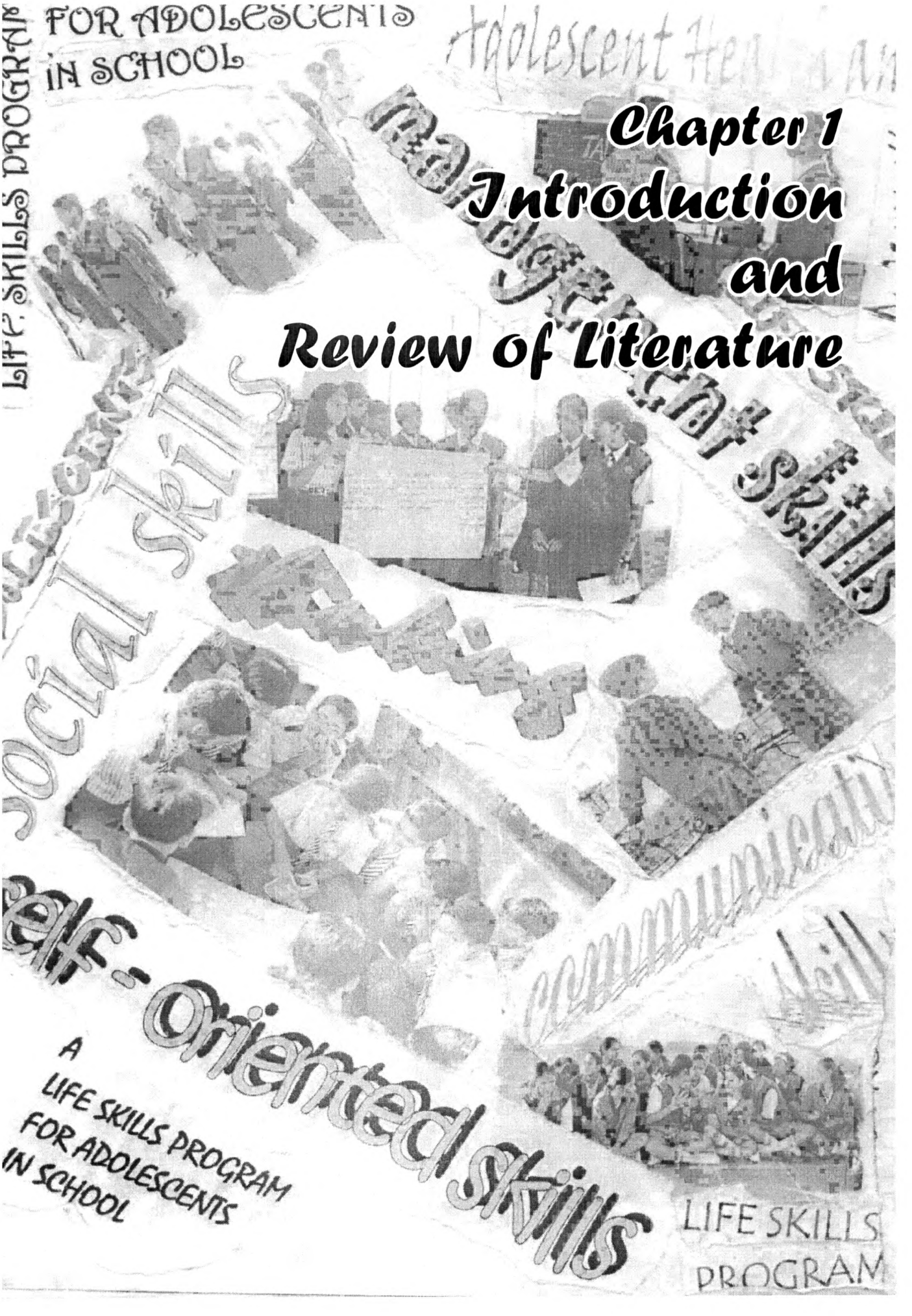


Chapter 1
Introduction and Review of Literature

Adolescence Defined

"A period of storm and stress", "a transitory phase of the life span", "a time for learning and exploration", "a period of vacillating and contradictory emotions", "first starting step into the adult world", "achieving autonomy, independence and gaining full maturity", these are some phrases that are commonly used to conceptualize adolescence. Adolescence is perceived as a period when an individual oscillates between the two statuses – childhood and adulthood (Lerner & Spanier, 1980). This intriguing period of life characterizes the transition of a dependent child into an independently functioning adult.

Numerous definitions are scripted in texts, yet there is a debate about acceptance of one definition. This is due to the differences in the social construction of the concept among cultures across the world. Brown and Larson (2002) observe that in societies like India and Japan, adolescence is subsumed under the "youth" label which includes all young people below 20 years; in Arabic countries, adolescents are called *"fata/fatat or shabb/ shabba"* which connote marital status and responsibility; in United States, adolescents are commonly called "*teenagers*" which portrays irresponsible, reckless and juvenile individuals. The Government of India definition according to the National Youth Policy, 2000 (UNFPA, 2000a) differs to some extent defining youth between 10 and 35 years of age, encompassing the age of adolescence (10-19 years) and the age of attainment of maturity (20-30 years). According to WHO's universal definition, "Adolescence is defined both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes such as rapid physical growth and development, experimentation,

development of adult mental processes and adult identity, and transition from total socio-economic dependence to relative independence".

