CHAPTER –I

Introduction

With the world undergoing a revolutionary change in terms of socio-economic and cultural pattern causing far-reaching consequences on everyone. Adolescents among others are most exposed to increased vulnerabilities to health and behavioural risks. Twenty per cent of the world's adolescent population lives in India. India is home to more than 243 million individuals aged between 10-19 years which accounts for twenty per cent of the total population of the country; that is why India is called 'a young nation'. In spite of having such a large adolescent population, the health and educational status of adolescents in India is not very promising. According to 'State of the World's Children' report by UNICEF (2011), forty seven per cent girls between the age group 11 to 19 are underweight whereas fifty six per cent girls and thirty per cent boys in the same age group are anaemic, which positions India along with the least developed African countries. Nearly, forty per cent of them are out of school, forty three per cent get married before they reach 18 years, out of whom thirteen per cent become teenage mothers. Appropriate knowledge of HIV/AIDS is known by thirty five per cent of the adolescent boys and twenty eight per cent of the girls. The growing stress among Indian adolescents is also reflected in a report where it shows that more than six children in India commit suicide daily because of the academic stress (National Crime Records Bureau, 2000).

Adolescents are in a stage of life span development where they face challenges with distinct needs and demands. They can either be a huge asset in developing a nation or a burden on it. Therefore, we have to provide safe environment to enable them to

channelize their potentials positively to shape their as well as the nation's future. Although a very few studies have been conducted on refugee adolescents in India; the stress, anxiety and hardships faced by the refugee adolescents can be inferred from the data available on socio-politico-economic status and resultant physical and mental health conditions of the refugees (Terheggen, Stroebe, & Kleber, 2001; Allwood, Bell-Dolan & Husain, 2002).

Moreover, condition is even more distressing for those refugee or migrant adolescents who have possibly witnessed war or violence. They have greater chances of being exploited as many of them are unaware of their legal rights. Hence, the needs of refugee and migrant adolescents also demand equal attention as their role in determining the fate of a nation cannot be overlooked.

Table 1.1

Estimated Population and Educational Status of Adolescents (10-19 age group) in 2007, India. [Source: Planning Commission Projection, 2007, Bordia (2009)].

Year	**Population of the adolescents(10-19) and % of total population.**			**No. of persons not completed primary level and % of the total adolescent group.**		
	Persons	Male	Female	Persons	Male	Female
2007	245.0 mil.	128.5 mil	116.5mil	82.2 mil	37.7mil	44.5mil
	21.7%	22.0%	21.4%	33.52%	29.39%	38.21%

1.1 Refugee Adolescents in India

Who is refugee?

United Nation Refugee Convention defines a refugee as "*a person who is outside his/her country of nationality or habitual residence; has a well founded fear of persecution because of his or her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself or herself of the protection of that country, or to return there, for fear of persecution*" (United Nation High Commissioner for Refugees [UNHCR], 1951).

In India, a precise statistics regarding the number of refugee adolescents is lacking but approximately half of the world's refugee population is children and adolescents under the age of 18 years (UNHCR, 2004).

Ina report published by United States Committee for Refugees and Immigrants (2009), it was estimated that the total number of refugees and asylum seekers in India was 456,000. An estimate of 120,000 Sri Lankans, 110,000 Tibetans,100,000 ethnic Chin from Myanmar, 30,000 Afghans, 25,000 Bhutanese, 25,000 Nepalese, 600 Somali, 200 Palestinians from Iraq and 65,000 ethnic Chakmas from Bangladesh have taken asylum in India. India has neither signed the 1967 refugee convention law nor has exercised any legislative policy in the country to protect and provide equal treatment to the refugees. Consequently, refugees in such circumstances continue to face increasing stress.

Following are some of the common problems faced by the refugees:

a) Physical health

Refugees have difficulties meeting the basic needs of food, clothing and shelter. There is an increased incidence of malnutrition, starvation and prevalence of communicable diseases such as diarrhoea, dysentery, malaria, tuberculosis and AIDS among them.

b) Mental health

Anxiety, adjustment problems, feeling of insecurity, post-traumatic stress disorder [PTSD], low self-esteem, identity crisis, depression are some of the major psychological problems experienced by the refugees.

c) Linguistic and occupational problems

Refugees encounter difficulties finding appropriate jobs as a result of lack of knowledge from being on the fringes of the mainstream society. They have problems finding employment and often encounter discriminations at work because of their refugee status.

d) Cultural barrier

Refugees have different cultural background than the host countries. Their religious beliefs, way of thinking and behaving is different, which may give rise to a host of other psychological problems like adjustment and identity crisis (Pal, 2010).

