

Literature Review: Life Skills Education and Holistic Wellbeing of Adolescents

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Abstract

Introduction: Adolescence is a period of transition from childhood to adulthood, characterized by significant changes and challenges in physical, cognitive, and psychosocial development and known as a period of 'storm and stress'. Neglecting these challenges can lead to negative identity formation and unpreparedness for future hurdles. This literature review explores the role of life skills enhancement programs in promoting the holistic well-being of adolescents. **Materials and Methods:** A narrative review was done to study and summarize prior research and find gaps and advancements in the area of study. PubMed, Google Scholar, CINAHL, and physical search in the hard copies of journals were done to choose materials. 101 relevant studies were identified highlighting the implications of childhood obesity, psychosocial changes in adolescence, factors affecting well-being and the role of Life Skills Education programs. **Findings:** There are adequate studies to support the concern of childhood obesity and its implications. Psychosocial changes in the adolescent period, issues, and challenges are also being addressed adequately. The effectiveness of life skills programs in addressing these issues was supported by the literature. **Limitations:** Majority of studies were school-based with limited research on non-school-going adolescents. Given the increase in school dropouts during the pandemic, it is crucial to develop programs catering to the needs of this vulnerable population. Expanding the life skills programs and conducting research on non-school-going adolescents is vital for their holistic well-being.

Keywords: Holistic Wellbeing, Life skills education, adolescents.

Introduction:

Adolescence is marked by marked transformations in physical, cognitive and psychosocial development, serving as a transitional phase from childhood to adulthood. This phase often involves "storm and stress"-wide variations in psychosocial wellbeing, marked by detachment from parents, increased attachment to peers, and a tendency to adopt their ideas and judgements. This can lead to conflicts with parents, substance abuse, risky behaviours and mood swings. Failing to address these issues in a timely and appropriate manner can result in role confusion and a negative identity, leaving the adolescent unprepared for future psychological challenges. Therefore strengthening psychosocial competencies and life skills is crucial to ensure a healthy and smooth transition from adolescence to adulthood.(1)

According to UNICEF adolescence is a crucial period where children develop into responsible citizens and impact their own lives and communities. This stage involves physical and psychological growth, as well as the formation of values and identity. Adolescents should be valued as a societal resource, and investment

should be made in marginalized youth to provide opportunities for growth and understanding. The Millennium Declaration promises a future of health, education, protection and empowerment for adolescents worldwide.(2)

Materials and Methods:

Narrative review was done to study and summarize prior research and find gaps and advancements in the area of study. This review was done as part of a research study on the topic mentioned and is registered for doctoral programme. PubMed, Google Scholar, CINAHL, and physical search in the hard copies of journals were done to choose materials. 130 studies and articles were obtained and was sorted and 101 were taken that were more relevant to the concept.

The summary of the articles is presented under the following headings:

1. Holistic wellbeing and challenges

- a. Physical wellbeing
- b. Psychosocial wellbeing

2. Life Skills Enhancement programme for Holistic wellbeing

3. Limitations

Spiritual wellbeing is a huge and diverse area in itself so has not been mentioned here.

1. Holistic well-being and challenges:

According to WHO (2008), “the dominant view of wellness is one of that is holistic and includes both the absence of illness and state of wellbeing”. The concept of human wellness encompasses a holistic perspective that considers individuals in relation to multiple dimensions, such as the mind, body, spirit, and their interactions within the community apart from other things and all these dimensions are connected to each other.(3)

a. Physical wellbeing:

Physical development encompasses bodily changes such as growth, improved motor skills, and biological maturation. During early adolescence, growth and development are particularly pronounced compared to other stages of life, with faster and uneven growth spurts occurring earlier in girls than boys. Height, weight and organ size increase significantly along with changes in the skeletal and muscular systems. Coordination issues may arise due to faster bone growth than muscle development, and fluctuations in basal metabolism can lead to restlessness and lethargy. Young adolescents may also have an increased appetite and consume inappropriate nutrition. Their physical vulnerability is further compounded by poor fitness, unhealthy habits, behaviours that are high risk such as alcohol consumption and use of drugs and experimentation with unhealthy sex related activities.(3)

There is a constant tension for parents trying to inculcate healthy eating habits for their adolescent children including eating vegetables, pulses, milk and milk products etc. Adolescents prefer fancy readymade junk food and street food compared to traditional nutritious food. Various social media channels have contributed to this change to a greater extent. Adolescents are showing greater interest in cooking at home these recipes watching various online videos.

