125 and above high. About two fifth (38.5%) of the respondents have low level of social wellbeing and more than one third (34.3%) of the respondents have moderate level of life skills. The study shows that the female respondents (16.9%) have higher social wellbeing than the male respondents (10.2%). Also, the male respondents (16.8%) have lower social wellbeing than female respondents (10.4%). The table highlights that overall female respondents have a better social wellbeing than male.

In order to find out the relationship between the social wellbeing and gender by applying chi-square test, an hypothesis has been formulated in such a way as:

H0: There is no relationship between social wellbeing and gender.

H1: There is a relationship between social wellbeing and gender.

From the above table chi-square there is significant at 0.05relationship between social wellbeing and gender. Hence the null hypothesis is rejected and the alternative hypothesis is accepted. There is a relationship between social wellbeing and gender.

4.3.2. Comparison of Social Wellbeing by Type of School

Table 4.14 Comparison of Social Wellbeing by Type of School

Sl. No	Social Wellbeing	Type of School				Total N=475	
		Govt. n=252		Private n=233		Mean	S.D
		Mean	S.D	Mean	SD		
1	Social Integration	19.11	4.87	19.48	4.81	19.28	4.84
2	Social Acceptance	23.84	5.10	24.89	5.83	24.33	5.48
3	Social Contribution	19.67	4.42	19.93	4.08	19.80	4.26
4	Social Actualization	23.15	4.96	23.27	4.82	23.21	4.89
5	Social Coherence	20.31	4.12	20.79	3.86	20.53	4.00

Source: Computed

The **table 4.14** shows the comparison of social wellbeing by a type of school. In social integration, there is no difference between government school (m=19.11) and private school (m=19.48), the total mean score is 19.28. The private school (m=24.89) have higher social acceptance score than the government school (m=23.84) and the mean score is (24.33). Also, in social contribution, there is no significant difference between government school (m=19.67) and private school (m=19.93), the total mean score is 19.80. Similarly, there is no difference between social actualization among government school (m=23.15) and private school (m=23.27), the total mean score is 23.21. In social coherence also, there is no difference between government school (m=20.31) and private school (m=20.79) and the total mean score is 20.53. While comparing the social wellbeing social acceptance is having the highest mean score over all in which private school is better in social acceptance followed by social actualization. From the table we come to understand that private school adolescents are better in social wellbeing by and large.

4.3.3. Comparison of Social Wellbeing by High and Higher Secondary School

Table 4.15 Comparison of Social Wellbeing by High and Higher Secondary School

Sl. No.	Social Wellbeing	High School n=166		Hr. Sec. School n=309		Total N= 475	
		Mean	S.D	Mean	S.D	Mean	S.D
1	Social Integration	19.3	4.61	19.27	4.97	19.28	4.84
2	Social Acceptance	23.95	5.1	24.54	5.67	24.33	5.48
3	Social Contribution	19.55	4.38	19.93	4.2	19.80	4.26
4	Social Actualization	23.22	5.12	23.2	4.77	23.21	4.89
5	Social Coherence	20.67	3.91	20.46	4.06	20.53	4

Source: Computed

The **table 4.15** shows the comparison of social wellbeing in high school and higher secondary school of the respondents. In social integration, there is no difference between high school (m=19.3) and higher secondary school(m=19.27), the total mean score is 19.28. The higher secondary school (m=24.54) have higher social acceptance than the high school (m=23.95), the total mean score is 24.33. There is slight difference between the high school (m=19.55) and higher secondary school (m=19.93) in social contribution, the mean score is 19.80. Similarly, there is no significant difference between high school (m=23.22) and higher secondary school(m=23.2) in social actualization and the total mean score is 23.21. Again, there is a slight difference between high school (m=20.67) and higher secondary school(m=20.46) in social coherence, the total mean score is 20.53. Thus, the table shows that there is a difference in social acceptance between High and Higher Secondary school. Among the five dimensions social acceptance is the highest whereas the social integration is the lowest which show that wellbeing of social acceptance is high but social integration is less that they do not integrate well in the society.

4.4. Correlation Matrix of Dimension of Life Skills

Table 4.16 Inter Correlation Matrix of Dimension of Life Skills

Dimensions	Self Awareness	Empathy	Effective Communication	Interpersonal Relationship	Creative Thinking	Critical Thinking	Decision Making	Problem Solving	Coping with Emotions	Coping with Stress
Self Awareness	1									
Empathy	.195**	1								
Effective Communication	.099*	.106*	1							
Interpersonal Relationship	.201**	.169**	.141**	1						
Creative Thinking	.217**	.281**	-0.032	.099*	1					
Critical Thinking	.223**	.379**	.162**	.160**	.394**	1				
Decision Making	.193**	.194**	.277**	.110*	.231**	.385**	1			
Problem Solving	.252**	.348**	-0.01	.223**	.364**	.353**	.192**	1		
Coping with Emotions	0.004	0.047	.160**	.170**	-.103*	-0.059	.114*	-0.055	1	
Coping with Stress	-.126**	-.214**	.197**	0.024	-.250**	-.136**	.114*	-.335**	.100*	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

The **table 4.16** shows respondents correlation matrix of the life skills. There is a correlation between empathy and self-awareness at the 0.01 level of significance (.195). There is a correlation between effective communication and Self-awareness at 0.05 level of significance (.099) and there is also a relationship between effective communication and empathy at 0.05 level of significance (.106). There is a correlation between interpersonal relationship and self-awareness (.201), empathy (.169) effective communication (.141) at 0.01 level of significance. There is a correlation between creative thinking and self-awareness (.217), empathy (.281) at 0.01 level of significance and also a correlation between creative thinking and interpersonal relationship (.099) at 0.05 level of significance. There is no correlation between creative thinking and effective communication. There is also a correlation between critical thinking and self-awareness (.223), empathy (.379), effective communication (.162), interpersonal relationship (.160), creative thinking (.394) at 0.01 level of significance.

There is a correlation between decision making and self-awareness (.193), empathy (.194), effective communication (.277), creative thinking (.231), critical thinking (.385) at 0.01 level of significance and also with interpersonal relationship (.110) at 0.05 level of significance. Problem-solving have a correlation with self-awareness (.252), empathy (.348), interpersonal relationship (.223). Creative thinking (.364), critical thinking (.353) and decision making (.192) at 0.01 level of significance respectively. Coping with emotions have the relationship with effective communication (.160) and interpersonal relationship (.170) at 0.01 level of significance, decision making (.114) at 0.05 level. There is also a negative relationship between coping with emotion and creative thinking (.103) at 0.05 level. There is a correlation between coping with stress and decision making (.114) and

coping with emotion (.100) at 0.05 level. There is a negative relationship between coping with stress and self-awareness (.126), empathy (.214), creative thinking (.250), critical thinking (.136) and problem-solving (.355) at 0.01 level. The findings reveals that as the stress level increases among the adolescents that they are not aware about themselves that what they are doing in terms of thinking and mother skills. Therefore, the social wellbeing of the adolescent is not healthy.

4.4.1 Correlation Matrix of Dimension Social Wellbeing

Table 4.17 Inter Correlation Matrix of Dimension Social Wellbeing

Dimensions	Social Integration	Social Acceptance	Social Contribution	Social Actualisation	Social Coherence	Social Wellbeing
Social Integration	1					
Social Acceptance	.331**	1				
Social Contribution	.458**	.302**	1			
Social Actualisation	.359**	.366**	.438**	1		
Social Coherence	.260**	.403**	.460**	.388**	1	
Social Wellbeing	.687**	.709**	.730**	.726**	.682**	1

** Correlation is significant at the 0.01 level (2-tailed).

The **table 4.17** show the correlation of social wellbeing among the respondents. There is a relationship between social acceptance and social integration at 0.01 level of significance (.331). There is a correlation between social Contribution, social integration and social acceptance at 0.01 level (.458, .302). Social actualization has a correlation with social integration, social acceptance and social contribution at

0.01 level of significance (.359, .366, .438). There is a correlation between social coherence and social acceptance, social contribution, social actualisation at 0.01 level(.260, .403, .460, .388). Social Wellbeing has correlation with social integration, social acceptance, social contribution, social actualisation and social coherence at 0.01 level of significance (.687, .709, .730, .726, .682) that is almost all the dimensions.

4.4.2. Correlation between Life Skills and Social Well being

Table 4.18 Correlation between Life Skills and Social Well being

		Life skills	Social Wellbeing
Life skills	Pearson Correlation	1	-.316**
	Sig. (2-tailed)		0
Social Wellbeing	Pearson Correlation	-.316**	1
	Sig. (2-tailed)	0	

** Correlation is significant at the 0.01 level (2-tailed).

The **table 4.18** shows the Correlation between Life skills and social wellbeing. The life skills assessed on ten dimensions where as social wellbeing assessed on five dimensions. It was found out that there is a negative correlation at 0.01 level of significance. The association shows that the adolescent's social wellbeing is not healthy. The finding reveals that when the life skills are not healthy it surely affects the social wellbeing of adolescents in the society. The similar findings of the study are observed from the study conducted by Sheikhzade et al., 2013.

4.5. Descriptive Statistics of Life Skills

Table 4.19 Descriptive Statistics of Life Skills between Type of School, Age, Gender and Domicile

Variables	Value Label	N=475	Mean	S.D
Type of School	Govt.	n=252	320.92	22.365
	Private	n=223	320	22.274
Age in years	13-15	n=159	324.14	24.263
	16-18	n=316	318.65	21.05
Gender	Female	n=278	319.89	23.027
	Male	n=197	321.34	21.27
Domicile	Urban	n=381	321.10	22.218
	Rural	n=94	318.01	22.595

Source: Computed

The above **table 4.19** shows descriptive statistics of life skills between type of school, age, gender and domicile made an attempt of exploring the difference of mean score of overall life skills with the independent variables such as type of school, age, gender and domicile. There is no difference in the mean score of life skills with the variables of type of school. In the variable of age, life skills mean score is higher among the age group of 13 to 15 years. In gender variables, life skills mean score is higher among male respondents. There is a difference in the mean score of domicile variables, who resides in urban areas have higher mean score than rural areas.

4.5.1. Descriptive Statistics of Social Wellbeing

Table 4.20 Descriptive Statistics of Social Wellbeing with Type of school, Age, Gender and Domicile.

Variables	Value label	N=475	Mean	S.D
Type of School	Govt.	n=252	106.08	16.878
	Private	n=223	108.36	16.223
Age in Years	13-15	n=159	106.82	17.054
	16-18	n=316	107.32	16.385
Gender	Female	n=278	108.96	16.457
	Male	n=197	104.6	16.497
Domicile	Urban	n=381	107.65	16.116
	Rural	n=94	105.14	18.366

Source: Computed

The **table 4.20** descriptive statistics of social wellbeing with type of school, age, gender and domicile are highlight the difference of mean score of overall social well being with the variables of type of school, age, gender and domicile. The data show that there is a little difference in the mean score of social wellbeing with the different variables. The different variables mentioned in the table have no difference in mean score and it could be stated that type of school, age, gender and domicile have social wellbeing almost equal proportions.

4.6. Life skills and Age t –test Distribution

Table 4.21 Respondents Life skills and Age t –test Distribution

Dimensions	t	df	Sig. (2-tailed)	P
Self-awareness	-.223	473	.824	.822
Empathy	-.912	473	.362	.384
Effective Communication	-1.920	473	.056	.057*
Interpersonal Relationship	.002	473	.999	.999
Creative Thinking	-1.057	473	.291	.296
Critical Thinking	-1.343	473	.180	.187
Decision Making	-2.818	473	.005	.008**
Problem solving	-.411	473	.682	.695
Coping with emotion	.373	473	.709	.717
Coping with stress	-1.964	473	.050	.062
Life skills	-1.704	473	.089	.101

Source: computed

*p<0.05

**P<0.01

The **table 4.21** shows the respondent's life skills and age group t-test-distribution of all the ten life skills dimensions and the overall life skills and age group. In order to find out the association between the life skills and age an hypothesis is derived are as follows:

H0: There is no association between life skills and age group

H1: There is an association between life skills and age group

From the above data, there is no significant relationship between the dimensions self-awareness, empathy, interpersonal relationship, creative thinking, critical thinking, problem solving, coping with emotions and coping with stress. While in two dimensions effective communication and decision making there is a significant relationship found out at 0.05 level of significance (**.057***)for effective communication and also there is significant relationship found out at 0.01 level of significance (**.008****)for decision making. The table reveals that among the life skills

dimensions there are two associations between effective communication and decision making. This shows that if a person is good in effective communication skill he may be good in decision making as well. Further, from the overall dimension of life skills and age the table value ($p = 101$) is not significant, the null hypothesis H0 is accepted and the alternate hypothesis H1 is rejected. Hence, the table shows that there is no significant association between life skills and age group of the respondents.

4.6.1. Life skills and Gender t –test Distribution

Table 4.22 Respondents Life skills and Gender t –test Distribution

Dimensions	t	df	Sig. (2-tailed)	P
Self-awareness	1.074	473	.283	.278
Empathy	-1.324	473	.186	.177
Effective Communication	1.692	473	.091	.094
Interpersonal Relationship	.316	473	.752	.750
Creative Thinking	-.216	473	.829	.826
Critical Thinking	1.304	473	.193	.194
Decision Making	-.566	473	.572	.574
Problem solving	-.690	473	.491	.482
Coping with emotion	-1.874	473	.062	.054*
Coping with stress	1.739	473	0.083	0.081
Life Skills	.719	473	.472	.463

Source: computed

* $p < 0.05$

The **table 4.22** shows the respondent's life skills and gender t-test- distribution of all the ten life skills dimensions and the overall life skills and gender classification. In order to find out the association between the life skills and gender an hypothesis is derived are as follows:

H0: There is no association between life skills and gender

H1: There is an association between life skills and gender

From the above data, there is no significant relationship between the life skills dimensions of self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving and coping with stress. While in only one dimension coping with emotion ($p=0.054^*$), there is a significant relationship found out at 0.05 level of significance. The results indicate that the adolescents are good at coping with emotion. Similar findings also observed in the study done by (Lalrinzuali, H and C, Devendiran, 2015). From the overall dimension of life skills and gender the table value is not significant H_0 is accepted and H_1 is rejected. Hence, the table shows that there is no significant association between life skills and gender of the respondents.

4.6.2. Social Wellbeing and Age t –test Distribution

Table 4.23 Respondents Social Wellbeing and Age t –test Distribution

Dimensions	t	df	Sig. (2-tailed)	P
Social Integration	-.095	473	.924	.921
Social Acceptance	.490	473	.624	.618
Social Contribution	2.004	473	.046	.050*
Social Actualization	-.836	473	.404	.404
Social Coherence	-.117	473	.907	.906
Social Wellbeing	.256	473	.798	.799

Source computed

* $P < 0.05$

The **table 4.23** shows the respondent's social wellbeing and age group t-test-distribution of all the five social wellbeing dimensions social integration, social acceptance, social contribution, social actualization and social coherence and the overall social wellbeing and age group. In order to find out the association between the social wellbeing and age group the hypothesis is derived are as follows:

H0: There is no association between social wellbeing and age

H1: There is an association between social wellbeing and age

From the table, there is no significant relationship between social integration, social acceptance, social actualization and social coherence. Whereas in only one dimension of social wellbeing i.e. in social contribution there is a significant relationship found out at 0.05 level of significance (**.050***). The results reveal that the adolescents contributed more to the society and also have the feeling that if they are in the society they have responsibility towards the society. From the overall dimension of social wellbeing and age the table value (.799) is not significant, the null hypothesis H0 is accepted and the alternate hypothesis H1 is rejected. Hence, the table shows that there is no significant association between social wellbeing and age group of the respondents.