The meaning and usage of the term adolescence vary in different societies around the world depending on the political, economic, and socio-cultural context. Thus, adolescence encompasses a wide range of physical, social, emotional, and psychological changes leading to attainment of adult roles and responsibilities.

Developmental Stages in Adolescence

Each adolescent as an individual is peculiar in his or her growth pattern, likes and dislikes, and temperament. Yet, there is a common trail of adolescent development that every adolescent travels. Adolescent development is affected by complex social, political, and historical factors prescribing the codes of social behavior and expressions according to the contexts. Researchers have defined and differentiated the stages of adolescence in different ways mainly using age as a reference point (Lerner & Spanier, 1980; Nair & Pejaver, 2001; UNFPA, 2000a). The common changes occurring in girls and boys are as follows (Bell, 1987; Berk, 2001; Nair & Pejaver, 2001):

- Biological and physical development in body size and shape
- Cognitive development
- Developing self-concepts, self-esteem and identity
- Relationships with family, peers and society
- Sexuality and moral development

Studies available on adolescents (Berk, 2001, Lerner & Spanier, 1980; Nair & Pejaver, 2001; Senderowitz, Solter & Hainsworth, 2002; UNFPA, 2000a) suggest that

although the adolescents exhibit diverse characteristics during these sub-stages yet due to considerable overlap clear cut demarcation of the sub-stages is not possible. Table 1 summarizes the key changes occurring in all the three phases of adolescence.

Table 1

Summary of Characteristics of Early, Middle and Late Adolescence

Content Area	Early Adolescence (11-13 years)	Middle Adolescence (14 – 16 years)	Late Adolescence (17 – 19 years)
Self	Self-awareness regarding physical appearance, self-consciousness increases	Identity formation, increased ability to evaluate beliefs of self as well as others	Understanding oneself better, developing self identification
Emotions	Emotional, impulsive, moody behavior	Desire to seek privacy and isolation	Becoming more reflective and responsible
Peers and Parents	Self-esteem may increase or decrease due to parent or peer influences, movement away from family towards peers	Growing distant from parents, Strong peer group bonding, peer influence on self-image and social behavior	Peer influences lessen
Behavior	Risk-taking and adventure prone	Development of personal code of ethics, values, and beliefs	Striving for balance between traditional and modern values
Socialization	Increased socialization among the same sex groups	Tries to socialize with the opposite sex group but is hesitant	Behaving according to social norms, greater social participation
Gender	Unequal gender role distribution, inequalities in power and prestige affect self-esteem	Increased social pressure for acquiring social roles	Conflict within self regarding acquisition of adult roles and responsibilities
Sexuality	Advances towards opposite sex, initiate sexual exploration, dilemma regarding initiation and engagement in sexual activities	Attraction towards opposite sex increases, initial sexual exploration, growing into experimentation, may start masturbation, maturation continues	Intimacy and commitment demanded in relationships
Education and Career	Is able to outline future plans for career	Family influences religious values, education, and career	Making career and vocation choices for future

Classical Theories of Adolescence

A number of theories have tried to explain the meaning and significance of adolescence. Some of the classic theoretical interpretations of adolescence include those of Hall, Freud, Erikson, Piaget, and Vygotsky. G. Stanley Hall termed adolescence as a period of *sturm und drang* or "storm and stress", explaining the force of emotions and changes that an individual experiences during this period. Sigmund Freud placed adolescence in the genital stage of his psychosexual theory wherein he laid emphasis on the awakened sexual urges of an individual resulting in the attainment of adult sexual maturity by establishing heterosexual relationships. Erik Erikson in his psychosocial theory identified the period of adolescence as a crisis between role identity versus role diffusion explaining the importance of achieving a stable identity in an individual's socio-cultural milieu by performing the prescribed roles and tasks. The failure to perform this task, that is, to integrate one's identity, role or self, results in identity diffusion resulting in personality fragmentation. Piaget's cognitive theory locates adolescence in the stage of formal operations, which encompasses hypothetico-deductive reasoning and adolescent egocentrism. Vygotsky emphasized the importance of adolescence period for the formation of one's own reality of the world. An adolescent starts performing higher level mental functions with inputs from the dynamic stimuli present in the cultural contexts; specifically, the roots for all the processes lie beneath the surface of socio-cultural strata. Guidance and approval from adults and peers act as catalysts for better performance -personally and academically. Although all these classical theories have put forth their

perspectives to explain adolescent development, they seem to project a "deficit" perspective stating what is missing from the whole (Lerner, 2005, p. 4).