A study done in Kolkata among children of 9th grade revealed that children who had knowledge on heart diseases exercised regularly. A significant portion of the participants, approximately 54% of them had regular habit of skipping meals, while a substantial 90% of them consumed street foods. Additionally, an equal percentage of 54% of them exhibited generally inadequate eating habits. Older students and those belonging to higher socio-economic status had low affinity towards healthy eating habits. Surprisingly study revealed marked disparity between knowledge and behaviour as students who possessed better understanding of CVD were found to have poorer dietary habits.(4)

This transition to unhealthy lifestyle has also penetrated in the rural areas of this country. Street and junk foods are now available in villages. With television and internet connectivity reaching even the interior parts of the country, a smart phone is something every youth strives to possess. This has also changed the lifestyle of the youth. Affordability and availability, migratory work in better parts of the country are other factors that are affecting the lifestyle of young people in the rural areas of our country. Packaged processed food also has reached simultaneously to every corner of the country including rural areas.

In a 24-hour diet recall that was done as part of a study in rural Himachal Pradesh among 12 -18 years old showed that intake of processed food was highly prevalent (36%). The study determined that processed food accounted for 9.2% of the total calorie content and 20.9% of the total fat content in the diet. Furthermore, more than 30% of the total fat intake in the diet of 35% of the children was attributed to the consumption of processed food.(5)

Obesity in young children is posing a major threat throughout the world. It has been found across rural and urban areas of the country as well with the urban areas taking the lead. Globally obesity has increased from 0.7 to 5.6% in girls and 0.9 to 7.8% in boys.(6)

There was a marked increase in the ratio of overweight from 0.93% to 7.44% in a prospective repeated measures study done in rural West Bengal. Unhealthy dietary habits were prevalent at both baseline (68.99%) and follow up (66.82%). Inadequate physical activity increased slightly from 47.9% to 48.68%. Fast food consumption was the riskiest behaviour overall.(7)

As the burden of overnutrition and obesity in young children is increasing on one side, undernutrition and malnutrition is also equally posing a burden which is often underestimated.

A cross sectional study done in Coimbatore, Tamilnadu among adolescents of 10-18 years, to find out the magnitude of nutritional deficiencies and evaluate the eating habits of rural adolescents showed that 23% of them had undernutrition and 8% of them were overweight or obese. Study also showed that intake of healthy diet seemed to be very poor among adolescents. There was notable correlation between eating habits and BMI in the study participants. Study showed that boys were more on the underweight side girls were more on the overweight side and hence recommends targeted interventions to address the factors involved.(8)

The average body mass index in the Tribal girls in Maharashtra was 18.13 ± 7.11 kg/m²; Most of them (55%) suffered from wasting, while 67% had stunted growth. The average haemoglobin level was 9.57 ± 1.4 g/dl, and a significant number, 81.6% had moderate anaemia.(9)

The older children especially seem to be more conscious about their body shape and indulge in various diet control measures. This is commonly seen in girls in India. Starving and fasting seems to be an acceptable strategy and physical activities are compromised.

Obesity also affects the physiological parameters of health and psychosocial wellbeing of adolescents. They are more prone to acquire various lifestyle diseases during early adulthood. They often have to face comments and remarks from elders in the family and society and bullying from friends because of their body form.

A study done within the group of school children in Delhi, belonging to the age range of 5-16 years and their income belonging to the groups of low and middle range showed that the mean difference was statistically significant in parameters like height, weight, waist circumference, systolic and diastolic blood pressure in both sexes. The above parameters increased as socio economic status increased. It also showed that there was significant correlation between BMI and systolic and diastolic BP.(10)

Obesity affects the psychosocial wellbeing of adolescents. A study done among obese children showed that 36% exhibited symptoms of social anxiety disorder, 19% related to other specific

phobia another 19% related to conditions related to severe depression. Ninety percent of the children with obesity conveyed apprehension about their physical appearance or body form.(11)

Adolescent children today are glued to their sofas in their houses watching their favourite shows or online games and are hardly seen playing or cycling outdoors. Pandemic has aggravated this situation. This changing lifestyle and decreased activity has contributed to alarming rise of obesity in adolescents.

