
LIFE SKILLS TRAINING FOR POSITIVE BEHAVIOUR

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Sriperumbudur

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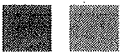
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Life Skills as a Life-saving Tool: A Study Conducted among Street Children

Arockia Mariachelvi and N. Jayapoorani

Introduction

In today's context across the globe, to a lesser or greater degree, visibly or invisibly, admittedly or otherwise, street children exist (Wilson, 2000). It is envisaged that by the year 2020, the number of street children will increase to 800 million (Action International, 2000). India is home to about 20 million street children (approximately 7% of the child population).

As street children lead a transitory life, they are susceptible to inadequate nutrition, physical injuries, health problems, substance use, low emotional control and self-esteem, high level of anxiety and anger, criminal behaviour, exploitation, and cognitive disorders (Johnson, 2001). Hence these children need protection, care, education and capacity- building programmes in terms of life skills to survive. No doubt the endurance of these children depends upon their physical and psychosocial strength.

The major objectives of the study are:

- To assess the selected street children's existing Knowledge, Attitude and Skill on their life style with respect to physical and psycho-social dimension
- Enhance the street children's overall development by training them on life skills to gain insight and build skills on physical and psycho-social dimension
- Monitor the efficacy of the Life Skills Training (LST) programme provided to the street children

'Don Bosco Anbu Illam' for boys at Ukkadam and 'Mariyalaya' for girls at Ganapathy in Coimbatore, Tamilnadu were the study area. Street children in the age group of 13 to 17 years (66 boys and 52 girls) residing in identical rehabilitation homes were chosen for the programme. Interview schedules were developed to collect the general background information on the respondents, and to assess the knowledge, attitude, and skill possessed by them on physical dimension (health care, substance

use, reproductive health care and awareness on HIV/AIDS) and on psycho-social dimension (communication and listening skill, assertiveness, emotional coping skills, decision making and problem solving ability). As Life Skills training programme can be operationalized to specific areas, the contents to be dealt with the chosen beneficiaries were selected based on:

- i. Problems and needs of the local street children
- ii. Views of the Directors and educators of the selected institutions on life skills.

Great care has been taken to chalk out suitable content for this programme and its presentation so that it doles out the rationale of the study. The selected content was subjected to careful analysis with the help of subject experts in the respective fields. The content thus selected was categorised into two dimensions namely:

- Physical skills (health care, substance use, reproductive health care and awareness on HIV/AIDS) and
- Psycho-social skills (communication and listening skill, assertiveness, emotional coping skill, decision making and problem solving skill)

Both participatory and non-participatory approaches such as role play, situational analysis, small group tasks, debates, vignettes, content analysis, brainstorming, games, relaxation and trust- building exercises were the methods chosen for providing life skills among street children. The same interview schedule on physical and psycho-social dimensions were re-administered to the selected street children to find out the efficiency of the skill training programme on them.

General background information on the selected street children

- Higher the age of street boys, larger was their number and higher the age of street girls, lower was their number.
- Vast majority of the selected sample were Hindus (59%) followed by Christians (31%) and Muslims (10%). The study shows that 41 per cent of the street children were from the minority community comprising Christians and Muslims.
- While tracing the area of origin, three out of every seven children hailed from rural area and were hence were the migrants.
- Majority of the parents of selected children (79%) were living. The analysis on the nature of the family revealed that single mother

headed families seem to be sending more children to the streets than the single father headed families.

- Fourteen per cent of the selected children (4 girls and 13 boys) have not been to school, whereas 53 per cent and 33 per cent of them have had primary education and high school education respectively, before being sheltered by the rehabilitation homes. Almost 42 per cent boys and 61 per cent girls dropped out from school even before they left their parental home.
- Majority of the selected sample (47%) left home before their 13th birthday. With reference to the sex wise split, more boys left their parental home at the age of 9-10 years while girls at the age of 12-13 years.
- Fifty four per cent of the selected children had spent almost three years on the streets as their residence. However with regard to girls, 44 per cent of them were placed in the institution before being left on the streets.
- Fifty five per cent of the selected sample was of the first category – ‘children on the street’; 21 per cent belonged to the second category – ‘children of the street’, while 24 per cent to the third category – ‘abandoned children’.

Knowledge, attitude and skills of the selected street children

Physical health dimension in the designed Life Skill training programme emphasises the ability to use essential knowledge, attitude and skills necessary to adopt, practise and maintain healthy behaviour. This dimension included three aspects namely:

- a. Health care
- b. Substance use
- c. Reproductive health care and
- d. Awareness on STD's and HIV/AIDS

a. Health care

The proper health of human beings hinges on the combined effect of four distinct, yet intimately related, sub-facets of health care - Physical fitness, Nutrition, Hygienic practices and Disease control. Table I below chronicles the knowledge, attitude and skill of the selected street children on the above said facets of health care in relation to prior and after the LST programme.

