



Life skills for enhancing social competence during adolescence

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Abstract

Social competence is often seen as a desirable trait during adolescence as it is considered as a protective factor in resilient individuals. It promotes personal and interpersonal effectiveness by enhancing skills needed for dealing with environmental challenges in daily life situations. Poor social competence has been associated with a number of psychosocial troubles during adolescence, including mental disorders, emotional and behavioral problems. Of the many skill building programs used to enhance adolescent social competence, Life Skills Education and Training have been significant ones. The present study investigates the utility of life skills training in enhancing social competency during adolescence. A pre- and post-test experimental design was used in the study to analyze the stated objectives. Adolescent Social Competency Scale was used to select the study sample. 160 adolescent students (mean age=16.44) who scored low on social competence participated in the study. These were randomly divided into the experimental and control group (n=80), consisting of equal number of male and female adolescents (n=40). Participants in the experimental group were trained on six of the ten core life skills, based on the module prepared by the researcher. The training lasted for 10 sessions following which post-test assessments were done. Data obtained was analyzed using descriptive statistics like mean, standard deviation and inferential statistics including independent sample t-test and repeated measures of ANOVA. The results of the study indicate a significant effect of life skills training in enhancing adolescent social competence, irrespective of gender.

Key Words: Adolescence, Life Skills, Life Skills Training, Social Competence.

Introduction

Social Competence is a domain specific, diverse concept that focuses on both internal processes of individual behaviors and external social outcomes. It is defined as “a skill or ability to achieve personal goals in social interactions while maintaining positive relationships with others over time and across situations” (Rubin & Rose-Krasnor, 1992). It is a proficiency to acquire good social behavior, build effective social networks, actively participate in social interactions, form and maintain healthy interpersonal bond, attain effectual communication, and preserve optimistic attitude towards self and others (Mulder, 2008). Socially competent individuals are seen as happier, healthier and well-adjusted when compared to incompetent people. If developed early as an attribute, social competencies can allow its possessor to enjoy a life time benefits of social desirability, well-being and success.

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Compared to all stages of life, adolescence is seen as an important time for social development. Considered as a universal age, a stage of transition between childhood and adulthood, adolescence is seen as a preparatory stage to launch into life (WHO, 2014). A relatively inexperienced adolescent is often expected to negotiate well with a number of environmental and developmental demands that crop up around him in the form of norms and expectations. Shifts in relationship from dependency and subordination, acquiring behaviors that reflect increasing maturity and responsibilities, exploring new roles (both social and sexual), experiencing intimate partnerships, identity formation at both the social and personal levels, planning one's future and taking the necessary steps to pursue those plans, acquiring the range of skills and values needed to make a successful transition into adulthood are all of paramount importance in adolescence (Zarrett & Eccles, 2006). Faced with humongous demands to cope and compete, an adolescent definitely requires skills to adapt and adjust to these developmental demands. If handled unwisely, adolescence can become volitional years of life, quite conflicting, stressful and exhausting to the individual and those associated with him (Poole & Peyton, 2013; Poulou, 2013). Nevertheless, adolescence is an opportunistic and fertile age for the overall growth of the individual on the developmental continuum. Acquiring social competency during teen-years in terms of adaptive social skills can enable adolescents to attain social goals, make effective social judgments and stay motivated in social functioning. Since social competence mediates healthy interpersonal life, psycho-social adjustment and academic competence it shields one from a host of mental, emotional, social and behavioral problems (Meisels, Atkins-Burnett & Nicholson, 1996; Nebbregall, 2011).

The WHO along with Health Behaviors in School-aged Children (HBSC) conducted a survey in 2007 to understand social competence in young people and its influence on other related areas of functioning. They consequently report that 10-20% of adolescents with poor social cohesion suffered from one or more mental disorders or behavioral problems. Research by HBSC over a decade confirms that social environment of adolescents is important for his wellbeing and development. And this is facilitated by good reciprocal relationships at home, school and neighborhood. Since social context act as both protective and risk factors for adolescent development, it is necessary to develop social competencies that maximize personal adequacy despite exposure to adverse social environment.