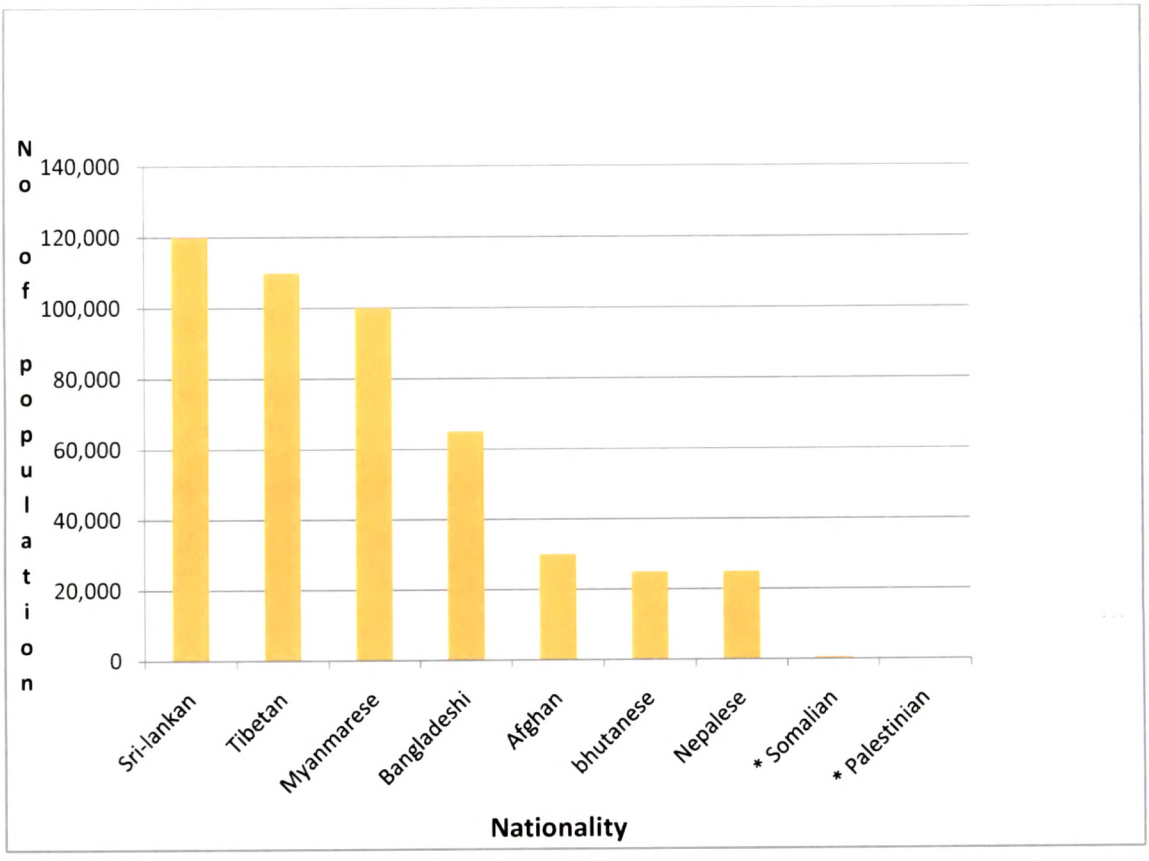

*Figure 1.1:*Refugee Population in India, 2009 (Source: World Refugee Survey, 2009).

* The refugee population of Somali and Palestine is not visible because of their relatively small percentages as compared to other countries.

1.2 Tibetan Refugee Adolescents in India

Following the Chinese occupation of Tibet in 1959, many Tibetans started to leave their homeland in order to escape religious and political repression and began living in exile in India and Nepal following their spiritual leader His Holiness [H. H] the Dalai Lama. Every year, an average of 2,000 to 2,500 Tibetans risk their lives to cross the Himalayas into Nepal and India (Mills et al., 2005; Sachs et al., 2008).Today, Tibetan

refugees have spread across the world with a population of over 127, 935 and according to the latest census, the largest influx of 94, 203 Tibetan refugees are currently living in India (Green City Index, 2010).

According to UNHCR (2010), there are almost 15.4million refugees located worldwide of which eighty per cent of them are displaced within the developing countries; Tibetan refugees are reported to belong to this group. Some of the main reasons for Tibetan children to leave their homeland are to seek the blessings of H. H. the Dalai Lama and to secure modern education in exile and to keep alive Tibetan culture and language which are at risk of extinction in their own homeland. En route, many experience frostbite, hypothermia, snow blindness (Dolma, Singh, Lohfeld, Orbinski & Mills, 2006) and also risk prosecution and death at the hands of Chinese border patrols (Mills et al., 2005). Ninety per cent of Tibetan refugee children and adolescents are unaccompanied by parents (Bernstorff & Welck, 2004). Several studies have demonstrated that unaccompanied refugee children during the migration are at greater risk in developing psychosocial problems (Derluyn, Mels & Broekaert, 2009; Huemer, et al., 2009). Thus, a high prevalence of PTSD, depression and anxiety was found among these adolescents (Mills etal., 2005; Terheggen, Stroebe & Kleber, 2001; Evans, Buxton, Borisov, Manatunga, Ngodup & Raison, 2008).