The Positive Youth Development Perspective

Recently, Lerner has proposed the "Positive Youth Development" (PYD) perspective which attempts to view adolescents in terms of their strengths. Life skills also are an integral part of the PYD perspective proposed by Lerner, Lerner, Almerigi, Theokas, Phelps, Nudeau, Gestsdottir, Lang Ma, Jelicic, Alberts, Smith, Simpson, Christiansen, Warren, and Eyevon (2006). The PYD perspective views all adolescents as budding potential beings thriving for their development using the developmental assets available in their societal and material niches (Lerner, 2005). The PYD perspective advocates the understanding between the dynamic relationship between "individuals and their real world ecological settings as the basis of variation in the course of human development" (Lerner, 2005, p. 2). "The PYD perspective involves the Big Three design as:

1. Opportunities for youth participation in and leadership of activities; that
2. Emphasize the development of *life skills*; within the context of
3. A sustained and caring adult – youth relationship" (Lerner et al., 2006, p. 11).

The PYD hypothesizes the 'Six Cs' as Competence, Confidence, Connection, Character Caring and Contribution' which are separate indicators integrated into one as self - esteem. They are also described as characteristics of "thriving youth" (King et al quoted in Lerner, 2005). If an adolescent manifests the Six Cs across time, it may lead towards an "idealized adulthood" (Csikszentmihalyi & Rathunde, 1998; Rathunde & Csikszentmihalyi, 2006 in Lerner, 2005, p. 11).

Adolescence, Globally

According to UNICEF (2002), there are approximately 1.2 billion young people in the age group of 10-19 all over the world. More than four-fifths lives in the urban regions of the developing countries Globally, adolescents are facing increased transitions and developmental demands due to complex socio-cultural context. These transitions are dissimilar pan culturally (Brown, Larson, & Saraswathi, 2002). The world of adolescents across cultures portrays diversified patterns of development shaped by peculiar social, cultural and economic contexts in different nations (Larson, Wilson, & Mortimer, 2002). In cultures worldwide, adolescents are strongly bonded with their families, yet a peer network besides family is a significant part of their lives (Schlegel, 2003). Expansion in adolescents' networks is growing beyond family, that is, adolescents interact with varied sets of individuals and form relationships with others in school, neighborhood, communities, and via internet (Larson, Wilson, Brown, Furstenberg, & Verma, 2002).

Increased industrialization has resulted in modified demands of the economic market in terms of higher level of technical and interpersonal skills. Rapid urbanization is extending the gap between urban and rural areas, which has implications for social adjustments and economic success (Brown & Larson, 2002). Greater access and resources are available for middle and upper class youth, but the disadvantaged youth still remains deprived (Saraswathi, 1999; Wilson & Mortimer, 2002). Moreover, the opportunities and outcomes for adolescents are constantly changing "...like a kaleidoscope..." making their development partially predictable and increasingly intriguing (Brown & Larson, 2002, pp. 14).

Ancient Indian Interpretation of Adolescence

In ancient Indian religious texts, the *Ashramadharma* theory prescribes the way of living for an individual. An individual's life is divided into four stages as *brahmacharya, grihasthya, vanaprastha and sanyasa* Adolescence fits in the *Brahmacharya asharama* wherein an individual lives away from home as a *brahmachari or kumara,* in a state of complete celibacy and apprenticeship (Verma & Saraswathi, 2002). He learns basic skills, and achieves education and expertise necessary for his future life. It also encompasses the knowledge of *dharma:* competence and fidelity (Kakar, 1979). However, there is no prescribed way of life for females (Ahuja, 1993). Although the notion of stages is deeply imbibed in Indian traditions (Verma, 2000), the stage of adolescence in the Hindu philosophy is undefined which results in viewing it as merged with adulthood immediately after childhood (Saraswathi, 1999). Additionally, Kaur, Menon, and Konantambigi (2001) observed that a clear understanding of adolescence is missing from Indian researches on child and adolescent development.

Adolescence in the Contemporary Indian Context

In India, the land of varied cultures, individual and social factors are the main forces shaping the trajectories of transition of an adolescent (Verma, 2000). The demographic profile of adolescents in India indicates that adolescents account for 21.4% of the population (National Youth Policy, 2000 in UNFPA, 2000a), that is, more than 200 million.

Family still remains the main instrument of socialization though the structures may vary from single parent or nuclear families to joint or extended families. The process

of transition, especially in middle and upper middle class families in contemporary Indian society, is marked by discontinuity between childhood and adulthood (Saraswathi, 1999). Moreover, parents as well as adolescents find themselves lagging behind the fast paced changing socio cultural milieu. During crisis situations, family acts as buffer for providing emotional strength to adolescents (Verma, 2000; Larson, Wilson, & Mortimer, 2002). In middle class families in India, parental involvement, control and participation in the adolescent's aspirations and academic achievement is very high (Sharma, 1996; Verma & Saraswathi, 2002). Adolescents in the group of 12-14 years have the capability of doing most of the adult tasks, yet they are not considered adults as they are denied authority and decision making powers (Verma, 2000). Adolescents seem lost at the crossroads of this chaos of increasing demands and pressures of daily life in this global village (Pai, 2006). Gender is a significant factor which alters the trajectories of adolescents.

Gendered Adolescence

Gender as a social phenomenon is experienced worldwide in one or the other form across developed as well as developing societies. The process of globalization is increasing interaction among the diverse and distanced worlds, yet the experiences and opportunities available for adolescents are gendered as far as education, career, choice of leisure activities, sexual acts and work divisions are concerned (Larson, Wilson, Brown, Furstenberg, & Verma, 2002). Girls and women still suffer from occupational segregation and wage discrimination (Sharma, 1996; Kapadia, 1999; Larson, Wilson, & Mortimer, 2002).

