

LIFE SKILLS AMONG STUDENTS WITH HEARING IMPAIRMENT

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PREFACE

In the face of the deep cultural changes and the differences made in living ways, today it is essential for every human being irrespective of gender, age, disability are being faced the life's challenges and problems, and their inability in confronting daily problems has made them vulnerable. The ever-increasing social changes and complexities and the expansion of social relations makes it necessary to prepare people to face difficult situations. To prevent psychological problems and social dysfunctions, philosophers and Psychologists have suggested life skills training to the school going children. Life skills may be viewed as a range of psycho-social and cognitive abilities that equip children to make informed decisions and choices manage their emotional well-being and communicate effectively. Life skills are the capabilities that pave the way for positive and useful behaviour, and these capabilities enable the person to assume his/her social responsibilities, and cope with daily problems and interpersonal relations without hurting himself/herself and the others. Typically developed children are finding difficult to cope up with the problematic situations, decision making in the day to day life, being hearing impaired the students encounter with different problems in the classroom, school and in the society. They required some sort of training such as social skills, life skills to adjust with the environment and lead a successful life in the society.

Hearing loss refers to a diminished ability to hear sounds like other people do, while deafness refers to the inability to understand speech through hearing even when sound is amplified. Hearing loss comes in many forms. Hearing loss, also known as hearing impairment, is a partial or total inability to hear. In children hearing problems can affect the ability to learn language and in adults it can cause work related difficulties. Social consequences which occur as a

result of untreated hearing impairment, for example isolation and communication problems. While we might think of the above impacts as “surface-deep,” in that they affect how hearing loss might change a teen’s world on the outside, the following psychological impacts attempt to shine light on how hearing loss changes the internal environment.

Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Life skills are the skills we need to deal effectively with the challenges in everyday life, whether at school, at work or in our personal lives. Facilitating the learning of life skills is to promote healthy behaviour and mental well-being. To be effective, the teaching of life skills should lead to the promotion of positive attitudes and values. The development of life skills requires modelling of life skills by school staff and a “safe”, supportive classroom environment that is conducive to the practice and reinforcement of skills. Furthermore, life skills education needs to be developed as part of a whole school initiative designed to support the healthy psychosocial development of children and adolescents.

The book entitled "Life Skills among Students with Hearing Impairment" is designed with the intention to address some of the basic issues related to psycho social issues related to children and students with hearing impairment. This will benefits the of prospective teachers of special education, and which can also be used as reference book for special educators, parents and rehabilitation professionals. It is prepared to have an insight on Life skills in connection with hearing impairment. This book outlines the essentiality of life skills training in relation to the psycho-social development of the hearing impaired in every sphere of life.

This book has five Chapters and the prospective teachers in special education and general education, special educators and parents will be able to understand the basic needs and psychosocial issues of children/persons with hearing impairment. Chapter I of this book introduces the basic of Hearing Impairment, effect of hearing impairment on the developmental issues, life skills in general and nature of skills and the need of Life skills training for students with hearing impairment. Chapter II focuses on the Review of related literature about the studies related to typically developed children, students with other hearing impairment and other disabilities. Chapter III discusses about the Methodology of the study. Sampling procedure, Research design, tools used in the study, development and implementation procedures of life skills training module, interpretation of the scores etc., Chapter IV concentrates on Analysis and Interpretation of the collected data. Different Statistical Test based on the sample size and probability have been explained in this chapter. Chapter V has explained about the Summary, conclusion and Discussion.

I hope this book will be of immense help to all those involved in the field of special education, inclusive education, teacher education and other associated in the rehabilitation of the hearing impaired. This book also will be helpful to the professional and parents dealing with the children and students with hearing impairment.

I am thankful to my spouse and children for their cooperation and support in developing this book.

The author is indebted to all those sources which have been consulted covertly and overtly in preparing this book. Therefore, suggestions and comments to enhance the value of the work at hand will be gratefully appreciated and invited.

- Author

About the Book

This book "Life Skills among Students with Hearing Impairment" is designed with the intention to address one of the basic issue, psycho social issues confronting by the children and students with hearing impairment. This will benefits the of prospective teachers of special education, and which can also be used as reference book for special educators, parents and rehabilitation professionals. It is prepared to have an insight on Life skills in connection with hearing impairment. This book outlines the essentiality of life skills training in relation to the psycho-social development of the hearing impaired in every sphere of their life.

This book has five Chapters and the prospective teachers in special education and general education, special educators and parents will be able to understand the psychosocial issues of children/persons with hearing impairment as one of the basic needs. Chapter I of this book introduces the basic of Hearing Impairment, effect of hearing impairment on the developmental issues, life skills in general and nature of life skills and the need of Life skills training for students with hearing impairment. Chapter II focuses on the Review of related literature about the studies related to typically developed children, students with other hearing impairment and other disabilities. Chapter III discusses about the Methodology of the study. Sampling procedure, Research design, tools used in the study, development and implementation procedures of life skills training module, interpretation of the scores etc., Chapter IV concentrates on Analysis and Interpretation of the collected data. Different Statistical Test based on the sample size and probability have been explained in this chapter. Chapter V has explained about the Summary, conclusion and Discussion.

This book will be very much helpful to the children/students with hearing impairment, parents of the children/students with hearing impairment, rehabilitation professionals involved in the school and clinic, Special Educators, Inclusive Education Teachers, General Teachers and psychologists. It gives a brief and compact need of life skills training to children/students with hearing impairment.

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CHAPTER 1

INTRODUCTION

“We want that education by which character is formed, strength of mind is increased, the intellect is expanded, and by which one can stand on one's own feet.”

- Swami Vivekananda

1.0 Theoretical and conceptual frame work

The goals of education, and of a school, indisputably include building cognitive abilities such as reading and math. Increasingly, however, it also implies that children should be equipped with other abilities that allow them to succeed in and contribute to the society they live in. We will broadly call such traits – such as communication, critical thinking, creativity, self-management, decision making and perseverance - life skills. In the face of the deep cultural changes and the differences made in living ways, today it is essential for every human being irrespective of gender, age, disability are being faced the life's challenges and problems, and their inability in confronting daily problems has made them vulnerable. The ever-increasing social changes and complexities and the expansion of social relations makes it necessary to prepare people to face difficult situations. To prevent psychological problems and social dysfunctions, psychologists have engaged in life skills training throughout the world and in school with the recommendation of WHO &

UNICEF (1993). Life skills may be viewed as a range of psycho-social and cognitive abilities that equip children to make informed decisions and choices manage their emotional well-being and communicate effectively. Life skills are the capabilities that pave the way for positive and useful behaviour, and these capabilities enable the person to assume his/her social responsibilities, and cope with daily problems and interpersonal relations without hurting himself/herself and the others (Karimzadeh, 2009). Typically developed children are finding difficult to cope up with the problematic situations, decision making in the day to day life, being hearing impaired the students encounter with different problems in the classroom, school and in the society. They required some sort of training such as social skills, life skills to adjust with the environment and lead a successful life in the society.

1.1 Gateways of knowledge – Sensory Organs - Importance

Out of the seventeen components of the subtle body, the first five are the organs of perception, also known as organs of knowledge – ear, skin, eye, tongue and nose. Since knowledge is acquired through these organs, they are known as *jñānendriya*-s. *jñāna* means knowledge and *indriya* means belonging to; therefore *jñānendriya*-s mean ‘belonging to knowledge’. *Jñānendriya*-s play vital role in acquiring

knowledge about the world. These organs are also called as Sense Organs and receptors of knowledge. Without these sense organs no information can reach the brain. Without sensory organs we would not be able to make sense of our environment and surroundings. That is the reason these senses are called as the 'Gateways of knowledge'. They are so called because they give us some sort of knowledge – either of sight, or sound, or taste, or smell, or touch. The functioning of these organs of knowledge is called as Senses of knowledge – seeing, hearing, smelling, tasting and touching.

Humans have a multitude of senses. Sight (ophthalmoception), hearing (audioception), taste (gustaoception), smell (olfaoception or olfaception), and touch (tactioception) are the five traditionally recognized. Through these we learn from our environment seems obvious and we come in contact with things in the world outside, and enjoy them with actions and reactions produced thereby, by means of such sensory contact. We rely on our five senses to provide information about the world around us. Sense organs help us to protect ourselves from harmful stimuli. All learning enters through the senses. This statement seems strong, but is impossible to refute. Teachers, responsible for learners in the classroom, need to keep this in mind as they think about their students. Our senses allow us to do great things: enjoy the taste of our food, the sound of music, the beauty of a sunny day, the sound of pages turning in a book, and much more (Yost &

Neilsen, 1983). Human beings get all of their knowledge from their senses. That is why our senses are so important.

1.2 Ear as an organ for Hearing – Importance of hearing

The ear is one of the sense organ which is responsible for hearing and balance. Hearing is a sense by which sound waves are perceived by the organ of hearing- the ear. The physical stimulus of auditory sensation is the vibration of some material object, which is transmitted from the object to the ear. The Ear is divided into three parts: the outer ear consists of the ear flap and the outer ear canal, which ends at the eardrum; the middle ear, which is the cavity between the eardrum and the inner ear and house the occsicles, our body's three smallest bones; and the inner ear, which is a maze of bony chambers (Mooler, 1983).