Although behavioural and mental health problems of refugees have been extensively studied, there have been very few studies using intervention strategies to help them cope with problems. To address this gap, the present study was carried out to investigate the effectiveness of life skills training [LST] in combating stress and anxiety,

enhancing coping, self-confidence and emotional intelligence among Tibetan refugee adolescents.

Figure 1.2: Children detain by the police on Tibet-Nepal border.

Figure 1.3: Tibetan children often suffer frosbite due to prolonged exposure to snow while escaping.

Figure 1.4: TVC School at Suja, Himachal Pradesh, India.

Figure 1.5: A glimpse of life skills training conducted at TCV, Suja, 2008 (Courtesy: Sangpo).

In the following section, the researcher will explain the definitions, concepts and theoretical backgrounds for each psychosocial parameter used in the study.

1.3 Adolescence

Hall (1904) quotes, "adolescence as a period of storm and stress", as the extent of physical, psychological and behavioural changes taking place during this stage reach its peak. This transition into adolescence begins with precedence of peer-centered relationships over parent-child relationships. Adolescents who do not possess an adequate repertoire of coping skills find it difficult to adapt to these changes, which inevitably generate stress, impair their academic performance and increases vulnerability to drugs, alcohol abuse, teenage pregnancy, violence, suicidal ideation, eating disorder and depression.

According to Plug, Louw, Gouws and Meyer (1997), "*adolescence is a period in the developmental stage, which spans from puberty upto and including adulthood. Girls hit puberty approximately between the age of 12 to 18 years and adolescence occurs for boys at 13 to 21 years of age*".

Phiper (1994) posited that adolescence is a stage when they are excessively obsessed with oneself and various developments take place in the area of physical, emotional, intellectual, academic, social and spiritual. In order to cope with the developmental changes, adolescents slowly begin to leave the cocoon and comfort of childhood security and move forward in search of autonomy to establish their personal identity (Myers, 1996).

According to Sadock and Sadock (2003), adolescence is commonly divided into 3 periods, early (ages 11 to14), middle (ages 14 to 17) and late (ages 17 to 20). Some may have a period of extended adolescence into their late 20's before full adult independence.

1.4 Stress

Selye (1936) was the first to introduce the concept of stress. A term stress was originated from natural science and derived from the Latin word '*stringere*' meaning '*draw tight*'. In the 17th century, stress was popularly used to mean hardship, strain, adversity or affliction whereas later in 18th and 19th century, it was used to denote force with reference to an object or a person (Pestonjee, 1997).

Selye defines stress as "the non-specific response of the body to any demand made upon it". Its purpose is to assist the body in adapting to the demand at hand and afterwards in returning the body to its natural state of functioning. According to him, there are three common models of body's reaction to a stressful situation and he termed the process as General Adaptation Syndrome or GAS (1980).GAS comprised of three distinct stages which are as follow:

1) Alarm reaction takes place when an initial response of fight or flight reaction may occur as a response to impending danger or potential threats.
2) Resistance: In this stage, body adapts to the stressors and changes at many levels take place in order to reduce the effect of stressors.
3) Exhaustion happens if the stress is prolonged where the sources of energy are exhausted and the body is unable to adapt to the stressful situation.

1.4.1 Stress among adolescence

Adolescence stage has been synonymously used with the concept of "storm and stress" by Hall (1904) and he has significantly used this concept throughout his research but Hall was definitely not the first in the history to label adolescence as a turbulent stage. Aristotle, Socrates and Rousseau have metaphorically explained adolescence as the most difficult period in one's life. During this stage, many kinds of development occur and high level of stress prevails in almost one third of the adolescents which may be caused due to different types of stressful events with limited coping resources (Cunningham, Bradon & Frydenberg, 2000; Seiffge-Krenke, Weidemann, Fentner, Aegenheister, & Poeblau, 2001). The events which are perceived to be stressful by adolescents range from school, home, relationship issues, identity crisis to career decisions. Steinberg (1999) has categorically classified the stressful events into three sections. The first category consists of major life stressors pertaining to events: divorce of parents, changing schools and fatal illness. The second is related to chronic stressors: living in poverty-stricken family, family discord, or having a disabling illness. The final stressful event includes daily hassles such as arguments with siblings or parents, examination pressure, being bullied or teased.

1.4.2 Stress among refugee adolescents

Arrival in the host country may initially bring temporary relief from the conflict zone but with the duration of stay, refugee adolescents are faced with growing uncertainties and challenges in a new environment. Migration involves multiple losses, e.g. home, parents, school, belongings, friends etc. which Eisenbruch (1990) described as 'cultural bereavement'. A study has revealed that PTSD as high as 75 per cent is found in

refugee adolescent population (Allwood et al., 2002). With the passage of time, when the young refugees begin to assimilate the culture of host country through school; their rapid acquisition of the language of a mainstream society is perceived as a threat to the existence of their own traditional values and norms which results in parent-child conflicts. Thus, refugee adolescents not only have to encounter stress associated with migration and displacement but also stress related to inter-generational conflicts (Birman, Trickett & Vinokurov, 2002).