4.6.3. Social Wellbeing and Gender t –test Distribution

Table 4.24 Respondents Social Wellbeing and Gender t –test Distribution

Dimensions	t	df	Sig. (2-tailed)	P
Social Integration	-1.583	473	.114	.110
Social Acceptance	-1.402	473	.162	.161
Social contribution	-2.908	473	.004	.004**
Social Actualization	-1.188	473	.235	.237
Social Coherence	-1.635	473	.103	.101
Social Wellbeing	-2.594	473	.010	.010**

Source: computed

**P<0.01

The **table 4.24** shows the respondents social wellbeing and gender t-test-distribution of all the five social wellbeing dimensions and the overall social

wellbeing and gender. In order to find out the association between the social wellbeing and gender the hypothesis is derived are as follows:

H0: There is no association between social wellbeing and gender

H1: There is an association between social wellbeing and gender

From the table, there is no significant relationship between social integration, social acceptance, social actualization and social coherence. Although there is a relationship found out at social contribution and overall social wellbeing at 0.01 level of significance (.004 and .010). Similar findings also observed in the study done by (Lalrinzuali,H and C, Devendiran, 2015).The result shows that both male and female participated in the society and feel that they have something to contribute to the society. However, over all social wellbeing the null hypothesis H0 is rejected and the alternate hypothesis H1 is accepted. Therefore, we can conclude that there is a relationship between social wellbeing and gender.

4.6.4. Social Wellbeing and Domicile t –test Distribution

Table 4.25 Respondents Social Wellbeing and Domicile t –test Distribution

Dimensions	t	df	Sig. (2-tailed)	P
Social Integration	-2.395	473	.017	.017**
Social Acceptance	.929	473	.354	.366
Social contribution	-.414	473	.679	.683
Social Actualization	-1.746	473	.081	.062
Social Coherence	1.719	473	.086	.105
Social Wellbeing	-1.122	473	.262	.282

Source: computed

**P<0.01

The **table 4.25** shows the respondents social wellbeing and domicile t-test-distribution of all the five social wellbeing dimensions and the overall social

wellbeing and domicile. To find out the association between the social wellbeing and domicile the hypothesis is derived are as follows:

H0: There is no association between social wellbeing and domicile

H1: There is an association between social wellbeing and domicile

From the table, there is no significant relationship between social acceptance, social contribution, social actualization and social coherence. Whereas, in one dimension of social integration there is a significant relationship found out at 0.01 level of significance (.017). From the study it is found that if people are staying as a group they are socially integrated and there is a peaceful social relation. From the overall dimension of social wellbeing and domicile the table value is not significant, the null hypothesis is H0 is accepted and the alternate hypothesis H1 is rejected. Hence, the table shows that there is no significant association between social wellbeing and domicile of the respondents.

4.6.5. Life skills and Social wellbeing t –test

Table 4.26 Respondents Life skills and Social wellbeing t –test by Type of school

	t	df	Sig. (2-tailed)	p
Lifeskills	.446	473	.656	.655
Social Wellbeing	-1.496	473	.135	.135

The **table 26** shows the respondents life skills and social wellbeing by type of school t-test- distribution of all core life skills dimensions and five social wellbeing dimensions and the overall social wellbeing and domicile. To find out the association between the life skills and social wellbeing by type of school the hypotheses are derived are as follows:

H0: There is no association between life skills and type of school

H1: There is an association between life skills and type of school

From the table, there is no significant relationship between life skills and type school. From the overall dimension of life skills and type of school the table value is not significant, the null hypothesis H₀ is accepted and the alternate hypothesis H₁ is rejected. Hence, the table shows that there is no significant association type school of the respondents.

H₀: There is no association between social wellbeing and type of school.

H₁: There is an association between social wellbeing and type of school

From the overall dimension of social wellbeing and type of school the table value is not significant, the null hypothesis H₀ is accepted and H₁ the alternate hypothesis is rejected. Hence, the table shows that there is no significant association between social wellbeing and type of school of the respondents.

Therefore, the table shows clearly the in terms of life skills and social wellbeing there no association between the types of school. The findings reveals that whether it is a Government school or a Private school there is no difference in terms of overall life skills and social wellbeing among the adolescents in Aizawl district.

In this chapter as a section one an attempt has been made to discuss the results of analysis of the quantitative data collected through questionnaire. The chapter was devoted to discuss the socioeconomic characteristics, life skills assessment, social wellbeing assessment, and relationships between the life skills and social wellbeing. In the light of results and discussion of this chapter, next section of the chapter is devoted to discuss the qualitative aspects of the present study.

4.7. Qualitative findings of Life skills and social wellbeing of Adolescents in Aizawl District Mizoram

The second section presents the qualitative techniques and tools adopted for the present study. The qualitative techniques are such as case study and focus group discussion. Further a daily activity schedule also portrayed in the chapter.

4.7.1. Case Study

Case study is one of the qualitative tools in which a systematic investigation is done on one –one basis, person to learn the underlying problem in-depth by using the qualitative research ethics.

(1) Name: Miss Y

Age: 15

Sex: Female

Educational standards: Class 9

Family Occupation: Daily Laborer

Religion: Christian

Miss Y is living with her parents and grandparents, she has 4 siblings and she is the middle child. When she was only 6 years old her birth's mother passed away due to cancer, her father got remarried and has got one child. Her grandfather is a government pensioner and his pension is their main income of the family. His father works as a daily wage labourer which is not sufficient enough to take care of all their educations and their daily need. Her father used to drink alcohol and does not pay attention to the church as well. She was mainly under her grandparents and aunt's supervision and her father does not involve much to take care of her. She is more attached to her father than her other siblings, when her father got remarried, she felt so left alone and mostly rejected by her father because her father pays more attention

to his new wife. Due to her feeling of rejection, she used to get angry towards her father and also affected her studies in school. The feeling of loneliness and rejection made her unable to concentrate in the classroom at school and the teacher in the school also felt that she is having a problem. Mostly, she does not make any effort to participate in school activities and mostly remains in the low mood. After observing her in school and at homes, there is a thought of needing to get a medical check-up. She was taken to a psychiatrist for the check-up and she was given counselling and medicine for her recovery. After her medical check, she is now recovering and has no problem in concentration of her studies.

(2) Name: Mr. K

Age: 15

Sex: Male

Educational standards: Class 9

Family Occupation: Daily Laborer

Religion: Christian

Mr. K was staying with his mother and two siblings, he is the middle child. His father passed away and his mother was the one who looks after them. They were staying in a rented house and his mother was a daily wage laborer. With his mother a small amount of money, they can still manage to go to school. He does enjoy his teenage life and like many other adolescents, he drinks alcohol and smoking marijuana. Most of the time, he is doing with his friends who are in the same age group. The money they spent to buy alcohol was the money they saved from their pocket money or from their wages. His mother does not monitor him well during his childhood period, she does not tell him about what is right or wrong. But after he reaches a stage of teenage and after discovering that he indulges in some bad

activities, she started to warn him about drugs and alcohol. The reason why he was indulging in alcohol is that he felt he was sometimes rejected by his mother because he is the middle child. This rejection was so severe for him to deal with that he started to seek refuge in smoking marijuana and drinking alcohol.

(3) Name: Miss R

Age: 16

Sex: Male

Educational standards: Class 11

Family Occupation: Government Employee

Religion: Christian

Mr. R is the middle child of the family and he is the only son. He has two siblings and both are still studying. His father is working as a Lecturer at Government Higher Secondary School. He has a number of friends within the community and they together like to play football and music. Music is his main tool for coping with his stress and emotions. He had inhaled dendrite when he was only 8 years old and also got suspended from the school. Now, he is not indulging in any drugs but had a habit of smoking cigarettes. His parents do not know that he is smoking cigarettes. The last time when he was inhaling a cigarette, his parents do not want to accept what he did, instead, they blame his friends for forcing him to do it. According to his character, he is a type of person who is easily got motivated by his friends and easily adapted to any kind of behavior. So, peer pressure is the main reason why he engaged in such type of behavior.

(4) Name: Mister L

Age: 17

Sex: Male

Educational standards: Class 11

Family Occupation: Daily Labourer

Religion: Christian

Mr. L is 17 years old and he is living with his parents and two other siblings. He is the only son in the family. His father is an alcoholic and works as a carpenter. His father daily wages is their only source of income. His father does not involve much in parenting, only his mother is the only one who teaches them good manners as well as how to face their life. He smokes marijuana and also sometimes drinks alcohol. His parents do not know his behavior, if they are told by others they do not want to accept it. They rather believe him than what others are saying. His parents did not believe that he indulges in such kind of behavior.

From the above four case studies, the researchers come to understand that most of the young people have come from moderate economic back ground and their family condition was not having healthy environment. They face challenges due to familial problems, due to early death of their parents and relationship problems with their reconstituted families. Based on the case studies, most of the adolescents have the habit of smoking, drinking and to some extent use of drugs as their coping mechanisms to get rid of the emotional challenges they come across in the society. Further, the peer pressure also plays a vital role for their behavioral problems.

4.7.2. Focus Group Discussion

Focus group discussion is used as a qualitative tool to have an understanding of the issues in a short duration by focusing the key issues through discussion. The method aim to collected data from a selected group rather than conducted from a representative sample based on the relevance and relationship to the subject of the study. The present study focuses on the adolescence view towards life skills as well as their perception toward the society. The study was conducted separately among the adolescent boys and girls. The group of boys and girls consist of eight members each in the age group of 13 to 18 years.

Adolescents Boys: The boys mentioned that they received basic life skills education from home and from their teacher in the school and at the church service, but do not attend any type of education programme organized by life skills educators. What they usually received from their parents was self-determination, sex education and to distance them from drugs and alcohol. But the method and skills to distance themselves from such kind of behavior was not taught and also in an objective manner. They also mention that it is difficult to make a decision based on their situation because peer pressure is very strong during this stage. Because of peer pressure they have a chance of engage in unhealthy behaviour.

Decision making is also difficult because they sometimes feel that the decision they made have a negative impact on their future. In the condition of controlling their emotion, they find it difficult to control their emotions especially when they were in anger. But they tried their level best to cope with their emotions through singing, listening to music and distance themselves from the situation. Effective communication was rare between them and their parents, sharing problems with their

parents is sometimes awkward for them because some adolescents do not have a positive relationship with their parents.

They also do mention that they do not have any problem in socialisation, they participate in social activities and church activities with their utmost ability. Their economic condition or their physical appearance do not bother them to socialize with others, they have confidence within themselves. They have a sense of belonging when they participate more in the society. They also mention that especially in the Mizo society they are a number of social gathering and activities; they are given some responsibilities which are sometimes hard to manage with their time because they are still students. They need to concentrate on their studies and also they need to fulfill their responsibilities within the society and church, which is sometimes stressful for them. The society also sometimes gives pressure and their education also give pressure which in turn leads to stress. But that does not mean that participate in various activities of the society does not have a negative impact it also help them in developing their personal and social skills.

Adolescents Girls: The girls mention that they heard about life skills but still not received proper education from the life skills educator. Like the boys, they also receive some basic life skills from their parents and school teacher. When they are facing a problem, they cope with prayer, having a discussion with their parents and friends, some of them mention that they kept to themselves because it is sometimes worth than telling others. When they are in anger they cannot do anything, they lack concentration in studying, they sometimes said it out to others without considering the consequences. Some of them handle their anger with crying and singing. They also mention that they know how to distinguish between a true friend and a bad friend, they know how to let go of their friend who is not good for their life. Also, whenever

they are making a decision, some of them said that they make a decision by themselves without taking opinions from others. The girls also say that sometimes they envy others people because of their family background and economic condition.

The girls also point out that society has also given importance to them and let them participate in activities. They also have a strong sense of belonging when they participate more in the society. Like the boys, they do mention that when they participate actively in the church or social activity, they are given more responsibility which is sometimes a burden for them. They need to concentrate on their education and need to do their social responsibility during the same time which results in stress. They also observed the society from the best of their knowledge and mentioned that if there are more drugs and other substance abuse is still familiar in the future the society would not be an efficient place for the future generation to grow up. They also have a trust issue in the government because within these days those who are not the relatives of the ministers it is difficult to get a job.

They also have suggestions that it is important for the parents to have a good relationship with their children. Parents should try to have a wider view of the modern world because their children are born in this developing generation and also try to adapt themselves to the modern world. Teachers should also try to have an effective and meaningful technique in educating the students including life skills.

From the FGD, the researcher understood that the primary institutions family, groups and friends and school plays a vital role for life skills development. At the same time, the adolescents facing challenges especially in the core life skills of decision making, effective communication skills and also have challenges in coping with stress and emotions in the society.

The discussion reveals that the adolescents involve more in social activities and other church related responsibilities. There is a mismatch between the social activities and education pressure expecting from the parents without considering the social reality in the contemporary world.

4.7.3. Daily Activities Schedule

Daily activity is an activity schedule that is done based on their routine work. The daily activities of the adolescents were collected to study how the adolescents actually spend their entire day. The study was conducted on rural and urban adolescents in expectation of getting a different result between rural and urban.










DAILY ACTIVITY SCHEDULE RURAL GIRLS					
TIME	ACTIVITIES	ILLUSTRATION			
6:00am	Zing ka tho		2:00 pm	School kam bang	
6:30am	Lehka ka zim		3:30 pm	Rawng kan bowl thin	
7:30am	Uhuw ka ci		5:30 pm	Uai chaw kan ci thin	
8:00am	School ka kal		7:00pm	Lehka kam zim thin	
			9:00pm	Kan mu thin	

Fig 4.1. Daily Activities of Rural Adolescent Girls

The daily activities of rural girls (see fig.4.1.) shows that in the morning, they wake up at 6:00 am and started studying at 6:30 am. At 7:30 am they had breakfast and went to school at 8:00 am. The school close at 2:00 pm and went straight back home. They are preparing dinner at 3:30 pm and they had dinner at 5:30 pm. After having dinner, they rest for a while and they start studying at 7:00 pm and went to sleep at 9:00 pm.