Hearing begins as sound waves generated by various sources travel into the ear canal and bounce off the eardrum causing it to vibrate. These vibrations pass through three very small bones, the ossicles, which are connected like a chain to the semicircular canals. The fluid within the semicircular canals of the inner ear moves, and that movement is ultimately detected by the cilia. When the fluid doesn't stop moving, you can develop motion sickness. The cilia transmit impulses to the brain about angular and rotational movement, as well as movement through vertical and horizontal planes, which helps your body

to keep its balance. At the end of the chain is the cochlea, a bony canal that is shaped like a garden snail and filled with liquid. Traveling through the three compartments of the cochlea, the sound arrives at the organ of Corti, which is the sensory transduction organ. The organ of Corti has hair cells that, when stimulated, begin moving and it is this mechanical movement that causes the cells to transmit the signal. The auditory nerve carries to information from the hair cells to the cochlear nucleus in the brain stem, and then on to the thalamus, which relays the information to the appropriate part of the cerebral cortex. The brain then interprets the information as a specific sound (Fred & Larry, 1990). The normal human ear is sensitive to sounds in the frequency range of approximately 20 to 20000 Hz. It is most sensitive to frequencies in the middle of the range, which is where most speech sound frequencies are located. Bats and dolphins can detect frequencies above 20000Hz. Human ear is responsible for hearing as well as balance of the body too (Martin, 1991).

1.3 Hearing Loss – Its effect on Children/Persons with Hearing Impairment

Hearing is a complex sense involving both the ear's ability to detect sounds and the brain's ability to interpret those sounds, including the sounds of speech. Hearing loss is a common problem caused by noise, aging, disease, and heredity. Hearing

loss refers to a diminished ability to hear sounds like other people do, while deafness refers to the inability to understand speech through hearing even when sound is amplified. Profound deafness means the person cannot hear anything at all; they are unable to detect sound, even at the highest volume possible. Hearing loss comes in many forms. It can range from a mild loss in which a person misses certain high-pitched sounds, such as the voices of women and children, to a total loss of hearing. It can be hereditary or it can result from disease, trauma, certain medications, or long-term exposure to loud noises and aging. Hearing loss, also known as hearing impairment, is a partial or total inability to hear. A deaf person has little to no hearing. Hearing loss may occur in one or both ears. In children hearing problems can affect the ability to learn language and in adults it can cause work related difficulties. In some people, particularly older people, hearing loss can result in loneliness. Hearing loss can be temporary or permanent (Fred & Larry, 1990).

Hearing loss can have a range of consequences that depends on the individual and their unique type of hearing loss. The most common experience is a reduced ability to understand other people, particularly in noisy situations. This can impact how C/PWHI interact with family and friends, making it difficult to learn at school and or perform your duties in the workplace competently. Hearing problems that are ignored or untreated can get worse. With children, it is especially important to

diagnose and treat a hearing loss as early as possible. This limits its potential impact on learning and development. Research has demonstrated that children with a mild or moderate hearing loss can have difficulties learning and developing the necessary speech and language skills that help foster self-esteem and the ability to succeed at school and gain employment. If not detected early, a hearing loss can change the way children speak, learn and interact with others. Being aware of a child's hearing abilities soon after they are born, e.g. through neonatal hearing screening, gives hearing health professionals time to manage a young child's hearing loss with effective habilitation. Once a hearing loss is detected, and appropriate measures put in place, a child can usually continue down the pathway of speech and language development. Hearing loss can greatly affect the quality of life for adults as well. Unmanaged hearing loss can have an impact on employment, education, and general well-being (Northern & Downs, 1991).

Hearing impairment is one of the most common congenital and acquired diseases in children and it is invisible. One would assume that hearing impaired individuals encounter more difficulties regarding their adjustment because they often face multiple challenges, such as speech and language delays, communication problems, and less or no access to the sound-dominated world. Reduced participation of these children in social life results in social adjustment and limit the quality of life. Hearing loss can cause secondary problems (perceptual

problem, communication problem, emotional problem, social problem, educational problems etc.,) which depends on the degree of hearing impairment, the age of child at the onset and child's intellectual potential, the magnitude of problems may vary (Hull, 1982).

Hearing loss is not just an ailment of old age. It can strike at any time and any age, even childhood. For the young, even a mild or moderate case of hearing loss could bring difficulty learning, developing speech and building the important interpersonal skills necessary to foster self-esteem and succeed in school and life. It is well recognized that hearing is critical to speech and language development, communication, and learning. Children with listening difficulties due to hearing loss or auditory processing problems continue to be an under identified and underserved population. The earlier hearing loss occurs in a child's life, the more serious the effects on the child's development. Similarly, the earlier the problem is identified and intervention begun, the less serious the ultimate impact (Ling & Ling, 1980).

There are four major ways in which hearing loss affects children (Northern & Downs, 1991):

1. It causes delay in the development of receptive and expressive communication skills (speech and language).

2. The language deficit causes learning problems that result in reduced academic achievement.
3. Communication difficulties often lead to social isolation and poor self-concept.
4. It may have an impact on vocational choices.

But time and again, research demonstrates the considerable effects of hearing loss on development as well as negative social, psychological, cognitive and health effects of untreated hearing loss. Each can have far-reaching implications that go well beyond hearing alone. In fact, those who have difficulty hearing can experience such distorted and incomplete communication that it seriously impacts their professional and personal lives, at times leading to isolation and withdrawal. There are several studies and surveys that link hearing loss with decreased social and psychological consequences. There are also studies that demonstrate the increased risk of untreated hearing loss over treated hearing loss (wearing a hearing aid.) Untreated hearing loss has serious emotional and social consequences, including depression vary (Hull, 1982). Studies (Martin, 1991; Northern & Downs, 1991 & Ling & Ling, 1980) have explained about untreated hearing loss and its effects:

- irritability, negativism and anger
- fatigue, tension, stress and depression
- avoidance or withdrawal from social situations

- social rejection and loneliness
- reduced alertness and increased risk to personal safety
- impaired memory and ability to learn new tasks
- reduced job performance and earning power
- diminished psychological and overall health

1.4 Impact and Consequences of Hearing Loss on Daily Life

As people move through the activities of daily living at home, at work, and in social or business situations, basic auditory abilities take on functional significance. Audition makes it possible to detect and recognize meaningful environmental sounds, to identify the source and location of a sound, and, most importantly, to perceive and understand spoken language.

Hearing loss can affect a person in three main ways (Bess & Cornell, 1981):

- Fewer educational and job opportunities due to impaired communication
- Social withdrawal due to reduced access to services and difficulties communicating with others
- Emotional problems caused by a drop in self-esteem and confidence.

The ability of an individual to carry out auditory tasks in the real world is influenced not only by his or her hearing abilities, but also by a multitude of situational factors, such as background noise, competing signals, room acoustics, and familiarity with the situation. Such factors are important regardless of whether one has a hearing loss, but the effects are magnified when hearing is impaired. For example, when an individual with normal hearing engages in conversation in a quiet, well-lit setting, visual information from the speaker's face, along with situational cues and linguistic context, can make communication quite effortless. In contrast, in a noisy environment, with poor lighting and limited visual cues, it may be much more difficult to carry on a conversation or to give and receive information. A person with hearing loss may be able to function very well in the former situation but may not be able to communicate at all in the latter (Bess & Cornell, 1981).

Untreated or ignored hearing loss can lead to social, physical and psychological problems. The effects of hearing loss are different for each individual, but most hearing-impaired people suffer some social, psychological and physical problems as a result of their hearing loss are discussed below (Geers & Moog, 1989).

Social Impact of Hearing Loss

People who can't hear are cut off from their family, friends, and community. They often suffer from discrimination,

stigmatization, and inferior educational and social services. In some countries they are seen as a source of shame and hidden away from view. As a result, they are more at risk of developing mental health problems like depression, anxiety, and low self-esteem.

The connections we form with others and the quality of our relationships are possible thanks to our ability to communicate. Communication allows us to study, find work, relate to others, and participate in social activities. Hearing is a critical aspect of communication. It's crucial to developing meaningful relationships and fully enjoying life, whether participating in a conversation between friends or enjoying music or the sounds of nature. Better hearing enables people to connect to those around them and participate in community life. Children who have access to hearing aids are able to grow up healthier and happier, and are better equipped to face the future as adults.

Hearing loss can have a profound effect on both social and working life. This can occur whether the symptoms remain unnoticed or diagnosed lately. The features of social impact are

- Conversation may become less fluid.
- Interaction in noisy places can become problematic.
- Personality may change as per adjustment in the situation.

- Difficulty distinguishing sounds.
- Isolated, partaking in fewer social activities.
- Intimacy issues, with feelings of inadequacy.
- Problems getting on at work.
- Reduced social activity or problems participating in social activities
- Problem in communicating with others, friends or relatives
- Problem in communicating at work
- Isolation and Withdrawal and Lack of Concentration

Psychological Impact of Hearing Loss

- Embarrassment, shame, guilt and Feelings of anger.
- Low confidence, especially in social settings.
- Frustration, Sadness or depression and Embarrassment
- Difficulty concentrating, for example when communicating.
- Short-tempered and less tolerant towards others.
- Mistrustful of others.
- Anxiety and Suspiciousness

- Self-criticism and low self-esteem/confidence

Families and loved ones can often be a basis of strength and support during difficult times, and this is no different when a family member has hearing loss. So that persons with hearing impairment can lead meaningful life (Vernon & Andrews, 1990 & Madhu, 2004).

1.5 Effect of hearing loss on academic performance

The learning processes of students with a hearing loss may be affected in the following ways (Moore, 1987):

- Students who have been deafened in early childhood can be very different to students who have lost hearing later in life in terms of educational disadvantage.
- Deaf and hard of hearing students can sometimes prefer visual learning strategies. This can be a challenge in an environment where much essential information is delivered exclusively by word of mouth.
- Students with a hearing loss may need to use assistive technology to participate in class. For some it will be in the form of listening devices. For others it will be a combination of technology that includes both listening devices and computer based software.
- The impact of hearing loss can cause delays in receiving learning material.