Moving into the 21st century does not necessarily indicate a significant improvement in figures implying growth and development. The socio-cultural context reinforces gender discrimination, a predominant feature of the Indian patriarchal society. Sex ratio is one of the significant indicators of gender discrimination. The sex ratio for 11-18 years adolescents is the same as that of the total population of India, with adolescent males outnumbering females. According to UNESCO (2001), 14% percent of all girls in the age group 15-19 years are sexually active by 18 years. On an average 38 percent of girls are married in the age group 15-19 years. Although an average Indian adolescent achieves onset of puberty later as compared to other developed counties, marriage, onset of sexual activity and fertility occur earlier (UNESCO, 2001). In India, female mortality rate among adolescents is higher than males (UNFPA, 2000a). This may be explained by the fact that early marriage leads to early child bearing and higher risk maternal mortality, low nutrition resulting in anemia and fragile health status (Verma & Saraswathi, 2002). Such a context makes the girl child more vulnerable as compared to boys. Socially constructed gender roles give girls very little scope to fulfill their dreams and hopes (UNFPA, 2005). As observed by Sharma (1996) and Schlegel (2003), sons are valued more in India despite their lack of involvement with the family as compared to girls who are greatly involved in family affairs, retain strong affection with parents after getting married and develop close and confiding bonds with mothers. Mobility and communication patterns are still restricted in traditional setting for girls in many urban and rural parts of country; untouched from the globalization experiences of increased demands and varied opportunities.

Recently, however, there is a gradual decline observed in the number of adolescent girls getting married in India (IHM, 2007; UNFPA, 2005). This has resulted in a longer period of schooling and an extended period of adolescence, especially in the urban, upper middle and upper class settings. Increased participation of girls and women in formal work settings is leading to flexible gender roles placing increased demands on the adolescent girls to develop skills for managing home and work place. Significant changes are evident in parenting styles, authority patterns and quantum of control over adolescents emphasizing more equal treatment and expectations from girl and boy child, investing greater amounts in terms of time, money and emotions (Sharma, 1996; Saraswathi, 1999; Larson, Wilson, Brown, Furstenberg, & Verma, 2002; Verma & Saraswathi, 2002).

Study of Adolescence: A Shift in Focus

Call, Riedel, Hein, Mcloyd, Peterson, and Kipke (2002) have perceived adolescents to be active contributors in shaping their life by making choices available in immediate contexts which are however, greatly influenced by macro level societal changes. With the gamut of changes creating upheaval in the lives of adolescents, very few agencies, programs and policies in India have focused their attention on adolescents specifically in the last two decades. Based on the programs and interventions, and research reviews, it can be inferred that several programs such as Population Education, Family Life Education, Reproductive Health and Sexuality, and recently, Adolescent Reproductive and Sexual Health (ARSH) have made effort to address the needs of the adolescents. These programs have attempted to deal with issues from a reproductive health perspective judging public's knowledge, attitudes

and practices towards opposite sex, marriage, sex and contraception, and family planning. The spotlight of these programs has been on reproductive issues and the entire family (UNFPA-WOHTRAC, 2003; Chakrabarti, 2007).

In this context, a dire need to develop a new concept that would recognize adolescence as a critical period of development for acquiring health enhancing behaviors, was felt. Increasingly, prevention programs for reducing risk behaviors and improving positive mental and physical health among adolescents are also in demand (Larson, Wilson, & Mortimer, 2002; Brown & Larson, 2002). Social policies are needed to be directed towards formation and maintenance of long lasting relationships and support for adolescents which demands several skills for judging people, negotiate trust, cultivate faith and optimism, resolve disagreements, fix violations, and search for support. Life skills are one of the "useful vehicles" for developing these competencies in adolescents (Larson, Wilson, Brown, Furstenberg, & Verma, 2002, p. 52). As a result the concept of *Life Skills* for developing competencies among adolescents came into existence.

Life Skills Education: Concept and Definitions

"Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights"(WHO, 1999, p. 2). Life skills, like other functional skills, if acquired effectively can help one to understand the way one feels and perceives self as well as others. These skills not only help in building self-esteem and self-confidence, and manage lives effectively, but they also teach us

how to communicate with ourselves and with others effectively, thereby reducing many unnecessary self-created conflicts or problems. Life skills, in short, are practical skills intended to equip the learner with new and better competencies, abilities and positive behavioral changes (UNICEF, 2006).

Life skills are defined as "The abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life" (WHO, 1997, p. 4). Life skills are abilities for adoptive and positive behavior. Life skills refer to the ability to maintain the state of mental and physical well-being while interacting with others within the local culture and environment (UNESCO and Indian National Commission for co-operation with UNESCO, 2001). According to UNICEF (2002), this term refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life. Life skills may be directed towards personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive to health (UNICEF, 2006).