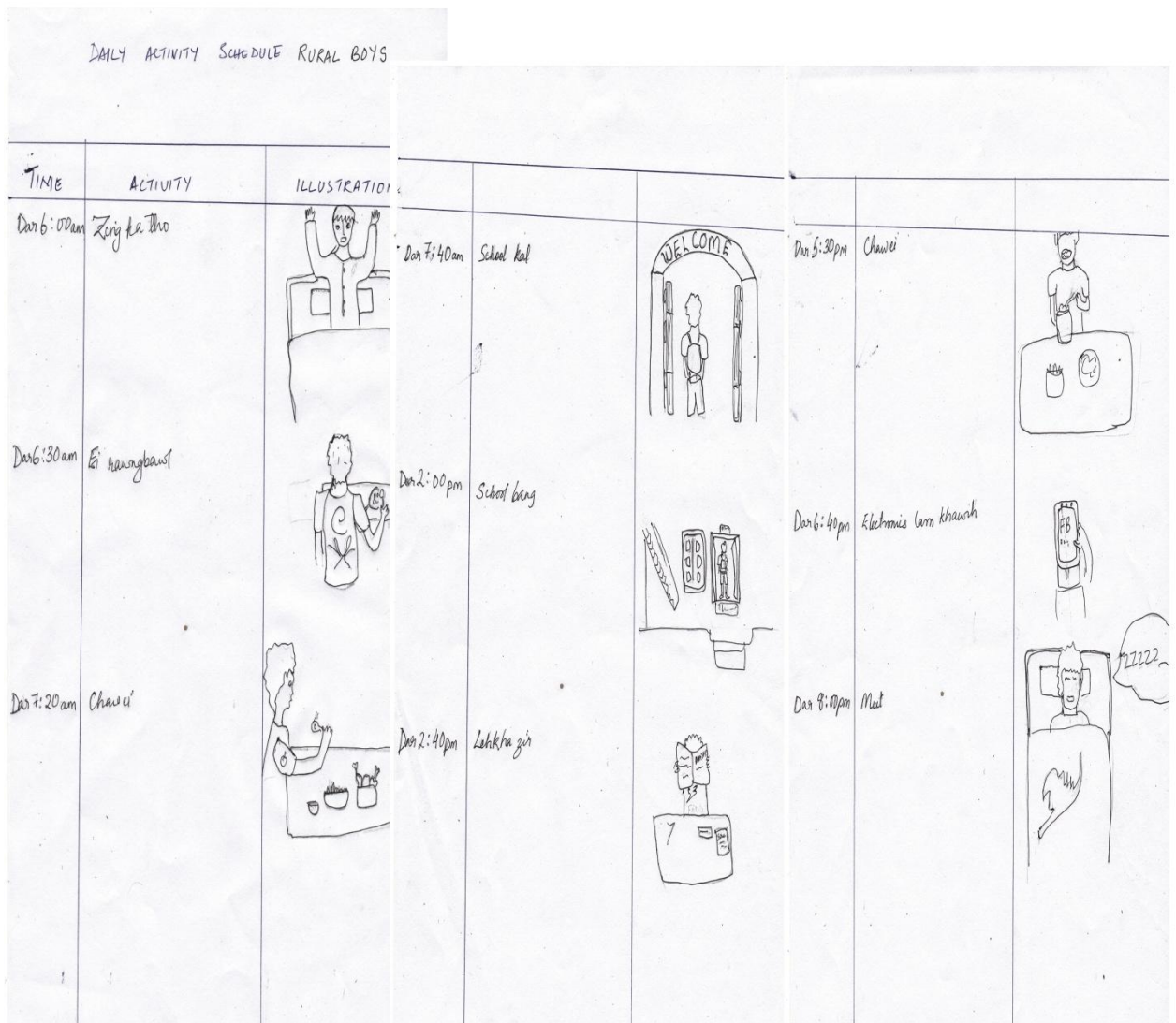


Fig 4.2. Daily Activities of Rural Adolescent Boys

The daily activities of rural adolescent boys (fig 4.2) show that they wake up at 6: am in the morning. After they wake up they are preparing breakfast at 6:30 am and having breakfast at 7:20 am. They went to school at 7:40 am and leave school at 2:00 pm. After school, they are studying at 2:40 pm and 5:30 pm they had dinner. At 6:40 pm they spend their time going through Facebook and playing online games. At 8:00 pm they went to bed.




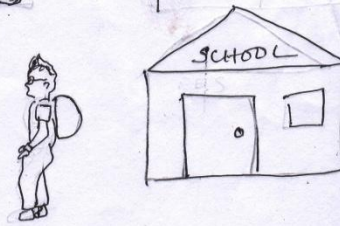


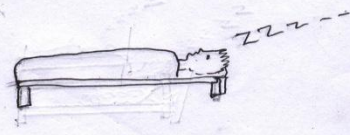
DAILY ACTIVITY SCHEDULE		
URBAN BOYS		
TIME	ACTIVITIES	ILLUSTRATION
6:00 am	Zing ka lho a lekha ka ziri nghal	
7:00 am	chaw ka ei	
7:30 am	School ka kal	
3:00 pm	School kan bang	
5:30 pm	Zansiah kan ei	
7:00 pm-10:00 pm	Lekhka ka ziri	
10:30 pm	ka nu	

Fig 4.3. Daily Activities of Urban Adolescent Boys

The urban boys (fig 4.3) wake up at 6:00 am in the morning and started studying. At 7:00 am they had breakfast and went to school at 7:30 am because school starts early these days. At 3:00 pm, the school is over and went home, they had dinner at 5:30 pm. They started learning their lesson at 7:00 pm and finished at 10:00 pm and they go to sleep at 10:30 pm.



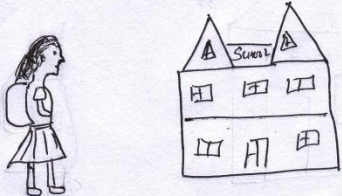

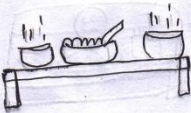


DAILY ACTIVITY SCHEDULE		
URBAN GIRLS		
TIME	ACTIVITIES	ILLUSTRATION
6:30 am	Zing ka tho	
8:00 am	Chaw ka ei	
8:15 am	School ka kal	
2:30 pm	School kan bang	
5:00 pm	Zamianh kan ei	
7:00 pm	Cehkha kan xin	
9:30 pm	kan mu	

Fig 4.4. Daily Activities of Urban Adolescent Girls

The urban girls wake up in the morning at 6:30 am and have breakfast at 7:00 am. They went to school at 7:30 am and the schools close at 2:30 pm and went back

home. They are having dinner at 5:30 pm and started studying at 7:00 pm and finished at 8:00 pm. They went to sleep at 10:30 pm.

The researcher analyzed the daily activity schedules that have been portrayed by the adolescents of both rural and urban areas. It is quite obvious that most the adolescents get up early in the morning around 6 am to 6 30 am. As soon as they get up from the bed they go for preparing breakfast and have early breakfast and the heavy meal. They have most two times a meal per day. Thereafter, they study for one – two hours in the morning and spend time in the schools. Their parental care is minimal in terms of helping in their studies. As soon as they come back from the school, they play and have early dinner and study roughly for two hour at night and spending most of the time in social media. Most of the time they go to bed after 10:30 PM to 11 PM, these activity schedule shows that parental care is less as well as devoting time of studies is very minimal. Further, the sleeping times of the adolescents roughly 6 - 7 hours per day is not adequate enough for their sound health at the young age for concentration in studies. They also face lack life skills in certain areas in effective communication, decision making, critical thinking and coping with emotions and stress.

In this section an attempt has been made to discuss the qualitative data collected through case study, FGD and daily activity schedule. The chapter was devoted to discuss how they learn life skills and their social activities, spending pattern of time. In the light of results and discussion of this chapter, next chapter is devoted to conclusion and suggestion.

CHAPTER - V

CONCLUSION AND SUGGESTIONS

The researcher, in this chapter presents the brief conclusion and suggestions based on the various findings through the study. On the basis of these findings, suitable implication for the social work intervention and suggestions for future studies are presented.

Life skills and social wellbeing play an important role among the adolescents. They are associated with primary institutions family, schools, college and university based on their interaction they learn and acquire different life skills. The life skills depends upon the knowledge, values, attitude and skills which are imbibe in culture, norm and folkway of the society. Apart from this many social wellbeing processes are taking place in this fast growing society, life skills and social wellbeing emerged as an issue among the children and adolescents. The life skills and social wellbeing among the adolescents varies from their socio cultural context. Keeping these in view, the concept of life skills, definitions, types and classification of life skills are studied in the present study. In addition, the concept of adolescent, definition, types and classification of adolescents are also studied and its relevance in the contemporary society.

The adolescents are different from the central part of India in terms of culture, customs and traditions, religion, ethnicity, land and topography. Based on these variations, the socio economic conditions and their educational standard and the lifestyle in terms of life skills and social wellbeing in the urban and rural areas of their system of living is transformed. Therefore, the adolescents are significant group and also transition period covered in the present study.

Moreover, in today's context adolescents get different exposure and also have societal pressure in their educational performance and facing lot of challenges in terms of coping with emotions and stress due to relationship and behavioural problems. They are interested to be with their friends and while away their precious time without focus and lacking in life skills and social wellbeing in the materialistic society. They face challenges of anxiety, depression and frustration and other mental illness, which are not healthy for their social wellbeing. Keeping in view of the issues faced by the adolescents in the region the present study is focused to study the following objectives:

1. To study the socio-economic status of Adolescents in Aizawl district.
2. To assess and compare the life skills of adolescents in government and private school of Aizawl district.
3. To identify the social well-being of adolescents in government and private school of Aizawl district.
4. To find out the relationship between life skills and social well-being among adolescents.
5. To suggest policy measures to develop life skills among the adolescents.

Hypotheses

1. There is a difference in the life skills of adolescence between government and private school.
2. There is a difference between the social well-being of government and private school of the adolescents.
3. There is a relationship between life skills and social wellbeing.

The researcher used for the field survey the probability sampling technique by adopting systematic simple random sampling method. Total 475 respondents were selected from both urban and rural areas of Aizawl district. Urban respondents were selected from Aizawl town and rural respondents were selected from Thingsulthliah block of Keifang both government and private schools.

The design of the present study is descriptive and cross sectional in nature. A structured questionnaire was used to collect the data from the adolescents in the Aizawl city. For Life skills assessment Nair et.al (2009), Rajiv Gandhi National Institute of Youth and Development was used and for Social Wellbeing measurement Corey M. Keyes Wellbeing Assessment Scale (1998) was used. The instrument consists of three parts based on the objectives. The data were analysed with the help of a computer package know as Statistical Package for Social Sciences (SPSS). The limitation of the present study is that the study is restricted to only adolescent group and difficult to generalize to the entire Mizoram of considering the characteristics of Government and Private schools. Based on the objectives of the present study the conclusion are as follows:

5.1.Profile of the respondents.

- More than two third of the respondents (66.5%) are in the age group of 16-18 years. The mean age is 15 years.
- More than half of the respondents (58.5%) are female respondents.
- Lusei is the predominant clan of the Mizo tribes and more than half of the respondents belong to the same.
- Presbyterian is the dominant denomination and two-thirds of the respondents (66%) belong to this denomination.

- In educational Standard, more than half of the respondents studied in Class eleven standards.
- In the order of birth, nearly one third (30%) of the respondents are the ‘eldest’ among the sibling in the family.

5.1.2. Familial Characteristics of the Respondents

- Majority of the respondents (78.3%) belong to a nuclear family.
- Majority of the respondents (92.4%) are from a stable family.
- Medium size of the family has the highest percentage comprising about two third (62%) of the respondents.
- More than two-third of the respondents (66%) have between 0-3 number of siblings.

5.1.3. Respondent Parental Profile

- More than one-third of the father (33.7%) studied up to Graduate and above.
- Regarding the occupation of the respondent’s father, more than one third (41.1%)of the father work as a government servant .
- More than one-third of the respondents' mother (36.4%) studied up to HSLC.
- There are a greater number of children whose mother (33.5%) engaged in others forms of income like petty shop business and small enterprises.

5.1.4. Socio-Economic Characteristics of the Respondents

- Majority of the respondents (77.3%) belong to the category of Above Poverty Line.
- Majority half of the respondents (50.3%) lived in Assam type or tin roof.
- In monthly family income of the respondents 43.4percentof the family income falls in Rs.5000-20000.

5.1.5. Attended Life Skills Before

The study finds out that majority of the respondents (63.4%) do not attend any life skills education..

5.1.6. Respondents Family Household Assets

Among the respondents, a majority of respondents had owned television, refrigerator, mobile phone, washing machine, Liquefied Petroleum Gas (LPG), desktop computer or laptop. More than two third of the respondents' family (68.6%) do not own a car and more than half of the respondents' family (55.6%) owned bike or scooter.

5.2. Life skills of Adolescents

Life skills were classified into ten dimensions viz., self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, decision making, problem-solving, coping with emotions and coping with stress. Majority of the respondents have an average level of life skills on all of the ten core life skills. Few of the respondents also score high, low and very high level. Further, there is a relationship between life skills and age group of the respondents.

5.2.1. Comparison of Life Skills by Type of School

The comparison of life skills by school highlights the scoring difference between life skills in government and private high school. The government school students have higher life skills than the private school students in empathy, problem-solving and creative thinking. The private school has higher life skills in coping with emotions than a government school. There is no difference between government and private school in an interpersonal relationship, self-awareness, decision making, critical thinking, effective communication and coping with stress. From the total scoring, the adolescent students have scored the highest in empathy skills followed by

interpersonal relationship and self-awareness. The adolescents have low creative thinking skills, effective communication skills and low coping with stress. The private school adolescents have life skills than the government

5.2.2. Comparison of life skills by High School and Higher secondary School

The comparison of the life skills in high school and higher secondary school shows that the high schools have higher skill in interpersonal relationship, creative thinking, critical thinking and coping with stress. The higher secondary schools have higher empathy skills than the high school students. There is no difference in the level of skills in self-awareness, effective communication, problem solving and coping with emotions. From the total mean score, empathy is highest among the other entire ten dimensions. The high school and higher secondary school students have lower skills in effective communication, coping with stress and creative thinking.

5.3. Social Wellbeing

The score of the respondents was rated into six point scale viz., agree strongly, agree somewhat, agree little, disagree little, disagree somewhat, and disagree strongly. Majority of the respondents score the moderate level in social wellbeing which means that social wellbeing is not high among the school students and few of the students score low and high level of social wellbeing. At the same time the young age group is better in social wellbeing.

5.3.1. Comparison of Social Wellbeing by School

The social wellbeing comparison in government and private school shows that the private school have higher social acceptance than the government school. There is no difference between government and private school in social integration, social contribution, social actualization and social coherence.

5.3.2. Comparison of Social Wellbeing by High School and Higher Secondary

School

With regards to comparison of social wellbeing in high school and higher secondary schools, there is no difference in the social integration, social contribution, social actualization and social coherence. The higher secondary school has higher social wellbeing in social acceptance than the high school.

5.3.3. Correlation Matrix of the Life Skills of the Respondents

There is a correlation between empathy and self-awareness. There is also a correlation between effective communication, self-awareness and empathy. Interpersonal relationship is having a correlation with self-awareness, empathy effective communication. There is a correlation between creative thinking and self-awareness, empathy, creative thinking and interpersonal relationship. There is no correlation between creative thinking and effective communication. Critical thinking has correlation with self-awareness, empathy, effective communication, interpersonal relationship and creative thinking. Decision making have correlation with self-awareness, empathy, effective communication, creative thinking, critical thinking and interpersonal relationship. Problem solving has a correlation with self-awareness, empathy, interpersonal relationship, creative thinking, critical thinking and decision making. Coping with emotions have relationship with effective communication, interpersonal relationship, and relationship with decision making. There is also a negative relation between coping with emotion and creative thinking. There is a correlation between coping with stress and decision making and coping with emotion. Coping with stress have a negative correlation with self-awareness, empathy, creative thinking, critical thinking and problem solving.

5.3.4. Correlation Matrix of Social Wellbeing among the Respondents

In the correlation of social wellbeing among the respondents there is a relationship between social acceptance and social integration. There is a correlation between social contribution, social integration and social acceptance. Social actualization has a correlation with social integration, social acceptance and social contribution. There is a correlation between social coherence and social acceptance, social contribution, social actualisation. Social Wellbeing has correlation with social integration, social acceptance, social contribution, social actualisation and social coherence.