- Students with hearing loss may appear isolated in the learning environment. The possibility for social contact and interaction with other students is often limited, and this isolation or separateness may have an impact on learning.
- Participation and interaction in during teaching learning may be limited. Students who cannot hear the flow and tone of rapid verbal exchange will be at a disadvantage.
- Some students with hearing loss coming straight from the school system have been familiar with a structured learning environment, and may require a period of adjustment when entering into the post-secondary learning environment. Communication difficulties and adjustments may lead to a level of anxiety about performing in front of others. This may affect participation in tutorials, particularly for students whose speech development has been impacted by their hearing loss.
- Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts.
- Children with mild to moderate hearing losses, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs.

- Children with severe to profound hearing loss usually achieve skills only due to appropriate educational intervention occurs early.
- The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school.
- The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive.

Providing access to affordable hearing aids not only improves quality of life, it also allows children to attend school and improves their chances of finding a good job. World Wide Hearing creates the opportunity for hearing-impaired individuals to realize their full potential as productive members of society. Read on to learn about the different ways hearing affects a person's life.

1.6 Effects of Hearing Loss on Psycho-social development

The psychological implications of hearing loss may include everything from shame and problems concentrating to depression and low self-esteem. Physical consequences may vary from headaches and tense muscles to stress and increased blood pressure. Furthermore, there are also social consequences which occur as a result of untreated hearing impairment, for

example isolation and communication problems. While we might think of the above impacts as “surface-deep,” in that they affect how hearing loss might change a teen’s world on the outside, the following psychological impacts attempt to shine light on how hearing loss changes the internal environment. Losing verbal communication – the root form of communication used by the vast majority of humans on Planet Earth – can present a staggering psychological shock to the hard-of-hearing or deaf teen, especially if the loss is new. This shock, and the attendant inability to do many of the things most people take for granted, can manifest in a variety of ways psychologically (Quigley & Thomure, 1986). Various issues involved in psychosocial development (Vernon & Andrews, 1990 & Madhu, 2004) were discussed below are:

Loss and Grief

Loss is an integral part of the human experience, from birth to death. Loss has profound consequences. One may also lose some aspect of the “self”, the overall mental image one has of one’s body and person. Loss of health, loss of positive self-attitudes, developmental losses associated with aging, all lead to changed, lowered perceptions of oneself. Loss of hearing is common as one ages. Since hearing deteriorates usually at a gradual rate, it may go undetected for a long time. The hard of hearing individual may then be mis-labelled as having become confused, contrary, uncooperative, hearing only when he/she

wants to and so on. Low grade depression frequently follows the realization of hearing loss. This may be further compounded, especially in seniors, by other losses experienced in their lives. It is very important to acknowledge decreased hearing as a real loss and then to grieve that loss. It is necessary to grieve any loss in order to come to terms with it and to surmount it. If you would like to be a volunteer friendly visitor to the hard of hearing, you can help those who you visit by discussing the effects this loss has had on their life, and validating that it has had the same effect on others, including possibly yourself.

Communication Changes

Commonly, the hard of hearing person does not understand what has happened to him/her. Therefore, he/she does not know how to tell others to change their communication patterns so that he/she can understand what is being said. Nor does he/she know how to manage the situation in order to better understand. In such a situation, some simply withdraw, others bluff, some may develop certain ways to manage getting their basic needs met. Some of these may be useful to get their needs met, but be irritating or frustrating to others.

Learning Impacts of Deafness from Birth

At this point it is important to note that language as a concept also plays in to the psychological effect of hearing loss.

Children who are deaf from birth and born to hearing parents suffer considerably in the spheres of language and short-term memory acquisition. While hearing children are able to interact with hearing parents on a daily basis, and the same goes for deaf children with their deaf parents, deaf children of hearing parents do not benefit from the same seamless language interaction. This results not only in “incomplete language models,” but in a 4th-grade reading level by the age of 17 or 18. Teens who experience hearing loss once they’ve already reached their teenage years, therefore, have a significant leg up developmentally, even if the resulting psychological impacts are initially more severe. Even teens who do not have full or even severe hearing loss may find their ability to learn impacted. Most teachers in traditional middle and high schools unthinkingly engage in many habits that do not affect the majority of their students (Marschark, 1993). These include

- Pacing or turning while speaking
- Talking with their back to the classroom
- Writing on the whiteboard or blackboard
- Bending down while speaking
- Speaking while walking around the room or passing out assignments
- Talking while creating other noises (rustling of papers, stacking of books)

➤ Taking classes outside

While none of these habits is damaging to a student with normal hearing or only mild hearing loss, teens who are experiencing more severe levels of hearing loss can be greatly affected by such simple interruptions to the normal flow of language. Especially as hearing loss becomes more advanced, and students start to rely more and more on lip reading and contextual clues, traditional teaching styles may prove less and less effective. Eventually, learning will be all but halted until the teen gets help compensating. This can take the form of classes only for the hard-of-hearing or deaf students, an interpreter in the classroom, or modified lessons to help make learning easier. This especially impacts teens whose hearing loss is more recent. While children who have grown up from infancy without the ability to hear are more used to their disabilities, teens who experience hearing loss later in life often try to continue “business as usual,” with often frustrating results. Team sports, music, even household chores may all become more difficult, if not impossible (Marschark, 1993).

Relationship Changes

Families, who do not understand hearing loss and its effects, may believe that the hard of hearing person is not trying hard enough to listen, has given up, hears only when he wants to, and may become impatient and frustrated. Another area of

loss and disappointment may be the inability to hear the soft, high pitched less articulate voice of a child or grandchild, and this result in being left out of what is communicated. The person who has become profoundly deafened knows what has happened but commonly has received no useful rehabilitation. Pencil and paper is usually used, after the frustration of trying to lip-read without training.

Emotional, Social and Educational Results of Hearing Loss

Whether or not children are able to skip the negative effects of early deafness on short-term memory building and language acquisition, hearing loss of any type has significant impacts socially, emotionally and educationally. Emotionally, and as a response to their changing social situations, teens may begin to check out of their physical environments. For the teen that has been deaf his or her entire life, this may take the form of isolation from peers who can hear, and therefore relate to one another on a different (and sadly, often better) level than they relate to their non-hearing peer. For the teen whose hearing loss came on later in life, this can mean gradual distancing from the hearing peers with whom they used to interact. Teens may also check out of their environments in more physical ways. If they discover that trying to make sense of a pep rally, a lesson, an outdoor environment or another situation is too difficult, they

may stop trying even in situations where it isn't (Davis et. al., 1986).

Impacted Relationships

The inability to communicate on a spoken level is a significant impact of hearing loss in teens, and results in quite serious psychological impacts. Lacking the ability to converse with a teen with hearing loss, many peers will, often unintentionally, create distance between themselves and the hard-of-hearing teen simply because it is too difficult to communicate. Unfortunately, the majority of people with whom the hard-of-hearing teen formerly interacted will likely not learn sign language in order to continue to communicate effectively with the affected teen. Rather, those relationships will probably be lost. Over time, attrition will probably eliminate the majority of the relationships the teen formerly experienced. Sad to say, even many family members do not bother to learn sign language, especially if they are not living at home at the time of the hearing loss, and therefore cannot be as close to the teen with hearing loss as they otherwise would be. Even where teens have experienced hearing loss for some time, and have formed communities based around individuals with similar disabilities, they may still find themselves unable to form relationships with the larger groups that teen's value.

Confusion

Difficulty making sense of physical environments often goes hand in hand with hearing loss. So much of human endeavour relies on sound to convey meaning, and losing this sense or being born without it inevitably omits a teen from a wider realm of understanding than can possibly be available to them without hearing. The result is often confusion, not only on an emotional level, but on a purely physical one. Consider the case of a teen trying to cross the street. Even if they look both ways and check that the intersection is clear, they may miss vital cues that would warn a hearing person to stay put. A siren, for instance, can indicate that while the street is clear and the walk signal says go, a large vehicle may soon appear around a corner. A honk can indicate that despite careful checking, the person has missed a vehicle on the go. Such missed signals can result in injury or death. This is an extreme example, of course. Most deaf teens are not at risk of death by speeding ambulance, but the point remains: Auditory signals inform our world, and missing them can limit understanding and cause confusion. Moreover, awareness of these limitations can cause concern, anxiety and fear, as the teen with hearing loss begins to doubt him/her self.

Loss of Self-Reliance

This can result in a loss of self-reliance. Teens who are used to learning more and more as they grow older, but

suddenly have to take a giant step back in what they are able to do, may be shaken to the core by this sudden change in circumstance. It can make them doubt themselves, finding it hard to rely on inner strengths even where they do have them.

Isolation

Hearing loss can initially lead to serious emotional isolation and a sense of loss and aloneness, especially as peers and even family members step back as a result of being unable to communicate. This initial isolation may last until the teen re-establishes social balance, possibly finding friends who are deaf or hard of hearing, learning which of their hearing peers are still willing to interact, and discovering new learning communities that fill them with satisfaction rather than the helplessness that can result from difficulty learning in traditional environments. As teens adjust to circumstances (whether this means adjusting to a recent hearing loss or adjusting to the trials of middle or high school despite long-time hearing loss), they may become more outgoing and build comfort communicating. It is worth noting that hearing loss does not result in the abandonment of typical human communication instincts. For instance, that if deaf individuals wish to communicate with someone whom they know to be nearby, they will still seek them out rather than use an alternate or electronic means of communication. These points to a willingness in teens with hearing loss to adjust their new skills to fit old paradigms, which in time may help them, adjust

in the ways most likely to preserve old relationships and make new ones.