1.5 Anxiety

Anxiety in general is defined as:

a) "*A learned bodily reaction to danger*" (Euler, 1983).

b) "*A form of self-centeredness which is characterized by self-observation, doubts and low self- esteem*" (Krohne & Hock, 1994).

c) "*One of the ten basic human emotions which is similar to instinct*" (Izard & Buechler, 1980).

d) "*The result of the inconsistency between the inner and outer value system*" (Patsiaouras, 1999).

Anxiety is considered to be a negative learned response to a neutral stimulus. According to Izard & Buechler (1980), "the fundamental emotions (interest/excitement, enjoyment/joy, surprise/startle, distress/anguish, disgust/revulsion, anger/rage, shame/humiliation, fear/terror, and contempt/scorn) have no inherent positive or negative value of their own, rather their effectiveness depends on the individual-environment

interactions". In this scenario, fear forms the central emotion of an anxiety pattern which is accompanied by different combinations of other fundamental emotions such as anger, shame, shyness, guilt and sadness. The experimental investigation of anxiety phenomena has been stimulated by the development of objective and reliable procedures for the measurement of anxiety as a transitory state and as a relatively stable personality state. According to Spielberger (1966) anxiety that is transitory is state anxiety (A- state) and anxiety that is relatively stable personality is trait anxiety (A- trait). The state-trait distinction in anxiety research was initially formulated by Cattel (1966) and was later elaborated by Spielberger.

1.5.1 Anxiety among adolescents

Anxiety is one of the most fundamental constructs in psychology which has been a focus of increased research interest in the last two decades (Cox & Norton, 2000; Cox, Wessel, Norton, Swinson & Direnfield, 1995). Anxiety is a negative emotion frequently experienced by adolescents and it is one of the most common psychological disorders prevailing in school-aged children and adolescents worldwide (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). Anxiety seems to negatively correlate with social, emotional and academic success among adolescents.

1.5.2 Anxiety among refugee adolescents

A large body of research has shown that refugee adolescents suffer from generalized anxiety disorder, particularly those adolescents who have experienced war reported high level of depression and anxiety (Servan-Schreiber et al., 1998). As a result

of chaotic flight, many children get separated from their family members and other caregivers, which causes separation anxiety, sleep problems, loss of concentration etc. Under such circumstances, older children are compelled to take over the role of adults in giving care to the younger ones. These refugee children who live in the absence of their parents are the most vulnerable among the whole refugee population (Halvorsen, 2002).A study has shown that unaccompanied refugee children and adolescents are five times more likely than accompanied refugee minor to exhibit severe symptoms of anxiety, depression and PTSD (Derluyn et al., 2008).

1.6 Coping

Coping is defined as the management of stress or it can be explained as a process to overcome stressors or demands made on individual. In stress literature, word coping has two connotations. Firstly, it denotes the way of dealing with stress and secondly, an effort to master conditions of harm, threat or challenge when a routine or automatic response is not readily available (Lazarus, 1997).

- *"Coping refers to efforts through action and thought to deal with demands that are perceived as taxing or overwhelming"* (Greenwood, 1996).
- *"Cognitive and behavioural efforts that are used to reduce the effects of stress are called coping"*(Davis & Palledino, 1997).

1.6.1 Coping among adolescence

Stress levels are contingent on the effectiveness of coping strategies. Seiffge-Krenke (1995) formulated two functional coping styles in adolescents, which she labelled active

and internal coping, and one dysfunctional style which she called withdrawal coping. An active coping style is known as problem-focused where an adolescent tries to change the situation to ease the stressful situation. Internal coping or emotion-focused coping is adopted when adolescent attempts to change the negative emotional responses associated with stress. For an adolescent who is struggling with new experiences, environments and responsibilities in their quest for independence; stress serves as an inner warning signal to keep them safe. It warns the adolescent that they need to change their behaviour in order to better manage the situation. The circumstances that evoke stress change as we move into adulthood, but its existence and role in adaptation remains (Folkman & Lazarus, 1985).

Viennese psychoanalyst Freud(1972) examined her father's theory with particular reference to adolescents' development and stated that some amount of stress was required for adolescents to mature and become successful in completing a task.

