Effectiveness of Behavioral Change Communication (Bcc) on Life Skills (Ls) for Youth

Mrs. Christy Mekala .V	Dr. Radha Aras	Dr. Jayaseelan M. Devadason
Professor & Vice Principal ESIC College of Nursing Gulbarga Karnataka/Research Scholar, Yenepoya University, Mangalore, India	Prof. Dept. of Community Medicine, Yenepoya Medical College, Deralakatte, Mangalore,India	Anna JKK Sampoorani Ammal College of Nursing. Ethirmedu, Valayakaranur PO, Komarapalayam

ABSTRACT *Background: The Life Skills program is a comprehensive behavior change approach that concentrates on the development of the skills needed for life*

Aim: To enhance the life skills among Youth.

Methods: This is a quasi experimental design –One group Pretest Post test design. 106 youth age between17-19 was selected randomly among college students in Coimbatore.10 core Life skill intervention were introduced.

Results: Mean and standard deviation values of life skill 221.92 ± 16.58 (Pre Assessment), 276.19 ± 9.16 (Post Assessment I) and in 302.56 ± 7.81 Post Assessment II. When referring to tabulated t- value is 2.66 and calculated t- value for Pre Assessment and Post Assessment II is 55.44 at 105 degree of freedom, for the p,<0.01 level of significance. Calculated t- value is greater than Tabulated t- value. Therefore, there is statistical significant difference in Pre Assessment and Post Assessment life skill score.

Conclusions: The values show the youth life skill score is increased after intervention.

Youth are the young, energetic and most productive members of the society as a large and skilled population. India is blessed with Youth population (age group of 15-29 years) of 27.5%. At present, about 34% of India's Gross National Income (GNI) is contributed by the youth. India is expected to become the 4th largest economy by 2025, contributing about 5.5%-6% to the world's GDP, only after the United States, China and Japan. In near future many countries face the risk of an ageing workforce, on other hand India is expected to have a very favorable demographic profile. When the population of India exceeds by 1.3 billion by 2020, with 28 as a median age which is comparatively less than China and Japan, we will be luckily have more working population of 592 million by 2020.Thus youth will make a significant contribution to the economic development of the country. This 'demographic dividend' offers a great opportunity to India.

In order to create a productive youth workforce, it is essential that the youth of the country have access to the right set of tools and opportunities to make a sustainable contribution. **National Youth report presents** The Government of India (GOI) currently invests more than Rs 90,000 Crores per annum on youth development programmes.

At the same time the other segments of the youth population require special attention. In India, most of the youth do not recognize their potentials in an appropriate way due to lack of guidance and motivation thereby engaging in antisocial activities which create a lot of social problems like alcoholism, drug abuse, sexual abuse, smoking etc. these habits deteriorate their physical and intellectual capabilities and also seem to be a burden to the society adversely affecting other members of the society.   A recent article in the Lancet series on youth mental health review found that youth is the stage in which most mental disorders have their onset.

Hence we are in need of healthy youth population to compete future challenges. In view to this the **National Health Policy, 2002** asserts, "It is widely accepted that school and college students are one of the most impressionable targets for imparting information relating to basic principles of preventive health care. The policy will attempt to target this group to improve the general level of awareness in regard to 'health promoting behavior'

Behavior Change Communication is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviors which are appropriate to their settings; and provide a supportive environment which will enable people to initiate and sustain positive behaviors.

The **Life Skills program** is a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision–making, thinking, managing emotions, assertiveness, self–esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. The program moves beyond providing information. It addresses the development of the whole individual—so that a person will have the skills to make use of all types of information. The Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

Bharath Srikala, KV Kishore Kumar. They done the study

on Mental Health Promotion among adolescents in schools using life skills education (LSE) and teachers as life skill educators is a novel idea. Implementation and impact of the NIMHANS model of life skills education program studied. The impact of the program is evaluated at the end of 1 year in 605 adolescents from two secondary schools in comparison to 423 age, sex, and socioeconomic status-matched adolescents from nearby schools not in the program. The adolescents in the program had significantly better self-esteem ($P=0.002$), perceived adequate coping ($P=0.000$), better adjustment generally ($P=0.000$), specifically with teachers ($P=0.000$), in school ($P=0.001$), and prosaically behavior ($P=0.001$). There was no difference between the two groups in psychopathology (P - and adjustment at home and with peers ($P=0.088$ and 0.921). Randomly selected 100 life skill educator-teachers also perceived positive changes in the students in the program in class room behavior and interaction. LSE integrated into the school mental health program using available resources of schools and teachers is seen as an effective way of empowering adolescents.