Loss of Identity

Isolation may lead to a shift in the teen's social and emotional approach to the world and to themselves. Teens with hearing loss that are unable to engage on the same linguistic levels as their peers – talking, joking, picking up social cues – may initially lose the sense of identity they got from interacting with peers. Similarly, many traditional aspects of school life may lose their appeal if the deaf teen is not able to make sense of them or enjoy them as they may once have done, which may eliminate aspects of their identity they considered valuable: the musician aspect, for instance, or the sports aspect. While the impact may initially be seen by the teen experiencing hearing loss as a negative one, in time the teen will likely develop new skills and interests, which can help replace this loss of identity with new components. The loss of former communication styles will also encourage teens to seek out other individuals who can communicate on their level. This can result in a rebuilding of identity that can be more powerful than the initial identity, if the teen feels supported and surrounded by individuals who understand and help rather than hurt and limit (Meadow, 1980).

Societal issues / Social Functioning

Socialising is important for everyone. We develop social

skills and build relationships with others, and we begin to socialise and learn social skills early on in our lives. Children socialising watch and imitate the actions of their parents, family and friends, and when they get older they make social contacts by playing with other children. Children suffering from hearing loss adopt social behaviour almost like other children, but a child's ability to develop social skills depends on his or her degree of hearing loss, age, time of diagnosis, treatment and personality. This can also affect the social behaviour of the hearing-impaired child.

All parents worry about how to raise their children. If you are the parent of a child who is suffering from hearing loss, it may be even more difficult. But in most cases, parents of a hearing-impaired child can expect the same of their child as they would expect of a child of the same age who is not suffering from hearing loss. Parents of a hearing-impaired child may find it hard to keep the proper balance between protection and expectations, and some parents of hearing-impaired children have a tendency to overprotect their children. As a rule of thumb, you can say, "expect more and protect less". It is very important to prepare a hearing-impaired child for the real world by setting a good example and making fair demands. Hearing-impaired children have to become strong, independent and self-reliant adults so they can live a life as normal as possible - even while suffering from a physical impairment - and hearing-impaired children can take part in most of the same activities as

their normal-hearing peers. But consider your child's physical and mental capabilities when deciding how much to expect (Madhu, 2007).

- Children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited.
- These social problems appear to be more frequent in children with mild or moderate hearing losses than in those with a severe to profound loss.

Taking part of the daily routines is important for your child as is involvement in social and practical activities. Your hearing-impaired child is a member of the family and must follow the rules of your household like everyone else - for everybody's sake.

1.7 Meaning and Concept of Life Skills

Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Life skills represent the psycho-social skills that determine valued behaviour and include reflective skills such as problem-solving and critical thinking, to personal skills such as

self-awareness, and to interpersonal skills. Life skills are the skills we need to deal effectively with the challenges in everyday life, whether at school, at work or in our personal lives. Life Skills is a term used to describe a set of skills acquired through learning and/or direct life experience that are used to help individuals and groups effectively handle problems and questions commonly encountered in their daily life. In practice, many skills are used simultaneously (Gamble, 2006).

Therefore, life skills are a large group of psycho-social and interpersonal skills, which can help people, to make informed decisions, communicate effectively and develop coping and self-management skills that may help an individual to lead a healthy and productive life. Life Skills are not something new; they are a set of basic skills that enable us to effectively manage the challenges and questions we face in our daily lives. They include confidence, assertiveness, decision-making, and the ability to stay safe and healthy. Schools are uniquely placed to play a key role in promoting and sustaining young people's emotional and social health, as part of their role in providing a rounded quality education which helps pupils to gain the confidence they need to develop into successful adults (UNICEF, 2005).

UNICEF (2005) defines life skills as, "a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills."

Life skills have been defined by the World Health Organization (WHO, 1993) as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”.

Core Life Skills

a) Social Skills

1. Self Awareness
2. Effective Communication
3. Interpersonal Relationship
4. Empathy

b) Thinking Skills

5. Creative Thinking
6. Critical Thinking
7. Decision Making
8. Problem Solving

c) Emotional Skills

9. Coping with Stress
10. Coping with Emotions

Apart from the above there are another three categories of Life Skills:

1. Communication and Interpersonal Skills;

Interpersonal communication skills

- Verbal/Nonverbal communication
- Active listening
- Expressing feelings; giving feedback (without blaming) and receiving feedback

Negotiation/refusal skills

- Negotiation and conflict management
- Assertiveness skills
- Refusal skills

Empathy

Ability to listen and understand another's needs and circumstances and express that understanding

Cooperation and Teamwork

- Expressing respect for others' contributions and different styles
- Assessing one's own abilities and contributing to the group

2. Decision-Making and Critical Thinking Skills

Decision making / problem solving skills

- Information gathering skills
- Evaluating future consequences of present actions for self and others
- Determining alternative solutions to problems
- Analysis skills regarding the influence of values and attitudes of self and others on motivation

Critical thinking skills

- Analyzing peer and media influences
- Analyzing attitudes, values, social norms and beliefs and factors affecting these
- Identifying relevant information and information sources

3. Coping and Self-Management Skills

Skills for increasing internal locus of control

- Self esteem/confidence building skills
- Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses
- Goal setting skills
- Self evaluation / Self assessment / Self-monitoring skills

Skills for managing feelings

- Anger management
- Dealing with grief and anxiety
- Coping skills for dealing with loss, abuse, trauma

Skills for managing stress

- Time management
- Positive thinking
- Relaxation techniques

Life skills are behaviours used appropriately and responsibly in the management of personal affairs. They are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. The subject varies greatly depending on social norms and community expectations. Practicing life skills leads to qualities such as self-esteem, sociability and tolerance, to action competencies to take action and generate change, and to capabilities to have the freedom to decide what to do and who to be. Life skills are thus distinctly different from physical or perceptual motor skills, such as practical or health skills, as well as from livelihood skills, such as crafts, money management and entrepreneurial skills. Health and livelihood education however, can be designed to be complementary to life skills education, and vice versa (Hendricks, 1996).

Facilitating the learning of life skills is to promote healthy behaviour and mental well-being. To be effective, the teaching of life skills should lead to the promotion of positive attitudes and values. The development of life skills requires modelling of life skills by school staff and a “safe”, supportive classroom environment that is conducive to the practice and reinforcement of skills. Furthermore, life skills education needs to be developed as part of a whole school initiative designed to support the healthy psychosocial development of children and adolescents.

Life skills learning is facilitated by the use of participatory learning methods and is based on a social learning process which includes: hearing an explanation of the skill in question; observation of the skill (modelling); practice of the skill in selected situations in a supportive learning environment; and feedback about individual performance of skills. Practice of skills is facilitated by role-playing in typical scenarios, with a focus on the application of skills and the effect that they have on the outcome of a hypothetical situation. Skills’ learning is also facilitated by using skills learning “tools”, e.g. by working through steps in the decision- making process. Life skills education should be designed to enable children and adolescents to practice skills in progressively more demanding situations for example, by starting with skills learning in non-threatening, low-risk everyday situations and progressively moving on to the application of skills in threatening, high-risk situations. Other important methods used to facilitate life skills learning include

group work, discussion, debate, story-telling and peer-supported learning (Cronin & Patton, 1993).

Life Skills-Based Education (LSBE) has a long history of supporting child development and health promotion in many parts of the world. The 1989 Convention on the Rights of the Child (CRC) linked life skills to education by stating that education should be directed towards the development of the child's fullest potential. The 1990 Jomtien Declaration on Education for All took this vision further and included life skills among essential learning tools for survival, capacity development and quality of life. The 2000 Dakar World Education Conference took a position that all young people and adults have the human right to benefit from "an education that includes learning to know, to do, to live together and to be", and included life skills in two out of the six EFA Goals (WHO, 2001).

Life skills-based education is now recognized as a methodology to address a variety of issues of child and youth development and thematic responses including as expressed in UNGASS (2001) on HIV/AIDS, UNGASS (2002) on Children, World Youth Report (2003), World Program for Human Rights Education (2004), UN Decade on Education for Sustainable Development (2005), UN Secretary General's Study on Violence Against Children (2006), 51st Commission on the Status of Women (2007), and the World Development Report (2007).

Life skills are something of a buzz word not only in education; it is also the focus of discussion across a range of industries around the world. A definitive list is something educators, governments and employers continue to discuss. But no matter if you call them life skills, 21st century skills or soft skills, students who are able to understand and use these skills, along with their educational qualifications, will be better placed to take advantage of educational and employment opportunities. Life skill education is applicable for all ages of children and adolescents in school. However, the age group targeted is mainly 10 to 18, adolescent years, since young people of this age group seem to be most vulnerable to behaviour related health problems. The programme is for the promotion of health and wellbeing and targeted group is all children (Cronin & Patton, 1993).

1.8 Education and Life Skills

Educating children for life

Life without education is a life without opportunity. We help children, especially the most vulnerable, access quality education and attain functional levels of literacy, numeracy and essential life skills. When children can read, they can better advocate for their rights and help provide for their families (WHO, 1997). In order to reach these goals, we work with children, families and communities so that:

- Children read, write and use numeracy skills
- Children make good judgments, can protect themselves, manage their emotions and communicate ideas
- Adolescents are ready for economic opportunity
- Children can access and complete education

1.9 Importance of life skills for children

In a constantly changing environment, having life skills is an essential part of being able to meet the challenges of everyday life. The dramatic changes in global economies over the past five years have been matched with the transformation in technology and these are all impacting on education, the workplace and our home life. To cope with the increasing pace and change of modern life, students need new life skills such as the ability to deal with stress and frustration. Today's students will have many new jobs over the course of their lives, with associated pressures and the need for flexibility (WHO, 2001).