From the study it has been found out that Life skills have a negative correlation with social wellbeing. The association shows that the adolescent's social wellbeing is not healthy. The finding reveals that when the life skills are not healthy it surely affects the social wellbeing of adolescents in the society. The similar findings of the study are observed from the study conducted by Sheikhzade et al., 2013. Therefore, healthy life skill training is mandatory for the entire adolescent and for their healthy social wellbeing. The findings reveals that as the stress level increases among the adolescents that they are not aware about themselves that what they are doing in terms of thinking and mother skills. Therefore, the social wellbeing of the adolescent is not healthy.

4.3.5. Correlation between Life Skills and Social Well being

There is a negative correlation at 0.01 level of significance. The association shows that the adolescent's social wellbeing is not healthy. The finding reveals that when the life skills are not healthy it surely affects the social wellbeing of adolescents in the society. Social wellbeing encompasses our interpersonal

relationship, social support network and community engagement. To achieve social wellbeing, there is a need in acquiring skills of effective communication, empathy, interpersonal relationship, and problem solving skill. Therefore, healthy life skill training is mandatory for the entire adolescent and for their healthy social wellbeing.

5.4. Case Study

Four case studies were conducted, the selected persons were mainly from a broken and single-parent type of family. As they were from single parent and broken family, they have a greater tendency to indulge in drug abuse, alcohol, and other substances. In most of the cases, they mentioned that they witness loneliness, anger, rejection and lack of discipline. In some cases, music plays an important role in coping with their problems and difficulties.

5.5. Focus Group Discussion

The focus group discussion also highlights show the adolescents deal with their daily life. Effective communication was low with their parents, friends and siblings. The adolescents also find it difficult to cope with their emotions, their main way of coping with their stress and emotions is through listening to music, praying, crying, substance use, etc. Participate in society increase their social wellbeing and feel a sense of belonging within the community. But if the society has put so much pressure on them and given them responsibilities they become stress and meanwhile they need to concentrate on their studies as well.

5.6. Implication for Social Work Intervention

Social work is a new profession which is seven decades old in India. It has its own philosophies and principles, knowledge and values, methods, skills and techniques to be practiced or intervened to the individuals, groups and communities, those who are encountered challenges in the society. Through this social work

process, the clients or the people to realize the problems encountered and work out the modalities in such a way that the potentials and resources are utilized to remove the causes, deals with the symptoms and reduce the magnitude of the problem.

In order to understand the concept of social work, Werner Boehm (1958) defined as “social work seeks to enhance the social functioning of individuals, singularly and in groups, by activities focused upon their relationships which constitute interaction between individuals and their environments”. From this definition it states that focus to be given on intervention on the interaction between human individuals and their environments. Therefore, the present study is very important to ameliorate their life with necessary social work intervention strategies. The present study resulted that the majority of adolescents possess no variation between government and private schools. Further, there is a negative correlation was found out between life skills and social wellbeing and the dimension are associated. The social case work and social group work methods are suitable to facilitate the individual challenges on life skills as well as assisting to relate with social wellbeing.

A social worker has to play significant role in enhancing adolescent competencies since it is a turning point for their personality and career development. The changes happened in the adolescent period is having a long lasting effect in their which lives span and also has a negative or positive.

The professional social workers interested in working with students to improve their life and behaviour can conduct a similar study to further understanding the importance of life skills among the students. Awareness should also be created on the importance of life skills to be inculcated among the adolescents.

5.7. Suggestion

After a series of a cross-sectional study of literature and research findings on the life skills and social well-being of the students, the following points have been suggested and recommended for enhancing of life skills among the government and private school students of Aizawl District.

- The social professionals can impart life skills education among the students by practicing the primary methods of social work that is social casework, social group work, and community organization in order to develop life skills.
- Life skills training and workshops should be conducted. Short term courses should be introduced in schools especially those schools having low achievement so as to upgrade their skills.
- The implement of life skills education in schools requires experts; therefore, training should also be provided for the teachers so that they will be able to enhance life skills for adolescents.
- The social worker can also have linked with the State Council of Educational Research and Training to conduct more effective life skills education for the adolescents.
- The conclusion from the literature shows that life skills help individual develop confidence, cope with difficult situations and enhance healthy behaviour. Therefore, there is an urgent need to enhance life skills, especially among the adolescence group.
- The result from the present study it is recommended that life skills should impart in schools as part of the academic and co-curricular program. Schools should also include life skills evaluation as part of school evaluation among the students.

- The study shows that respondents showed lower scores in skills like coping with stress, creative thinking, and interpersonal relationship. As per the study, these are the desired skills which need to be more focus among the high school students of Aizawl District. There is also a need to study the larger sample to understand the life skills needed in Aizawl District and hence planning for intervention can be made.

Thus, the study revealed that there is a great responsibility for social workers, teachers, and parents and policy makers to create opportunity to impart life skills education towards social wellbeing among the adolescents. The development of the nation is in the hands of the young people for nation building. The study has a wider scope in the promotion of life skills education based on the life skills and social wellbeing as well as in the field of psychosocial and mental health issues of young people. A separate module could be developed based on the life style of children and adolescents in the northeast context

Bibliography

- Acharya, S. (2015). Life Skills education in Dealing with Anxiety and Academic Achievement of Adolescents Student. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Ahonen, A., & Rajala, R. (2007). Psycho-Social Well-Being among School children in the Northern Areas of Finland, Sweden, Norway and North-West Russia. <https://www.aare.edu.au/data/publications/2007/aho07440.pdf>
- Aparna, N & Raakhee, A.S. (2011).Life Skill Education for Adolescents: Its Relevance and Importance.*GESJ: Education Science and Psychology* 2011 | No.2 (19) ISSN 1512-1801.
- Atashbar, B.,Amiri, H., & Atashbar, S. (2016). A Study of the Effect of Life Skills Training On Students Self-Concepts, Motivation And Mental Health. *INT Journal of Current Science*, 2016,19 (1):E 113-118.
- Bardhan, A (2016).Life Skills Education: A Strategy for Handling Adolescents' Risk Behavior. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)* Volume 21, Issue 7, Ver. V (July. 2016) PP 92-99 e-ISSN: 2279-0837, p-ISSN: 2279-0845.
- Behrani, P. (2016).Implementation Aspects of Life Skills Education Program in Central Board Of Secondary Education Schools. *International education and Research Journal* Vol:2 Issue :3 March 2016, ISSN No: 2454-9916.

- Botvin G.J., Schinke S.P., Epstein J.A., & Diaz, Tracy (1994). Effectiveness of Culturally Focused and Generic Skills Training Approaches to Alcohol and Drug Abuse Prevention Among Minority Youths. *Psychology of Addictive Behaviors* 1994, Vol. 8, No. 2, 116-127
- Buhler, A., Schroder, E., & Silbereisen, R.K. (2008). The Role of Life Skills Promotion in Substance Abuse Prevention: A Mediation Analysis. *Health Education Research* Vol.23 No.4 2008 Pages 621–632.
- Campbell, M.E., & Eggerling-Boeck, J. (2006). "What About the Children?" The Psychological and Social Well-Being of Multiracial Adolescents. *The Sociological Quarterly*, Vol. 47, No. 1 (Winter, 2006), pp. 147-173.
- Chan, R.M.C., Lau, P.S.Y., Yeun, M.(2011). Interrelationship among Teacher care, Student's Life Skills Development and Academic Achievement: Implementation for School Guidance Work Hong Kong. *Asian Journal of Counselling*, Vol 18, No. 1&2, pp 63-94
- Cicognani, E., Pirini, C., Keyes, C.L.M., Joshanloo, M., Rostami, R., & Nosratabadi, M. (2008). *Soc Indic Res* (2008) 89:97-112, DOI 10.1007/s11205-007-9222-3.
- Cosma, A., Rhodes., Currie, C., & Inchley, J. (2016). Self Confidence and Social Wellbeing in Scottish Adolescents. <http://www.cahru.org/content/03-publications/03-briefing-papers-and-factsheets/bp25.pdf>
- Dhingra, R., & Chauhan, K.S. (2017). Assessment of life-skills of adolescents in relation to selected variables. *International Journal of Scientific and Research Publications*, Volume 7, Issue 8, August 2017, ISSN 2250-3153.

- Dodge, R., Daly, A., Huyton, J., & Sanders, L.(2012). The Challenge of Defining Wellbeing. *International Journal of Wellbeing*, 2(3), 222-235. Doi:10.5502/ijw.v2i3.4
- E. Van Lente., M. M. Barry., M. Molcho . K. Morgan., H. McGee., D. Watson & J. Harrington (2012). Measuring population mental health and social well-being. *International Journal of Public Health* (2012) 57:421–430 DOI 10.1007/s00038-011-0317-x
- Esmailinasab, M.,Malek Mohamadi,D., Ghiasvand, Z., &Bahrami, S.(2011). Effectiveness of life skills training on increasing self-esteem of high school students. *Social and Behavioral Sciences* 30 (2011) 1043 – 1047, doi:10.1016/j.sbspro.2011.10.203
- Fallahchai, R. (2012). Effectiveness of Academic and Life Skills Instruction on the Freshmen Academic Achievement. *Journal of Life Science and Biomedicine*. 2(4): 137- 141.ISSN 2251-9939 <http://jlsb.science-line.com/>
- Fatemeh ParastehGhombavani, Nor HayatiAlwi, Ibrahim Ghadi, Rohani Ahmad Tarmizi(2012) *Mediterranean Journal of Social Sciences Vol. 3 (11) November 2012 ISSN 2039-9340*
- Frolova, E.A., & Malanina, V.A.(2016). Social Wellbeing of Elderly people in Russia. SHS Web of Conference 28, 01038 (2016), DOI: 10.1051/shsconf/20162801038.
- Goudas, M.,Dermitzaki, I.,Leondari, A& Danish, S. (2006). The Effectiveness of Teaching A Life Skills Program in a Physical Education Context.*European Journal of Psychology of Education*, Vol. 21, No. 4 (December 2006), pp.429-438.

- Gupta, S., Sardesai, B., & Solomon, R.J. (2015). Building Self Esteem among Adolescents through Life Skills Education. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Gomes, A.R., & Marques, B. (2013). Life Skills in Educational Context: Testing the Effects of an Intervention Programme. *Educational Studies*. 39 (2), pp 156-166.
- Thalagala, N., Rajapakse, L., & Yakandawala, H. (2004). National Survey on Emerging Issues among Adolescents in Sri Lanka, UNICEF.
https://www.unicef.org/srilanka/Full_Report.pdf.
- Hajia,T.M., Mohammadkhani,S.,&Hahtami, M.(2011). The Effectiveness of life skills training on happiness, quality of life and emotion regulation. *Procedia - Social and Behavioral Sciences* 30 (2011) 407 – 411, 2nd World Conference on Psychology, Counselling and Guidance.doi:10.1016/j.sbspro.2011.10.080.
- Hayes, D.M. & Eddy, J.M. (1985). Stress management education: A life skills approach for health promotion professionals. *Wellness Perspectives*, 2, 4, 9-11.
- Hesari, Z & Tfreshi, M.M.(2017). Studying The Effect Of Life Skills Training On The Academic Achievement Of Tenth Grade Students. *International Journal of Business Management*, Vol, 2 (3) 89-98.
- Hita, C.R & Kumar, G.T (2017). Effect of Life Skills Training on Emotional Distress: A Comparative Study between Adolescent Boys and Girls. *The International Journal of Indian Psychology* ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 5, Issue 1, DIP: 18.01.018/20170501 DOI: 10.25215/0501.018.

- Hunte, R.S., & Esmail, A. (2017). Learning to Change: Does Life Skills Training Lead to Reduced Incident Reports among Inmates in a Medium/Minimum Correctional Facility? *Race, Gender & Class*, Vol. 18, No. 3/4, Race, Gender & Class 2011 Conference(2011), pp. 291-315.
- Jahangir, A & Mankani, N. (2017). Aahung-Empowering Adolescents in Pakistan through Life Skills-based Education. <http://resurj.org/sites/default/files/2017-05/Aahung-UNGEL.pdf>.
- Jain, K., & Parveen, S. (2015). An Assessment of Life Skills Education in Tribal Adolescents Girls of Residential Camp of Education for Drop outs and Illiterates. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Keyes, C.L.M & Shapiro, A.D (2013). Social Wellbeing in the United States: A *Descriptive Epidemiology*.<https://www.researchgate.net/publication/259344810>
- Khera, S & Khosla,S (2012). A Study Of Core Life Skills Of Adolescents In Relation To Their Self Concept Developed Through Yuva School Life Skill Programme.*International Journal of Social Science & Interdisciplinary Research* Vol.1 Issue 11, November 2012, ISSN 2277 3630
- Kumar, T.V., Vanaja, A., & Mobar, S. (2015). Life skills for HIV/AIDS Prevention among the School Adolescents. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199

- Kumaravel, S. (2015). Impact of Capacity Building Training on Life Skills, Civic Citizenship and Peer Education among Youth of North Eastern Region. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Lalrinzuali, H., & Devendiran, C. (2015). Life Skills Among Adolescents at Durtlang, Aizawl. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Liao, W., Jiang, J.M., Bin Yang., Zeng, Xin & Liao,Su-Su (2010). A Life-skills-based HIV/AIDS Prevention Education for Rural Students of Primary Schools in China: What Changed? What Have We Learned? *Biomedical and Environmental Sciences* 23, 409-419 (2010).
- Lida, E. (2016). Study On The Impact Of Life Skills Training On Mental Health, Social Adjustment Motivation Of Female High School Students In The City Of Shiraz. *The Social Science Journal* 11 (23): 5618-5624,2016: ISSN: 1818-5800.
- Central Board of School Education. (1994). Life Skills Education and CCE. http://www.cbse.nic.in/cce/life_skills_cce.pdf.
- M. Goudas, I. Dermitzaki, A. Leondari, & S. Danish (2006). The Effectiveness of Teaching A Life Skills Program In A Physical Education Context. *European Journal of Psychology of Education* 2006, Vol. XXI, n° 4, 429-438.

- M. Yuen et al. (2010). Enhancing life skills development: Chinese adolescents' perceptions. *Pastoral Care in Education* Vol. 28, No. 4, December 2010, pp. 295–310, DOI: 10.1080/02643944.2010.528015
- Miller, J.P. & Bowen, B.E. (1993) Competency, Coping, and Contributory Life Skills Development of Early Adolescents, *Journal of Agricultural Education*
- Monteiro, R., & Shetty, L. (2016). Introduction of Life Skills Education in Curriculum for Creative and Positive Social Functioning Among Young Students. *International Journal of Engineering Research and Modern Education (IJERME)* ISSN (Online): 2455 – 4200, Volume I, Issue I, 2016.
- Mozafarri, N., Nayari, N.D., & Dadkhah, B. (2014). Social well-being of a sample of Iranian nurses: a descriptive-analytic study.
https://www.researchgate.net/profile/Behrouz_Dadkhah/publication/261475515
- Müller, M.L. (2012). Social Well-Being: Investigating the Relation of Social Aspects to Optimal Functioning in Society.
<http://web.msu.ac.zw/elearning/material/1488242026>
- Muratori, M., Beramendi, M., and Zubieta, E. (2014). Psychological and Social well-being: the mediated role of values.
<http://odel.irevues.inist.fr/cahierspsychologiepolitique/index.php?id=2816>
- Muthulakshmi, R., & Pamela, A.A.J. (2016). Life Skills In Relation To Achievement In Genetic Among Eleventh Standard Students. *International Journal of Applied Research*, 2 (9): 103-106
- Nair, R & Subasree, R. (2014). The Life Skills Assessment Scale: The Construction and Validation of a New Comprehensive Scale for Measuring Life Skills. *IOSR*

Journal of Humanities and Social Science (IOSR-JHSS) Volume 19, Issue 1, Ver. IX (Feb. 2014), PP 50-58 e-ISSN: 2279-0837, p-ISSN: 2279-0845.