Sawatzky, Richard G., et al. presents in their research about the prevalence of mental health issues.. The aim of this study was to examine the extent to which the relationship between adverse stress and depression is mediated by university students' perceived ability to manage their stress. Students were sampled randomly at a Canadian university in 2006 ($n = 2,147$) and 2008 ($n = 2,292$). Data about students' stress (1 item), depression (4 items), stress management self-efficacy (4 items), and their demographics were obtained via the online National College Health Assessment survey and analyzed using confirmatory factor analysis and latent variable mediation modeling. Greater stress management self-efficacy was associated with lower depression scores for students whose stress impeded their academic performance, irrespective of their gender and age (total R^2depression = 41%). The relationship between stress and depression was mediated partially by stress management self-efficacy (37% to 55% mediation, depending on the severity of stress). Identifying students with limited stress management self-efficacy and providing them with appropriate supportive services may help them to manage stress and prevent depression.

Another study was focused to test the efficacy of a brief health-promotion intervention in encouraging a health-promoting lifestyle in university students. A 2-group randomized controlled experimental design was used. Seventy-three freshman Mexican students (31 in the experimental group and 42 in the control group) participated in the study. The experimental group attended a7-session program, with a duration of 2 hours per session. Lifestyle was measured using the Health-Promoting Lifestyle Profile-II questionnaire. Repeated-measures and factorial analysis of variance were computed.   There was a significant main effect of the intervention in all dependent health profile variables, $F (2, 138) = 3.46\text{-}14.45$, $p < .03$. In addition, we found a significant interaction between group and time for the overall health profile score, $F (2, 138) = 8.73$, $p < .0001$, physical activity, $F (2, 138) = 4.68$, $p = .01$, nutrition, $F(2, 138) = 3.57$, $p = .03$, health responsibility, $F(2, 138) = 5.31$, $p = .006$, and stress management, $F(2, 138) = 8.71$, $p < .0001$. This interaction indicated that lifestyle differed in the intervention and control groups across the measurements at different times. Students attending the intervention presented a healthier lifestyle than did students in the control group. These results offer interesting experimental evidence to establish guidelines for the design of healthier

universities. (**Ulla Díez SM, Fortis AP, Franco SF, etal**).

STATEMENT OF THE PROBLEM
Effectiveness of Behavioral Change Communication (BCC) On Life Skills (LS) For Youth in Selected Colleges

OBJECTIVE:
To assess the life skills among youth.

To compare the life skills mean score before and after positive life skill intervention among Youth.

HYPOTHESIS
H_1 **:**   There will be a significant difference in life skill score before and after Life Skill Intervention among Youth.

METHODOLOGY:
Research Design: This is a quasi experimental design – One Group Pretest Post test design.

Pre Assessment	Life skill Intervention	Post Assessment I	Post Assessment II

Setting: Youth population studying in selected colleges in Coimbatore.

Sampling Technique: 106 youth age between17-19 was selected randomly among college students in Coimbatore.10 core Life skill intervention were introduced.

Sample size: 106
Tool :

Demographic Factors:
Demographic tool includes 22 basic demographic factors like age, gender, religion, type of family, occupation, income, parenting style, history of abuse, academic performance, family/ friend's suicide history.

Description of Life Skill Assessment Tool
The multi dimensional life skills assessment scale consists of 10 items in the form of statements in built with a 5 points scales. It has both positive & negative items. The 70 test items of 10 life skill (7 for each item with maximum score of 5) have been arranged in such a fashion that one being measured is arranged one after other with total score of 350.

Positive life skills Intervention: It covers all ten core life skills namely **self awareness, communication, empathy, IPR, decision making, problem solving, coping with stress and emotion critical and creative thinking.** These skills were introduced through small group discussions, situation analysis and case studies, games and simulation, brain storming techniques, role plays, debate and storytelling. This was introduced in experimental group only (N=106).

DATA ANALYSIS AND INTERPRETATION FOR LIFE SKILLS
TableNo.1.1: Mean, SD and Paired't' value of Life skills among Youth (n=106)

Assessment Of Life Skills		Mean ±SD	Mean ±SD	't'-value	P-value
Experimental	Pre Assessment / Post Assessment I	221.92 ± 16.58	276.19 ± 9.16	35.28	P< 0.01
	Pre Assessment / Post Assessment II	221.92 ± 16.58	302.56 ± 7.81	55.44	P< 0.01
	Post Assessment I / - Post Assessment II	276.19 ± 9.16	302.56 ± 7.81	56.12	P< 0.01

Table 1.1 shows mean and standard deviation values of life skill 221.92 ± 16.58 (Pre Assessment), 276.19 ± 9.16 (Post Assessment I) and in 302.56 ± 7.81 Post Assessment II, This indicates that there is a increase in life skill scores from Pre Assessment to Post Assessment I and further increase in Post Assessment II. When referring to tabulated t- value is 2.66 and calculated t- value for Pre Assessment and Post Assessment II is 55.44 at 105 degree of freedom, for the p,<0.01 level of significance. Calculated t- value is greater than Tabulated t- value. Therefore, inferred that there is statistical significant difference in pre test and post test life skill score.

