



Efficacy of Basic Life Skills Training Program to Enhance Social Emotional Competence among Adolescent Students in Pakistan

Amna Farooq

National University of Medical Sciences Islamabad, Amnafarooq593@gmail.com

Dr. Sajid Iqbal Alyana

National University of Medical Sciences Islamabad, sajid.al yana@numspak.edu.pk

Correspondence author email: amnafarooq593@gmail.com

ABSTRACT

Adolescence is a critical period of development characterized by rapid psychological, emotional, and social changes. During this stage, individuals are highly susceptible to external influences, which can shape their self-concept, interpersonal relationships, and coping mechanisms. In Pakistan, adolescents often face various socio-emotional challenges, including academic pressures, peer influences, and limited access to structured psychological interventions. This study seeks to fill that gap by evaluating the efficacy of the UNICEF Basic Life Skills Training Program in fostering self-esteem, empathy, and resilience among adolescent students in Pakistan. It was hypothesized that there would be a significant improvement in self-esteem, empathy and resilience in experimental groups after the 16 sessions of BLS Training program. The sample of the present study consisted of 66 participants who were further divided into two groups: Experimental ($n=33$) and control ($n=33$). The age range of the participants in both groups was 12 to 19 years. The experimental groups received training according to the manual of UNICEF basic life skills training during 16 sessions in 8 weeks. Pre- and post-assessments were conducted to determine the efficacy of the basic life skills training program. Demographics, Adolescent Measure of Empathy & Sympathy Scale, Rosenberg Self-Esteem Scale and The Adolescent Resilience Scale were used. Descriptive statistics and independent sample t-test were applied to analyze and interpret the data in statistical terminology. Results indicate significant mean difference between experimental and control group on study variables. The finding has implications for non-clinical interventions and suggests avenues for future research.



Key Words: Efficacy, Basic life Skill Training Program, social competence, Adolescents and Student

Introduction

Roughly 30% of children and adolescents will at some stage in their lives suffer from a diagnosable mental illness, but 70–80% of them might not get the help they need. These mental health issues frequently cause major impairments in social, family, and academic functioning, and they can occasionally result in school dropouts. Adolescents' maladaptive behaviors, such as suicidal thoughts and sentiments, anxiety, and anger, have significantly increased in recent years. Ineffective psychological coping strategies are frequently the cause of these problems. Since its disturbance has been connected to detrimental psychological effects, self-esteem is a critical component influencing mental health (Twenge & Campbell, 2022). Adolescent development socializing and cognitive abilities, and temperamental and physiological development represent each of the main phases of adolescence (Pengpid & Peltzer, 2019). These phases come with a lot of difficulties that might have a big effect on the lives of students both academically and personally. Stressful situations throughout school day might cause physical and mental health problems if they are not adequately addressed, which can impact learning outcomes and general well-being (Cerci & Dumludag, 2019).

A lack of self-esteem serves as one of the main issues that teenage pupils deal with. Self-esteem issues affect a lot of adolescents, that can lead to depression and have a detrimental effect on their ability to perform (Panahandeh & Mashhadi, 2014; Sowislo & Orth, 2013). Stress, regardless of psychological strain, and additionally disruptive actions can result from an overall lack of belief in one's own talents (Eisenbarth, 2012). Adolescents' ability to handle social and educational stresses is greatly influenced by their sense of self-worth.

An additional essential component of teenage growth is empathy, which refers to the capacity to comprehend and experience the feelings of others. According to González, Alvarez, and Fernandez (2015), it is an essential intraindividual component of psychological intelligence, especially in educational contexts. Students' resilience, self-esteem, interpersonal interactions, and intrinsic motivations are among the psychological and academic factors that are influenced by empathy (Coppari et al., 2018; Pintado & Cruz, 2017). According to research, empathy enhances teenagers' general mental health and fosters the development of healthy social relationships (Tur-Porcar et al., 2016).

Another important component for teenage kids is resilience, or the capacity to adjust and bounce back from setbacks. It reduces adverse effects including absences, psychological distress, and disruptive behaviors by assisting people in overcoming both their personal and academic obstacles (Bethell, Newacheck, Hawes, & Halfon, 2014). According to Bahmani et al. (2016), adolescents who possess greater resilience are better able to manage competition, stress from school, and personal failures. Research indicates that integrating Life Skills Training (LST) with mindfulness practices can greatly improve students' resilience and capacity to handle a range of difficulties (Durlak et al., 2011; Jamali et al., 2016).

