Original Research Paper

Nursing

NURSE LED INTERVENTION ON DEVELOPING POSITIVE SELF-CONCEPT AND SELF-COMPETENCE AMONG ADOLESCENTS.

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BACKGROUND

Globally, the young people who contribute the adolescent population are about 1.8 billion, and 90% of them live in developing countries. In India, 21% are adolescents, who contribute to the total population.

Adolescent period in human, begins with puberty and end with constant commitment to take up an adult role. Social and psychological studies says that during and after puberty, children become increasingly self-conscious and more aware and concerned with other's opinions. The physiological transitions in the neurological system, helps the expansion of self-perception during adolescent period. (Catherine Sebastian, et.al 2006).

Self-concept is the collection of beliefs about oneself, and self-competence involves the interrelationship between self-perception of self-worth and self-efficacy. Compared to early in childhood period, during the teen age the children have a relatively rich self-view. As they improve their intellectual skills with increased experiences, the self-concept also continues to advance to a higher level. (Peter. J. Richard 2019).

Life skill are known to be an effective instrument for empowering the adolescents to act responsibly, take initiative and take control. (Garima Srivastava, 2015). The life skill given by WHO, are broadly classified into essential life skill and social life skill.

The contribution of positive self-concept and self-competence has greater effect in preventing psychosocial issues among adolescents. The main sources of information to build up self-concept and self-competence are direct appraisals and reflected appraisals.

The investigator perceived that, low self-concept and self-competence are problems required major concern among adolescents, which may lead them to maladaptive behavior. Several studies conducted in various parts of world, indicated that, teaching life skill may improve the self-concept and self-competence among adolescents. Therefore, the researcher had developed interest in improving the self-concept and self-competence among adolescents using life skill training programme.

MATERIALS & METHODS:

The objective of the study was to assess the level of self-concept and self-competence among adolescents and the effectiveness of positive adolescent life skill education on the level of self-concept and self-competence among adolescents. The study was carried in college of nursing, NIMHANS, Bengaluru using one group pre and post-test design for 40 adolescent boys and girls with the screening scores less than 91 in self-concept scale and scores less than 61 in self-competence scale. Simple random sampling technique was chosen for this study. Adolescents who were sick during the data collection period and who had already undergone life skill training were exempted from the study.

The tool consists of three sections A: Demographic variables of adolescents, consists of age, gender, order of birth, number of siblings, monthly income of the family, type of family, parenting type, parenting style, personality type, residential area. B: Modified Harter's Self Profile for Adolescent, is a five-point Likert scale. The five points ranges from strongly agree to strongly disagree. The questionnaire consists of 30 items. The maximum and minimum scores are 120 and 0 respectively. The score is given as strongly agree (4), agree (3), uncertain (0), disagree (2), strongly disagree (1). Reverse scoring system was employed to score negative statements. The interpretation of the scores: 0- 30 is very low level, 31 -61 is low level, 61- 90 is medium level and 91-120 are high level scores and C: Modified Rosenberg's Self-Competence Scale is a five point Likert scale. The five points ranges from strongly agree to strongly disagree. The questionnaire consists of 30 items. The maximum and minimum scores are 120 and 0 respectively. The score is given as strongly agree (4), agree (3), uncertain (0), disagree (2), strongly disagree (1). Reverse scoring system was employed to score negative statements. The scores are interpreted as:0-20 is very low, 21-40 is low level, 41 -60 is medium level and 61-80 are high level scores. Content validity and reliability were established. The reliability test showed $r = 0.84$ for the level of self-concept and $r = 0.80$ for the level of self-competence.

The research proposal was approved by the Institute Ethics Committee. A formal permission was obtained from the concerned authorities for data collection. The students were informed that participation/ non-participation in this study would not affect their academics in any way. Assent and consent were taken from the participants. All the adolescents between the age of 17 to 18 years were screened using Modified Harter's Self Profile and Modified Rosenberg's Self-competence scale to array a sample size of 40. A total of 40 adolescents were selected using simple random sampling method. Life skill training programme was conducted for the adolescents for a month with the activities such as distribution of challenge card with instructions, warm up-ice break, video show. Pre and Post tests were conducted before and after the life skill training programme. The collected data were analysed using descriptive and inferential statistical methods.