1.6.2 Coping among refugee adolescents

The challenge of a refugee adolescent is not only to survive a tragic ordeal but also to lead a normal life. Family members and social support network are believed to be the most protective factors against stress and anxiety associated with migration. However, those adolescents who do not have a strong family support are drawn towards adopting maladaptive coping like drugs; as sometimes parents themselves are not able to get out of their own traumatic experience. For instance, higher acculturative stress of the family was linked to illicit drug use in Latino adolescents (Vega, Zimmerman, Warheit & Gil, n.d.). Moreover, there is a lack of mental health programme for refugee adolescents

especially in developing countries to meet the unique needs of each refugee. Even if it is available, many of them don't seek mental health service because of the stigma attached to such services and at other times, they do not have the language proficiency of the host country to attend mental health programmes.

1.7 Self-confidence

Self-confidence is considered as one of the motivators and regulators of behaviour in an individual's everyday life (Bandura, 1986). Self-confidence is a positive attitude of oneself towards one's self. In general term, self-confidence refers to

- *"An individual's perceived ability to act effectively in a situation to overcome obstacles and to get things to go all right"*(Basavanna, 1975).
- *"The ability to be certain about one's competencies and skills"* (Northouse, 2001).
- *"Results from people's belief that they will probably succeed at a task, based on their previous successes"* (Burns & Beck, 1992).

1.7.1 Self-confidence among adolescence

As mentioned earlier, adolescence is a stage of rapid physical and psychological development. Poor self-esteem becomes more prominent in early adolescence, and then self-esteem improves during the middle and late adolescence as identities gain strength and focus. Lack of self-confidence can be a stumbling block at any age. Adolescents who are not confident often feel lonely, sensitive to criticisms, possess inadequate skills to develop interpersonal relationship, and remain vulnerable to negative peer pressures etc

(United States Department of Education, 2003). The two main factors affecting the development of self-confidence among adolescents are:

Firstly, parents' attitudes are crucial to children's feelings towards themselves, particularly in the early years as children are the extension of their parents' personality. Parent-child relationship is reorganized during this transitional period as adolescents strive to gain greater autonomy and tend to question parental authority which results in parent-child conflict. However, family remains the most important factor in a child's life who meets both material and psychological needs of children. There is a great influence of parenting style on the adjustment pattern of adolescents. Adolescents from authoritative homes are more responsible, more confident, and competent. On the other hand, adolescents from authoritarian homes are more dependent, more submissive, less socially adept, less decisive, and less intelligent. Adolescents reared in permissive homes are often less mature, less responsible, more vulnerable to peer pressure, and less able to take initiatives (Baurmind, 1978)

Secondly, school is a place where children spend most of their time and is also responsible in shaping self-confidence. Peer groups, teachers and school authorities play crucial roles in developing self-confidence in children. Particularly, peers play a pivotal role in developing both positive and negative influences among adolescents. Sullivan (1953) and Erikson (1968) advocated that close peer companionship, especially with same-gendered friends, helps in developing autonomy and identity formation because individuals learn to compare their judgment, beliefs and decisions with their peer mates and this process enriches one's perception about emotional and behavioural aspect of oneself. Friendship also mediates the negative result of depression especially with those

having high home stress. Conversely, poor peer relation in childhood may predict later school adjustment, learning difficulties, juvenile delinquency and mental health problems (Zimmer-Gembeck, 2002).

1.7.2 Self confidence among refugee adolescents

Adolescence is a critical stage to develop one's psychological self. Migration places significant stress and anxiety which results in uprooting of one's culture, feeling of alienation, racial discrimination, lack of financial resources in an unfamiliar society that further contribute in lowering self-confidence and self-esteem among the refugee adolescents. Vahali in her exploration of psychological consequence on refugees, particularly children has pointed out: "we need to take note of the fact that the damage of uprooting, of war, or of any other political upheaval is not to be measured solely on the immediately visible devastation. There are other consequences, more subtle but also more deeply upsetting of intergenerational balance, amongst which one is the transmission and passing of depressive affect and emotional pain to the subsequent generations" (Vahali, 2009, p. 57).

Young refugees and their families also face additional strain because of the process of asylum policies and fear of detention or deportation. In such situations, their social identity is shattered as they remain people of no land. A study by Klimidis, Stuart, Minas and Ata (1994) on "gender differences in self-reported psychopathology and self-concept measures among Native-born Australians, Australian-born adolescent who are children of immigrants, and immigrant and refugee adolescents" found that Vietnamese refugee adolescents had poorer self-concept than the other groups. Thus, it can be

inferred that, along with stress and anxiety, refugee adolescents' self-confidence and self-esteem are also affected due to migration.

1.8 Emotional Intelligence

- *"Ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions"*(Salovey &Mayer, 1990).
- *"An array of non – cognitive capabilities, competencies and skills that influences one's ability to succeed in coping with environmental demands and pressures"* (Bar-on, 2000).
- *"The capacity to recognize our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships"* (Goleman, 1995).

Although there are several theories on emotional intelligence but the theorists who have evoked incessant interest among the researchers in terms of its theory and application are Mayer and Salovey (1993), Bar-On (2000) and Goleman (1995).Each of them formulated their constructs in a unique way but all the authors also share an underlying wish to understand and measure the abilities and traits pertaining to recognizing and regulating emotions in ourselves as well as others.