There are a number of skill training programs that are being used worldwide by professionals to promote social competencies in adolescence. Of these, the Life Skills Training is an evidence-based program that has proven effective in building social skills, emotional resilience and healthy behaviors in adolescent group. The World Health Organization (1997) defines Life Skills as "the ability for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills are generic skills that increase psychosocial competencies and interpersonal skills to help people live healthy and productive life. They are applicable in diverse situations and assist in the process of making informed decisions in day-to-day circumstances. They create an innate drive in the individual to know and understand himself



better, live life more consciously and deliberately, attain personal satisfaction and fulfillment, achieve personal and academic goals (Singh & Gera, 2015). The Alaska Division of Behavioral Health (2011) note life skills as priority skills listed among protective factors for adolescents. They state that life skills equip teenagers to succeed in life by building communication skills, cultural competence, conflict resolution skills, self/social awareness, and self/social management skills. There are other studies that emphasize the effectiveness of life skills in addressing the psychological and social needs of adolescents. These studies show that life skills help adolescents to grow-up as healthy, responsible and well-adjusted adults. They prevent external environmental manipulations from sabotaging positive growth and empower adolescents deal with cohesive pressure. Botvin and Griffin (2004) in their research on life skills exhibit the efficacy of life skills training as preventive measure for risk behaviors in adolescence. They contend that life skills initiate resistance and resilience by enhancing social and personal competence. Bardhan (2016) investigated life skills intervention among the psycho-social problems affected adolescents and found that life skills approach are highly effective in handling psycho-social problems. Similarly, Sahdipoor and Ghale (2013) have demonstrated the effectiveness of life skills training on social development, emotional and social compatibility among adolescent students. In another study, Dindigal & Aminabhavi (2007) found that life skills education contributes to significant enhancement of psychosocial competence in adolescents. They conclude that even brief duration of life skills education can impact psychosocial competence and help adolescents maximize their growth in terms of positive physical, mental and social health. All these studies and many more clearly indicate that life skills promote specific domains of social competence through enhancing positive social skills and social functional abilities.

In the present study, life skills training is used as an intervention for adolescents with poor social competence and skills. Most research studies on adolescent social competence focus on measuring specific or associated domains of competence like family environment, cultural context, school experience, peer influence, personal feelings, social abilities and behaviors. But the present study intends to directly measure how life skills enhance social competence during adolescence, bringing about a holistic improvement in the level of social functioning. Six of the ten life skills outlined by the WHO (1997) are used as interventions in explicit training sessions to boost the overall social competence in the adolescent group. These include, Problem solving skills, Decision making skills, Interpersonal Skills, Communication Skills, Coping with Stress, and Coping with Emotions. It is hypothesized that life skill training will have a significant effect in increasing social competence among adolescents in the intervened group.

Methods

Sample

The study sample consisted of 160 adolescent students selected from a large population of 615 adolescents chosen randomly from three schools/colleges in Mysore city. The group consisted of



students between 15-18 years, with a mean age of 16.44 years. Participants who obtained low scores on social competence, as measured by the screening instrument were considered in the study.

Research Design

Since the study focuses on evaluating the effectiveness of life skills training on social competence in adolescent students, a pre- and post-test experimental design with a control group is used.

Tools

The Adolescent Social Competence Scale (ASCS) developed and standardized by Devassy and Raj (2012) was used to assess social competence in adolescents. This scale has 37 items, answered on a five-point scale in line of Likert Scale. The scale measures eight dimensions of adolescent social competence. These include - School Social Competence, Team Organizing Competence, Peer Social Competence, Social Cognition Competence, Home Related Competence, Socio-Emotional Competence, Social Forethought and Compassion, and Social Flexibility Competence. Apart from this, the scale also provides a full-scale overall score to assess social competence. The reliability was derived at by Cronbachs alpha. The total split half reliability score is 0.87. The measure of the intrinsic validity of the scale is the square root of Guttman Split –half reliability, and it was 0.93.

Procedure

Following pre-test analysis, adolescents who scored low on social competence were considered for the study. The rationale for the study was stated explicitly and informed consent was taken from the participants. Participants were randomly divided into the experimental group and control group, comprising of equal number of adolescents (n=80). Life skills training was administered to the experimental group only. The training consisted a total of 10 sessions (120 minutes each), which were divided into two sub-sessions (of 60 minutes), scheduled twice in a week. The participants in the experimental group were divided into smaller cluster of 10 members, so as to enhance the quality of training and interaction.