Studies done during pandemic reveal that there was increased intake of poor quality and calorie dense food, increased snacking, and sedentary life style compared to typical living conditions.(12)(13) An online survey conducted in India to assess the impact of the pandemic on the lifestyle of adolescents showed that the average sleeping time and screen time had increased by 2 hours. Increase in stress levels was found in 51.9% of the participants, increased food intake in 76.4% and 38.6% reported low level of activities.(14)

b. *Psychosocial wellbeing:*

Adolescents are the foundation of any society. Due to their high energy levels and dynamic nature, they get engaged in risky behaviours that make them vulnerable to criminal activities, physical harm and emotional distress and health issues.(15)

Adolescents adopt a different value system compared to their parents and this can be influenced by their peers and mass media. It is presumed that early adolescents need to know what behaviour the society expects of them and adults in the society expect them to adjust reasonably well to the demands of the real world as they grow older. They now question many of the beliefs that once they were convinced and held true.(16)

A study done to determine the rates and predictive factors of affective and behavioural difficulties among the preuniversity students in Bengaluru showed that about 10.1% of them exhibited levels of total difficulty that were considered abnormal, with 9% of them being prone to experiencing emotional challenges, 13% of them on issues related to conduct, 12.6% for overactivity or less or no attention and 9.4% for issues related to their peers. Females showed markedly increased levels of affective problems and males for issues with their peers.(17)

Violence in youth often has serious, lasting effect on the physical and psychosocial performance in the life of a person and increases the health care costs, and services related to criminal justice. A study done in urban Bengaluru aimed to evaluate the violence among students in college revealed that out of the sample size of 450, 27.3% of them reported experiencing at least one incident of violence within the past year. The highest burden of violence was in the 18 to 24 years age group and males having the highest risk. Study also showed that students with substance abuse had higher probability of engaging in violence than those not under the abuse. (OR – 2.4; CI: 1.42–4.00).(18)

Aggressive behaviours in school or home are often looked upon as children being over naughty or attention seeking. These types of behaviour are sometimes encouraged at homes. Sometimes corporal punishments given for aggressiveness also aggravates this behaviour.

A study done in rural west Bengal among early adolescents showed that boys had markedly high physical aggressive behaviours and girls exhibited more of verbal abuse and argumentative behaviour. No life skills education or anger management classes were being taken for this group.(19) Problems related to mental health are being reported more among adolescents in urban areas than rural ones.(20)

19.5%, 24.4% and 21.1% of the participants had depression, anxiety and stress respectively in a study done among students of higher secondary years in Imphal, Manipur. The among said disorders were found largely among females.(21)

Another study in Maharashtra showed that 54%, 60% and 44% of adolescents had markedly higher levels of depressive symptoms, anxiety and stress respectively. adolescents from rural areas studying in urban had high stress levels compared to students studying in their own rural area itself.

Higher rates were significantly linked to disturbed family, severe parenting, previous experiences of adverse events, negative emotions regarding academic performance and tobacco consumption.(22)

Anxiety and depression were also reported high among school students in Jordan. High risk for suicide and disease prevalence was found among these adolescents. The study strongly recommended mental health programme or well-being advancement programmes for adolescents.(23)

Based on the 2009 Global Youth Tobacco Survey(GYTS) encompassing 24,000 students between the ages of 13 and 15, it was found that 14.6% of the students were using tobacco(24).Alcohol use is also significantly rising in adolescents. Family member under influence of alcohol, peer influence and poor academic performance were some of the reasons for alcohol use in adolescents.(25)

It was found that there was mild to moderate internet addiction among 16- to 26-year-olds in cities. Easy availability, making friends online and making relationships, and less use for academic purposes was found.(26)

With pandemic and continuous online classes for more than a year internet addiction has increased among young adolescents. Children were online for classes and were found using different other platforms simultaneously. This has affected their scholastic performances. Less concentration and focus, inability to maintain timelines, decreased resilience are some of the complaints that are being shared by teachers.