RESULTS

Table 1 Distribution Of Demographic Variables Among Adolescents   n = 40

S. No	Demographic variables		Number	Percentage (%)
1.	Age of the adolescents			
	a)	17years	8	20%
	b)	18years	32	80%
2.	Gender			
	a)	Male	12	30%
	b)	Female	28	70%
3	Order of Birth			
	a)	First	18	45%
	b)	Second	20	50%
	c)	Third	2	5%

4.	Number of Siblings		
	a) One	8	20%
	b) Two	16	40%
	c) Three	14	35%
	d) Four	2	5%
5.	Monthly Income of the family		
	a) Below poverty line	12	30%
	b) Above poverty line	28	70%
6.	Type of Family		
	a) Nuclear	34	85%
	b) Joint	6	15%
7.	Parenting Type		
	a) Single Parent	2	5%
	b) Both Parents	38	95%
8.	Parenting Style		
	a) Autocratic	-	-
	b) Permissive	40	100%
	c) Authoritative	-	-
9.	Residential Area		
	a) Urban	-	-
	b) Rural	40	100%
	Semi urban	-	-

Table 1 depicts that the adolescents in the age of 17 years were 8 (20%), 32(80%) of them were at the age of 18 years. Among them 12 (30%) of them were male, 28 (70%) of them were female. Regarding the order of birth of the adolescents 18(45%) of them were first born, 20 (50%) of them were second born, 4 (5%) of them were third born. Eight (20%) of them have one sibling, 16 (40%) of them have two siblings, 14(35%) of them have three siblings, 2 (5%) of them have four siblings. Regarding the family monthly income of the adolescents, 12 (30%) of them belong to below poverty line and 28(70%) belong to above poverty line. More than three forth of the adolescents, 34(85%) belongs to nuclear family, 6(15%) of them belong to joint family. Regarding the parenting type of the adolescents, 2 (5%) of them have single parent, 38 (95%) of them have both the parents. All parents were 40(100%) adapting permissive style of parenting and all of them were from rural area.

Table 2 Distribution Of Pre-test And Post-test Score On Level Of Self- Concept And Self-competence Among Adolescents
n=40

S. No	Level of Self-Concept	Self-concept				Self-competence			
		Pretest		Post test		Pretest		Post test	
		Number	%	Number	%	Number	%	Number	%
1.	High level	-	-	40	100%	-	-	40	100%
2.	Medium level	10	25%	-	-	24	60%	-	-
3.	Low level	30	75%	-	-	16	40%	-	-

The pre-test scores on self-concept of the adolescents showed that 10 (25%) of them had medium level of self-concept, 30(75%) of them had low level of self-concept. Whereas in the pot-test, 20(100%) of them had high level of self-concept.

The pre-test scores regarding self-competence of the adolescents showed that 24 (60%) of the adolescents had medium level of self-competence, 16 (40%) of them had low level of self-competence.

Table 3 Correlation Coefficient Between Pretest And Post Test Scores On Level Of Self-concept And Self-competence Among Adolescents In Experimental Group.
n=40

S. No	Group Scores	Self-concept		Self-Competence		'r'
		Mean	SD	Mean	SD	
1	Pre-test	54.85	8.11	33.95	6.95	0.73
2	Post-Test	102	8.94	72	7.81	0.87

The mean and SD of pre test score on level of self concept among adolescents are, 54.85 and 8.11 respectively. And the mean and SD of pre test scores of level of self-competence among adolescents are, 33.95 and 6.95. The calculated value of 'r' = 0.73. This implies that, there is a positive correlation between the level of self-concept and self-competence among adolescents.

The mean and SD of post test score of level self-concept among adolescents are, 102 and 8.94 respectively. The mean and SD of post test scores of levels of self-competence among adolescents are, 72 and 7.81. The calculated value of 'r' = 0.87.

The findings reveals that there is a significant correlation between the level of self-concept and self-competence among adolescents. This implies that, there is a strong positive correlation between the level of self- concept and self-competence among adolescents.

DISCUSSION
The present study was supported by the study conducted by Bharath Srikala, Kumar K. V Kishore 2008 on "Empowering adolescents with life skill education in schools" in Karnataka, India supports the findings of the present. 261 adolescent boys and girls of age 16 – 18 years were selected from the rural and urban area. Rosenberg Scale of Self– Esteem, Pre - Adolescent Adjustment Scale, Generalized Self – Efficacy Scale, Strength, and Difficulties Questionnaire – Self Report version and Classroom Indicators were used as tools in the study. The results revealed that, significantly better self-esteem, adequate coping, better adjustment: generally, specifically with teachers, in school, and pro social behavior (P=0.001).

The correlation coefficient between pre test and post test scores levels of self-concept and self-competence among adolescents. The mean and SD of pre test scores of level self concept are, 54.85 and 8.11 and self competence are, 33.95 and 6.95 respectively. The mean and SD of post test score on level self concept are, 102 and 8.94 and the mean and SD of post test scores of level on self-competence among are, 72 and 7.81 respectively. It shows that the calculated value of 'r' is 0.73 in the pre test and in the post test the value is 0.87 which implies that, when the level of self concept is improved their self competence also changed in adolescents.

The current study has certain limitations like use of self-reported questionnaires and small group that may result in response bias. Therefore, the generalizability of the findings is limited. The present study nevertheless contributes to a better understanding of the adolescents for a better quality of life. The present study findings may be helpful for nurse educators to develop and implement life skill educational programs for the adolescents.

CONCLUSION
In summary, study findings provide an insight to the adolescents by developing positive self-concept and self-competence after attending the life skill training progamme.

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