Initiatives that teach life skills have become a popular way to deal with such academic and mental disorders. According to the World Health Organization (WHO), life skills are aptitudes that allow people

to adjust to and successfully navigate daily obstacles. Enhancing social abilities, making choices, resolving issues, and psychological awareness are the main goals of these programs (World Health, 1994). According to Jones and Lavallee (2009), life skills training is increasingly recognized as a preventive effort to provide students with the tools they need to cope with stress, build resilience, and cultivate self-worth. Students can improve their social connections, educational achievement, and state of mind by incorporating life skills education into their academic courses.

It is impossible to overestimate the significance of tackling these issues. According to Kreitner and Kinicki (2007), about 30% of kids and teenagers will at some point in their lives suffer from a diagnosable mental illness, and a sizable portion of them will not get the proper assistance. These problems frequently lead to significant dysfunctions in both home and school settings, which raises the likelihood of delinquent conduct and educational dropout. Adolescents are increasingly exhibiting maladaptive behaviors including anxiety, anger, and even suicidal thoughts and feelings, which emphasizes the critical need for psychological support systems in schools.

In addition to additional psychological variables that support interpersonal competencies and mental health (Kang, Lee, & Lee, 2020; Satıcı, 2019), the scientific research on teenage self-esteem relates it to a number of psychological/academic factors, such as increased motivation (Wheeler, 2020), academic commitment (Duru & Balkis, 2017), the capacity to build positive connections (Price, Drabick, & Ridenour, 2018), and even high school achievement (Laveena, 2018).

(2019, Ortho) Being a psychological appraisal of a person's talents, self-esteem becomes an important self-explanatory characteristic in adolescence that includes evaluation of abilities as well as individual value. It also plays a vital role in learning (Dietrich & Ferguson, 2019). As a result, self-esteem is a factor that supports personal growth and enables an individual to function in their local environment, whether effectively or unfortunately (Giri, 2020). Self-evaluation is most challenging during adolescence, and it is well established that such behaviors might affect students' growth as students and as individuals (Batsiou, Bournoudi, Antoniou, & Tokmakidis, 2020).

Numerous psychologically along with educational factors in schools have been associated with empathy, such as self-esteem (Canete & Díaz, 2019; Siguenza, Carballido, Pérez, & Fonseca, 2019), resilience (Coppari et al., 2018; Pintado & Cruz, 2017), relationships between individuals in the classroom (Mico, Cava, & Buelga, 2019), and innate drives and lessons that influence accomplishment (Perdomo, Leal, & Caro, 2018; Musitu, Esteban, Leon, & García, 2019). Empathy appears to be greater in women than in men, and it grows throughout age, as demonstrated by scientific research (Krüger & López, 2018; Gomez & N, 2020).

The effectiveness of Life Skills Training in promoting resilience and reducing behavioral and emotional illnesses has been the subject of numerous independent research investigations (Karen, Tory, & Eisenlohr-Moul, 2017; Esmaeilinasab, Malek Mohamadi, Ghiasvand, & Bahrami, 2011).

The psychological health of students must be given top priority by governments and educational establishments through the implementation of initiatives that foster resilience, empathy, and self-worth. Societies with strong human capital can produce a generation of emotionally aware people and adjust to changing conditions. In this sense, teaching students' life skills is crucial for preparing them to

successfully traverse the challenges of puberty and succeed both academically and personally. Schools may establish an environment that promotes good growth and equips students for future difficulties by managing both mental and social variables.

Objectives

The researcher's objective was:

1. To check the effectiveness of life skills training program to increase the social competence among adolescent's students in Rawalpindi Pakistan.

Hypothesis

The following hypothesis was formulated based on objective:

1. There will be a significant improvement in self-esteem, empathy and resilience of adolescent students in experimental group as compared to wait list group after 16 sessions of Basic Life Skills training program.