Table- 1.2: Repeated measure ANOVAs was found the distribution to assess the effectiveness for level of life skill . (n=106)

Group	Mean	SD	F-Value	P-value
Pre Assessment	221.92	16.57		
Post Assessment I	276.19	9.16	2157.003	P< 0.01
Post Assessment II	302.56	7.81		

*-P<0.05, significant and **-P<0.01 &***-P<0.001, highly significant

Table 1.2 shows repeated measure ANOVAs was found the distribution of life skills. The F value is 2157.003 at P<0.01 level. It proves that the positive life skill intervention is effective in increasing life skills among Youth. So the research hypothesis (H₁) is accepted and null hypothesis is rejected.

Table-2.3: Bonferroni comparison post hoc test was found to assess the effectiveness for level of life skill. (n=106)

Compare with the control group		Mean Difference	SE	P-value
Pre Assessment	Post Assessment I	54.27	1.538	P< 0.01
	Post Assessment II	80.64	1.455	P< 0.01

*-P<0.05, significant and **-P<0.01 &***-P<0.001, highly significant

There are three categories, totally 3 possible pair-wise comparisons. This also proves that there is a significant difference in pre test versus Post Assessment I and Post Assessment II.

Table-1.4: Area wise distribution of mean, SD and Paired't' value of Life skills among Youth (n=106)

Life skill	Pre Assessment scores		Post Assessment I		Post Assessment II		Pre Assessment scores Vs Post Assessment II		Significance
	Mean	SD	Mean	SD	Mean	SD	't'-value	P-value	
Self-awareness	24.01	3.47	28.91	2.57	30.81	1.86	20.88	P< 0.01	Significant
Effective communication	22.52	3.94	28.45	2.52	30.75	2.15	21.55	P< 0.01	Significant
Interpersonal relationship	21.8	3.37	28.06	2.42	30.67	1.9	26.48	P< 0.01	Significant
Empathy	22.76	3.29	28.17	2.74	30.3	2.23	27.01	P< 0.01	Significant
Creative thinking	21.85	3.71	27.24	2.63	29.43	2.25	23.58	P< 0.01	Significant
Critical thinking	21.96	3.52	28.08	2.52	29.89	2.09	22.21	P< 0.01	Significant
Decision making	22.19	3.82	27.41	2.65	30.64	2.16	23.94	P< 0.01	Significant
Problem solving	22.15	3.63	23.86	2.46	29.25	1.76	19.47	P< 0.01	Significant
Coping with stress	21.81	4.24	28.01	2.95	30.34	2.13	22.23	P< 0.01	Significant
Coping with emotions	20.79	3.12	27.97	2.84	30.44	2.07	29.31	P< 0.01	Significant
Overall	221.92	16.58	276.19	9.16	302.56	7.81	55.44	p< 0.01	significant

Table 1.4 shows the area wise mean, SD, and Paired't' test for each item, this Values shows all items are significant at 0.01 level.

CONCLUSION

There are many measures to enhance behavior changes; this study proves the life skill intervention is effective in enhancing life skills needed for their future. This new challenge requires immediate and effective responses from a socially responsible system of education. Educationists and Teachers can play an important role in shifting perceptions of scents to youth the positive. The truth is that youth need adults and want them to be part of their lives, recognizing that they can nurture, teach, guide, and protect them on the journey to adulthood. Directing the courage and creativity of normal adolescents into healthy pursuits is part of what successfully counseling, teaching, or mentoring a youth is all about.

REFERENCE 1. Bharath Srikala, KV Kishore Kumar. (October-December 2010)"Empowering adolescents with life skills education in schools - School mental health program: Does it work?;. Indian Journal Of Psychiatry, Vols. 52 (4), 344-349. | 2. Sawatzky RG1, Ratner PA, Richardson CG, Washburn C, Sudmant W, Mirwaldt P (2012 Jan-Feb;).,Stress and depression in students: the mediating role of stress management self-efficacy. Nursing Research. 61(1):13-21. DOI:10.1097/NNR.0b013e31823b1440||3. Ulla Díez SM, Fortis AP, Franco SF, 1. sara.ulla@aeval.es. Howard Meltzer, Ph.D. Tamsin Ford, Ph.D. , Ph.D. Panos Vostanis, M.D. (2012 Mar-Apr);Efficacy of a health-promotion intervention for college students: a randomized controlled trial. Spain : Department of Psychology, University of Castilla-La Mancha,Cuenca Nursing Research. 61(2):121-32. DOI: 10.1097/NNR.0b013e3182475aaa. || 4. National Youth Policy (2014) Ministry Of Youth Affairs and Sports Government Of India | 5. (http://www.fhi.org/en/hivaids/projects/aidscap+project+page.htm) |||