TABLE 1: Knowledge / Attitude / Skill Gained on Health Care by the Selected Street Children before and after LST

Knowledge gained on	Boys				Girls				Total			
	BE		AE		BE		AE		BE		AE	
	N	%	N	%	N	%	N	%	N	%	N	%
Physical fitness												
Meaning of physical fitness	44	67	59	89	16	31	48	92	60	51	107	91
Ways to be physically fit	10	15	66	100	20	38	51	98	30	25	117	99
Praying before going to bed	50	76	60	91	46	88	52	100	96	81	112	95
Ways to get sound sleep	13	20	54	82	14	27	50	96	27	23	104	88
Taking care of minor illness	30	45	66	100	23	44	48	92	53	45	114	97
Mean score	2.2273		4.6212		2.2885		4.7885		2.2542		4.6949	
SD	1.0784		0.6508		1.0907		0.5364		1.0796		0.6054	
't' value	18.7735**				15.0683**				23.9744**			
Nutrition												
Awareness on balanced diet	24	37	47	71	20	38	50	96	44	37	97	82
Signs of good nutrition	28	42	50	76	15	29	51	98	43	36	101	86
Foods good for vision	42	64	66	100	49	94	52	100	91	77	118	100
Good practices while eating	28	42	44	67	30	58	52	100	58	49	96	81
Energy giving foods	42	64	66	100	38	73	52	100	80	68	118	100
Mean score	2.2848		4.1364		2.9231		4.9423		2.6780		4.4915	
SD	1.8418		1.0653		0.8128		0.3076		1.4900		0.9128	
't' value	8.2724**				17.0996**				14.6387**			
Hygienic practices												
Ways to keep oneself clean	61	92	66	100	52	100	52	100	113	96	118	100
Brushing teeth twice a day	16	24	42	64	0	0	42	81	16	14	84	71
Emptying bowel regularly	39	59	64	97	21	40	45	87	60	51	109	92
Washing hands after toileting	8	12	41	62	29	56	52	100	37	31	93	79
Hazards of spitting in open places	27	41	49	74	20	38	47	90	47	40	96	81
Mean score	2.2879		3.9697		2.3462		4.5769		2.3136		4.2373	
SD	1.0780		0.8588		0.9879		0.6958		1.0353		0.8441	
't' value	11.2242**				14.0106**				17.2194**			
Disease control												
Drinking clean and safe water	22	33	51	77	52	100	52	100	74	63	103	87
Walking with slippers	23	35	51	77	20	77	40	77	43	36	91	77
Not using other's things	22	33	49	74	41	92	48	92	63	53	97	82
Covering when cough/sneeze	25	38	55	83	30	85	44	85	55	47	99	84
Not eating roadside foods	23	35	46	70	32	88	46	88	55	47	92	78
Mean score	1.7424		3.8182		3.3654		4.4231		2.4576		4.0847	
SD	1.1676		0.9431		1.5085		0.7501		1.5505		0.9112	
't' value	17.4620**				6.6630**				15.2295**			

** Significant at one per cent level

Table No. 1 reveals the beneficiaries KAS (Knowledge, Attitude, Skill) gain after training them on life skills. When probing into the facet of physical fitness, it becomes visible that the sample who were not aware (49%) of the meaning of having a physically fit body prior to education were convinced (91%) to declare themselves as physically fit and a pretty proportion (99%) of the recipients were able to sustain their physical fitness by adopting appropriate ways after education. Moreover, the participation in LST had equipped them to adopt a systematic way of living - the habit of praying before going to bed (81% vs. 95%). A cosmic percentage (23% before education vs. 88% after education) of them was capable to notify the ways to get sound sleep. Creditable improvement was observed among the selected children (45% before education vs. 97% after education) with regard to their knowledge on taking care of minor injuries and illness.

Whilst dealing with the second facet of nutrition, the training programme had successfully permeated, intervened and oriented the facts of good nutrition among the sample. Virtually a bigger proportion of them (more than 80 per cent of both boys and girls) understood the facts on balanced diet, signs of good nutrition and good eating practices and 100 per cent in total on food good for eye sight and energy giving foods. This knowledge gain on nutrition related facets projects the high utility of Life Skills training programme.