1.8.1 Emotional intelligence among adolescents

Although emotional intelligence has recently gained popularity with the publication of Goleman's (1995) "Emotional Intelligence, Why it can matter more than a I, Q" across the globe and especially in the corporate world, but it has started its journey in 1920's

when Thorndike formulated the concept of social intelligence as 'the ability to understand and manage emotions in men and women, boys and girls, to act wisely in human relations'.

Over many decades, IQ (intelligence quotient) has received unprecedented attention, be it schools, colleges, corporate sectors or any other institutions. Now the researchers have come to the realization that an individual's intellectual potential is not the key determinant for leading a stable and successful life. Though IQ could significantly predict academic performance, and to some degree, professional and personal success. Recently, there are growing evidences that "academically intelligent students can sometimes be the poor pilot of their life and on the contrary, success stories are coming from people who are not necessarily the smartest but who have the ability to manage emotions in different situations" (Goleman, 1995). Therefore, apart from IQ, it is 'emotional intelligence' which plays a significant role in reaching one's potential and leading a successful life. It is important to acknowledge the role of emotional intelligence in adolescents' growth and development. Goleman (1995) in a large survey of parents have revealed the growing inclination of today's children to become emotionally more troubled, lonely, aggressive and depressed than the children of last generation, indicating the need to address the issues of emotional health in children and adolescents.

1.8.2 Emotional intelligence among refugee adolescents

Little is known about the emotional intelligence among refugee adolescents but they may encounter emotional problems and difficulties in identifying their emotional states as a result of loss of parent and loved ones. For example instead of conveying how

bad they feel, they may manifest such feeling through irritation which may be construed by others as misbehaviour or disobedience (Damra, n.d.). In other words, refugee adolescents are overwhelmed by the whirlpool of feelings and emotions produced by the migration. Taking the importance of emotional intelligence into perspective, it is essential to investigate the level of emotional intelligence among Tibetan refugee adolescents.

1.9 Life Skills Education

A term life skill is open to wide interpretations based on one's understanding of the concept. Some of its definitions are presented below.

- Life skills are '*the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*" (WHO, 1996).
- 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 &Indian National Commission for Cooperation with UNESCO, 2001).

Though there are no definitive lists of life skills but any skill which is psychosocial and interpersonal in nature can be labelled as life skill. WHO, UNICEF and UNFPA listed 10 skills to be the most essential skills which have been particularly considered for the present study (UNICEF 2004; Module 7: life skill, 2011). The ten core skills which are relevant across cultures are decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship, empathy, self-awareness, coping with emotions and coping with stress. Life skills should be differentiated from livelihood skills such as cooking, tailoring, gardening etc which are

complementary to the development of life skills. Life skills are completely participatory and can be imparted innovatively through various methods such as role-playing, brain storming, storytelling, case study etc. Bandura's social learning theory (1977) has provided a theoretical foundation for life skill where the method used to give life skills training [LST] is action-oriented and experiential learning.

1.9.1 Life skills education for adolescents

Pan American Health Organization [PAHO] (2001), has stated that a number of adolescents across the world would increase manifolds by the year 2010 and significant proportion of this group of people would either become bless or bane to their respective countries depending on the capacity of governments, communities and families to develop the human potential of this generation. Adolescents are the vulnerable group who become easy target to high risk behaviours. So, students in school and colleges are the most receptive group for imparting life skills training [LST].

Life skills are used by different countries for different reasons. For instance, LST is used in Zimbabwe and Thailand for the prevention of HIV /AIDS (Mupedzisi et al., 2009; Langkafah & Otani, 2004) whereas it has been extensively used in Mexico to counter growing problems such as teenage pregnancy (Olmsted, 2005).LST plays a significant role in fighting child abuse in the U.K. (Tacade, 1990) and curbing substance abuse and violence in the United States (Botvin, 1998). WHO suggests that LST should be a community outreach programme even for those children who are not attending schools, and should be disseminated through puppet shows, video films, recreational activities or sports. For example, UNICEF's Sara and Meena projects in eastern and

southern Africa and southern Asia are of this type, where they attempt to give life skills education to promote the status of girls through multimedia and animation (McKee & Clark, 1996). Moreover, LST should be disseminated by a trained staffs in a safe environment and application of life skills should start in non-threatening situations and move on to high-risk situation. The development of life skill programme is dynamic and should involve stakeholders in making decision about the content of the programme.

As a whole, LST programmes have been successfully used in health and social context for the promotion of holistic growth, controlling of health risk behaviour and development of coping with stress and its consequences.