Benefits for the individual

In everyday life, the development of life skills helps students to:

- Find new ways of thinking and problem solving

- Recognize the impact of their actions and teaches them to take responsibility for what they do rather than blame others
- Build confidence both in spoken skills and for group collaboration and cooperation
- Analyze options, make decisions and understand why they make certain choices outside the classroom
- Develop a greater sense of self-awareness and appreciation for others

Benefits for employment

While students work hard to get good grades, many still struggle to gain employment. According to research by the CBI (Confederation of British Industry) in 2011 employers were looking not just for academic success but key employability skills including:

- The ability to self-manage, solve problems and understand the business environment
- Working well as part of a team
- Time and people management
- Agility and adaptability to different roles and flexible working environments
- The potential to lead by influence

Benefits for society

The more we develop life skills individually, the more these affect and benefit the world in which we live:

- Recognizing cultural awareness and citizenship makes international cooperation easier
- Respecting diversity allows creativity and imagination to flourish developing a more tolerant society
- Developing negotiation skills, the ability to network and empathies can help to build resolutions rather than resentments

Life skills are important because they give children and young people more control to improve their lives. We all want life skills learning to work and have an impact on the behaviour and choices made by children and young people. It's important that while focusing teaching life skills that we keep an eye on three other key areas that make life skills learning work. These four key areas work are like the wheels on the bus. Some of you may already know my metaphor! These wheels they must all be pumped up and in good shape for the bus to move forward! These four areas (UNICEF, 2005) are:

1. Information: Of the right kind, at the right time, taught in the right way (we are pretty good at maintaining this wheel!)

2. Life skills/Ability to act: (we are rubbish at making this happen – it takes time, good facilitation skills and deep listening!). e.g.

- Resisting peer pressure.
- Knowing about and being able to avoid risky situations.
- Knowing how to seek help if an adult is harassing her for sex.

3. Motivation: If a child feels motivated to act on the information s/he knows and has the skills to do so then it is more likely to happen. Motivation can come from outside or inside a person. Strong family, spiritual or peer values can provide motivation and inspiration!

4. Environment: Supportive external influences of peers, family, school, community, society as a whole, cultural and religious influences, media, government policy and law.

1.10 Importance of Life Skills Based Education

Initiatives to develop and implement life skills education in schools have been undertaken in many countries around the world. The need for life skills education is highlighted, directly and indirectly in the convention of the rights of the child and a number of international recommendations. Life skills education is aimed at facilitating the development of psychosocial skills that are required to deal with the demands and challenges of

everyday life. It includes the application of life skills in the context of specific risk situations and in situations where children and adolescents need to be empowered to promote and protect their rights (Mangrulkar, et. al., 2001).

Many countries are now considering the development of life skills education in response to the need to reform traditional education systems, which appear to be out of step with the realities of modern social and economic life. Problems such as violence in schools and student drop-out are crippling the ability of school systems to achieve their academic goals. Furthermore, in addition to its wide-ranging applications in primary prevention and the advantages that it can bring for education systems, life skills education lays the foundation for learning skills that are in great demand in today's job markets. From the moment our children are born they are on a journey to independence. But to live independently without us one day, as adults, we need to teach them essential life skills. They cannot learn life skills out of a book or at school. These are things they learn from their parents and from other important adults and role models in their lives (Jessy, 1998).

To be ready for school involves mastering certain life skills so that they can happily and confidently manage being at school without you. Sending a child to school without life skills is like driving a brand new car without an engine. Life skills involve a number of very practical things.

- Life skills help adolescents to transit successfully from childhood to adulthood by healthy development of social and emotional skills.
- It helps in the development of social competence and problem solving skills, which in turn help adolescents to form their own identity.
- It helps to weigh pros and cons of the situation, hence, act as a mediator to problem behaviour.
- It promotes positive social norms that impact the adolescent health services, schools and family.
- It helps adolescents to differentiate between hearing and listening and thus, ensuring less development misconceptions or miscommunications regarding issues such as drugs, alcoholism etc.
- It promotes the development of positive self-esteem and teaches anger control.

We need to help our children learn how to be resourceful – can they solve every day little problems? Do they know how to protect themselves from danger? Are they resilient – can they bounce back from adversity, when things go wrong? Does your child have the ability to keep trying? Are they fundamentally honest and do they respect others?

Good life skills are the basis for getting along with others, fitting in to society, and having the confidence to believe “I

can.” With all of this in place your child will have such a positive start to life. Passing on and teaching life skills, is a parental responsibility (Karimzadeh, 2009).

1.11 Life Skills Training

To grow into well-functioning adults, it is critical that youth learn key life skills. Life skills include critical and creative thinking, decision-making, effective communication, as well as skills for developing healthy relationships and a positive self-concepts. Life skills help people make responsible and informed choices and can promote healthy lifestyles as well as career skills. Every school should enable children and adolescents at all levels to learn critical health and life skills (WHO, 1993).

Unfortunately, however, many children do not have access to education that provides such life skills training. World Education works with partners—including ministries of education, schools, and NGOs, to develop life skills curricula and training approaches—to assist programs to more effectively integrate and teach life skills to students in both formal schools and non-formal settings.

Basic elements of Life skills training

Life Skills education involves a wide range of diverse learning elements (Cronin & Patton, 1993) which include:

Skills and aptitudes: Critical thinking, analysing information, expressing opinions, taking part in discussions and debates, negotiating, dispute resolution and participating in community actions

Values and attitudes: Respect for justice, democracy and the rule of law, openness, tolerance, courage to defend a point of view, and a willingness to listen to, work with and stand up for others.

The most effective form of learning in Life Skills education is:

- active: emphasises learning by doing
- interactive: uses discussion and debate
- relevant: focuses on real-life issues facing young people and society
- critical: encourages young people to think for themselves
- collaborative: includes group work and collaborative learning
- Participative: gives young people a say in their own learning.

Developing as individuals through life skills training

The aim of the programme is to teach students how to:

- participate actively in various decision-making and voting processes

- weigh up what is fair and unfair in different situations, realise that justice is fundamental to a democratic society and study the role of law in maintaining order and resolving disputes
- consider how democracy, justice, diversity, tolerance, respect and freedom are valued by people of different beliefs, backgrounds and traditions within a changing democratic society
- comprehend the roles of citizens in holding those in power to account
- explore diverse national, regional, ethnic and religious cultures, groups and communities.

1.12 Importance of life skills training for children and adolescents

However, in the recent years, big changes have taken place in our traditional society owing to industrialization and globalization. The impact is evident in the entire society, with no exception to adolescents. The family ties have weakened; moral, social, religious and cultural controls rarely exist and a new life style emerged among the adolescents. Adolescence is the most critical phase of an individual. It denotes the transitional stage from childhood to adulthood marked by conspicuous physical, cognitive, emotional and social changes. The inbuilt buffers

existing in the society in the form of control and support from the near and dear ones guide the adolescents to grow into a mature adult.

The highly competitive world of today and the absence of traditional norms and support have heightened the stress among adolescents resulting in multiple mental health issues such as depression, anxiety, loneliness, rejection, diffidence, anger, confliction in interpersonal relationship and failure (Smith, 2004). Alcohol abuse and criminal behaviour among the adolescents too are not uncommon. Life Skills Education/Training is suggested by many as a prevention and development approach to this serious scenario.

The importance of life skills training becomes clear when we know that life skills training improve psychological social capabilities. These capabilities help a person to cope effectively with conflicts and life situations and help him/her to act positively and in agreement with other people in the society, the social culture and the environment and promote mental health. As such, practicing life skills leads to reinforcement and change of attitudes, values and behaviours (Naseri, 2002). Therefore, helping children in developing and expanding necessary life skills seems necessary (Shoarinejad, 1992).

One of the preventive programs which have been noticed worldwide is teaching life skills to children. To improve mental health and to prevent psychological and social problems, World

Health Organization prepared a program named “life skills training” which was conducted by UNICEF in 1993. Since then, this program has been studied in many countries. Different studies which were conducted after the implementation of life skills training programs in schools point to its impact on mental health and compatibility. Generally, life skills training and social skills training have the following positive impacts: Positive social behaviours on schools (positive social interactions between peers); promoting problem solving capabilities; reducing anger, depression, diffidence and criminal behaviours; developing inner control; social acceptability; confronting crisis; promoting courage; positive self-concept; appropriate social verbal and nonverbal skills (Naseri, 2002).

As the definition by WHO (1997) suggests, internalizing the core essential life skills helps the adolescents to deal with the concerns in the modern world in a dignified and mature way bringing success to them. These skills will help them to resist peer pressure as they learn how to accept themselves for who they are. These basic skills will help young people in coping with difficulties they face in their personal, emotional and social development. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. With life skills one is able to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises.

There is an emerging consensus among mental health professionals worldwide that LSE trainings to adolescents are effective. The life skills program focus on the development of the skills needed for life such as self-awareness, communication, decision-making thinking, managing emotions, assertiveness, and relationship skills. Also, the training programme aims at bringing comprehensive behaviour change in the adolescents (Rahmati et. al., 2010). Through life skills based training programmes mental health professionals attempt to address varied issues of the adolescents such as alcohol and other substance use, reproductive and sexual health, criminal acts, HIV/AIDS prevention and suicide prevention, adjustment in the life, problem solving and effective communication.

In an investigation (Maryam et. al., 2011) to find the effectiveness of training life skills on adolescent students they found that life skills training lead to significant increase of self-esteem in the study. They also concluded that mental health programs such as life skills training can decline school and educational problems.

In a study (Ramesht & Farshad, 2009) it was revealed that life skills training was proved to be effective in increasing mental and physical health and also in decreasing the behavioural and social problems. An increase in pro-social behaviour level and decrease in negative self-destructive behaviour was also reported in a longitudinal study (Elias et al., 1991) among elementary school children subsequent to life skills training.

In an investigation (Smith, 2004) the treatment group reported significant improvement in the total behaviour problem scores by following life skills training programme. A research also showed that life skills training significantly reduced the alcohol and drug use among the studied adolescents. Improvement in interpersonal relationship and reduction in aggression and behavioural problems was found among the participants who had attended a life skills training (Sukhodolsky et. al., 2004).