According to UNESCO and Indian National Commission for co-operation with UNESCO (2001), Life skills practically are skills which intend to equip the learner with better competencies and abilities aiming at bringing positive behavioral changes. The usefulness of life skills is as follows:

- Life skills are abilities that further motivate individuals to behave in healthy ways, provided they want to do so and are given the scope and opportunity to do so.

- Life skills form a link between self-care and self-discipline on the one hand, and self-confidence on the other.
- Life skills alone are not enough. They must be complemented by support from the community and cultural environmental factors, which move individuals to positive action.
- Life skills not only improve self-image but also contribute to better interpersonal relationships, through a sense of physical and mental well-being.
- Life skills promote physical, mental and social sense of positive attitudes and hence prevent mental disorders and behavioral problems, in addition to preventing health problems.
- Life skills make for better ties in the family and peer group.
- With increased self-awareness and better self-management the chance of impulsive action is reduced.
- Life skills teaching provide rehearsals of situations, which bring negative pressures, like indulgence in drugs and sex The resultant competency to withstand pressures can be used to resist peer pressure or social compulsions.
- Life skills of critical thinking and problem-solving help out-of-school children to avoid abuse.
- Life skills make it possible for them to think of future goals and service to others and protecting the environment.

Life skills have been the entry point for many organizations for HIV prevention resulting in neglect of the other vulnerable issues of health and well-being of adolescents. But life skills are increasingly used now for addressing wider societal issues in countries of South

East Asia including India (UNICEF, 2005). Review literature on HIV prevention programs reveal that people can be taught to adapt and sustain certain desired behaviors which rise hopes for applying it in other contexts of development. An argument is also raised that some stakeholders have themselves never undergone a life skills training so they are alien to the effect of the program on adolescents.

Components of Life Skills

Life Skills Components Defined Internationally

Life Skills-based education can be defined as basically being a behavior change or behavior development approach designed to address a balance of three areas - knowledge, attitude and skills (UNICEF, 2002). WHO (1996a) has categorized a core set of life skills into the following three components:

a. Thinking skills: includes self-awareness, social awareness, goal setting, problem solving, and decision-making. To be able to think critically, information should be provided in order to make informed decisions and choices. The skills to think critically can also be developed if the teenagers are given the opportunity to look at different perspectives of an issue, the pros and the cons of making one decision over the other and making them realize the negative consequences of making hasty, unplanned decisions.
b. Social skills: include appreciating or validating others, working with others and understanding their roles, building positive relationships with friends and family, listening and communicating effectively, and taking responsibility and coping with stress. Social skills enable the adolescents to be accepted in the society and to accept social norms, which provide a foundation for adult social behavior.

c. Negotiation skills· means not only negotiating with others but with oneself as well. For effectively negotiating with others, one need to know what one wants in life, is firm on one's values and beliefs and can therefore say "no" to harmful behavior and risky temptations.

According to various international agencies such as UNICEF and UNESCO the basic strategies used for life skills education program are as follows:

1. Problem solving skills: decision-making including goal-setting
2. Critical thinking skills: creative thinking including value clarification
3. Communication skills: interpersonal relationship skills including assertiveness
4. Self-awareness building skills: empathy
5. Coping with stress: coping with emotions

According to the internal policy paper by the Ministry of Youth, New Zealand a young person's positive skills should include the following (Adolescence Education Newsletter, 2001): Self-confidence, ability to cope with challenges, help seeking behavior, productive work habits, desire to learn, involvement in sports, supportive group of friends, healthy behavior or lifestyle, involvement with cultural groups, good social skills, sound identity, and hobbies, skills, interests.

Table 2 lists the psychosocial and interpersonal skills considered important by UNICEF (2001). The choice of, and emphasis on, different skills will vary according to the topic (e.g., decision-making skills feature strongly in HIV/AIDS prevention).

Table 2

Summary of Important Psychosocial and Interpersonal Skills

Communication and Interpersonal Skills	Decision-making and Critical Thinking Skills	Coping and Self-Management Skills
Interpersonal communication skills -Verbal\non verbal communication -Active listening -Expressing feelings; giving feedback (without blaming) and receiving feedback Negotiation\refusal skills -Negotiation and conflict management -Assertiveness skills -Refusal skills Empathy -Ability to listen and understand another's needs and circumstances and express that understanding Cooperation and teamwork -Expressing respect for others' contributions and different styles -Assessing ones/s own abilities and contributing to the group Advocacy skills -Influencing skills and persuasion -Networking and motivation skills	Decision making/problem solving skills -Information gathering skills -Evaluating future consequences of present actions for self and others -Determining alterative solutions to problems -Analysis skills regarding the influence of values and attitudes of self and others on motivation Critical thinking skills -Analyzing peer and media influences -Analyzing attitudes, values, social norms and beliefs and factors affecting these -Identifying relevant information and information sources	Skills for increasing internal locus of control -Self-esteem/confidence building skills -Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses -Goal setting skills -Self evaluation/self assessment/self monitoring skills Skills for managing feelings -Anger management -Dealing with grief and anxiety -Coping skills for dealing with loss, abuse, trauma Skills for managing stress -Time management -Positive thinking -Relaxation

(Source. UNICEF, 2001)

Life Skills in the Indian Context

The life skills concept showed glimpses in India in the 1980s with programs such as Better Life Options (CEDPA), Family Life Education, and Adolescent Sexual and Reproductive Health.