Personal factors like smoking, intake of alcohol, substance abuse, history of seizures and other factors like reluctance to attend school, lack of direction during school days, frequent absences and expulsion from school were found among Juvenile delinquents.(27)

2. **Life skills Enhancement programme for Holistic wellbeing:**

Adolescents embark a time of identifying self and role of oneself in the family and society. Expectation from parents and society, changing culture, values and ideas, technological advancements, riots, and various upheavals in the society create confusion and conflict within themselves. This period also embarks a period of separation from parents and more attachment with peers. Peers become more important and becoming part of the peer group is considered as first step of independence for them. There might be conflict with parents because of the changing nature in relationships and priorities, dressing, etc. Adolescents become more argumentative especially with parents. Parents and adolescents who can set mutual goals and understand this process will have better adjustments. Parents also need guidance and understand that they cannot expect their children to fulfil roles like how they did in their adolescent period.(16)

The adolescents become vulnerable at this stage because of the onset of puberty and zeal for greater personal freedom. If positive interventions are done during early adolescence, it can prevent negative consequences in late adolescence. It is crucial to strengthen the preventive aspects of the environment for adolescents at an earlier stage and invest in preventive programmes and policies that can help them since "remedial" programmes at a later stage will be costly. Not investing in adolescents at an earlier stage and taking efforts after they become 'problems' is to squander the investment that has been made in the early years. "Understanding adolescents in all their diversity is fundamental to improving their lives". (UNICEF)

It is a stage of life that we need to invest today in terms of more attention and effort else suffer tomorrow the socioeconomic repercussions of a generation less equipped to become effective and complete contributing members of society. Even when they are excluded from regular basic services and denied of human rights, they can be resourceful, courageous and well aware of their future.(2)

The basics of the program on life skills is from Social Learning Theory. According to this theory, learning is an active process of acquiring, analysing and organizing of circumstances. The teaching on life skills engages children and adolescents in an educational and learning experience that actively involves them and is also dynamic. The techniques in teaching life skills are grounded in collaborative learning, interactive activities, practical learning. The knowledge and abilities acquired in this process have a significant impact on shaping outlook, perspectives, beliefs and principles that

leads to constructive behaviour and ultimately in preventing dangerous behaviours. Education on life skills emphasises on abilities with an objective to create an impact on health and behaviour in the social context.(1)

Life skills propel individuals onto the path of growth and development, empowering them to live their lives as productively and constructively as possible. Respecting variety approves innovation and creativeness to nurture growing an extra tolerant society.(28)

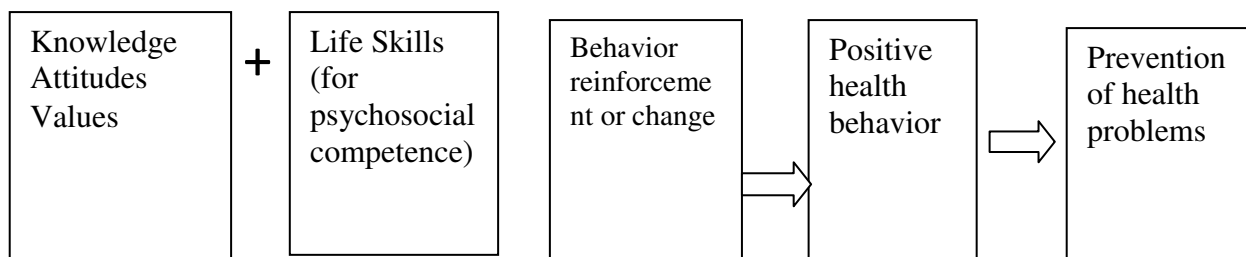
Self-efficacy and health literacy levels have been positively correlated with behaviours related to healthy lifestyle among adolescents in Turkey. Self-efficacy had significant effect on the sub-dimensions of behaviours related to healthy lifestyle like self-responsibility, physical exercises, positive mindset, stress management, nutrition and spirituality.(29)

The World Health Organization asserts that the examination of life skills reveals a fundamental set of abilities that form the foundation of initiatives focused on promoting health and wellbeing among children and adolescents.