A glimpse of Table No.1 furthermore elaborates the hygienic practices adopted by them. Prior to the training programme, 96 per cent of the respondents were on familiar terms in keeping oneself clean. Whereas only 16 boys had the practice of brushing teeth twice a day, 51 per cent followed regular time to empty bowel, 56 per cent girls and 12 per cent boys washed hands with soap after using the toilet and 60 per cent had the habit of spitting in improper places. But the significant difference at one per cent level, between prior and after KAS scores featured meaningful improvement in the adoption of hygienic practices.

Table No.1 portrays cogently the substantial leap of the awareness percentage and the 't' value showing significant difference on the selected sample with regard to 'disease control' which unmistakably designate that the LST programme had made a better headway into the wits of the selected children. It was convincing to note that as many as 78 per cent of the children have made up their mind not to eat roadside or pavement foods, and to cover when coughing / sneezing (84% as against 47%).

b. Abstaining from substance use

The word 'substance' describes any psychoactive material which when consumed affects the way people feel, think, see, taste, smell, hear or behave (WHO, 1994).

Studies have found that nearly 90 per cent of street boys use psychoactive substances of some kind. The percentage of substance users among these children varies greatly depending on the region, gender and age.

As LST aims to include the promotion of responsible behaviour, self confidence, equality and the prevention of prejudice and abuse (UNESCO and WHO, 1994), the investigator was very careful to make the intervention programme to strike a balance between the provision of information with the opportunity to develop values and skills in young people to enable healthy development, to cope with their problems and to resist influences to use substances. The importance of understanding how, why, and where of substance use by the street children, was deeply felt for developing specific ways to help them overcome the habit. Accordingly a series of questions

TABLE 2: Substance use among selected Street Boys

Aspects	Responses	
	N (58)	%
Habits		
Smoking cigarettes	54	81
Drinking alcohol	42	64
Chewing tobacco	28	42
Relishing drugs	8	12
Origin of the habit		
From peers	24	41
From fathers	20	35
On their own	8	14
Media influence	6	10
Reasons for using substances		
Desire to behave like adults	57	98
Peer pressure	52	90
Stimulation	49	85
Sharing and friendship	42	72
Experimentation	24	41
Thrill of doing something forbidden	12	21
Impress the other gender	9	16

had been posed to them to hit upon the mandatory information. The outcome has been enumerated in Table 2 below.

Fifty eight out of the 66 boys selected had one or the other habit of using substances (smoking, alcohol, tobacco and drugs), while 79 per cent and 58 per cent had the combination of two habits and three habits respectively. The customary combination was smoking and drinking alcohol. Forty eight per cent of the boys acquired these habits from peers and 57 boys admitted their desire to project themselves as adults and this was the major reason to use substances. Fifty boys out of 58 with one or more habits decided to refrain from the habits after undergoing the Life Skills Training (LST) programme and had been found successful in abstaining themselves from these habits. Whereas, the remaining eight boys were in the process of quitting the habit and were hopeful of succeeding.

KAS gained on Substance Use

The commendable rise in the KAS percentage had ensured that LST with a focus on connectedness, relevant life contexts, personal and interpersonal competence and interactive teaching techniques had stimulated the intellect of these children to react more positively towards substance use. As far as the attitudes of the selected boys were concerned, with regard to smoking, drinking alcohol, chewing tobacco, and drugs, they had initially thought that using substances would make a person feel relaxed and make more friends. However, LST programme changed their misperception, which was obvious from the substantial increase in the KAS percentage (approximately from below 30% to above 70% concerning with smoking, drinking alcohol, chewing tobacco, drugs).

Prior to the LST programme only a small proportion of boys were aware of the harmful effects of exploiting substances (smoking 23%, drinking alcohol 32%, chewing tobacco 23% and drugs 23%). Ahead of the training nearly 80 per cent of the respondents were of the belief that substances, give a temporary solution to their problems, if not permanent one. Subsequent to the training programme almost all of them became conscious of their wrong discernment.

c. Reproductive health care

The age group 13-18 years being the period of sexual maturation, knowledge of sexuality, menstruation and reproduction is essential. Table 3 below pictures the outcome of (LST) on reproductive health care issues common to both boys and girls.