The Lions-Quest Skills for Adolescence offers a comprehensive positive youth development and drug prevention program in urban school settings. The program brings together parents, educators, and community members to teach young adolescents life and citizenship skills within a caring and consistent environment (Lion's Quest Teacher's Resource Guide, 1997). The nine skills included in the program are as follows:

1. Building self-discipline, responsibility, and self confidence
2. Communicating effectively and cooperating with others
3. Managing attitudes and emotions
4. Strengthening positive relationships with family and peers
5. Learning/developing skills in solving problems and making healthy decisions
6. Resisting negative peer pressure and drug use
7. Thinking critically
8. Setting goals and following through
9. Providing service to others

In the rural Indian context some life skills considered essential according to UNESCO and Indian National Commission for co-operation with UNESCO (2001) are:

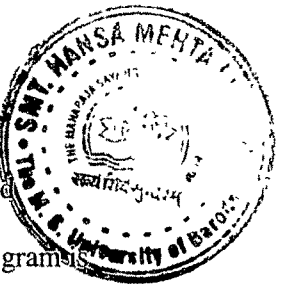
1. The ability to ask the right questions.
2. The ability to decide to listen to whom and to what.

3. Critical listening skills.
4. Information processing skills.
5. Self-reliance.
6. Finding out necessary legal information (legal literacy).
7. To be attuned to social environment and situations.
8. The ability to say 'no' to negative pressures.
9. The ability to find the link between health problems and lifestyles as well as behavior.
10. The ability to maintain safety.

Nair and Pejaver (2001) have conceptualized the domains of life skills in the rural context as: Self-awareness/Self-esteem, Empathy, Effective communication, Interpersonal relationship skills, Creative thinking, Critical thinking, Decision making, Problem solving, Coping with emotions, and Coping with stress.

Another leading NGO in Delhi Swaasthya and International Centre for Research on Women (ICRW) had launched intervention for community based, Adolescents Reproductive Health Program in India from 1998-2001 for enhancing reproductive health and decision making abilities of adolescent girls in Tigri, a poor migrant area in Delhi. The project used life skills approach and was successful on several fronts such as improving self determination, menstrual hygiene behavior, reproductive health knowledge and interpersonal common skills.

The Institute of Health Management – Pachod (2007) in rural Maharashtra has developed a one year life skills program focusing on delaying age at marriage of out of school/working unmarried adolescent girls. The program focuses on five life



aspects: Social issues and institutions, local bodies, life skills, child health and nutrition; and health. Ongoing analysis preliminary results reveal that the programs effective and Government of Maharashtra is considering its adoption, adaptation and expansion throughout the state.

According to UNICEF (2005), Adolescent Education Programme (AEP) in India presently focuses on approximately 33, 000, 00 secondary school adolescents, covering grades IX to XII. It uses the curriculum which includes sessions on growing up, HIV/AIDS, life skills, and outreach activities. The program is integrated into language/science classes, extracurricular HIV prevention or Socially Useful and Productive Work (SUPW). Future plans are to integrate AEP into the primary school curriculum from grades I-VIII. AEP is developed by the National Department of Secondary and Higher Education, Ministry of Human Resource Development and the National AIDS Control Organization for implementation all over India.

Life Skills Interventions and Programs in India: An Overview

Various individuals, institutions and NGOs have developed their respective strategies of life skills based on their experiences or needs of the adolescents in particular regions such as Life Skills program for girl by RUWSEC, Tamil Nadu; UNESCO and Ministry of HRD with UNESCO; Better Life Options (CEDPA); Sandhaan, Jaipur; Shiksha Karmi Project, Rajasthan by UNFPA (see Appendix A). In a nutshell, the programs indicate the following:

- Life skills program in India focus mainly on rural settings, either for school going or school dropout adolescents. The need for understanding the urban school going adolescents has not yet been properly attended to.

- Only one or two programs have till date catered to the most vulnerable age group among adolescents, that is, 13-15 year olds, especially in the urban setting.
- The field is lacking in life skills indicators and assessment tools for urban school going adolescents.
- The life skills program should be gender neutral and apolitical in nature (UNICEF, 2005).
- Programs for adolescents need to provide overall negotiation and life skills training that can be applied to various sectors of their lives. Though all the skills are important for healthy living, yet the focus of the program should be on context specific skills defined as per the age and virtue of lived reality.
- With these life skills, adolescents become capable of handling adult responsibilities without stress; they can act as the strength of their community instead of weakness.
- The program strategy needs to be process oriented (rather than outcome oriented), that is, the process of knowing oneself and acquiring skills itself helps in individual's development; flexibility as a key feature in designing and implementing programs for adolescents is a must.
- Ongoing staff training is an essential aspect of expanding and sustaining a program.
- The integrated approach can be utilized for planning programs as it results in significant impact on the adolescents' economic empowerment, self-esteem and confidence, autonomous decision-making, child survival practices and healthcare.