WHO has categorized these complementary life skills into five main areas to highlight their significance: (30)

Decision Making- Problem Solving	Creative thinking- Critical Thinking	Communication- Interpersonal relationship	Self-Awareness - Empathy	Coping with emotions- Stressors
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The model provided below demonstrates how life skills act as a connecting factor between motivating elements such as knowledge, attitude and values, leading to positive health behaviour and the prevention of health issues.



A comprehensive review of existing literature on mental health programs implemented in schools within Low-and Middle- Income Countries (LMICs) reveals that adolescents experienced notable enhancements in interpersonal abilities, emotional management, self-assessment, and emotional responses during follow-up assessments conducted three and six months after participating in a life skills enhancement program. Participants in the study showed notable advancements in various aspects, including their self-worth, belief in their capabilities, positive social conduct, and perception of effective coping mechanisms. Conversely, the control group experienced a substantial rise in frequent and excessive consumption of alcohol and cigarettes. This highlights the importance of creating mental health programs that are culturally sensitive and holistic for schools in Low- and Middle- Income countries. Research has indicated that programs facilitated by teachers have demonstrated greater effectiveness compared to those led by other individuals such as psychiatrists and researchers.(31)

A study done in South India among school students on effectiveness of life skills education program showed that there was marked enhancement in the post intervention results especially in the areas of critical thinking, interpersonal thinking and also in all ten domains of life skills.(32)

A study done by NIMHANS among 605 adolescents who had Life Skills Education from two schools in rural districts of Bangalore and Udipi showed that that there was marked variation in the

intervention and control groups in terms of self-perceived capabilities ($P=0.000$), improved self-esteem ($P=0.001$) and enhanced adjustment ($P=0.000$) as a result of the program. These outcomes suggest that the program effectively equips adolescents with the skills and qualities necessary to thrive as capable and individuals who are empowered in a rapidly changing, competitive and interconnected world. Incorporating life skills education(LSE) into the school's mental health program, utilising the existing resources of schools and teachers, is regarded as a successful approach to empower adolescents.(33)

3. Limitations:

Center for Global Development states that across the globe, dropout rates exhibited a range of 1 percent to 35 percent, with significantly higher rates observed among older children.(34)

India Today magazine in 2021 reported that approximately 150 million children are currently not enrolled in the academic system. The figure for dropouts at secondary level was 17%. According to the National Right to Education forum's policy (as cited by the magazine), as a result of the pandemic, approximately 10 million girls faced the risk of discontinuing their education.(35)

Studies have shown that school dropouts are linked to poor physical health, substance abuse, unemployment, higher rates of criminal behaviour and mortality due to lack of guidance and motivation.(36)

Juvenile Delinquency and crime among youth show that majority of the accused are school dropouts. Following them up and planning good psychosocial interventions can bring them into mainstream as productive individuals.

Studies have shown that targeting children with Life Skills Education (LSE) at early age will reduce substance abuse and dropout rates. LSE can increase bonding towards schooling and thereby prevent dropouts. WHO states that a comprehensive Life Skills Education focussed on communication skills, problem solving and assertiveness can be most effective.(37) The available studies on Life Skills Education for adolescents and children are mostly school based and there is a need to implement LSE for dropouts and study the impact on their lives.

Conclusion:

The adolescent phase represents a vital period for both physical and psychosocial maturation and with the challenges in the world today and inadequate good role models, adolescents are going through confusion, lack of guidance and are easily led to unhealthy and unacceptable behaviours. Timely guidance and psychosocial interventions can lead them into right path and prevent lot of crimes and increase the productivity of young people. The studies summarised above gives good evidence for the above-mentioned points. Life Skills Education has also shown adequate evidence in moulding young people and there is a need to expand it to many schools and community. Preventive measures need to be taken so that prevention of crimes and juvenile delinquency decreases in the society.

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