- Nair, R. (2011). Life Skills Education-Origin and Development of the Concept. In A. Radhakrishnan Nair & Sunita Ranjan (Eds) *Impact of Life Skills Education – Evidence from the Field*. Sriperumbatore: RGNIYD.
- Nasheeda, A. (2008). Life Skills Education for Young People: Coping and Challenges. *Counselling, Psychotherapy and Health*, 4(1), Counselling in the Asia Pacific Rim: A Coming Together of Neighbours Special Issue, 19-25.
- Ndirangu, A.N., Wamue – Ngare, Grace., &Wango, Geoffery (2013). Gender Factors in Implementation of Life Skills Education in Secondary Schools in Nairobi, Kenya. *International Journal of Education and Research Vol. 1 No. 5*.
- Niaraki, F.R.,& Rahimi, H. (2013). Effect of Life Skill Training on Self -Esteem of High School Students in Iran.*European Online Journal of Natural and Social Sciences* 2013 Vol.2, No.2 Special Issue on Teaching and Learning.ISSN 1805-3602
- Oberle, E., Schonert-Reichl, K.A & Thomson, E.O (2009). Understanding the Link Between Social and Emotional Well-Being and Peer Relations in Early Adolescence: Gender-Specific Predictors of Peer Acceptance *Youth Adolescence* (2010) 39:1330–1342 DOI 10.1007/s10964-009-9486-9.
- Özmete, E. Building Life Skills for Empowerment of Young People: A Conceptual Analysis.<http://www.sdergi.hacettepe.edu.tr/makaleler/OZMETE-lifeskills.pdf>.
- Parvathy, V & Pillai, R.R (2015). Impact of Life skills Education on Adolescents in Rural School. *International Journal of Advanced Research*(2015), Vol 3, Issue 2, 788-794, ISSN 2320-5407.

- Parveen, S., Jain, K., & Mathur, M. (2015). An Assessment of Knowledge of Life Skills Education among Adolescents of Government School. Skill Development and Competency Building of Youth Through Life Skills. Indian Association of Life Skills education and Excel India Publisher. ISBN NO-9789384869199.
- Prajapati, R., Sharma, B., & Sharma, D. (2017). Significance of Life Skills Education. *Contemporary Issues in Education Research*, Vol 10, No 1, 2017.
- Prati, G., Albanesi, C. & Pietrantonio, L.(2017). Social Well-being and Pro-Environmental Behaviour: A Cross-Lagged Panel Design. *Human Ecology Review*, Volume 23 (1),2017. DOI: 10.22459/HE.23.01.2017.07.
- Priyadarshini, A.H. (2015). Life Skills Building In Orphan And Vulnerable Children Through Arts-Based Training Programme.
<http://www.unesco.org/culture/en/artseducation/pdf/presentation204hemapriyadarshini.pdf>.
- Pujar, L.L., & Patil, S. S (2016).Life Skill Development: Educational Empowerment of Adolescent Girls. *RA Journal of Applied Research*,Volume-2 Issue 05, Pages-468-472 May-2016 ISSN (e): 2394-6709.
- Rahmati, B., Adibrad, N., Tahmasian, K., &Sedghpour, B.S.(2010). The Effectiveness of life skill training on Social adjustment in Children. *Social and Behavioral Sciences* 5 (2010) 870–874, doi:10.1016/j.sbspro.2010.07.201
- Rehman, R., Habib, M., &Fatima, S. S. (2014). A take on Social Wellbeing Attributes by First Year Medical Students. *Journal of PakistanMedical Association*, 64(6), 679-682.

- Rehman, R., Hussain, M., Syed, F., & Khan, R. (2014). Social Wellbeing: A positive Energy for Wellness in Medical Students. *J Postgrad Med Inst 2014*; Volume-28(2):165-71
- Rooth, E. (1997). Introduction to Life skills: Hands-On Approaches to Life skills Education. Cape Town: Via Afrika, 2000. ISBN NO-0799415952 9780799415957
- Sandhu, R. (2014). A Study of Life Skills of Pupil Teacher. *Indian Journal of Fundamental and Applied Life Sciences*, Vol.4 (3) July to September, pp. 389 - 395, ISSN: 2231-6345.
- Santrock, J.W. (1996). Adolescence an Introduction. Sixth Edition. Brown and Benchmark Publication.
- Sharma S.(2003).Measuring Life Skills of Adolescents in a Secondary School of Kathmandu: An Experience. *Kathmandu University Medical Journal* (2003), Vol. 1, No. 3, Issue 3, 170-176
- Sicily, T.S., & Ravindranadan, V. (2017). Life Skills Training on Behavioural Issues of Adolescents. *The International Journal of Indian Psychology*, Vol 4, Issue 4, ISSN 2348-5396. DOI: 10.2515/0404.092.
- Sijtsema, J.J.,Verboom, C.E.,Penninx, B.W.J.H., Verhulst, F.C., & Ormel, J. (2013). Psychopathology and Academic Performance, Social Well-Being,and Social Preference at School:The TRAILS Study. *Child Psychiatry Human Development*, DOI 10.1007/s10578-013-0399-1.
- Singh, B., & Kiran, U.V. (2015). Impact of Educational Status on Social Well Being of Elderly. *International Journal of Research (IJR)* Vol-2, Issue-1 January 2015 ISSN 2348-6848.

- Sobhi-Gharamalekia, N., & Rajabi, S. (2010). Efficacy of Life Skills Training on Increase of Mental Health and Self Esteem of the Students. *Procedia Social and Behavioral Sciences* 5 (2010) 1818–1822. doi:10.1016/j.sbspro.2010.07.370
- Sood, S., & Gupta, R. (2012). A Study of Gratitude and Wellbeing among Adolescents. *IORS Journal of Humanities and Social Sciences (JHSS)*, Volume 3, Issue 5(Nov-Dec.2012), PP 35-38. ISBN: 2279-0845.
- Sorensen, G., Gupta, P.C., Nagler, E., & Viswanath, K (2012) Promoting Life Skills and Preventing Tobacco Use among Low-Income Mumbai Youth: Effects of Salaam Bombay Foundation Intervention. *PLOS ONE* 7(4): e34982. doi:10.1371/journal.pone.0034982
- Sowmyashree, K.N.(2015). Impact of Life Skills Training on Emotional Maturity among College Student. Skill Development and Competency Building of Youth Through Life Skills. *Indian Association of Life Skills education and Excel India Publisher*. ISBN NO-9789384869199.
- Sridevi, Y(2015). Life Skill Education in India. *International Journal of Multidisciplinary Advanced Research Trends*, Vol 2, Issue 2, March 2015, ISSN:2349-7408.
- Srikala, B.,& Kumar K.K.V. (2010)Empowering adolescents with life skills education in schools – School mental health program: Does it work?.*Indian Journal of Psychiatry* 52(4), Oct-Dec 2010,DOI: 10.4103/0019-5545.74310.
- TACADE. (1990) Skills for the Primary School Child: Promoting the Protection of Children. UK:Salford.
- United Nations International Children's Emergency Fund. (2018). Adolescence Overview. <https://data.unicef.org/topic/adolescents/overview>.

- United State Institute of Peace (2009). Guiding Principles for Stabilization and Reconstruction: Social Well-Being. <https://www.usip.org/guiding-principles-stabilization-and-reconstruction-the-web-version/social-well-being>.
- University of Wallongong Australia (2015). Social Wellbeing Definition. <https://www.uow.edu.au/student/wellbeing/social/index.html>.
- Washington State University Online (2013). Social Wellbeing. <https://wellbeingonline.wsu.edu/social>.
- Wann, D.L., & Weaver, S. (2009). Understanding the Relationship between Sport Team Identification and Dimension of Social Well-Being. *North American Journal of Psychology*, 11(2), 219-230.
- Wurdinger, S., & Rudolph, J (2009). A Different Type of Success: Teaching Important Life Skills Through Project based Learning, Minnesota State University, Mankato, USA., *SAGE Publications*, Vol 12 No. 2, pp 115-129.
- World Health Organization.(1997) Life skills education for children and adolescents in schools. Geneva, WHO 1997.
http://apps.who.int/iris/bitstream/handle/10665/63552/WHO_MNH_PSF_93.7A_Rev.2.pdf?sequence.
- Yadav, P., and Iqbal, N.(2009). Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents. *Journal of the Indian Academy of Applied Psychology* October 2009, Vol. 35, Special Issue, 61-70.
- Yue, Y., & Le, Q. (2013). International Students' Social Engagement and Social Wellbeing in an Australian Regional Area. *The International Journal of Health, Wellness, and Society*, Volume-2 Issue No 3,2013.ISSN: 2156-8960.

Zollinger, T.W., Saywell, R.M., Muegge, C.M., Wooldridge, J.S., Cummings, S.F., & Caine, V.A. (2003). Impact of the Life Skills Training Curriculum on Middle School Students Tobacco Use in Marion County, Indiana, 1997-2000. *The Journal of School Health*; Nov 2003; 73, 9; Research Librarypg. 338

**LIFE SKILLS AND SOCIAL WELL BEING OF ADOLESCENTS IN AIZAWL
DISTRICT, MIZORAM
(Questionnaire English)
(Confidential and for Research Purpose only)**

**Research Scholar,
H.Lalrinzuali,
Ph.D Scholar,
Department of Social Work,
Work,
Mizoram University**

**Faculty Supervisor
Dr. C.Devendiran,
Associate Professor,
Department of Social
Mizoram University**

Dear Respondent,

I am Ph.D Scholar of the Department of Social Work, Mizoram University. I am doing my Ph.D on the above mention title. In this regard I request you to kindly spare your valuable time for filling up the questionnaire and used for research purpose, I would be very grateful to you.

Thanking You,

Yours truly
(H.LALRINZUALI)

Schedule No. _____
School _____

Date: _____

I. Profile of the Respondent

1.	Name	
2.	Age	
3.	Gender	1.Female 2.Male
4.	Domicile	1. Rural 2. Urban
5.	Tribe/sub-tribe	1.Lusei /Lushai2. Ralte 3. Hmar 4. Paite 5. Pawi 6. Any other Specify.....
6.	Religion/Denomination	1Presbyterian 2. Salvation Army 3. Baptist 4. Roman Catholic 5.United Pentecost (UPC) 6. Any Other specify.....
7.	Educationclass/std.

8	Order of Birth (if you are single please mention single)	
8.	No of siblings at home	
9.	Type of family	1. Joint 2. Nuclear
10.	Form of family	1. Stable 2. Broken 3. Reconstituted
11	Size of the Family	
12	Socio Economic Category	0. AAY 1. BPL 2. APL
13	Type of House	1. Mizo Hut 2. Assam Type/tin roof 3. RCC
14	Father's Educationclass/std.
15	Father's Occupation	1. Unemployed 2. Agriculture/Farmer 2. Government Servant 3. Self-employment 4. Any other Specify.....
16	Mother's Educationclass/std.
17	Mother's Occupation	1. Unemployed 2. Agriculture/Farmer 2. Government Servant 3. Self-employment 4. Any other Specify.....
18	Family Monthly Income	Rs.
19	Have you attend Life Skill Education before?	1. YES 2. NO

II. Household Property

Sl No	Items	Owned	Not Owned
1	Television		
2	Refrigerator		
3	Mobile Phone		
4	Car		
5	Washing Machine		
6	LPG		
7	Desktop Computer/Laptop		
8	Bike/scooty		

III. Life Skills Assessment Scale.

This questionnaire assesses the level of life skills among the participants. Below are some statements. They try to find out your way of life and perspectives about living. Kindly consider the statements carefully and answer according to what is true for you. There are no right or wrong answers. Please tick in the column.

Sl.No	Items	5 Always true of me	4 Very true of me	3 Somet imes true of me	2 Occasio nally true of me	1 Not at all true of me
1	I wish I was someone else.					
2	Some songs make me feel so sad, I feel like crying.					
3	I can observe people and understand them by their body language.					
4	I understand there must be a reason when my friends stop talking to me.					
5	I am unable to find new perspective for situations.					
6	I look at a situation and analyze it.					
7	Whenever, there is a doubt, I decide after looking at the whole picture.					
8	If I have a problem, I start finding various options.					
9	I don't know how to express difficult emotions like anger and embarrassment.					
10	I am uncomfortable about the way I look.					
11	I value what others have to say about my competence and behaviour.					
12	If someone doesn't have a friend I feel sad.					
13	I am able to express my feeling without using words.					
14	No one knows my true feelings.					
15	I don't speak, without assessing the situation.					
16	If I have to make a decision, I look at what kind of commitments I will have to make.					
17	When I am confused about a problem, I discuss it with others.					
18	I don't know how to put my feelings into words					
19	I postpone my work till the last minute.					
20	I feel that there is something very good and special in me.					
21	When I read a book, I can easily put myself in place of the character.					
22	I use the right words for the right situations.					

23	I don't like to be isolated.					
24	When I learn something I keep asking lots of questions.					
25	I decide because I like something.					
26	I don't want to be forced or hurried to solve problems.					
27	When I am happy, I feel thrilled.					
28	I have more things to do than I can.					
29	I am aware that I have to play different roles as an individual in the society.					
30	Other people's trouble doesn't disturb me much.					
31	I don't know the right words to ask for help.					
32	I easily mingle with people.					
33	When I have to decide, I look at how much risk I have to take.					
34	When I solve a problem, I don't mind trying and failing.					
35	Health wise I am very sensitive.					
36	I am comfortable even if my likes or dislikes are not the same as my group					
37	When somebody is upset, I can know without them openly telling it.					
38	Whatever I say people misunderstand me.					
39	All my friends know me as I am.					
40	I am able to generate many ideas.					
41	In a crisis I think clearly.					
42	I collect all the necessary information before I make a decision.					
43	I feel I should solve the problem the way I want.					
44	When I am happy, I shout, jump and dance.					
45	I keep worrying about my health.					
46	I want others to know my special qualities.					
47	People are responsible for their mistakes, and they have to pay for it.					
48	Whether people listen to me or not, I will say what I want.					
49	I share my feeling, without hurting other.					
50	When doing a task, I keep improving it.					
51	Even if I fail, I prefer to go by first impression.					
52	I don't look for choices, I just decide.					
53	I make a list of all the aspects relating to a problem.					