TABLE 3: KAS gained on Reproductive Health Care issues common to selected boys and girls before and after LST

Statement	Boys				Girls				Total			
	BE		AE		BE		AE		BE		AE	
	N	%	N	%	N	%	N	%	N	%	N	%
Physical fitness												
Right age for marriage of girls	65	98	66	100	38	73	52	100	103	87	118	100
Right age for marriage of boys	64	97	66	100	37	71	52	100	101	86	118	100
Right reproductive age of girls	8	12	66	100	10	19	37	71	18	15	103	87
Meaning of healthy sexual relationship	17	26	59	89	15	29	38	73	32	27	97	82
Attitude on healthy sexual relationship	23	35	58	88	25	48	52	100	48	41	110	93
Hazards of unhealthy sexual relationship	0	0	66	100	17	33	34	65	17	14	100	85
Meaning of sexuality	0	0	49	74	10	19	38	73	10	8	87	74
Attraction towards opposite sex	0	0	49	74	40	77	51	98	40	34	100	85
Symptoms of pregnancy	0	0	23	35	7	13	33	63	7	6	56	47
Ability to abstain from sexual act	10	15	66	100	11	21	31	60	21	18	97	82
Mean score	2.8333		8.6061		4.0385		8.0385		3.3644		8.3559	
SD	0.9541		1.1486		1.7485		1.2980		1.4830		1.1437	
't' value	34.0108**				17.7949**				31.3949**			

** Significant at one per cent level

Table No. 3 hammers the actuality that 98 per cent of the boys and 73 per cent of the girls; 97 per cent of the boys and 71 per cent of the girls had clear cut idea on the right age for marriage of girls and boys respectively prior to training. However, the training had brought an important bearing on their knowledge disclosed through the substantial increase in the overall percentage (100% of boys and girls).

The overall enhancement of the percentage of the selected sample from 15 per cent prior to training to 87 per cent after training on the right reproductive age of girls reiterates the fact that the education had promisingly enabled the beneficiaries to acquire familiarity on this aspect. Looking from every angle of the statements used to adjudge the

comprehension of HSR, the overall percentage had seen a consistent rise from 27 per cent to 82 per cent on their knowledge towards HSR; 41 per cent to 93 per cent on their attitude of HSR; and 14 per cent to 85 per cent on the awareness of the dangers when not having HSR.

Initially the children did not know the meaning of 'sexuality' and their total percentage was just nine per cent. But later they were better informed of sexuality which was disclosed by the conspicuous amplification in the percentage to 74 per cent. About 70 per cent of the beneficiaries were able to comprehend all the three components of sexuality mentioned in the training being, gender identity (sense of being male / female) - 72 per cent, social sex role (adherence to cultural norms) - 71 per cent and biological sex - 69 per cent.

Sex specific queries

Certain girls' specific and boys' specific questions were raised on the recipients to stumble on their knowledge, awareness, practice and attitude towards reproductive health care. With no family support to fall back on, it was not surprising that these children lack information on these aspects.

TABLE 4:
KAS gained by the selected Street Children on Sex Specific Queries

Sex	Period	Mean score	S.D	't' value
Boys (66)	Before Training	5.1515	2.1213	18.2298**
	After Training	9.3636	0.8882	
Girls (52)	Before Training	5.3269	1.4782	12.4068**
	After Training	8.0385	1.2080	

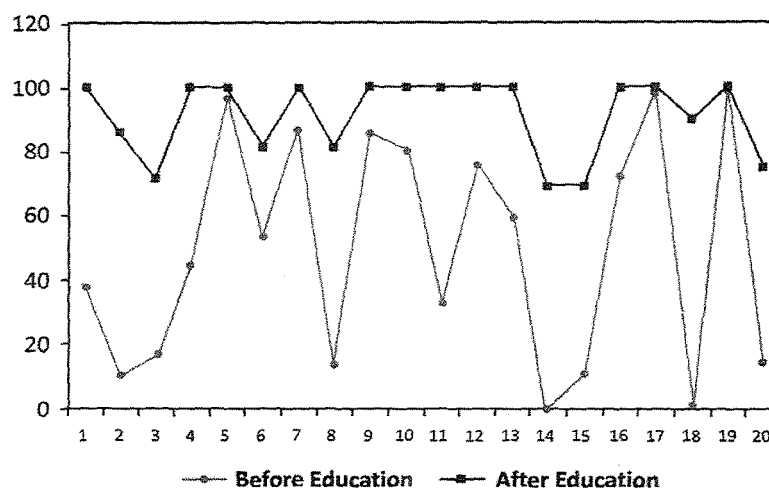
** Significant at one per cent level

To get into the data on the sex specific questions related to reproductive health care. Table 4 distinctly shows that the difference between the mean scores before and after training programme was statistically significant at one per cent level which further supplements the findings by justifying that the participants of the training programme had acquired more knowledge on matters related to reproductive health care.

d. Sexually transmitted diseases and HIV/AIDS

HIV/AIDS and STD's are one of the most serious health problems affecting India, with the potential to reverse development gains unless efforts are intensified in both quality and scale. Figure 1 highlight the Knowledge, attitude and skill of selected children on STD's and AIDS.