- Participatory and creative means of monitoring and evaluation produce flexible and good quality programs.
- Creating an enabling environment through involving stakeholders is the key to the success of a program for adolescents; adults can play an important role in adolescent programs.

Life Skills for Urban Adolescents: Need of the Hour

Life skills as a concept can be adapted for any group of clientele across geographic location, religion, class, caste, age, marital status, and gender. The effects of globalization are penetrating into the lives of adolescents through changes in familial structures, that is, absence of traditional joint family systems and related transmission of knowledge and skills, disruption of kin networks, increasing nuclear and single parent families due to migration and employment. These factors are resulting in adolescents being exposed to varied lifestyles (Saraswathi, 1999; Verma & Saraswathi, 2002). An advanced and competitive educational system, increased exposure to media, inclination towards high risk behaviors, peer pressures, and rising expectations from adolescents form another set of challenging factors. Parents too are finding it difficult to deal with the challenges of the rapidly changing global context. The urban adolescents thus find themselves caught in the web of continually mounting contextual changes and are struggling to meet the complex demands and pressures. Such a scenario may sometimes lead to stress and engagement in high risk behaviors or even suicide (WHO, UNFPA, & UNICEF, 1997; Gardiner, Mutter, & Kosmitzki, 1998). Sometimes stakeholders feel that giving them information on vital issues such as drugs, HIV/AIDS, and resisting stress is enough. Nevertheless, in

reality, how much an adolescent clubs that knowledge and the imparted skills, and use them at appropriate place, time and extent still poses a big dilemma (Pai, 2006). In the Indian context gender plays out in a pronounced manner. Being born a female is considered inferior and girls are sometimes even deprived of basic necessities (Verma & Saraswathi, 2002). Intervention programs are thus needed to enhance self-esteem and self-confidence in girls and women (Chakrabarti, 2007).

Saraswathi (1999) and Verma and Saraswathi (2002) provide evidence for a distinct peer culture in the upper middle and upper social class settings in India. Adolescents look up to peers for opinions, ideas and approval for several daily issues (Gardiner, Mutter, & Kosmitzki, 1998). These choices might be as simple as going to a late night party or not, buying an expensive dress or a textbook; or as difficult as choosing their careers or trying a doze of drugs under peer pressure. Adolescents are exposed to a vast variety of choices. Every time parents or any other guiding adult may not be present to help them to face and cope with troublesome situations. Thus, they need to develop the necessary life skills to confront challenges and make appropriate decisions. Studies also indicate that there is a need for empowerment of adolescents for day to day living to develop mature and responsible behavior which would hold them in good stead (UNESCO, 2001).

Life skills, thus, become quintessential in the present urban context. Development of life skills such as thinking skills, social skills and negotiation skills among adolescents should be the aim of interventions and programs (Chakrabarti, 2007). Furthermore, adolescents are budding at this stage of life, and a little input in terms of

life skills education can help them balance their interesting roller coaster ride into adulthood.

Highlights of the Literature Review on Life Skills

The highlights of the review are as follows.

- Instead of a deficit perspective, adolescents need to be viewed as potential resources full of strengths, capable of developing themselves by utilizing the support and guidance from the human resources present in their contexts – the family and the school.
- Life skills are an excellent example of encompassing all the relevant components for healthy adolescent development from this perspective.
- The existing researches and programs reviewed provide the evidence that many programs consider the concept of life skills education more in terms of adolescent reproductive and sexual health (especially prevention of teenage pregnancy, abortions, HIV /AIDS/ Sexually Transmitted Infections, sex and sexuality education) whether in formal or non-formal set ups. It is important to focus on the all round development of the adolescent and not merely on reproductive health aspects.
- Adolescents in urban contexts are experiencing the multiple effects of globalization more powerfully in their day to day lives. They need to be equipped with life skills to meet the demands and pressures of this rapidly changing context.

Rationale of the Study

The literature related to adolescents and the positive development perspective proposes the urgent need to envision adolescents from a positive youth developmental framework. This concept has its roots in evaluation of interventions and programs, particularly designed and implemented for community based youth and adolescents having life skills as an integral component. Furthermore, most of the life skills programs focus on out- of- school rural adolescents. Several stakeholders believe persistently that more research is needed with school going adolescents as going to school does not exempt adolescents from engaging in risky behaviors (UNICEF, 2005) Besides, the challenges posed by the increasing demands of the urban context reinforce the need to work with this group of adolescents. The scenario of life skills in India thus indicates the need to design life skills programs for urban school going adolescents, which can equip them to meet the challenges of daily life and prepare them for a shining future and healthy living. Moreover, there is dearth of life skills programs for school going adolescents in urban Rajasthan. Thus, an action research on implementing a life skills program for school going adolescents in Udaipur, Rajasthan was planned.