1.9.2 Life skills education for refugee adolescents

From the existing literature on refugees(Derluyn & Broekaert, 2007; Liebkind, 2000; Dolma, Singh, Lohfeld, Orbinski & Mills, 2006), it can be noted that efforts have been made to meet the refugee's physical needs and requirements but their mental health issues are not addressed adequately, especially in developing countries. As reflected in the findings of the above mentioned studies, mental health problems among refugee adolescents have been mainly due to the fall out of the process of socio-cognitive reconstruction that they have to go through post-migration.

There have been many effective intervention strategies like cognitive- behaviour therapy, psycho-education, family intervention etc to reduce stress and anxiety among adolescents. However; in the present context, addressing the antecedent parameters of stress and mental health problems among the refugee adolescents, the study proposed to

investigate the effectiveness of LST on psychological functioning of the refugees in terms of building the needed competencies and enhancing mental health among them.

1.10 Mental Health of Refugee Adolescents

While an extensive literature on mental health of adult refugees is growing, research on mental health of child and adolescent refugees is relatively scarce, (Dybdahl, 2001; Hyman, Vu & Beiser, 2000).

Addressing the antecedent parameters of stress and mental health problems among refugee adolescents, studies have reported that due to incomplete biopsychosocial development (Kocijan-Hercigonja, Rijavec & Hercigonja, 1998) and under-development of coping skills (Ajdukovic & Ajdukovic, 1993), pre- and post-migration phases make refugee children and adolescents vulnerable to increased risk and psychosocial problems. Numerous studies have documented that refugee children exhibit greater symptoms of PTSD (Allwood, Bell-Dolan & Husain 2002; Heptinstall, Sethna &Taylor, 2004), and acculturative stress associated with loss of home, possessions, friends and displacement is commonplace (Berry, 1994; Birman et al., 2002). Refugee children also show symptoms of depression and anxiety (Pumariega, Roth & Pumariega, 2005). After settling down in the host country following migration, new belief systems and emergence of new family roles emerge makes children feel torn between the culture of their homeland, the culture of the new country, as well as the refugee culture in general (Tobin & Friedman, 1984). Under such circumstances, children may experience an identity crisis because of the dual cultural membership (Phinney, 1990). Erikson's psychosocial theory of development can be applied here to understand how children experience mistrust, self-doubt and inferiority

complex as a result of war or political tension in their country, which further exacerbate the psychosocial crisis that usually occurs during normal development (Eisenbruch,1988). They may also get stigmatized as a result of their ethnicity in a new place. In addition to that, negative peer and media influence may lead them in substance abuse and violence (Szapocznik, Kurtines, Santisteban & Rio, 1990).

Thus, LST should be given to them to create self-awareness, make informed decision, maintain healthy interpersonal relationships and develop appropriate actions to shield themselves from negative peer pressure, emotional disturbance and other high risk behaviours.

1.11 Conceptual Framework of the Study

Adolescence has been understood from different perspectives by different theorists. Adolescence begins with the biological changes. With this assumption, Halls (1904) who is known as 'a father of scientific study of adolescence' has mainly focused on physiological changes in influencing behaviour. According to him, adolescence is inherently a time of storm and stress characterized by contradictions and mood swings. Hall believed that 'adolescent characteristics contained both the remnants of an uninhibited childish selfishness and an increasing idealistic altruism' (Taiwo, 2010). However; Bandura (1977) on the other hand did not concede with Hall's theory of 'storm and stress'. In fact, he believed that societal acceptance of adolescence as a period of storm and stress might negatively reinforce the behaviour among adolescents which he called 'self-fulfilling prophecy'. Rather it is social and environments which play an instrumental role in influencing the behaviour among adolescents. Bandura (1986)

maintained that adolescent learn their behaviour by observing and imitating the behaviour of parents and significant others in the environment. Furthermore, adolescent learning and behaviour are significantly influenced by cognitive variables such as competences, encoding strategies, expectances, personal values and self-regulatory systems [self-monitoring and motivation].Another significant theory which is fundamental in understanding the current study is that of Erikson's(1968) eight psychosocial stages where he described the sixth stage of adolescence as "identity versus role confusion". He remarked that adolescents are exploring and developing a sense of self, they attempt to ask question like 'Who am I'?. Many theorists have contributed their reflections on adolescence and research in this area is growing more inter-disciplinary. Mead (1950) has provided an anthropological perspective on adolescents. She emphasized the role of culture and upbringing in influencing an adolescent's behaviour.