FIGURE 1 KAS gained on Sexually Transmitted Diseases and HIV/AIDS by the selected Street Children before and after LST



- | | |
|-------------------------------|--|
| 1. Meaning of STD's | <i>Mode of transmission of AIDS</i> |
| 2. Possible causes of STD's | 13. Shaking hands |
| 3. Ways to prevent STD's | 14. Hugging someone with AIDS |
| 4. Common symptoms of STD's | 15. Kissing someone with AIDS |
| 5. Curability of STD's | 16. Transfusion of blood |
| 6. Meaning of AIDS | 17. Sharing infected needles / syringes |
| 7. Communicability of AIDS | 18. Wearing clothes of someone with AIDS |
| 8. Ways to prevent AIDS | 19. Multiple sexual partners |
| 9. AIDS as a deadly disease | 20. Mosquito / bed bites |
| 10. Curability of AIDS | |
| 11. Existence of AIDS vaccine | |
| 12. Chances of getting AIDS | |

A series of questions were solicited on sexually transmitted diseases before and after the training programme to find out its efficacy with special reference to sexually transmitted diseases.

A conspicuous overall increase from 11 per cent, 76 per cent regarding the ways to prevent STD's, states that the training has successfully dispelled their ignorance. After training, the participants were able to pinpoint the symptoms such as pain/burning sensation while urinating (100% boys and 100% girls); yellow / green discharge (80% boys and 86% girls); small painless ulcers around the genitals (63% boys and 68% girls).

The acquisition of information on the meaning of AIDS by the street children was undoubtedly predicted from percentage that had augmented nearly one fold (from 53% to 81%) after their participation in the training programme. The selected boys were better informed of the meaning of AIDS even prior to training (94%). Whereas none of the girls, though aware of the word AIDS, knew the meaning of AIDS. However the information gain was more on the girls' side after training (0% to 58%). By getting acquainted with the possibility of getting prone to AIDS through participating in the well prepared and presented interactive teaching techniques, each and every one of the selected sample was confident enough to tell that 'there is no chance of them in getting AIDS in future'. This confidence indirectly shows that these children made up their mind to stay away from certain unwanted habits that could lead to AIDS.

Figure No.1 portrays lucidly that the training had made a great stride by serving as an impetus in doing away with certain misconceptions regarding possibility of getting AIDS. The data also hammers that the awareness percentage of the sample on the possibility of getting AIDS by transfusion of blood from infected person, having multiple sexual partners received comparatively higher percentage even before education. The 't' value highlights that the street children derived rich dividends from the LST programme.

To sum up the findings relevant to the physical dimension, it has to be acknowledged that the training programme on LST had improved the knowledge/attitude/skill of the selected section of the children with the issues pertaining to all the aspects of physical health namely health care, abstaining from substance use (only for boys), reproductive health care and awareness on STD's and HIV / AIDS.

Knowledge, Attitude and Skill of the Selected Street Boys and Street Girls on Psycho-Social Dimension

LST comprises a group of psycho-social competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships and manage their lives in a healthy productive manner.

A. Communication and listening

Communication and listening are important skills in socialisation as it helps in establishing rapport and understanding the feelings and needs of other persons. Details of the knowledge gained on communication and listening are summarised in Table 5.

TABLE 5: KAS gained on communication and listening by the selected Street Children before and after LST

Statement	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Saying things that are clear / specific	25	38	54	82	13	25	41	79
Making eye contact while talking	35	53	65	98	15	29	36	69
Making facial expression	29	44	73	65	17	33	41	79
Responding by body gestures	22	33	64	97	9	17	34	65
Making sure of what is to be said	7	11	65	98	0	0	32	62
Making sure of other's statements	27	41	49	74	10	19	52	100
Listening to others	12	18	52	79	0	0	39	75
Eliminating all distractions	13	20	51	77	0	0	26	50
Mean score	2.5758		6.7121		1.2308		5.7885	
SD	1.7102		1.0193		1.4089		1.2261	
't' value	19.3629**				20.5203**			

** Significant at one per cent level

The selected section of the children were not willing to say things clearly before training, but gained considerable knowledge through the training programme and tried to say things clearly. This change in behaviour was implied through the appreciable improvement from 32 percent to 81 percent (girls 25% to 79% and boys 38% to 82%).

The data also largely mirrors that on the whole the KAS percentage increased after training and reached a maximum of 86 against 42 in making

eye contact, 97 against 39 in making facial expressions while communicating and 83 against 26 concerning with responding by body gestures. The training programme was also efficacious in cognizing the facts in communication, making them to respond positively. A significant rise from six per cent to 82 per cent and 31 percent to 86 per cent respectively was pragmatic.