Life skills training can promote social adjustment (Rahmati et al., 2010); anger control (Feindler et. al., 1986); enhanced self-esteem (Young et. al., 1997) and improvement in academic performance (Elias et. al., 1991) were reported in various researches that evaluated the effectiveness of life skills training.

1.13 Need for the life skills training

Life skills is a term used to describe a set of basic skills acquired through learning and/or direct life experience that enable individuals and groups to effectively handle issues and problems commonly encountered in daily life. They include creativity, critical thinking, problem-solving, decision-making, the ability to communicate and collaborate, along with personal and social responsibility that contribute to good citizenship – all essential skills for success in the 21st century, both for healthy

societies and for successful and employable individuals (Nair, 2005; UNICEF, 2005 & WHO, 2001).

Life skills touch upon issues that are:

- real: they actually affect people's lives
- topical
- sometimes sensitive: they can affect people on a personal level, especially when family or friends are involved
- often controversial: people disagree and hold strong opinions about them
- Ultimately moral: they relate to what people think is right or wrong, good or bad, important or unimportant in society.

Democracies need active, informed and responsible citizens, who are willing and able to take responsibility for themselves and their communities and contribute to the political process. Democracies depend upon citizens who, among other things, are:

- aware of their rights and responsibilities as citizens
- informed about social and political issues
- concerned about the welfare of others
- able to clearly articulate their opinions and arguments
- capable of having an influence on the world

- active in their communities
- responsible in how they act as citizens.

These capacities do not develop unaided; they have to be learnt. While certain life skills may be acquired through our everyday experience in the home or at work, they are not sufficient to adequately equip citizens for the active role required of them in today's complex and diverse society. If citizens are to become genuinely involved in public affairs, then a more systematic approach towards citizenship education is essential.

Benefit of life skills training to children and young people

- It helps them to develop self-confidence and successfully deal with significant life changes and challenges, such as bullying and discrimination.
- It gives them a voice at school, in their community and in society at large.
- It enables them to make a positive contribution by developing the expertise and experience they need to assert their rights and understand their responsibilities, while preparing them for the challenges and opportunities of adult and working life.

Children don't naturally know how to make good choices. Life skills help children know what to do in everyday situations as well as how to make good decisions about more abstract, long-term choices. If parents and teachers work together with children

to teach life skills, they can prepare children to manage peer pressure and make good decisions as they grows into adulthood.

Life skills help children through the turbulence of adolescence and help them guide clear of irresponsible decisions throughout his life. Good life skills enable your child to manage money responsibly, make healthy food choices, stand up to unhealthy peer pressure and are a good parent in the long-term. Help children learn life skills by practicing the basics at home. Children as young as 3 years can be offered simple either/or choices to practice their decision-making skills. Use grocery shopping trips as an opportunity to educate children about nutritional choices. Open a bank account with children and teach about saving. As they gets older, teach them how to use a checking account and debit cards. Teach teenagers about credit cards so that they can understand the advantages and the drawback. As a family, talk about what's happening in the community, and ask your child her opinion.

Younger children are guided very directly by their parents. However, as children get older, they become more independent and life skills become more critical. By working with children in their younger years, both parents and teacher have more opportunity to practice the skills that will help them as they get older and face more difficult choices. In addition, discussing things with parents and teachers can become a habit with your children, keeping the dialog going throughout their

lives and enabling you to guide children with your experience as well (UNESCO, 2003).

1.14 Need, Importance and Scope of life skills training to CWHI

Life skills and independent living as they relate to Deaf adults is an under-researched area. Literature from deaf education research tends to focus on transitions to adulthood, concentrating on young Deaf people who are still in school. This is likely due to the fact that independent living skills should be addressed during secondary education. In a study (Calderon & Greenberg, 2005), it was examined the effect that having a disability had on four transition areas, namely: finding full-time employment, establishing an independent residence, marrying, and having children. He found that young people with visual, hearing, speech or 'other' impairments were less likely than their non-disabled peers to complete any of the transitions by age 26.

Beyond the literature on transitions to independent living, there is evidence of a number of contributing and inter-related factors that can result in poorer life skills among some Deaf adults. Life skills and the transition to adulthood are usually facilitated during the adolescent years. A number of issues arising for young Deaf people at this time mean they are often under-prepared for independent living compared with their hearing peers. The first of these is that there are considerably

lower expectations for young Deaf people from teachers and other professionals (Calderon & Greenberg, 2005).

Another issue impacting young Deaf people is the lack of opportunities presented for incidental learning. This can be defined as “the process by which information is learned by virtue of passive exposure to events witnessed or overheard” (Chintamani, 1992). It is the process by which hearing children learn many, if not most, of their life skills. For young Deaf people, access to such incidental learning is compromised. This is especially the case when they are born to hearing families (over 90% are) or where they are educated in environments where adult-to-adult conversation is inaccessible to them (such as when hearing staff speak to one another rather than sign, or when conversations happen outside the range where hearing aids and other assistive technology devices can ordinarily function). In another study (Powers et. al., 1998) it is highlighted in their study that this restricts Deaf children in their ability to acquire ‘world knowledge’ in a timely manner

Due to life skills training many young Deaf people successfully graduate from secondary school and progress on to higher education and perhaps working life, for those with additional intellectual disabilities the progress to higher education and working life is considerably lower and the risk of becoming socially isolated and unable to live independently is higher.

School is the temple of learning. School is the platform for learning for the student. Teachers are the facilitators of learning process. The teacher focuses on overall development of the students. The way of teaching the subjects will influence the student's behaviour. It is the duty of the teacher to build the character of a student. The main objectives of school are to build a productive generation in the future. The teacher focuses on the overall development of the students. Teacher builds reading writing and arithmetic skills among students. Apart from these skills it is the duty of the teacher as well as school setting to enable the students to face challenges in life. It is the generic life skills like self-awareness, empathy, effective communication, inter personal relationship, problem solving, decision making, creative and critical thinking, coping with stress and emotions that help the students to overcome challenges in real life.

The transition in this focus of education created much impact in the life of student. They are not able to satisfy their psycho social needs, unable to communicate with others, inability to identify risk factors, unable to make good decisions and finally ended up in frequent failures and suicidal attempts.

Some teachers are aware about the relevance of life skill education in handling the issues faced by students but hesitate to apply this because of time constraint and lack of support from school and parents. Another section of teachers consider it as non-academic activity with less importance and unwilling to change from the approach of teacher centered classroom

teaching to child centered. School authorities are worried about the disciple of school while engaging in participatory learning approach and due to excess consumption of time they cannot finish their syllabus on time will affect their result. We can conclude that before integrating life skill education we have to handle the perception of teachers and school authorities regarding the benefits of this type of teaching (Nair, 2005).

The relevance and scope of life skill education is understood by school authorities when we analyze it from the context of promotion of mental health among students. All of them agree that it improves the mental health issues among students can reduce the vulnerability of students life. Since it is consider as non-academic and the universality of its implementation is a challengeable task to achieve. Gage defined teaching as a “form of interpersonal influence aimed at changing the behaviour potential of another person”. The main objective of teaching are it helps the students to understand the realities and adjust in a better way, enable them to analyze the truth and take decisions, make the students a best worker and best thinker. When we relate this in the context of life skill education we can see a lot of similarities like life skills enables the individual to deal effectively with demands and challenges of everyday life, development of cognitive skills including problem solving, decision making, creative and critical thinking, and finally enabling behaviour modification of the individuals (WHO, 1997).

General principles and methods in teaching life skill education (Gamble, 2006)

Teaching process is based on some general principles like principle of motivation and interest in which the teaching should create interest in the mind of students. Interest can be created within the students through participatory learning approach. When the students apply what they learned in daily activities it satisfies the principle of activity. The principle of creation and recreation says teaching should have recreational activities that impart creative thinking and innovations among students. Recognizing individual difference and identifying talents of each student is another principle of teaching. The teacher should analyze the intelligence, nature, ability, interest, potential, needs and concerns of students. The next principle details with enabling the student to set a goal in their life. In this the teacher should help the student to recognize his/her talents and set directions to achieve the goal. The final principle of teaching says a teacher should relate everything to real life. The principles emphasis on practice of things that is learned and thus develops good productive citizens.

Here comes the relevance of life skill education through which we can implement all these principle effectively. The techniques in life skill education like activities, games, role play, debate, discussion etc. will make learning process interesting and the student automatically develop the motivation to study. Each content in life skill focus on learning by doing that

improves the creativity of students. Life skill education helps the students to recognize their talents and abilities. The awareness about themselves helps them to set goal in their life. Finally enhancements of these skills are useful to address the needs and concerns of their daily life. If a teacher who is well trained in life skill education will effectively implement the principles of teaching through life skill education.

Methods of teaching play a vital role in learning process of the student. In reality, they form an organic whole and matter determines method, analogously as objective determines means; content and spirit determine style and form of literature. A teacher can use any of these methods or combination of these methods in their teaching. But the method of doing is not much projected in current teaching. The method of learning by doing can be implemented easily by life skill education. According to Verma, the methods can be classified under following three heads:

1. Telling – Lecture, Questioning, Discussion etc.
2. Showing – Demonstration, visual aids etc.
3. Doing – Project, Role play, Practical etc.

(Dewey, 1938) claims that learning comes from children through direct experience rather than from inculcating facts and values through books and lectures. Let us analyze what is the relevance of applying life skills in current teaching methods. UNICEF defines life skill based education as tool for behaviour

modification. That is a behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills. Knowledge can be provided through class room teaching but the attitude and skills can be produced only through practice. Let us analyze what are problems faced by students due to this lack of attitude and skills. And what are the areas that need behaviour modification for the student.