Stress and anxiety have become an inevitable part of life and have been area of much research interest in health and behavioural sciences. Whether stress and anxiety in adolescents is caused by biological, cultural, social and cognitive development, it is the coping patterns which will determine the effect of stress on an individual. One of the most comprehensive theories on coping with stress is that of Lazarus's and Folkman's (1984) who proposed that 'individuals cognitively evaluate or appraise life events according to their own person-related characteristics (including their coping resources) to determine the type and quality of an emotional response to a given event (Barlow, 1988).'Appraisals are conscious or unconscious judgements about the nature of the environment and one's ability to respond to it' (Bakal, 1992, p.72). Amidst many prevailing coping strategies, Lazarus and Folkman have broadly outlined two main

coping styles i.e. problem-focused and emotion-focused coping and this model has been frequently used in studying coping process in children and adolescents (Compass, Malcarne &Fondacaro, 1988).Hence, adolescence has been studied as a period of stress, conflicts, indecision and identity crisis. Considering the stressful and strained situation encountered by the adolescents, it is realized that for refugee adolescents, the condition is more distressing as they are doubly challenged due to change in socio-political, cultural and environmental domains. Therefore; the present study aims to serve two purposes:

Firstly, to testify the effectiveness of LST to alleviate stress and anxiety among Tibetan refugee adolescents.

Secondly, to use LST as a resource in enhancing coping strategies, self-confidence and emotional intelligence and contributing to the promotion of mental well-being of Tibetan refugee adolescents.

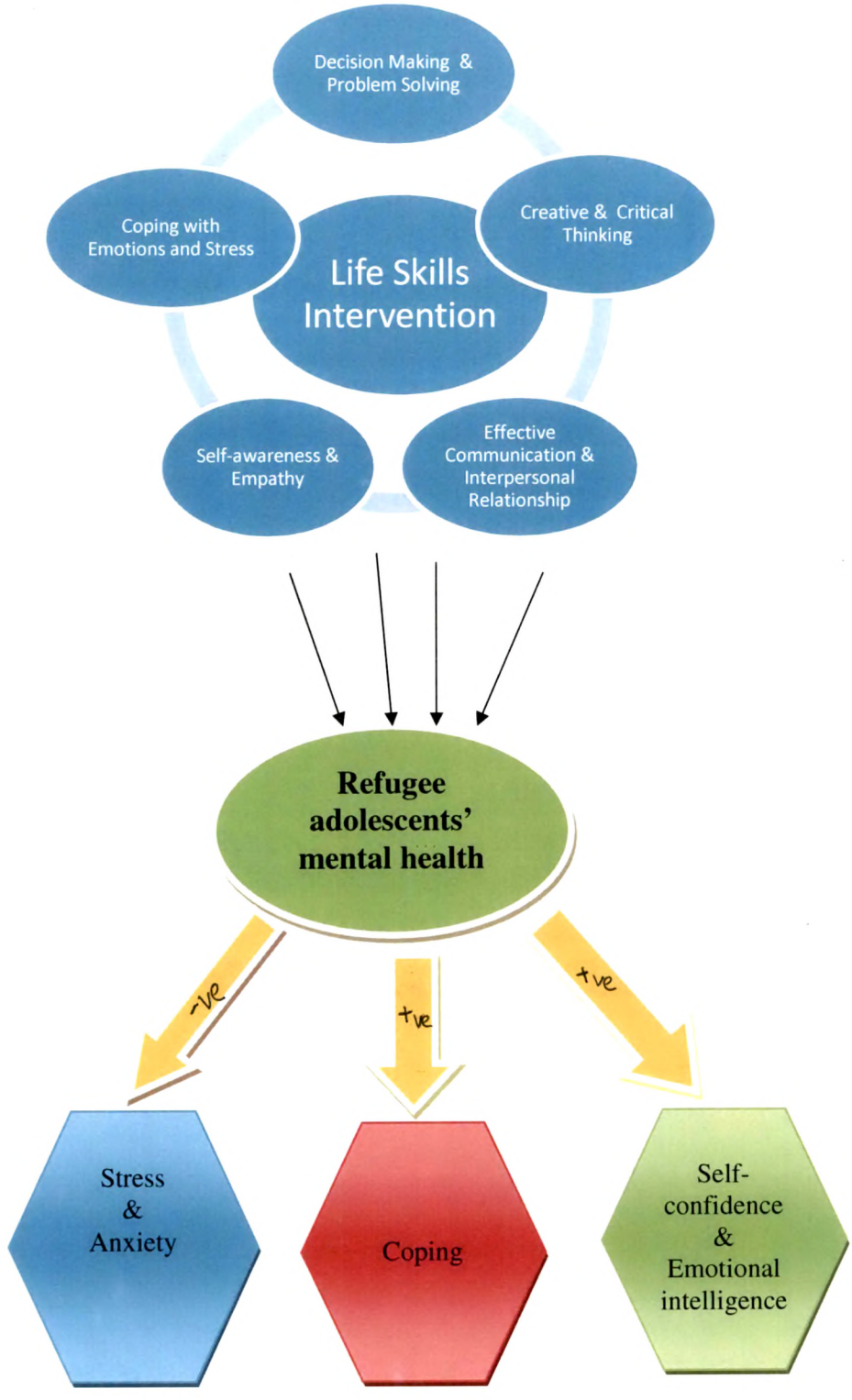

Figure 1.6: Conceptual Framework