The training programme had made known to the respondents that with a little ingenuity, they can pay adequate attention to eliminate all distractions while listening. The sizeable jump to 65 per cent explains it all. The 't' value that shows significant difference at one per cent level with reference to the mean scores of both boys and girls confirms the above findings.

B. Assertive behaviour

Table No. 6 illustrates the assertive behaviour of the targeted population after LST programme.

TABLE 6: KAS gained on assertiveness among the selected Street Children before and after LST

Assertive behaviour	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Saying 'no' to specific situations	22	33	49	74	10	19	33	63
Taking rejection in stride	18	27	44	67	6	12	34	65
Enjoy conversing with strangers	23	35	66	100	17	33	43	83
Insisting upon knowing why	11	17	47	71	15	29	38	73
Asking for clarification	10	15	48	73	3	6	29	56
Not getting upset and shake	32	48	52	79	9	17	35	67
Accepting criticism in case of fault	32	48	56	85	13	25	40	77
Being stringent with possessions and money	17	26	56	85	5	10	35	66
Giving personal opinion	22	33	60	91	6	12	37	71
Talking with people spreading false stories	42	64	64	97	19	37	52	100
Mean score	3.4697		8.2121		1.9808		7.2308	
SD	2.2203		1.1703		1.5529		1.6404	
't' value	17.2401*				19.8373**			

** Significant at one per cent level

Usually the street children avoid some immediate unpleasantness by not being assertive and jeopardizing the relationship. When inquired on the subject of the respondents saying 'yes' when they want to say 'no', before training, an overall percentage was only 27 but after training augmentation in the score was observed. Simultaneously, the training helped them learn to take rejection in their stride and think of creatively dealing with rejection if it happens, shown by the momentous boost to 66 per cent (67% for boys and 65% for girls).

The training programme demonstrated role-play of multiple scenarios demanding assertive behaviour and accordingly enabled a substantial increase in the overall percentage of the respondents in insisting upon knowing why and when they were asked to do something (72% against 22%) and ask for clarification (65% against 11%)

The LST programme through its innovative teaching methods prepared them to assert themselves in a positive manner by accepting criticism given away by the colossal boost in the overall percentage from 38 to 81. It was appalling to note the elevated percentage of the respondents with regard to expression of personal opinion from 24 per cent to 82 per cent after the successful intervention programme. This programme made them understand and express certain polite ways of being assertive through the pioneering teaching strategies.

The statistically significant 't' value at one per cent level reiterates the fact that the LST programme had boomed the street children's KAS of exhibiting assertive behaviour. It also substantiates relevance in improving the information base of the beneficiaries on the same.

C. Emotional coping

Table No. 7 depicts the KAS of the participants towards emotional behaviour before and after the training programme

TABLE 7 KAS gained on emotional coping of the selected Street Children before and after LST

Emotional behaviour	Total N = 118			
	BE		AE	
	N	%	N	%
Knowing what provokes anger in certain situations	43	36	84	71
Not feeling feared while facing strangers	48	41	118	100
Not feeling feared of rejection by peers	30	25	87	74
Feeling happy of the look or behaviour	26	22	88	75
Not feeling unhappy for small problems	17	14	49	67
Feeling strong / capable / competent	21	18	88	75
Not feeling that life is full of dead ends	37	31	114	97
Stop thinking about worries	39	33	85	72
Being friendly	48	41	118	100
Not feeling uneasy to express affection	38	32	88	75
Not feeling nervous to face new situation	17	14	78	66
Not getting irritated often	35	30	88	75
Not feeling jealous	54	46	88	75
Doing jobs perfectly without the interference of emotions	56	47	102	86
Not affected by feeling of guilt	23	19	83	70
Overall Mean score	4.5085		11.7627	
SD	2.5512		1.8336	
't' value	33.7356**			

** Significant at one per cent level

The leap in the overall mean score from 4.51 to 11.76 and the statistically significant 't' value clearly indicate that the selected sample had become conversant in issues related to emotional behaviour after the education programme.

Emotional control of the selected street children

Relaxation techniques are taught to help young people calm down, so that they are better able to think about and deal effectively with frustration.

Fear

Sixty six per cent (78 in number) of the selected children (46 girls and 32 boys) had admitted that they fear to face various situations. But none of the boys or girls followed the overcoming or management techniques before undergoing the training programme. The implementation of the programme

taught them the steps to conquer fear and analyzing the effects of fear by adopting constructive actions through role play of certain real life scenario. The programme with its innovative teaching implications enabled 61 of the respondents to follow the steps in conquering fear.