Problems faced by students during adolescent due to lack of attitude and skills (WHO, 1997). The student population faces a lot of problems in the school, family and society, they are:

- Handling physical changes in the body.
- Academic achievement
- Choosing a career
- Handling peer pressure
- interpersonal relationships issues
- parental pressure
- lack of protection from violence
- inability of community to channelize their energy
- lack of trust, recognition and respect
- media influence
- high risk sexual behaviour
- parental discord and disharmony

- environmental factors like poor access to education and health services
- vulnerabilities like poverty, single parenting,
- drug abuse
- child labour
- adjustment issues
- emotional instability
- mental health issues etc.

All these needs and concerns are to be addressed. The next question is who authority to deal these issues is. Everyone who is relating to these issues is responsible to address these problems. It included the parents, teachers, peer group, community and the student himself. Since the student spend most of his time in school we can say teachers play a major role in providing support and directions to students to handle these problems. Before give support and directions the teacher should perceive this problem in an empathetic manner. Teacher should able to identify the root cause of the problem.

For example if a student always come late to class a teacher should find out the reason behind it because sometimes the student is the breadwinner of the family and he has to finish his work and come to school. The skill of empathy helps the teacher to understand the situation of latecomer of the class. If the teacher lacks this attitude he/she may punish the child

sometimes dismiss him/her from the class forevermore. So to perceive the root cause of absenteeism the teacher needs the skill of empathy. If a student explores the insecurity that he faced at his home to the teacher, he can help the student by teaching the skills of problem solving, decision making, coping with stress and emotions. Academically backward students can be motivated by the teacher through creative techniques in studies to reduce the problems of exam stress , burden in studies, inability to concentrate while studying etc. so the creativity thinking in life skills help the student to get rid of the difficulties in study. Aggressive behaviour of the student destroys the atmosphere of harmony in class as well as his family. This can be tackled by building good interpersonal relationships with others and by teaching him the ways of effective communication. The skills in good decision making help the student to prevent drug abuse and sexual experimentation. Apart from that if the student is doing the such behaviour under the influence of friends or media the teacher should develop critical thinking in student to analyze the situation critically and decide whether they depend on friends decision or not. Unhealthy relationship and lack of communication among students creates many psychosocial problems like depression, stress, suicidal attempts, over use of drugs, anti-social behaviour and violence. Most of the problems faced by students can be resolved through life skills education but initially the teachers to be trained on this otherwise the actual goal of life skill education will be misinterpreted (Nair, 2005).

As a whole when we focus on school setting for the implementation of life skill education initially we have to analyze the perception of teachers who were the facilitators of life skill education, provide training to addressing their wrong perception and thus implement the program in a universal level. We should integrate life skill development with normal curriculum rather than consider it as a non-curricular activity. Gradually the acceptance of participatory learning will get momentum and our students can lead a healthy life.

Students as representatives of community in educational settings may suffer different problems in absence of social skills and life skills, since life skills are as a necessary thing in psychological structure, plays several roles in social-educational functioning of the individual with Hearing Impairment. Children begin to learn the social skills from early stages in life. For children to attain the social and educational competency, they not only acquire important social behaviours for interacting with others, but also able to use these skills in ways which are acceptable to others in their environment. For children the life skills are effective skills to participate in a game, cooperating, communicating, maintaining relationship and supporting others. The term Life Skill Education, is being widely used nowadays but it is often used interchangeably with livelihood skills. But the two are different. Livelihoods skills as the name suggests, are skills, related to generate income to fulfill one's household/individual economic goals. These skills basically

involve vocational skills, business management skills etc, where as life skills encompasses all the dimensions of human life, be it economical, social or psychological (Gamble, 2006).

1.15 Rationale and Need for the study

The World Health Organization considers “adolescence” to be the period between 10 and 19 years of age (WHO, 1998). The beginning of adolescence is marked by puberty, an increase in biological events leading to an adult sized body and sexual maturation (Berk, 2007). It is also a period of “storm and stress” for many adolescents. Though, biological forces play a significant role in the physical changes that take place during the transition period from a child to an adult, a combination of biological, psychological and social forces influence an adolescent’s development. Adolescence is a challenging transitional period for many young people including persons with disabilities. They go through many changes in physical, cognitive, emotional and social development of their life. These situations lead to unnecessary stress, anger issues and low self esteem resulting in, low academic performances and disruptive behaviour in school and at home.

Adolescence is a period of experimenting, experiencing and expanding. Adolescents need help and guidance indecision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress

and managing emotions. The rebelliousness and dislike for parental intrusion usually keeps parents at bay because teenagers do not relish the idea of help and guidance from parents. However, this may not always be so. Beneath frequent violent outbursts, sudden mood swings and related interpersonal problems of an adolescent, there may be a person crying out for professional help. All adolescents need support and guidance. When parents find it difficult to handle signs of trouble, professional help should be sought at the earliest. It is a time young people drift away and distance themselves from parents. Spending more time with peers and conforming to the ideas and judgments of their peers are common during this period. This transition is so crucial that adolescents face problems in certain areas of life such as parent child conflicts, risky behaviours and mood changes. If these issues are not resolved the individual suffers role diffusion or negative identity, which results in mismatched abilities and desires, direction lessens and unpreparedness for the psychological challenges of adulthood (Berk, 2007).

These internal stresses and social expectations lead to moments of uncertainty, self doubts and disappointment in the adolescent. It is in these situations that young people takes risks and involve themselves in risk taking behaviours. For these reasons, life skills education and or life skills training is important to help young people cope with challenges that they face in their day-to-day lives. So providing an experience that

would strengthen adolescent's coping abilities to counter environmental stress and disadvantages with which they sometimes have to cope with while experiencing is an essential need. One best practice model for contributing to the healthy development of adolescents is a life skills approach. The current researcher has had fifteen years' experience as a Special educator/teacher, Resource Teacher (CSS-IEDC), Inclusive Education Resource Teacher (IERT) and Assistant Professor in Special Education (HI). From the experience, he has developed a concern to help the students with hearing impairment and deal with their problems. For this reason, investigator is interested to explore how life skills education can mitigate the "storm and stress" experienced by so many adolescents with hearing impairment. His goal has been to shed light on how life skills training can help the adolescent resist peer pressure and the risk behaviours of criminal activities and the problems associated with dimensions of Life skills. Therefore, researcher has attempted to study Effect of Life Skill Training among Students with hearing impairment on their life skills development.

Generally life skills training focus on students to acquire capability to live effectively in society and as a definition "at the heart of life skills education is the learning of life skills" (Esmaeilinasab et. al., 2011). Several researches have been done on assessment and effectiveness of life skills training program in India and worldwide among typically developed children. Some of the Glimpse of these researches shows that most of which

considered investigating and looking for some aspects of life skills such as stress management, communication skills and self esteem (Zollinger et. al., 2003; Gilbert & Keneth, 2002 & Esmaeilinasab et. al., 2011). In addition, some others considered to the effect of life skills training programs on issues such as anger control, adaptability, emotional intelligence, mental health, general health, behavior disorders etc. (Liao et. al., 2010; Wenzel et. al., 2009; Chiti, 2007; Mardani, et. al., 2011& Moslehi, 2006).

Few studies on disabilities (Ahmadian & Fata, 2009) examined the effect of Life skills Education of Children with Mild Intellectual Disability, (Molajabari & Bahrami, 2013) studied the effect of Life skills Training in exceptional childrens' mothers, (Kazmi et. al, 2013) studied the effect of Life Skills Training on Students with Dyscalculia, (Soheila et. al, 2007) studied the effect of life skills among blind girls. Most studies has been conducted about academic achievement, speech and language development, sign language, adaptation and progress in school, only few studies focused on psychosocial aspects such as the quality of life, social and educational adjustment of hearing impaired children. However, limited studies in the foreign (Vernosfaderani, 2014; Adibsereshki et. al., 2015) have examined the impact of life skills training program on all aspects of life skills in a study among children with hearing impairment. As per the researcher come across while working with children with hearing impairment and wants to obtain a solution for the

same. So, this study tries to find out the effect of life skills training program on the development of life skills among students with hearing impairment in Indian context.

1.16 Statement of the problem

“Education today is much more about ways of thinking which involve creative and critical approaches to problem-solving and decision-making. It is also about ways of working, including communication and collaboration, as well as the tools they require, such as the capacity to recognize and exploit the potential of new technologies, or indeed, to avert their risks. And last but not least, education is about the capacity to live in a multi-faceted world as an active and engaged citizen.” So to live as an active, engaged, productive, supportive citizen in the society and country as well, one needs to acquire/learn life skills irrespective of gender, caste, disability etc.,

In general compared to hearing children, hearing impaired children have some problems adjustment, relationships, communication and problem solving which cause them difficulties with other pupils and people. They could learn these skills through good interventional programs. This study investigates the effectiveness of such a program (life skills training) on enhancing life skills of students with hearing impairment.

1.17 Title of the study

"EFFECTIVENESS OF MODULAR BASED TRAINING IN DEVELOPING LIFE SKILLS AMONG STUDENTS WITH HEARING IMPAIRMENT".

1.18 Operational definition of important terms

The technical terms used in the present study is defined as follows

Module

A module is one of the separate parts of a course taught.

In this Study Module refers to **Life Skills Training Module** which develops Life Skills.

Life Skills Training

In this study **Life Skills** are abilities for adaptive and positive behaviour that enable SWHI to deal effectively with the demands and challenges of everyday life.

The **Life Skills training** pertaining to the present study refers to the intervention programme that is imparted to the students with hearing impairment studying between SSLC and UG. The life skills training focuses on development of the

selected life skills (6) out of 10 suggested by WHO, to deal effectively with the demands and challenges of everyday life.