The emphasis of intervention was on Promoting Skills Concept, Promoting Skill Acquisition, Maintenance and Generalization of Skills. This was achieved through group discussions, oral presentations on relevant topics, skill based activities, tasks to sensitize the participants to key issues, airing videos on appropriate topics, individual and group work to develop self-assertion (like self-talk), self-awareness and evaluations, identifying negative emotions and behavior, rectifying misperceptions, reinforcements through recognition to motivate participation, and homework assignments to practice the learned skills. Each session (excluding the first one) started with review of previous sessions and discussion about homework assignments given for



skill practice. Doubts, quarries, difficulties encountered were dealt with before moving on. The session objectives and learning outcomes were explained in each session. All through the session, participants were encouraged to show unbiased acceptance towards themselves and others, and give constructive feedbacks. This helped them to develop supportive group cohesion and participate enthusiastically in the training. The session ended with reflection on all that was learned and assigning homework for practicing acquired skills. A follow-up session was scheduled after termination of training to assess maintenance of skills. Participants were encouraged to invest time in practicing skills so as to master them. Signs of lapse, relapse and collapse were discussed. When committed to skill training, relapse is bound to occur as a part of the learning process. Instead of panicking, participants were encouraged to identify the signs of relapse at the earliest so as to prevent disintegration.

Outline of Life Skills Training Program:

Session One: Making formal introduction, establishing rapport, and promoting an understanding of life skills in the group.

Session Two: Evaluating relevant problems with regard to life skills training and developing a rationale for the training program.

Session Three: Introduction to and training for Problem Solving Skills.

Session Four: Introduction to and training for Decision Making Skills.

Session Five: Introduction to and training for Effective Communication Skills.

Session Six: Introduction to and training for Interpersonal Skills.

Session Seven: Introduction to and training for Coping with Stress.

Session Eight: Introduction to and training for Coping with Emotions.

Session Nine: Termination of program through summarizing previous sessions, evaluating progress and concluding training by declaring the end.

Session Ten: Follow-up to assess maintenance of skills, address queries and issues of relapse.



Results

Table 1

Mean pre- and post- test score on Social Competence of male and female adolescents belonging to experimental and control groups after Life Skills Training.

Group	Gender	Pre test		Post test		Change
		Mean	S.D	Mean	S.D	
Experimental	Male	94.98	9.18	159.33	4.50	64.35
	Female	103.75	7.49	170.68	4.60	66.93
	Total	99.36	9.42	165.00	7.29	65.64
Control	Male	96.63	9.26	97.98	8.46	1.35
	Female	101.85	8.27	102.78	7.49	0.93
	Total	99.24	9.11	100.38	8.30	1.14
Total	Male	95.80	9.20	128.65	31.59	32.85
	Female	102.80	7.90	136.73	34.72	33.93
	Total	99.30	9.24	132.69	33.34	33.39

Fig. 1

Mean scores of Experimental and Control group in Post-test situation on Social Competence

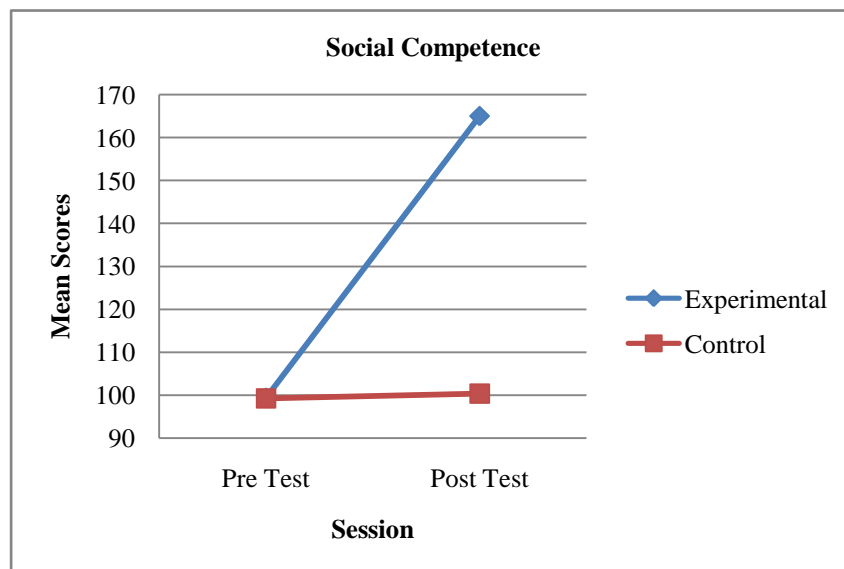




Table 2

Results of repeated measure ANOVA on mean pre- and post- test score on Social Competence of male and female adolescents belonging to experimental and control groups after Life Skills Training.