Anger

The training programme qualified the sample with tips of getting the better of anger such as not digging up old arguments, developing the ability to change responses through participatory training methods. Twenty five percent of the children learnt to be comfortable with anger by way of adjusting and forgiving. Thirty two percent boys and 27 percent of the girls prepared their psyche not to dig up old arguments and to forgive genuinely. Twenty eight per cent of the boys and 24 per cent of the girls tried to practice counting numbers up to ten to subside their anger.

Stress

The origin of causes, reaction/behaviour exhibited and its consequences were well explained to the children through LST and certain stress- reducing techniques were demonstrated. They were encouraged to practice it in their daily life. After the implementation of LST about 28 boys and 36 girls got into the habit of doing stress -relieving exercises. The major combination of exercises was progressive relaxation and controlled breathing. Very few (four girls and one boy) meditated to reduce stress. As responded by the children after the training programme, by doing stress -relieving exercises they didn't feel stressed as before.

Anxiety

However by interacting with them for several days 6 boys and 9 girls (18% in total) were found to suffer from anxiety. Out of 15 children 12 became familiar with anxiety- relieving techniques which show the positive effect of LST programme.

Depression

As far as the present research was concerned, the girls' when compared to their counterparts experienced higher rates of depression (69% girls and 31% boys). Out of 7 boys and 9 girls suffering from depression, 6 boys and 8 girls were on familiar terms with techniques that relieves them from depression.

D. Decision making ability

Table No. 8 pins down the selected samples' decision making ability and goal setting process.

TABLE 8 KAS gained on decision making ability of the selected Street Children before and after LST

Decision making ability	Boys				Girls			
	BE		AE		BE		AE	
	N	%	N	%	N	%	N	%
Thinking more than one alternative	22	33	54	82	6	12	41	79
Thinking how choices affect future	45	68	60	91	47	90	52	100
Being confident in decisions made	15	23	52	79	0	0	42	81
Making decisions without pressure	18	27	66	100	13	25	43	83
Knowing whom to go in help	17	26	49	74	0	0	43	83
Being comfortable to bring problems to the table	20	30	66	100	7	13	52	100
Being stable after making decisions	23	35	51	77	8	15	52	100
Setting goals for future	23	35	66	100	24	46	52	100
Reached any short-term goals	18	27	44	67	8	15	33	63
Knowing the steps to reach a goal	16	24	53	80	0	0	52	100
Mean score	3.2879		8.5000		2.1731		8.8846	
SD	2.1105		1.1266		1.4242		1.0224	
't' value	20.1502**				34.1099**			

** Significant at one per cent level

The data had explicitly revealed the intellect of the sample in thinking about more than one alternative – its pros and cons when they want to decide on something. The awareness was barely 24 per cent (12% girls and 33% boys) before training. Following LST, there was a significant improvement to 81 per cent. When inquired about their confidence after picking up an alternative (final decision) only 15 boys were accredited before training. The training programme supplied germane information and KAS percentage after training bloated to 80 per cent.

After participating in the training programme, a great majority understood that their decisions should be made without being hassled by their peers or anybody. At the same time the beneficiaries were able to seek out help confidently from many sources, including experts or others who have similar problems or an insightful person. The tremendous rise to 92 per cent and 78 per cent respectively was indicative of the remarkable impact made by the programme.

The KAS percentage bringing their problems to the table had a remarkable amplification to about four fold (100%). An augmentation from 26 per cent

before training to 87 per cent after training was pragmatic on the query, if they feel ease in standing up for themselves by being stable on their decisions.

Every successful person knows the importance of setting goals. Before training, it is to note that only 40 per cent of the respondents had set goals for their future. Conversely, during the training programme, the respondents were encouraged to set up some short-term goals, so that they get prepared to set up long term goals. The percentage acclaimed by them after education was 100 per cent.

The 't' value with a significant difference at one per cent level projects the potential of the training programme to enhance the knowledge of the participants on decision making and problem solving ability and also confirming the positive effect on goal setting procedures.

Overall data of the psycho-social dimension highlights that the selected sample gained considerable KAS on communication and listening, assertiveness, emotional coping and decision making and problem solving ability, after participating in the training programme.

KAS grade among boys and girls on the selected dimension of LST

In order to find out the magnitude of impact made by the Life Skills Training, the beneficiaries were categorised into three grade levels namely EIGLST (Excellent Information Gainers of LST), GIGLST (Good Information Gainers of LST) and FIGLST (Fair Information Gainers of LST). KAS grade acquired by the respondents on life skills are presented in Table 9.