54	When I am excited, I don't know what to do.					
55	I don't require others, to tell me about my good qualities as I know them well.					
56	I can think of two/three things, when listening to somebody.					
57	If I don't understand, I am able to ask a question					
58	I find that my friends take advantage of me.					
59	I cannot stop working, unless I am satisfied.					
60	Once I have thought of something, it is very difficult to change my view.					
61	My parents and family help me to decide.					
62	I am able to tell myself what my real problem.					
63	Even my best friends don't know about my moods.					
64	I have so many ideas in my head, due to that I can't sleep.					
65	I look for ideas and suggestions from important people in my life.					
66	Even if people don't express, I value their feelings.					
67	I am in such a hurry to talk that I can't wait for others to stop.					
68	When I have a good idea, I remain absorbed in it.					
69	Whenever, there is a problem or a concern, I find another way.					
70	Whatever my friends decide I go by it.					
71	I am able to identify my problems clearly.					
72	I am unable to control my emotions					
73	I feel burdened with my studies.					
74	I am aware that, depending on the situations, I behave differently.					
75	I get distracted, when I am listening to others.					
76	I feel sad that I give more than I receive from my Friends.					
77	I like to workwith ideas or materials.					
78	When I read or listen to something, I am able to see the missing parts.					
79	The more problems I have the more difficult it is for meto decide.					
80	I am sure about my likes and dislikes.					
81	When I see someone's pain or difficulty, I respond spontaneously.					
82	Breaking friendships doesn't bother me.					
83	I don't like discipline, if it tries tomake me to					

	become like others.					
84	When I read or listen, I keep asking questions to myself.					
85	While deciding I keep checking with others, whether I am on the right track.					
86	Once I have thought of a solution, I definitely act.					
87	When I feel angry, I am able to tell and talk about it.					
88	During exam my mind goes blank.					
89	I am able to accept compliments.					
90	I am able to take the position of my friends, as they share their experiences with me.					
91	I don't feel bad when I meet my past friends, with whom I had fought.					
92	I feel I can see connections that others in my group cannot.					
93	When I have taken up some work, difficulties don't bother me much					
94	. Difficult situations makes me take wrong decisions.					
95	I feel that it is useless to talk about feelings.					
96	While listening to my friends, I am able to keep my problems separately for that time.					
97	I am unable to talk about difficult or negative feelings. (Grief, disturbed, doubts).					
98	When I want somebody as my friend, I am able to go and start a talk.					
99	When am in a doubt, I look at the whole situation.					
100	I don't even realize that, when I get excited, I am shouting.					

IV. Social Well Being Measurement Scale

Sl No	Items	1 Agree Strongly	2 Agree Somewhat	3 Agree a Little	4 Disagree a little	5 Disagree Somewhat	6 Disagree Strongly
1	You don't feel you belong to anything you'd call a community (-).						
2	You feel like you're an important part of your community (+).						
3	If you had something to say, you believe people in your community would listen to you (+).						
4	You feel close to other people in your community (+).						
5	You see your community as a source of comfort (+).						
6	If you had something to say, you don't think your community would take you seriously (-).						
7	You believe other people in society value you as a person (+).						
8	You think that other people are unreliable (-)						
9	You believe that people are kind (+).						
10	You believe that people are self-centered (-).						
11	You feel that people are not trustworthy (-).						
12	You think that people live only for themselves (-).						
13	You believe that people are more and more dishonest these days (-).						
14	You think that people care about other people's problems (+).						
15	Your behavior has some impact on other people in your community (+).						
16	You think you have something valuable to give to the world (+)						

17	Your daily activities do not produce anything worthwhile for your community (-).						
18	You don't have the time or energy to give anything to your community (-).						
19	You think that your work provides an important product for society (+).						
20	You feel you have nothing important to contribute to society (-).						
21	You believe that society has stopped making progress (-).						
22	Society isn't improving for people like you (-).						
23	You don't think social institutions like law and government make your life better (-).						
24	You see society as continually evolving (+).						
25	You think our society is a productive place for people to live in. (+).						
26	For you there's no such thing as social progress (-).						
27	You think the world is becoming a better place for everyone (+).						
28	The world is too complex for you (-).						
29	Scientists are the only people who can understand how the world works (-).						
30	You cannot make sense of what's going on in the world (-).						
31	Most cultures are so strange that you cannot understand them (-).						
32	You think it's worthwhile to understand the world you live in (+).						
33	You find it hard to predict what will happen next in society (-).						

LIFE SKILLS AND SOCIAL WELL BEING OF ADOLESCENTS IN AIZAWL DISTRICT,
MIZORAM

(Questionnaire Mizo)

(Confidential and for Research Purpose only)

Research Scholar
H.Lalrinzuali
Ph.D Scholar
Department of Social Work
Mizoram University

Faculty Supervisor
Dr. C.Devendiran
Associate Professor
Department of Social Work
Mizoram University

Chhangtu duhtak,,

Kei hi Ms.H Lalrinzuali, Department of Social Work Mizoram University a Ph.D zirlai ka ni a. A chung a tarlan tak thupui hmang khian tunah hian zir zauna kan nei mek a, Heng a hnuai a zawhna te hi khawngaih a I hun hlu tak seng a min lo chhan sak turin ka ngen a che.

I rintlak,

(H.Lalrinzuali)

Schedule No. _____

Date: _____

School _____

1. A Chhangtu Dinhmun

1	Hming	
2	Kum zat	
3	Hmeichhia/Mipa	1.Hmeichhia 2.Mipa
4	Chenna	1. Khawpui 2. Thingtlang
5	Hnam	1.Lusei 2. Ralte 3. Hmar 4. Paite 5. Pawi 6. Adang
6	Kohhran	1 Presbyterian 2. Salvation Army 3. Baptist 4. Roman Catholic 5.United Pentecostal Church (UPC) 6. Seventh Day Adventist 7.Adang
7	Zirnaclass/std.
8	Order of birth(eg: Naupang ber/upa ber etc.)	
9	Pianpui unau neih zat	
10	Chhungkaw kalhmang	1. Chengho tam 2. Chengho tlem

11	Chhungkaw dinhmun	1.Nghet tha 2. Keh darh 3. Zawmkhawm leh
12	Chhungkaw cheng zat	
13	Ei leh bar dinhmun	1. AAY 2. BPL 3. APL
14	In pianhmang	1. Mizo In(a bang dap) 2. Assam Type/tin roof 3. RCC
15	Pa zirnaclass/std.
16	Pa hnathawh	1. Hnathawh neilo 2. Lo/huan nei 3.Sorkar hnathawk 4. Mahni a eizawng) 5. Thildang
17	Nu zirnaclass/std.
18	Nu hnathawh	1. Hnathawh neilo 2. Lo/huan nei 3.Sorkar hnathawk 4. Mahni a eizawng) 5. Thildang
19	Chhungkaw thlatin lakluh	Rs.
20	LifeSkills education hi ilo chhim/hre tawh ngai em	1.Aw 2. Aih

II. Chhungkaw thil neih

Sl No	Items	Nei	Neilo
1	Television		
2	Refrigerator		
3	Mobile Phone		
4	Car		
5	Washing Machine		
6	LPG		
7	Desktop Computer/Laptop		
8	Bike/scooty		

III. LIFE SKILLS ASSESMENT SCALE

A hnuaiawhna te hian life skills chungchang a a chhangtute dinhmun zirchiana tur ani a.I thil chhiar san eh I nundan vel zirchianna tur a ni. A chhanna ah hian a dik leh diklo a awm hranpa lova.Zawhna tehi ngun takin chhiar la, a dik itih ber zawnah I thai zel dawn nia.

Sl No	Items	5 Dik Ka ti	4 Dik lutuk	3 Dik ve thin	2 Dik ve zeuh	1 Ni ngailo
1	Midang nih ka chak					
2	Hla thenkhat hian min ti lungchhia, tah mai ka chak					
3	Midang te hi an chet hmang atang ka					

	hrethiam mai					
4	Ka thianten min biak duhloh chuan a chhan ka hrethiam mai					
5	A tul ang zela thil thlir dan thar neih hi ka theilo					
6	Thil awmdan thlirin ka zirchiang thin					
7	Harsatna a awm chuan thil awmdan pumpui thlir chungin thutlukna ka siam thin					
8	Harsatna ka neih chuan, duhthlan tur kawng dang ka dap thin					
9	Thinrimna leh lungawilohna hi lanchhuah tir dan ka thiamlo					
10	Ka landan hi ka lungawi chiahlo					
11	Midangin min fakna ka hriat hian nuam ka ti					
12	Thian neilo ka hmuh hian ka khawngaih thin					
13	Sawi kherlo pawhin ka duhdan chu ka lantir thei					
14	Tumah hian min hrethiam tak tak lo					
15	Thil awmdan hrechiang hmasa lochuan ka tawng mai ngailo					
16	Thutlukna siam ngai thilah chuan ngun takin ka ngaihtuah thin					
17	Ka hriat thiamloh harsatna awm chuan midang ka sawipui thin					
18	Ka awmdan tehi sawi ka chhuak thiam thinlo					
19	Huntawp ret thlenga tihtur khek ka ching					
20	Keimahah hian engemaw tha bik riau awmin ka hria					
21	Lehkhahu Ka chhiar hian a thawnthu a changtute ah ka inchan ve thuai zel					
22	A hun taka tawngkam diktak hman ka thiam					
23	Mal taka awm hi ka duhlo					
24	Thil zirlai hian zawhna tamtak ka zawt thin					
25	Ka duh vangin thutlukna ka siam mai thin					
26	Harsatna sukiang tura nawrluih hi ka duhlo					
27	Ka hlilmal chuan ka phur thei khawp mai					
28	Ka tihtheih bak hi tihtur hrang hrang ka nei ani tih ka hria					
29	Vantlang tan tihtur hrang hrang ka nei ani tih ka hria					
30	Midangte harsatna hichuan min tibuai vaklo					
31	Tanpuina dil tur hian tawngkam ka thiamlo					
32	Midangte zingah ka tlangnel thuai					

33	Thutlukna siam tur a awm chuan a nghawng tur pawh ngun takin ka ngaihtuah tel thin					
34	Harsatna ka sutkian lai chuan a tihdan turah ka buai ngailo					
35	Hriselna lam hi ka ngaipawimawh khawp mai					
36	Ka duhzawng leh duhloh zawng chu midangte nen inang kherlo mahse nuam ka ti tho					
37	Buaina nei chu sawi kherlo mahse ka hrethei					
38	Ka thilsawi ve apiang an ngai kawi thin					
39	Ka thiante chuan ka nihna ang takin min hria					
40	Ngaihda tamtak ka siam thei					
41	Thil thalo/harsatna lo thlen lai pawhin ngaihtuahna fim ka hmang thei					
42	Thutlukna ka siam hmain hriat ngai zawng zawng ka lakhawm hmasa thin					
43	Harsatna chu ka duhdan ang taka sukiang turah ka inngai					
44	Ka hlim chuan ka au a, ka zuang a ka lam hial thin					
45	Ka hriselna hi ka lungkham riau ani					
46	Ka thatna lai hi miten hria se ka duh					
47	Miin thil an tihsual chuan an mawh ani a an tuar mai ang chu					
48	An ngaithla emaw ngaithla lo emaw, ka sawi duh chu ka sawi tho tho					
49	Midang tina lo zawngin ka duhdan ka sawi thin					
50	Thil Ka tih reng reng in hmasawn ka tum thin					
51	Hlawhchham pawh nila keima ngaihda anga kal mai ka duh					
52	Duhthlang tur hian ka inngaihtuah vak ngailo, thutlukna ka siam nghal tawp zel					
53	Harsatna chu a landan hrang hrang atangin ka thlir thin					
54	Kaphur viau chuan tihur ber pawh ka hre thinlo					
55	Ka thatna lai min hrih turin midang ka beiseilo anmahni ka hriatchian angin min hrechiang em ani					
56	Midang thusawi ngaithla reng chungin thil pahnih pathum ka ngaihtuah daih thei					
57	Ka hriatthiamloh chuan zawhna ka zawt hrehlo					
58	Ka thiante hian remchangah min hmang tih ka					

	hria					
59	Ka lungawina tur a ka thawh hma loh chu hna tawh ka chawlhsan ngailo					
60	Vawikhat ka ngaihtuah tawh chuan ka thlil thlir dan thlak leh chu harsa tak ani					
61	Ka nu leh pa/chhungte hian thutlukna siam turin min pui thin					
62	Ka harsatna diktak keimah hian ka hrechiang ber					
63	Ka thian thaber pawh hian ka awmdan hi min hriatthiampui lo					
64	Thil tamtak ka ngaihtuah thin avangin Ka muhil theilo fo					
65	Ka nuna mi pawimawh tak tak te atang an ngaihdan leh thurawn Ka la thin					
66	Sawi kher lo mahse midangte duhdan ka zahsak thin					
67	Thil ka sawi ve duh chuan an sawi zawh hun ka nghak thei thinlo					
68	Ngaihdan tha deuh ka neih chuan ka ngaihtuah zui reng thin					
69	Harsatna emaw alo thlen chuan engtiklai pawhin kawng dang zawh tur ka hmu mai zel					
70	Ka thianten an tih apiang chu ka zawm mai zel					
71	Ka harsatna chu chiang takin ka hrethiam thin					
72	Ka rilru sukthlek hi ka thunun theilo					
73	Ka zirlai hi phurrit ani in ka hria					
74	A hun leh hmun azirin ka awmdan hi a danglam bik tih ka hre reng mai					
75	Mi dang thusawi ka ngaihthlak lai hian ka rilru a peng leh thin					
76	Ka thiante atanga ka dawn aia ka pekchhuah a tam zawk hian min ti hreawm					
77	Ngaihdan thar leh thilthar han hmuhchhuah velte hi nuam ka ti					
78	Lehkha chhiar emaw ngaihthlak hian a kimlo lai tehi ka hmuchhuak vat thei thin					
79	Harsatna ka neih tam poh leh thutlukna siam ka harsat					
80	Ka duhzawng leh duhloh zawng chu ka hrechiang khawp mai					
81	Midang na tuar emaw harsatna tawh ka hmuh hian ka pui vat thin					

82	Inthianthatna alo tawp hian min tibuai lemlo					
83	Mite ang min nihtir tuma thununna hi ka ngaitheilo					
84	Lehkha chhiar emaw ngaihthlak emaw lai hian zawhna tamtak ka inzawt thin					
85	Thutlukna ka siam hian ka tih dik leh dikloh midangte tihdan atangin ka tehthin					
86	Thil tihdan tur ka ngaihtuah chhuah tawh chuan ka ti nghal ngei ngei thin					
87	Ka thin a rim chuan ka sawichhuak ngei ngei thin					
88	Exam lai chuan ka rilru hi a ruak vek zel					
89	KA chungchang an sawi chu ka pawm thiam khawp mai					
90	Ka thianten an harsatna min hrilh hian an dinhmunah ka indah thiam thin					
91	Ka lo intihbuaipui/insualpui tawhte ka hmuh hian hreawm ka ti lemlo					
92	Ka thianten an hriatloh inzawmna/inlaichinna hi ka hmu thiamin ka hria					
93	Hna ka thawh hian harsatna tehian min tibuai velo					
94	Dinhmun harsa tak hian thutlukna diklo min siamtir fo thin					
95	Ngaihdan sawi ve vak vak hi tangkaiin ka hrelo					
96	Ka thiante thusawi ka ngaihthlak lai chuan keima harsatna hichu ka dahbo thin					
97	Harsatna emaw nuam tihlohna emaw sawi chhuah hi ka harsat(lungngaihna,buaina,rinhlelhna)					
98	Thian siam ka duh chuan keiman bul ka tan thin					
99	Rinhlelhna Ka neih cuan eng hi nge min rinhlehtirtu tih ka zawng vat thin					
100	Ka phur lutuk hian ka au chhuak tihte ka lo theihngilh thin					

IV. SOCIAL WELLBEING MEASUREMENT

A hnuai a kan tarlan te hi chhiar la, nangmahin a dik ngei ani i tih number zawn ah zel thai(tick) ang che.