Methods

Sample

This quasi-experimental study, which included pre-test and post-test designs, was carried out on 66 teenage students from Rawalpindi's public and private schools. The students were male (36.4%) and female (63.6%), and their ages ranged from 12 to 19 years ($M=16.48$, $SD=1.11$). The schools were chosen using convenience sampling methods. Students were chosen to use random sampling techniques, taking into consideration the prerequisites for inclusion. The requirements for inclusion were being a freshman, wanting to study, not having a history of mental illness or physical handicap, and not having had any previous life-skill training using comparable content. Missing two or more sessions and refusing to take part in the study were exclusion criteria. Demographic factors, including age, gender, class, number of older siblings, parents' educational and employment status, and residency status, as well as the Rosenberg Self-Esteem scale, the Adolescent Resilience Scale, and the Adolescents Measure of Empathy and Sympathy (AMES), were included in the questionnaire used to collect the data.

Rosenberg Self-Esteem Scale: A 10-item measure that evaluates one's overall sense of self-worth by taking into account both positive and negative self-perceptions is the Rosenberg Self-Esteem Scale. The scale's one-dimensionality is assumed. A 4-point Likert scale, with 1 denoting strong agreement and 4 denoting strong disagreement, is used to answer all questions.

Adolescent Empathy and Sympathy Measure (AMES; Vossen, H.G.M., Piotrowski, J.T., & Valkenburg, P.M. 2015: Three constructs affective empathy, cognitive empathy, and compassion are evaluated by the Adolescent Measure of Empathy and Compassion (AMES), a questionnaire created specifically for teenagers. It uses a five-point Likert scale and consists of twelve items.

The scale of adolescent resilience developed by Oshio and colleagues (2002): Three components novel seeking, emotional regulation, and hopeful future orientation make up the 21 items in the test. A 5-point Likert scale, with 1 denoting no and 5 denoting yes, is used in the Adolescent Resilience Scale. The

coefficient of alpha for the scales and subscales in the Oshio et al. (2002) study was for the total score.85, looking for anything new.79, emotional control .77 and a positive outlook on the future.8.

One week prior to the intervention and eight weeks following it, the questionnaires were distributed twice. The researcher started the intervention after obtaining written informed consent. The purpose of the study, data confidentiality, and voluntary participation were explained to the participants. The sixteen-session Life-Skills Training Program was then offered to the pupils. The sessions were held twice a week and lasted 90 minutes each. Researchers set up the program's life skills training materials according to the Life-Skills Trainings Program, which was created by UNICEF Azerbaijan in partnership with the Ministry of Sports and Youth in Azerbaijan. The curriculum covered the following topics: thinking skills, interpersonal skills, and self-awareness.

Procedure

The study was conducted in three phases

Phase 1: Screening: The study began with a screening of adolescent students to identify who was eligible for life skills training. Participants were given the study's aims, but their views and beliefs remained private. They will then be asked to fill out a demographics form. All their questions had been addressed at this point, and they were encouraged to supply as much information as possible. Finally, the questionnaires were gathered, and the participants expressed appreciation for our assistance. 66 participants with low scores on the Rosenberg Self-Esteem Scale, the Adolescents Measure of Empathy and Sympathy Scale and The Adolescent Resilience Scale were recruited.

Phase 2: Life Skills Training Implementation: In accordance with UNICEF guidelines, the 39 adolescent students in the experimental group received Basic Life Skills Training over the course of eight weeks.

Phase 3: Post-Evaluation The tests listed above were utilized in the post-assessment to assess the intervention's outcomes. Participants actively participated in the process, and the data collected provided valuable insights into the research goals.

At the end of the study, participants were thanked for their time, effort, and cooperation during the sessions.

Results

Self-esteem, empathy, and resilience ratings were compared between the two groups. According to the study's findings, the study group's mean score on self-esteem, empathy, and resilience is higher than that of the control group; the groups were compared using the independent samples T test to determine the significance of this difference.