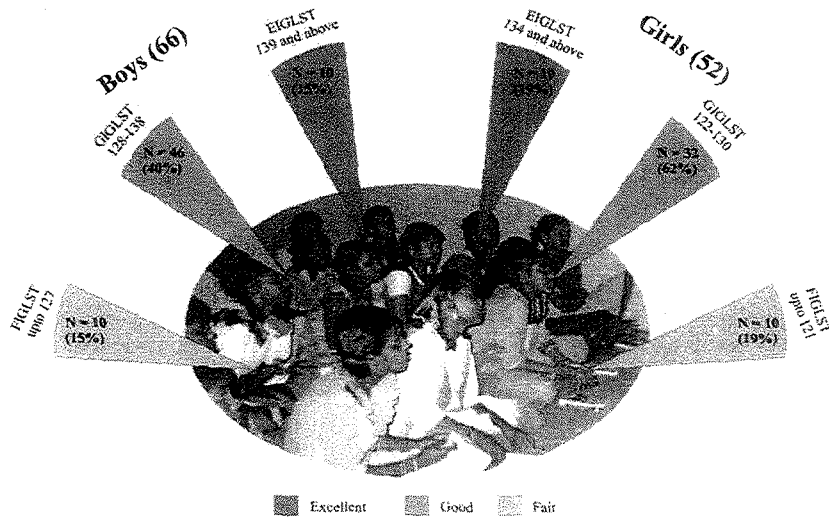
TABLE 9 KAS grade acquired by boys and girls on the selected dimension of LST

Sex	Physical			Psycho-social		
	Grade	No.	%	Grade	No.	%
Boys (66)	EIGLST 58 and above	8	12	EIGLST 74 and above	8	12
	GIGLST 51-57	51	77	GIGLST 67-73	48	73
	FIGLST upto 50	7	11	FIGLST upto 66	10	15
Girls (52)	EIGLST 55 and above	8	15	EIGLST 69 and above	12	23
	GIGLST 50-54	35	67	GIGLST 62-68	34	65
	FIGLST upto 49	9	18	FIGLST upto 61	6	12

An analysis of Table No. 9 reveals that the majority of the selected boys (70%) were found to be good information gainers (GIGLST) in two dimensions namely physical (77%) and psycho-social dimension (48%). The Figure reveals the overall difference in the acquisition of information, which shows that 70 per cent of the boys were good information gainers and 15 per cent were excellent information gainers.

With regard to grade levels of girls, Figure No. 2 pins down that a majority of them (62%) were in the GIGLST level on both dimensions (Physical dimension – 67%; Psycho-social dimension – 65%). However a satisfactory overall percentage of girls categorised under GIGLST level (62%) and a noted percentage under EIGLST (19%) was observed which marks the magnitude of impact made by the programme on LST for street children, which was found to be efficacious marked by the level of information acquisition.

FIGURE 2: Acquisition of information among boys and girls in all selected dimensions



Conclusion

The existence of street children is a complex reality, inextricably linked with poverty and underdevelopment for its survival. Hence there is a dire need to impart Life Skills to these children in an informal way. Responding to the needs and problems of street children by adopting suitable training strategies that relate to the actual situation in their environment and issues that confront them in their daily lives will be made possible through Life Skills Training. The study shows that intervention of street children by way of LST has helped to improve their quality of life. By understanding the need and career of the street children, appropriate LST modules can be developed which will enable them to context their daily life effectively.

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Empowering Adolescent Girls in Rural Areas

S. Kavitha

Introduction

Adolescence is an extremely enthusiastic, energetic, joyous and fun-loving period. The exact start and end of adolescence are arbitrary, but adolescence is the time when puberty brings about physical changes, gender role definition gets intensified and girls and boys move from childhood to adult roles as wife/husband, mother/father, worker and citizen. During this period, health and social behaviours are established that have consequences for lifetime.

It is recognised that the period of adolescence is a formative one for behavioural, emotional, physical and attitudinal changes. Therefore, particularly for fostering gender sensitivity and for better future development indicators, it is important to pay attention to the needs of this group separately. It is much concerned with provision of skills to young people, as they will form the bulk of the population and can be an important potential for human resource planning for the country. Greater attention needs to be paid to nutrition, health, information and educational needs of this group and special attention has to be paid to the adolescent girls as they are the most likely agents of change, but are often invisible to the society and the media.

Significance of addressing Adolescent Girls' issues

Young people are the fastest growing segment of the population in developing countries and their size will peak over the next ten years. Because of their large numbers, adolescent girls between 10 – 19 and young women in the age group of 20 – 24 merit the attention of policy makers and planners. (Levine et al, 2008).

India has one of the fastest growing youth populations in the world with an estimated 225 million adolescents. There are an estimated 105 million adolescent girls in the age group of 10-19 in India as per 2001 census.