SI No	Items	1 Tawmpui Nasa	2 Tawmpui ve deuh	3 Tawmpui tho	4 Tawmpui manglo	5 Tawmpui lo	6 Tawmpui lo chiang
1	Vantlang nun itih ah hian khawiah mah I tel tak tak lo						
2	Khawtlangah hian pawimawhna nei ve in I inhria						
3	Engemaw sawi duh nei ta la, miin an ngaihthlak che I ring						
4	In vengchhung mite bulah I tlang nel						
5	In khawtlang chu thlamuanna niin I ngai						
6	Engamaw sawitur nei ta la min an ngaihsak vak che I ringlo						
7	In vengchhung amite hian I nihna ang takin an pawm che						
8	Midangte hi innghahna tlak niin I hrelo						
9	Mi zawn zawn hi ngilnei vek maiin I hria						
10	Midang zawn hi chu mahni hmasial tak niin vekin I ngai						
11	Midangte chu rintlak niin I ngailo						
12	Mahni tana nung vek ni maiin midangte chu I ngai						
13	Tunlaih chuan mite hi an rinawmlh tawlh tawlh niin I hria						
14	Mite hian midang harsatna tawkte hi an ngaihsak hle niin I hria						
15	I nungchang / awmdan hian khawtlang mite nunah nghawng nei ve in I hria						
16	Khawvel tana thil hlu pek/hnutchhiah theih nei niin I inngai						

17	I nitin nunhian vantlang tana thil tha a paw chhuaklo						
18	Vantlang tana pek tur pek pek tur hun leh theihna I neilo niin I hria						
19	I hnathawh hi khawtlang tan pawh tangkai tak niin I ngai						
20	Khawtlang tan thil pawimawh engmah tih ve theih neiin I inringlo						
21	Vantlang nun hi hmasawn lo niin I hria						
22	Nangni ang tan chuan khawtlng hian hma a sawn tawklo						
23	Dan leh Sawrkar thilte hian nun a titha chuang lo						
24	Khawtlang nun hi inlumlet reng ni maiin I hmu						
25	Kan khawtlang hi chenna atan tha tawk niin I ngai						
26	I tan chuan khawtlang hmasawna tak tak a awm lo						
27	Mi tin tan khawvel hi a tha tawlh tawlhin I hria						
28	Khawvel hi I tan chuan buaina hlir a ni						
29	Scientist te chauh hi khawvel awmdan hrethiamtu an ni						
30	Khawvel thil thleng mek ah hian engmah tih theih I neilo						
31	Hnam zia tam zawk hi chu I hriat thiam loh khawpa makte an ni						
32	I chenna khawvel hriat thiam chu I tihawm tak niin I ngai						
33	Vantlang nuna thil lo thleng tur hrilh lawk chu thil harsa tak niin I ngai						

BIO- DATA

Name : H. Lalrinzuali
Sex : Female
Date of Birth : 8th Oct, 1989
Marital Status : Unmarried
Department : Social Work Department
Address : A-47, Durtlang North,
Aizawl Mizoram,796015
E-mail : rinzuali.hmar@gmail.com

Educational Details

Sl. No	Board/University	Year	Examination Passed	Percentage	Division
1	Mizoram Board of School Education (MBSE)	2004	HSLC	50.4	Second
2.	Mizoram Board of School Education (MBSE)	2006	HSSLC	48.8	Third
3	Mizoram University	2009	BA (Hons.) in Sociology	51.5	Second
4.	Mizoram University	2011	Master of Social Work	61.94	First
5	Mizoram University	2013	M.Phil in Social Work	6.14	Grade A

Seminars Workshops Attended

Sl.No	Workshop/Seminars etc.	Organisers	Date
2	3 rd International Conference on 'Social Vision for Just, Equitable and Compassionate Society'.	JDV Centre for Science and Religion Studies, Pune.	21 st -23 rd March 2014
2	6 th International Conference on Life Skills Education.	Indian Association of Life Skills Education and Don Bosco Institute of Management, Guwahati.	12 th to 14 th February,2015
3	3 rd Indian Social Work Congress 2015.	NAPSWI and Department of Social Work, Jain Vishva Bharati Institute, Ladnun Rajasthan.	24 th to 26 th Oct,2015
4	National Seminar on Protection of Human Rights and Assuring the Unity and Integrity of the Nation.	National Human Rights Commission and Mizoram University.	7 th – 8 th April 2016
5	National Seminar on Social Work and Rural Development in North-East India.	Department of Social Work, Mizoram University.	22 nd -23 rd March,2018

Paper Presented in Seminars /Workshops

Sl. No	Paper Presented	Name of Seminar/Workshop etc.	Organisers	Date
1.	Self-Esteem and Perceived Parenting Practices in Migrant Families, Aizawl District	3 rd Indian Social Work Congress 2015	NAPSWI and Department of Social Work, Jain Vishva Bharati Institute, Ladnun Rajasthan.	24 th to 26 th Oct,2015
2	Lifeskills among Adolescents at Durtlang, Aizawl	6 th International Conference on Life Skills Education	Indian Association of Life Skills Education and Don Bosco Institute, Guwahati	12 th to 14 th February,2015

Article Published in Journal/Book

Sl. No.	Title	Journal/Book	ISSN/ISBN No.
1	Life Skills Among Adolescents at Durtlang, Aizawl.	Skill Development and Competency Building of Youth Through Life Skills.	978-93-84869-19-9
2	Importance of Life Skills Education for Preventing Adolescents Risk Behavior	Contemporary Social Scientist (A National Referred Journal)	2230-956X

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE : H.LALRINZUALI
DEGREE : Doctor of Philosophy
DEPARTMENT : Department of Social Work
TITLE OF THESIS : Life Skills and Social Wellbeing of
Adolescents in Aizawl District, Mizoram.

DATE OF PAYMENT OF ADMISSION : 31st July 2013

APPROVAL OF RESEARCH PROPOSAL

1. BOARD OF STUDIES : 17th October 2013
2. SCHOOL BOARD : 23rd October 2013
3. REGISTRATION NO & DATE : MZU/Ph.D/609 of 23.10.2013

(KANAGARAJ EASWARAN)

Head

Department of Social Work

Mizoram University

Introduction

The present study attempts to study and assess the life skills and social wellbeing of adolescents in Aizawl District, Mizoram.

Adolescence is the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 years. It is a period of rapid changes that takes place in terms of physical, emotional and social aspects of life. During this period an individual reaches a stage of biological maturation, there is an increase in size, height; weight and sexual development also take place. Further, in this period, a combination of biological, psychological and social forces influence in their development. The process of adolescence is a period of preparation for adulthood during which several key developmental experiences occur (WHO, 2013). They are also developing mentally and socially. They wanted to be socially accepted, become a member of a group, and participate in social activities or group activities. It is a transition period between childhood and adulthood and is one of the most dynamic periods of human development. It is also referred as the age of *storm and stress*. This stage is linked with many aspects of psychological problems like anxiety, adjustment, insecurity and emotional instability as well.

In the world, adolescent's population consist of 1.2 billion in the age group of 10 to 19 years and it makes up 16 percent of the world population. More than half of all the adolescents reside in Asia. South Asia is more homes to adolescents and the population consists of around 340 million which is followed by East Asia and the Pacific with around 277 million adolescents population. In Sub Saharan Africa the population of the adolescents aged 10 to 19 years constitutes 23 percent of the region population (UNICEF, 2016).

The Government of India, in the National Youth Policy (2003) defines adolescents as 13-19 years. According to the census of India 2011, the total adolescents reside in rural areas is 181 million (72%). Also, 44 million adolescents (17% of the total adolescent population of the country) belong to Scheduled Caste category and 23 million (9% of the total adolescents' population) belong to Scheduled Tribe category. According to 2011 censuses the population of Mizoram 10.97 lakhs out of which 2.27 lakhs are adolescents (10-19 years) comprising of one fifth (20.67%) of the total population of Mizoram. It is a very significant group which is to be taken care and studied regarding their life skills and social wellbeing in the contemporary society.

While there are no universally accepted definitions of adolescents and youth, for statistical purposes, the United Nations considers adolescent as the person between the ages of 10 – 19 Years. Stanley Hall (1904), defines that adolescence is the period from 12 to 23 years and it is filled with *storm and stress*. He views that adolescents' thoughts, feelings, and action oscillate between conceit and humility, good and temperance, happiness and sadness. He also believed that adolescence is the only period in which we have the only hope of improving our species.

World Health Organisation has defined adolescence as, *“one of the most rapid phases of human development. It is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles.”*

Life Skills

World Health Organization (1997) has defined life skills as, *“the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the*

demands and challenges of everyday life.” UNICEF defines life skills as, “a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills.”

Yadav, P., and Iqbal, N. (2009) states that, life skills are those essential abilities that help to promote mental wellbeing and competence in young people as they face the realities of life. 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.

Nasheeda, A. (2008) opines that life skills help youth to handle stressful situations in an effective manner without losing temper or becoming moody, able to disagree politely. Also assertive skills are essential for the development of self-esteem, positive attitudes, values, beliefs, and cultural differences.

Hayes, D.M., and Eddy, J.M (1985) indicates that if positive stress coping skills are learned, practiced, and strengthened during the early years and negative coping skills not practiced and unlearned, the skills learned will help in succeeding their life. If effective communication skills are not developed, expression of personal feelings cannot take place and stressful environment can be cultivated in their life.

A life skill facilitates each and every individual to translate knowledge and attitudes in to actual abilities. Gaining and uses of life skills influence the way we feel, are influenced and are perceived by others. Thus, life skills help in promotion of mental, physical and social wellbeing (CBSE, 1994).

Core Life skills

Life skills consist of personal, interpersonal, psychological, cognitive and physical skills. Life skills include generic life skill, problem specific skill and area

specific life skills. The nature and definition of life skills are likely to vary from values, beliefs, customs, culture, tradition, attitude etc. However, the WHO (1997) suggests that there is a core-set of skills that are at the heart of skills-based initiatives for the promotion of the health and wellbeing of children and adolescents. The core set of skills are self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotions and coping with stress.

Theories of Life Skills

Life skills education as skills lies in five of the following theoretical framework (Nair et al.2014). The theories are social cognitive theory, problem solving theory, social influence theory, cognitive problem theory, and theory of multiple intelligence.

Social Wellbeing

Washington State University has defined social wellbeing as, *“our ability to interact successfully within a community and throughout a variety of cultural contexts while showing respect for ourselves and others. Social wellbeing encompasses our interpersonal relationships, social support networks, and community engagement.”*

The United States Institute of Peace defined social well-being as, *“an end state in which basic human needs are met and people are able to coexist peacefully in communities with opportunities for advancement.”* The University of Wallong also defines social wellbeing as, *“the extent to which you feel a sense of belonging and social inclusion; a connected person is a supported person in society.”*

Keyes, C. L. M. (1998) explains that, social wellbeing is the evolution of a relationship and functioning in the society. According to Keyes, social wellbeing have

five dimensions: social integration, social contribution, social acceptance, social actualization, and social coherence.

From the above five dimensions the Keyes (1998) defined social wellbeing as people's perception and experiences in social circumstances as well as the degree of social responses to social challenges.

Eric Van Lente et al (2013) mention that social well-being and health behaviors have a relationship with both positive and negative mental health. The lower levels of social well-being indicate that a person is having a negative mental health and positive social wellbeing leads to positive mental health.

Conceptual Frame work

The researcher would like to present the conceptual framework of the study based on the understanding of life skills (Nair, R &Subasree, R. 2009) and the concept like adolescents and social wellbeing. Since the concept of adolescents is a transitional stage, is associated with teenage year, social constraint and the different phases of their life cycle. Therefore, the researcher preferred to have National Youth Policy (2003) classification of adolescents where the adolescent's age was classified into 13 to 18 years.

Further, the researcher took the important variables of youth such as gender (male and female), age (13-15 years and 16-18 years), type of school (government and private school) to associate with the life skills and social wellbeing. The concept of life skills is measured according to the classification made by World Health Organization (1997). The core life skills are self awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with stress and coping with emotions.

Furthermore, the social wellbeing of adolescents is perceived in terms of the definition given by Corey M Keyes (1998). It was classified into five dimensions: social acceptance, social integration, social coherence, social actualization and social contribution.

In the light of the above mentioned parameters, provides an overall picture of the life skills and social wellbeing of the adolescents for assessment in the present study.

Statement of the problem

Adolescence is a period of time where major growth and development takes place and reaches its highest peak. It is a prime stage of human life span wherein the stage is designated as an age group whose central attributes are dependence, pre-pubescence sexual learning and pre-legal preparation for responsible social roles in the society. During this stage a major transition of life takes place in terms of a minor turns to become an adult, an independency takes over dependency and stress and storm generated.

An adolescent faces challenges in certain areas of life which could lead to role diffusion or negative identity, mismatch abilities and desires. The internal stress and social expectations lead to moments of confusion, self-doubts, and disappointment and also in society. Adolescents are more vulnerable and peer pressure pushed them into action without knowing any consequences. Because of peer pressure majority of them are found indulging in sex, drugs, smoking, and alcohol. The adolescents' life is full of opportunities to enter into a new experience to explore new relationships, to find new resources of inner strength and ability. Adolescents encounter today, different type of difficulties in this contemporary society and face more challenges than previous generation. They have to equip themselves to fit to live in this

competitive world at this transition period until and unless their energy resource used in a healthy way.

Adolescents need proper support and guidance in decision-making, problem-solving, critical thinking, develops interpersonal skills, self-awareness, empathy, coping with stress and emotions. Many adolescents do not receive life skills education within the homes, they are very vulnerable and need more extra care to fight and come up with their life. There are many essential skills which adolescents need to acquire to live a happy and contented life. Among all necessary skills, the emphasized that Life Skills and social wellbeing are the aspects facilitate the adolescents to cope with their daily lives. Thus, the purpose of the present study is to assess the life skills and social wellbeing of adolescents in government and private school of Aizawl district. The present study focuses on the following objectives:

Objectives

1. To study the socio-economic status of Adolescents in Aizawl district.
2. To assess and compare the life skills of adolescents in government and private school of Aizawl district.
3. To identify the social well-being of adolescents in government and private school of Aizawl district.
4. To find out the relationship between life skills and social well-being among adolescents.
5. To suggest policy measures to develop life skills among the adolescents.

Hypotheses

1. There is a difference in the life skills of adolescence between government and private school.
2. There is a difference between the social well-being of government and private school of the adolescents.
3. There is a relationship between life skills and social wellbeing.

The first two hypotheses are derived from the intuitive sense of the researcher. The third hypothesis draws its inspiration from the efficacy of training life skills' in educational achievement and social acceptance study (Sehikhzade et al., 2013). The testing of the hypotheses would have implications for social policy and social work intervention.