Conceptual Framework of the Study

Life skills have many dimensions which are adapted according to the contextual need for program planning. Based on the available literature in the field and the critique and evaluation of the existing programs, evaluation of experts, and the framework developed by UNFPA - WOHTRAC (2003), the present study adapted the following domains and sub-domains of the life skills:

1. **Self-oriented Skills** (self-awareness, self-concept, self-esteem)
2. **Thinking Skills** (critical, creative, problem solving, decision making)
3. **Social Skills** (emotions and relationships, empathy, sympathy)
4. **Communication Skills** (inter, intra-group and self)
5. **Management Skills** (life, stress, time, conflict management and negotiation with self and others)
6. **Adolescent Health and Awareness** (legal rights, basic nutrition and reproductive health)

Figure 1 describes the conceptual framework of the study depicting the way globalization has an effect on adolescents' lives impacting their most immediate contexts, the home and the school. Furthermore, the interplay of social expectations, familial adjustments, academic performances and peer pressure along with the individual physiological and psychological changes inflict transformations in adolescents' development. The inputs of life skills program would help adolescents to become better equipped with the skills needed to deal with these macro as well as micro level transformations.

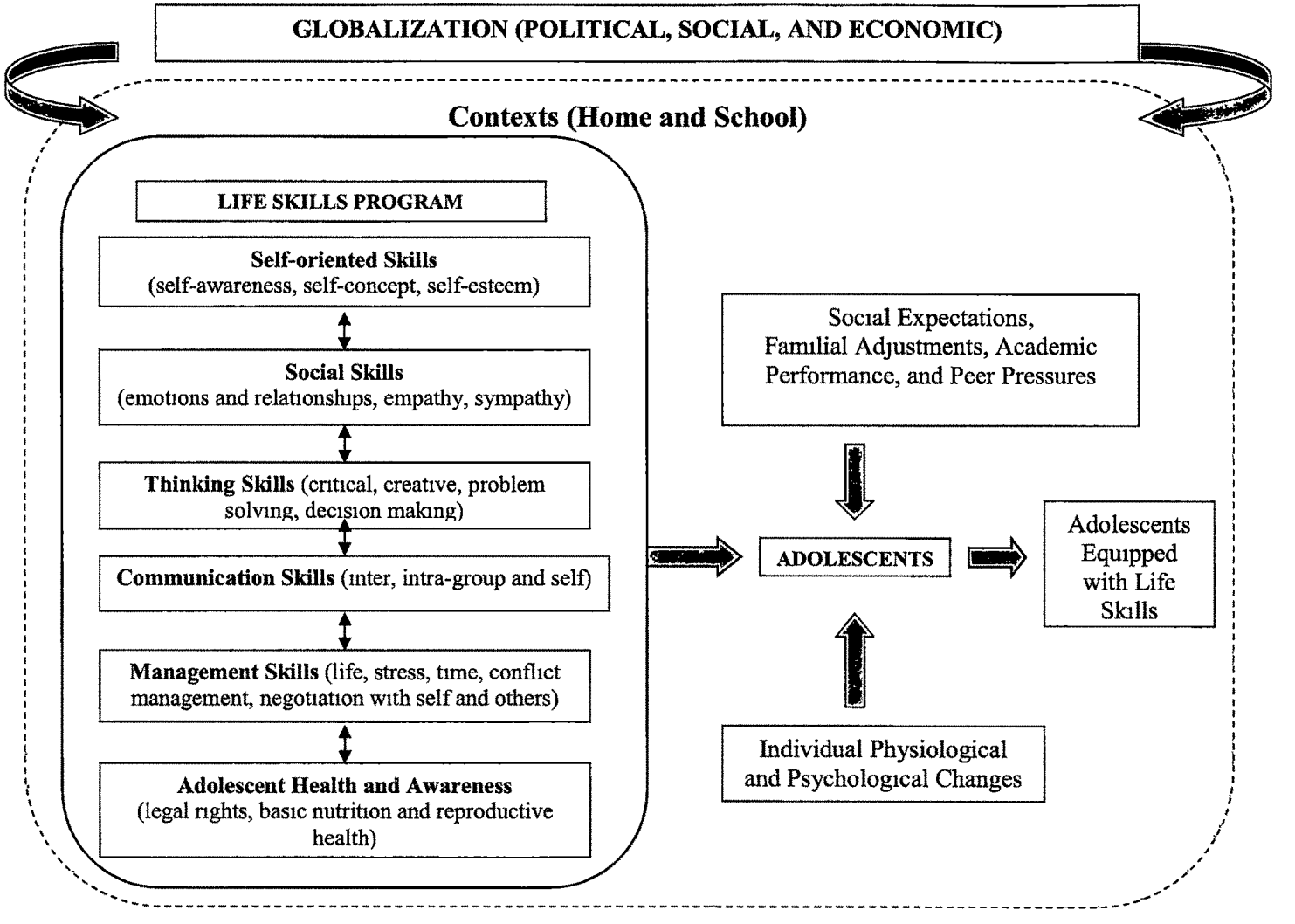


Figure 1. Conceptual Framework of the Study

OBJECTIVES OF THE STUDY

Broad Objective

Develop and implement a program for school going adolescents (13-14 years) to build life skills for their holistic development and healthy living

Specific Objectives

1. Assess developmental and contextual needs of school going adolescents for building a life skills program
2. Develop a life skills assessment tool for school going adolescents
3. Develop and implement a life skills program for school going adolescents
4. Assess and evaluate the life skills program
5. Prepare a life skills education training manual for educators in urban school settings