Source of variation	Sum of squares	df	Mean square	F value	P value
Within-subjects Effects					
Change	89178.013	1	89178.013	3140.443	.001
Change * Group	83205.000	1	83205.00	2930.101	.001
Change * Gender	23.113	1	23.113	.814	.368
Change * Group * Gender	45.000	1	45.000	1.585	.210
Error(change)	4429.875	156	28.397		
Between-subjects Effects					
Between groups	83851.250	1	83851.25	957.839	.001
Gender	4545.113	1	4545.113	51.919	.001
Groups x Gender	510.050	1	510.050	5.826	.017
Error	13656.575	156	87.542		

Repeated measure ANOVA revealed a significant increase in the total Social Competence scores of the sample selected irrespective of the groups ($F=3140.443$; $p=.001$). In the pre-test the sample had a mean Social Competence score of 99.30 irrespective of the group, which has been increased to 132.69. The increase of 33.39 scores from pre- to post-test situation is found to be statistically significant. Further, when group wise increase in the scores was verified, experimental group acquired significantly higher than the control group ($F=2930.101$; $p=.001$), where we find that experimental group has gained 65.64 scores (pre 99.36, post 165.00), whereas control group has gained only 1.14 scores (pre 99.24; post 100.38). Gender-wise a non-significant difference was observed ($F=0.814$; $p=.368$), where we find that both male and female students gained equally from life skills training. Lastly, the interaction effect between group and gender was found to be non-significant.

In between subject effects on the whole, there was a significant difference between the groups ($F=957.839$; $p=.001$), and gender too ($F=51.919$; $p=.001$). The interaction effect between groups and gender was also found to be significant ($F=5.826$; $p=.017$).



Discussion

The study investigated the effectiveness on life skills training in enhancing social competence in adolescent students. A directional hypothesis stating the effectiveness of life skills training was formulated in the study. The pre- and post intervention scores of the experimental and control group indicates that life skills training has impacted adolescents social competence. This is evident from the significant post-intervention improvement in social competence scores of the intervened group. It is interesting to note that life skills training has enhanced social competence in the experimental group, irrespective of gender. That is, both adolescent boys and girls have benefited equally from life skills training. The findings of the present study are concurrent with the previous studies related to life skills training and its effects on improving psychosocial competence (Dindigal & Aminabhavi, 2007), psychosocial adjustment (Bardhan, 2016), personal competence (Danish & Forneris, 2008) academic competence (Brigman, Webb, & Campbell, 2007), interpersonal adjustment with friends and family (Masten & Coatsworth, 1998), social development and compatibility (Sahdipoor & Ghale, 2013), improving mental health and pro-social behavior by promoting self-esteem, coping, and adjustment (Srikala & Kumar, 2010; Massousmi, Mahebi, Tabaraie, Botlani, & Shahsiah, 2014). The study confirms a strong relationship between life skills and social competence (Dowlati & Parvestan, 2016).

It was noted that, the participatory learning methods interactive techniques used in the training provided scope for social learning in the intervened group, enhancing their coping ability in social situations. The carefully designed self-awareness building strategies all through the training sessions enabled participants to introspect and make insightful decisions in social environment. Emphasis on empathy, assertiveness, healthy communication, enhanced listening skill for knowledge building proved useful in instigating positive changes in interpersonal interactions. opportunity for modeling through observation, practice of skill in supportive learning environment, feedback about skill performance, practice via role-playing, application of skills in hypothetical situations and assessing outcome, transferring skills to realistic situations through homework assignments, encouraging practice of skills progressively from non-threatening, low-risk situation proved to be very effective in improving social skills and competencies of the group.

Conclusion

A significant number of research studies over the past few decades have provided a definite rationale about the usefulness of life skills training for the adolescent population. The present study supports the utility of life skills training for adolescents to develop and strengthen social competencies. Adolescence is a pivotal time for increasing social competencies as it allows adolescents to change their knowledge, perspective and internal values so as to erect a productive life. Socially competent individuals are seen as healthier and desirable when compared to non-competent individuals. Life skills have proven beneficial in promoting personal



and social growth of adolescents, preventing mental health and behavioral problems and protecting the humane rights of vulnerable adolescents. They are comprehensive, flexible and unified approaches which can be used in wider social context and as well as deprived environments. Their significance lays in their practical application and fun-to use methods that differ from most traditional approaches. Since life skills are operational skills that enhance global competencies in an individual, a network of significant programs that focus on holistic development of the future generation needs to be implemented. These life skills programs must focus on transformation of individuals venturing into life through abilities to deal effectively with their immediate and extended environment, discern available opportunities, and deal with societal challenges. Though life skills are best implemented in schools, they can also be employed outside academic settings to cater to the needs of underprivileged adolescents. When key people in the life of adolescents become facilitators for skill promotion, life skills can be better reinforced, starting from home to school to the larger society in general.

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