Table 01

Descriptive Statistics of all the Study Variables (N=66)

Variable	K	a	Potential		Actual Range		M	SD	Skew	Kur
			Range							
			Mini	Maxi	Mini	Maxi				
Pre-RSE	10	.84	10	30	7	20	12.61	2.80	-0.01	-0.12
Pre-ES	12	.96	12	60	12	47	22.56	6.15	1.73	5.99
Pre-RS	21	.97	21	105	26	57	39.38	5.70	0.06	0.99
Pot-RSE	10	.90	10	30	7	29	17.83	6.02	0.01	-1.40
Post-ES	12	.97	12	60	15	58	36.86	15.80	-0.04	-1.79
Post-RS	21	.98	21	105	28	97	62.72	24.04	0.02	-1.79

Note. Pre= Pre-assessment, Post= Post-assessment, RES=Rosenberg Self-Esteem Scale, ES=Empathy Scale, M = Mean, SD = Standard Deviation, K = Number of items.

Table 1 table to illustrate the reliability coefficient along with the normality of the sample, all the variables showed excellent Cronbach alpha reliability of the Pre & Post assessment within the range of ($\alpha = .60-.90$). From Pre & Post assessment The Adolescent Resilience Scale showed the maximum mean value obtained ($M = 39.38$; $M = 62.72$) and the Rosenberg Self-Esteem Scale showed the minimum value which is ($M = 12.61$; $M = 17.83$). From Pre-assessment The Adolescent Measure of Empathy and Sympathy Scale has the highest standard deviation ($SD = 6.15$), and the Rosenberg Self-Esteem Scale has the lowest standard deviation ($SD = 2.80$). From Post-assessment The Adolescent Resilience Scale showed the highest standard deviation ($SD = 24.04$), and the Rosenberg Self-Esteem Scale showed the lowest standard deviation ($SD = 6.02$). A normal distribution of data demonstrates by normal range of skewness and kurtosis within the range of +2 to -2.

Table 2

Mean Differences for Control & Experimental Groups (N = 66)

Variables	Groups		t	p	95% CI		Cohen's d
	Control	Experimental					
	(n = 33)	(n = 33)					
	M (SD)	M (SD)			LL	UL	
Pre-RSE	12.88(2.98)	12.33(2.64)	0.79	0.43	-0.84	1.93	0.19
Pre-ES	23.84(6.01)	21.27(6.10)	1.72	0.08	-0.40	5.57	0.42
Pre-RS	39.67(5.40)	39.09(6.03)	0.41	0.69	-2.24	3.39	0.10
Pot-RSE	12.27(2.14)	23.39(2.32)	-20.3	.00	-12.2	-10.0	5.08
Post-ES	21.72(4.59)	52.0(3.71)	-29.4	.00	-32.3	-28.2	7.25
Post-RS	39.60(5.67)	85.84(6.26)	-32.1	.00	-49.1	-43.3	7.74

Note. Pre= Pre-assessment, Post= Post-assessment, RES=Rosenberg Self-Esteem Scale, ES=Empathy Scale. CI = Confidence Interval, LL = Lower Level, UL = Upper Level. t = Difference, p = Significance.

*p< .05, **p< .01

In Table 02 post-assessment, differences between experimental group and control group are significant. Rosenberg Self-Esteem Scale ($t = -20.25, p < .00$), Adolescent Empathy and Sympathy Scale ($t = -29.41, p < .00$) and The Adolescents Resilience Scale ($t = -32.12, p < .00$) are significantly higher than the control group.

Discussion

The goal of the current study was to find out how life skill training affected the empathy and self-esteem of teenage students. Adolescent pupils' mean levels of self-esteem before and after the study's pre and post conditions were shown to differ significantly. Prior to instruction, the subject's mean score was 12.33; following training, it was 23.39. This suggests that the respondents' self-esteem scores were higher. Training in life skills is therefore helpful in boosting teens' self-esteem. This finding has been corroborated by research (Minev, Petrova, Mineva, Petkova, & Strebkova, 2018). An analysis of the mediation of these effects shows that learning assertiveness techniques and boosting self-esteem were key factors in the results also obtained (Elklit & Lasgaard, 2009).

The results of this study clearly show the positive effects of life skills training on teenagers and the importance of developing self-esteem as a personality trait as it is closely linked to negative behaviors. Teenagers who acquire some life skills will either feel good about themselves or be more inclined to learn and use more life skills if they already feel good about themselves. One could claim that group learning promotes social interaction, which raises students' self-esteem.

This study also found that teens' empathy levels before and after life skill training differed significantly. Prior to and following training, the respondents' mean scores were 21.27 and 52.0, respectively. This implies that the participants did better on the empathy scale. According to the results, teens' capacity for empathy differed significantly before and after receiving life skills training (Abootorabi Kashani & Bayat, 2010).