Methodology

The present study is cross sectional in nature and descriptive in design. The present study is based on primary data collected through qualitative and quantitative methods. In the qualitative method, participatory methods were included the case study, focus group discussion, and daily activity schedule. The quantitative data was collected by using structured questionnaire. The secondary data was collected from books, journal, articles, government records, etc. The study makes use of appropriate scales in order to measure the life skills and social wellbeing. Life Skills Assessment Scale(Nair et al. 2009), Rajiv Gandhi National Institute of Youth and Development and Social Wellbeing Assessment Scale (Corey M. Keyes(1998) were used to assess life skills and social wellbeing of adolescents.

The study was carried out in the school of Aizawl District, Mizoram. The researcher was able to collect the list of students from the Directorate of School of Education, Mizoram. The students from both Government and private High School

and Higher Secondary schools are selected for the present study. It was found out that the total population of government school adolescent is 7754 and the population of private school adolescents is 6857 of total 14611. The unit of the study is adolescent of government and private school. The respondents for the study were the adolescents in the age group of 13 to 18 years were selected. The sample size consists of 475 adolescent school students drawn by using systematic simple random sampling method from government and private schools of Aizawl District which constitutes 3 percent of the total government and private high and higher secondary schools

The raw data are processed and analysed with the help of a computer package know as Statistical Package for Social Sciences (SPSS). The data were interpreted based on the objectives of the present study. The data are analysed in the form of descriptive statistics and inferential statistics. The descriptive statistics mean and standard deviation, proportions and percentages and Karl Pearson's co-efficient of correlation were also applied in the study. The inferential statistics parametric tests t-test was also used in the present study for testing hypotheses.

Conclusion

Life skills and social wellbeing play an important role among the adolescents. They are associated with primary institutions family, schools, college and university based on their interaction they learn and acquire different life skills. The life skills depends upon the knowledge, values, attitude and skills which are imbibe in culture, norm and folkway of the society. Apart from this many social wellbeing processes are taking place in this fast growing society, life skills and social wellbeing emerged as an issue among the children and adolescents. The life skills and social wellbeing among the adolescents varies from their socio cultural context. Keeping these in view, the concept of life skills, definitions, types and classification of life skills are studied in

the present study. In addition, the concept of adolescent, definition, types and classification of adolescents are also studied and its relevance in the contemporary society.

The adolescents are different from the central part of our country in terms, culture, customs and traditions, religion, ethnicity, land and topography. Based on these variations, the socio economic conditions and their educational standard and the lifestyle in terms of life skills and social wellbeing in the urban and rural areas of their system of living is transformed. Therefore, the adolescents are significant group and also transition period covered in the present study.

Profile of the respondents.

- More than two third of the respondents (66.5%) are in the age group of 16-18 years. The mean age is 15 years.
- More than half of the respondents (58.5%) are female respondents.
- Lusei is the predominant clan of the Mizo Tribe and more than half of the respondents belong to the same.
- Presbyterian is the dominant denomination and two-thirds of the respondents (66%) belong to this denomination.
- In educational Standard, more than half of the respondents studied in Class eleven standards.
- In the order of birth, nearly one third (30%) of the respondents are the ‘eldest’ among the sibling in the family.

Familial Characteristics of the Respondents

- Majority of the respondents (78.3%) belong to a nuclear family.
- Majority of the respondents (92.4%) are from a stable family.

- Medium size of the family has the highest percentage comprising about two third (62%) of the respondents.
- More than two-third of the respondents (66%) have between 0-3 number of siblings.

Respondent Parental Profile

- More than one-third of the father (33.7%) studied up to Graduate and above.
- Regarding the occupation of the respondent's father, more than one third (41.1%) of the father work as a government servant.
- More than one-third of the respondents' mother (36.4%) studied up to HSLC.
- There are a greater number of children whose mother (33.5%) engaged in others forms of income like petty shop business and small enterprises.

Socio-Economic Characteristics of the Respondents

- Majority of the respondents (77.3%) belong to the category of Above Poverty Line..
- Majority half of the respondents (50.3%) lived in Assam type or tin roof.
- In monthly family income of the respondents 43.4percentof the family income falls in Rs.5000-20000.

Attended Life Skills Before

The study finds out that majority of the respondents (63.4%) do not attend any life skills education..

Respondents Family Household Assets

Among the respondents, a majority of respondents had owned television, refrigerator, mobile phone, washing machine, Liquefied Petroleum Gas (LPG), desktop computer or laptop. More than two third of the respondents' family (68.6%)

do not own a car and more than half of the respondents' family (55.6%) owned bike or scooter.

Life skills of Adolescents

Life skills were classified into ten dimensions viz., self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, decision making, problem-solving, coping with emotions and coping with stress. Majority of the respondents have an average level of life skills on all of the ten core life skills. Few of the respondents also score high, low and very high level. Further, there is a relationship between life skills and age group of the respondents.

Comparison of Life Skills by Type of School

The comparison of life skills by school highlights the scoring difference between life skills in government and private high school. The government school students have higher life skills than the private school students in empathy, problem-solving and creative thinking. The private school has higher life skills in coping with emotions than a government school. There is no difference between government and private school in an interpersonal relationship, self-awareness, decision making, critical thinking, effective communication and coping with stress. From the total scoring, the adolescent students have scored the highest in empathy skills followed by interpersonal relationship and self-awareness. The adolescents have low creative thinking skills, effective communication skills and low coping with stress. The private school adolescents have life skills than the government.

Comparison of life skills by High School and Higher secondary School

The comparison of the life skills in high school and higher secondary school shows that the high schools have higher skill in interpersonal relationship, creative thinking, critical thinking and coping with stress. The higher secondary schools have

higher empathy skills than the high school students. There is no difference in the level of skills in self-awareness, effective communication, problem solving and coping with emotions. From the total mean score, empathy is highest among the other entire ten dimensions. The high school and higher secondary school students have lower skills in effective communication, coping with stress and creative thinking.

Social Wellbeing

The score of the respondents was rated into six point scale viz., agree strongly, agree somewhat, agree little, disagree little, disagree somewhat, and disagree strongly. Majority of the respondents score the moderate level in social wellbeing which means that social wellbeing is not high among the school students and few of the students score low and high level of social wellbeing. At the same time the young age group is better in social wellbeing.

Comparison of Social Wellbeing by School

The social wellbeing comparison in government and private school shows that the private school have higher social acceptance than the government school. There is no difference between government and private school in social integration, social contribution, social actualization and social coherence.

Comparison of Social Wellbeing by High School and Higher Secondary School

With regards to comparison of social wellbeing in high school and higher secondary schools, there is no difference in the social integration, social contribution, social actualization and social coherence. The higher secondary school has higher social wellbeing in social acceptance than the high school.

Correlation Matrix of the Life Skills of the Respondents

There is a correlation between empathy and self-awareness. There is also a correlation between effective communication, self-awareness and empathy.

Interpersonal relationship is having a correlation with self-awareness, empathy effective communication. There is a correlation between creative thinking and self-awareness, empathy, creative thinking and interpersonal relationship. There is no correlation between creative thinking and effective communication. Critical thinking has correlation with self-awareness, empathy, effective communication, interpersonal relationship and creative thinking. Decision making have correlation with self-awareness, empathy, effective communication, creative thinking, critical thinking and interpersonal relationship. Problem solving has a correlation with self-awareness, empathy, interpersonal relationship, creative thinking, critical thinking and decision making. Coping with emotions have relationship with effective communication, interpersonal relationship, and relationship with decision making. There is also a negative relation between coping with emotion and creative thinking. There is a correlation between coping with stress and decision making and coping with emotion. Coping with stress have a negative correlation with self-awareness, empathy, creative thinking, critical thinking and problem solving.

Correlation Matrix of Social Wellbeing among the Respondents

In the correlation of social wellbeing among the respondents there is a relationship between social acceptance and social integration. There is a correlation between social contribution, social integration and social acceptance. Social actualization has a correlation with social integration, social acceptance and social contribution. There is a correlation between social coherence and social acceptance, social contribution, social actualisation. Social Wellbeing has correlation with social integration, social acceptance, social contribution, social actualisation and social coherence.

From the study it has been found out that Life skills have a negative correlation with social wellbeing. The association shows that the adolescent's social wellbeing is not healthy. The finding reveals that when the life skills are not healthy it is surely affects the social wellbeing of adolescents in the society. The similar findings of the study are observed from the study conducted by Sheikhzade et al., 2013. Therefore, healthy life skill training is mandatory for the entire adolescent and for their healthy social wellbeing. The findings reveals that as the stress level increases among the adolescents that they are not aware about themselves that what they are doing in terms of thinking and mother skills. Therefore, the social wellbeing of the adolescent is not healthy.

Correlation between Life Skills and Social Well being

There is a negative correlation at 0.01 level of significance. The association shows that the adolescent's social wellbeing is not healthy. The finding reveals that when the life skills are not healthy it is surely affects the social wellbeing of adolescents in the society. Social wellbeing encompasses our interpersonal relationship, social support network and community engagement. To achieve social wellbeing, there is a need in acquiring skills of effective communication, empathy, interpersonal relationship, and problem solving skill. Therefore, healthy life skill training is mandatory for the entire adolescent and for their healthy social wellbeing.

Case Study

Four case studies were done, the selected persons were mainly from a broken and single-parent type of family. As they were from single parent and broken family, they have a greater tendency to indulge in drug abuse, alcohol, and other substances. In most of the cases, they mentioned that they witness loneliness, anger, rejection and

lack of discipline. In some cases, music plays an important role in coping with their problems and difficulties.

Focus Group Discussion

The focus group discussion also highlights that the adolescents deal with their daily life. Effective communication was low with their parents, friends and siblings. The adolescents also find it difficult to cope with their emotions, their main way of coping with their stress and emotions is through listening to music, praying, crying, substance use, etc. Participate in society increase their social wellbeing and feel a sense of belonging within the community. But if the society has put so much pressure on them and given them responsibilities they become stress and meanwhile they need to concentrate on their studies as well.

Implication for Social Work Intervention

Social work is a new profession which is seven decades old in India. It has its own philosophies and principles, knowledge and values, methods, skills and techniques to be practiced or intervened to the individuals, groups and communities, those who are encountered challenges in the society. Through this social work process, the clients or the people to realize the problems encountered and work out the modalities in such a way that the potentials and resources are utilized to remove the causes, deals with the symptoms and reduce the magnitude of the problem.

In order to understand the concept of social work, Werner Boehm (1958) defined as “social work seeks to enhance the social functioning of individuals, singularly and in groups, by activities focused upon their relationships which constitute interaction between individuals and their environments”. From this definition it states that focus to be given on intervention on the interaction between human individuals and their environments. Therefore, the present study is very

important to ameliorate their life with necessary social work intervention strategies. The present study resulted that the majority of adolescents possess no variation between government and private schools. Further, there is a negative correlation was found out between life skills and social wellbeing and the dimension are associated. The social case work and social group work methods are suitable to facilitate the individual challenges on life skills as well as assisting to relate with social wellbeing.

A social worker has to play significant role in enhancing adolescent competencies since it is a turning point for their personality and career development. The changes happened in the adolescent period is having a long lasting effect in their which lives span and also has a negative or positive.

The professional social workers interested in working with students to improve their life and behaviour can conduct a similar study to further understanding the importance of life skills among the students. Awareness should also be created on the importance of life skills to be inculcated among the adolescents.

Suggestions

After a series of a cross-sectional study of literature and research findings on the life skills and social well-being of the students, the following points have been suggested and recommended for enhancing of life skills among the government and private school students of Aizawl District.

- The social professionals can impart life skills education among the students by practicing the primary methods of social work that is social casework, social group work, and community organization in order to develop life skills.
- Life skills training and workshops should be conducted. Short term courses should be introduced in schools especially those schools having low achievement so as to upgrade their skills.

- The implement of life skills education in schools requires experts; therefore, training should also be provided for the teachers so that they will be able to enhance life skills for adolescents.
- The social worker can also have linked with the State Council of Educational Research and Training to conduct more effective life skills education for the adolescents.
- The conclusion from the literature shows that life skills help individual develop confidence, cope with difficult situations and enhance healthy behaviour. Therefore, there is an urgent need to enhance life skills, especially among the adolescence group.
- The result from the present study it is recommended that life skills should impart in schools as part of the academic and co-curricular program. Schools should also include life skills evaluation as part of school evaluation among the students.
- The study shows that respondents showed lower scores in skills like coping with stress, creative thinking, and interpersonal relationship. As per the study, these are the desired skills which need to be more focus among the high school students of Aizawl District. There is also a need to study the larger sample to understand the life skills needed in Aizawl District and hence planning for intervention can be made.

Thus, the study revealed that there is a great responsibility for social workers, teachers, and parents and policy makers to create opportunity to impart life skills education towards social wellbeing among the adolescents. The development of the nation is in the hands of the young people for nation building. The study has a wider scope in the promotion of life skills education based on the life skills and social

wellbeing as well as in the field of psychosocial and mental health issues of young people. A separate module could be developed based on the life style of children and adolescents in the northeast context.

Bibliography

Central Board of School Education. (1994). Life Skills Education and CCE. http://www.cbse.nic.in/cce/life_skills_cce.pdf.

E. Van Lente., M. M. Barry., M. Molcho . K. Morgan., H. McGee., D. Watson & J. Harrington (2012). Measuring population mental health and social well-being. *International Journal of Public Health* (2012) 57:421–430 DOI 10.1007/s00038-011-0317

Hayes, D.M. & Eddy, J.M. (1985). Stress management education: A life skills approach for health promotion professionals. *Wellness Perspectives*, 2, 4, 9-11. http://apps.who.int/iris/bitstream/handle/10665/63552/WHO_MNH_PSF_9_3.7A_Rev.2.pdf?sequence.

Keyes, C.L.M & Shapiro, A.D (2013). Social Wellbeing in the United States: A *Descriptive Epidemiology*. <https://www.researchgate.net/publication/259344810>

Nair, R & Subasree, R. (2009). The Life Skills Assessment Scale: The Construction and Validation of a New Comprehensive Scale for Measuring Life Skills. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)* Volume 19, Issue 1, Ver. IX (Feb. 2014), PP 50-58 e-ISSN: 2279-0837, p-ISSN: 2279-0845.

Nasheeda, A. (2008). Life Skills Education for Young People: Coping and Challenges. *Counselling, Psychotherapy and Health*, 4(1), Counselling in the Asia Pacific Rim: A Coming Together of Neighbours Special Issue, 19-25.

- Santrock, J.W. (1996). *Adolescence an Introduction*. Sixth Edition. Brown and Benchmark Publication.
- United Nations International Children's Emergency Fund. (2018). *Adolescence Overview*. <https://data.unicef.org/topic/adolescents/overview>.
- United State Institute of Peace.(2009) *Guiding Principles for Stabilization and Reconstruction: Social Well-Being*. <https://www.usip.org/guiding-principles-stabilization-and-reconstruction-the-web-version/social-well-being>.
- University of Wallongong Australia.(2015) *Social Wellbeing Definition*.
<https://www.uow.edu.au/student/wellbeing/social/index.html>.
- Washington State University Online.(2013) *Social Wellbeing*.
<https://wellbeingonline.wsu.edu/social>
- World Health Organization.(1997) *Life skills education for children and adolescents in schools*. Geneva, WHO 1997.
- Yadav, P., and Iqbal, N.(2009). *Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents*. *Journal of the Indian Academy of Applied Psychology* October 2009, Vol. 35, Special Issue, 61-70.