Resilience is a key factor in helping adolescents navigate academic pressure, social challenges, and emotional distress (Bethell, et al., 2014). The results confirm that LST significantly enhances resilience by equipping students with adaptive coping strategies, stress management techniques, and problem-solving skills. These findings align with prior research suggesting that resilient students demonstrate better emotional regulation, greater perseverance, and lower susceptibility to psychological distress (Bahmani, et al., 2016). Furthermore, the study demonstrated that life skills training strengthens social support networks, which are fundamental to adolescent resilience. Participants who underwent training developed stronger interpersonal relationships and were more likely to seek support during times of distress, which significantly reduced feelings of isolation (Taylor, et al., 2020).

The findings of this study confirm the hypothesis that life skills training significantly increases resilience among adolescents. Through structured programs that focus on essential coping mechanisms, problem-solving skills, and emotional regulation strategies, adolescents demonstrate a heightened ability to adapt positively in the face of adversity. Resilience, which is crucial during the developmental phase of adolescence, is shown to improve as a direct result of life skills training interventions (Masten, 2018). According to the study's findings, which are consistent with earlier research, these programs help young people become more adaptive and psychologically healthy (Botvin & Griffin, 2017).

The study results highlight that life skills training effectively enhances resilience by fostering the development of adaptive coping strategies. Adolescents who participated in the training exhibited improved communication, emotional regulation, and critical thinking skills, which enabled them to manage stress more effectively ((WHO), 2021). The application of cognitive-behavioral techniques, as reinforced in the study, played a significant role in helping participants reframe negative thoughts, thereby reducing anxiety and improving problem-solving capabilities (Durlak, et al., 2011). These findings confirm that training in these areas leads to measurable improvements in emotional resilience and proactive problem-solving.

Additionally, empirical evidence from this study aligns with previous research demonstrating the long-term benefits of life skills training in fostering resilience. The results indicate that adolescents who participated in life skills training reported lower levels of psychological distress and greater adaptability in adulthood, confirming the enduring positive effects of such interventions (Greenberg, et al., 2019). These findings strongly support the hypothesis that life skills training is an effective means of enhancing adolescent resilience and promoting long-term psychological well-being.

Implications

The study's conclusions have several significant ramifications for children development initiatives, mental health treatments, and education. Schools should incorporate life skills training into their curricula to ensure that adolescents develop essential skills such as self-esteem, empathy, and resilience. Policymakers and educators should prioritize programs that integrate emotional intelligence and social skills development as fundamental aspects of education. Furthermore, mental health professionals can use life skills training as a preventive strategy to reduce psychological distress and enhance overall well-being in adolescents.

Additionally, these findings suggest that life skills training could be beneficial in various settings, including community programs, after-school initiatives, and family interventions. Organizations working with youth should implement structured life skills development programs to equip young individuals with the competencies needed to navigate personal and social challenges successfully.

Suggestions

Integration in School Curricula: Schools should embed life skills training as a core part of the educational framework to enhance students' self-esteem, empathy, and resilience. Teacher and Parent Involvement: Training for educators and parents should be provided to reinforce life skills at home and in academic settings. Longitudinal Studies: Future research should explore the long-term impact of life skills training on different aspects of psychological well-being in diverse populations. Customization for Diverse Needs: Programs should be tailored to address specific challenges faced by adolescents from different socio-economic and cultural backgrounds. Use of Technology: Digital platforms and online training modules can be developed to reach a broader audience and provide continuous learning opportunities.

Conclusion

The present study confirms that life skills training significantly enhances self-esteem, empathy, and resilience in adolescents. By improving coping mechanisms, strengthening social support networks, and fostering self-efficacy, such training proves to be a valuable tool for promoting psychological well-being and emotional stability. Given the increasing challenges faced by adolescents, it is imperative to integrate life skills education into formal and informal learning environments. By implementing structured life skills programs, educators, mental health professionals, and policymakers can contribute to the development of resilient and emotionally intelligent individuals who are better equipped to navigate life's challenges successfully. Future research should continue to explore innovative strategies for enhancing life skills education and expanding its accessibility to diverse adolescent populations.

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