1. Problem Solving
2. Critical Thinking
3. Effective Communication Skills
4. Decision-Making
5. Self awareness Building Skills
6. Interpersonal Relationship Skills

Students with Hearing Impairment

Students with Hearing Impairment refers to children having hearing loss of sixty decibels or more in the better year in the conversational range of frequencies, age ranging from 14 to 19 years with no other significant disabilities and studying between SSLC and UG.

1.19 Objectives of the study

The following are the objectives of the study

1. To develop the Life Skills Self Assessment Scale (LSSAS) and study the level of life skills of Students with Hearing Impairment (SWHI).

2. To develop a training module on life skills development for SWHI and studying its effectiveness.
3. To study the significant difference if any in the development of life skills among SWHI who underwent modular based training with regards to their background variables (age, degrees of hearing loss, type of hearing impairment, type of School, locality, parent's educational status and parent's occupation).

1.20 Hypotheses of the study

1. There is no significant difference in the level of life skills among students with hearing impairment in experimental group before and after the modular based Life Skill Development Training.
2. There is no significant difference in the level of life skills among students with hearing impairment in control group before and after traditional teaching method.
3. There is no significant difference in the level of life skills among students with hearing impairment between control and experiment groups after the training.

4. There is no significant difference in the level of life skills among students with hearing impairment in different age groups in experimental group after the modular based Life Skill Development Training.
5. There is no significant difference in the level of life skills among students with hearing impairment based on degree of hearing loss in experimental group after the modular based Life Skill Development Training.
6. There is no significant difference in the level of life skills among students with hearing impairment based on type of hearing impairment in experimental group after the modular based Life Skill Development Training.
7. There is no significant difference in the level of life skills among students with hearing impairment based on type of school studied in experimental group after the modular based Life Skill Development Training.
8. There is no significant difference in the level of life skills among students with hearing impairment based on locality resided in experimental group after the modular based Life Skill Development Training.
9. There is no significant difference in the level of life skills among students with hearing impairment based on parent's educational status in experimental group

after the modular based Life Skill Development Training.

10. There is no significant difference in the level of life skills among students with hearing impairment based on the parent's occupation in experimental group after the modular based Life Skill Development Training.

1.21 Delimitations of the study

The present aims to find out the effect of life skills training among students with hearing impairment on their life skills development. The investigator delimited certain variables of the study as following:

- The researcher selected only male students as sample.
- The sample of the study has been limited to 30.
- Researcher selected only six life skills out of ten.

1.22 Organization of the study

The researcher has organized the thesis into five chapters, details are

Chapter 1 – Introduction

This chapter consists of theoretical conceptual framework of the study, rationale and need for the study, statement of the problem, delimitations and objectives set for the current study.

Chapter 2 – Review of Literature

This chapter deals with reviews of literature that are divided into three major areas related to the present research topic.

Chapter 3 – Methodology

In this chapter, the methodology employed for the study is explained with research design, sampling technique, research tools, development of training module, development of self assessment scale and data gathering procedures.

Chapter 4 – Analysis and Interpretation

This chapter explains the analysis of data and interpretation of results of the current study.

Chapter 5 – Findings, Discussion and Conclusion

This chapter is about the findings, summary, results and discussions based on findings of the current study, summary and recommendation for the future research.

CHAPTER 2

REVIEW OF LITERATURE

2.0 Introduction

The accumulated knowledge of the past provides the base on which the edifice of new knowledge is erected. The planning and execution of research should always be preceded by review of the literature in the related field as it helps the researcher to get insight into the work done and provides the background and context for the research problem. A thorough survey of the related literature is an integral part of research work. Related Literature is the foundation on which the structure of further studies is held. It is a crucial aspect of the planning of the study, and the time spent in such a survey is a fruitful phase of a research programme. Every investigator must know what sources are available in the field of enquiry, which are likely to be useful and where and how to find them. A careful review of the research journals, books, dissertations, theses and other sources of information, on the problem to be investigated is one of the important steps in the planning of any research study. It enables the individual not only to gain familiarity with the knowledge of the past performance and developments in the concerned area but also enhances the ability of the individual to make his own contribution towards increasing the previous stock of knowledge either by adding something altogether new

or developing the old one with a new perspective. Keeping in mind, the above mentioned purposes, efforts were made in connection with the present study too and the following related literature is reported.

The literature review for this research will discuss the relationship between life skills training and effect on typically developed children/adolescents, Children/adolescents with Special needs and Children with Hearing Impairment and various ways in which this has been addressed in the following sections.

In order to study the research conducted in the areas of present study, the researcher explored various journals, magazines, numerous books and web resources etc to gain profound conceptual knowledge on the research area. Based on the scrupulous analysis of the reviews of related literature, the researcher made an effort to present this chapter in 3 major areas and arranged in chronological order as given below.

1. Studies related to Life Skills & typically developed children / adolescents
2. Studies related to Life Skills & children / adolescents with Special needs.
3. Studies related to Life Skills & children / adolescents with hearing impairment

2.1 Reviews on Life Skills Development and effect of Life Skills Training on typically developed children / adolescents

Parsons et al. (1988) studied the effect of life skills training on adolescents. The sample comprised of 100 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. And the study results showed that life skills program has improved in teacher-pupil relationships.

Weisberg et al. (1989) studied the effect of life skills program on social competence and academic performance of the school students. The sample comprised of 156 school students and the experimental method using pre-test, post-test design, with control group was used in this study. Based on the data collected and statistical analysis, the results revealed that life skills training programme has improved both social competence and academic performance of the students.

Hawkins et al. (1992) in his study found that Life Skills Training has been made impact to increase academic test scores. The sample comprised of 40 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. Based on the statistical analysis it has revealed that individuals who received Life Skills Training will have good adjustment in the context of education

and are in their adjustment with curricular and curricular programmers.

Jeffrey & Blannie (1993) their purpose of the study was to examine the self-perceived coping, competency and contributory life skills development in early adolescents. The sample was 709 students from high school. The result shows that most of the samples had medium to high level of competency, coping and contributory life skill and there is a positive correlation between life skill and self-esteem. All youth developed similar level of life skills, self esteem was the best indicator to the extent to which youth perceived the development of the life skills.

Morgan et al. (1996) studied the impact of life skills training on Prevention of substance misuse among adolescents' students. The sample comprised of 110 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data the results shows that life skills training helps the adolescent students in the prevention of substance misuse.

Jessy (1998) studied the effectiveness of life skill education to improve the knowledge about life skill among high school students. The sample comprised of 120 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package. Statistical analysis

reported that the intervention programme of life skills have an improvement in knowledge in high school students.

Friesenhahn (1999) studied on life skills training to develop leadership skills. The sample comprised of 150 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher. And the results confirm that there is significant difference in the self esteem of adolescents after Life skills Training, along with improved ability to interact with others, strengthened communication skills, gain in creative thinking skills, enhanced ability to make their own decisions and manage their resources, and greatly improved their ability to effectively work in groups to accomplish group goals.

Khale et al. (1999) studied the impact of Life Skills Education on adolescent girls. This intervention study was conducted in total 72 villages of rural Maharashtra. Objectives of the study were 1. Delay age at marriage, 2. Improve social status through skills related to gender, legal literacy, team building, etc., 3. Improve health status by increasing their cognitive and practical skills in health and nutrition, 4. Promote self development, increase self confidence through community and individual projects. After Life Skills Education girls less likely to marry below 18 years, enrolment increased from 450 to 2000 girls, level of education and school going status also increased.

Nakkula & Nikitopoulos (2001) studied the effect of life skills training on inter-personal development among early adolescent students. The sample consists of 120 students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher and life skills self assessment scale. The data was analyzed statistically and the results showed that life skills training resulted in improvements to overall competence, with progress in the primary domains of interpersonal understanding, interpersonal skills, and the personal meaning of relationships.

Arabi (2002) studied the effect of life skills training on adolescent students. The sample consists of 70 students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher and life skills self assessment scale. Statistical analysis was shown that life skills training programs such as decision making skills training, problem solving, critical and creative thinking, communicative and social skills and skills for dealing with difficult situations increased the self-efficacy whereby contributing to the increase in the social compatibility.

Junge et al. (2003) examined the development of life skills with a sample of sixth grade students enrolled after school programmes. Results of retrospective pre/post-surveys indicate that children enrolled in the programme showed life skill gain

over time, and those gains on specific life skills differ as a function of age, gender, and ethnicity. And it is also revealed that there are significant gender differences in life skills among school going adolescents. Female school going adolescents possess significantly more life skills than male school going adolescents.

Sharma (2003) studied on the level and development of the life skills of secondary school adolescent's students. The sample comprised of 347 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Self administered life skills scale. As per the data collected and analyzed statistically, it was found out that the Life Skills training is more helpful into the development of the life skills and many factors influencing the level of life skills in the adolescents. Most of the teachers were not aware of the concept of life skills. Maternal education was significantly associated with higher life skill levels in adolescents. Connectedness and family support were other important factors influencing the level of life skills in the adolescents.

Zollinger et al. (2003) conducted a survey study to assess the impact of the Life Skills Training Curriculum on middle school student's knowledge, attitude, and ability to make good lifestyle decisions. Students in grades six to eight in the study schools received the Life Skills Training curriculum. Survey data were used to compare attitudes and knowledge of those exposed

with those not exposed to the program. There were significantly fewer current smokers, and more students exposed to the program indicated they intended to stay smoke-free. Fewer of those participating in the program “hung out” with smokers and more said they should easily refuse a cigarette if offered one. Students completing the Life Skills Teaching Curriculum were more knowledgeable about the health effects of smoking.

Tarmyan (2003) studied the effectiveness of life skills training program to prevent drug use and guidance among school students. The sample comprised of 160 students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data the results indicated that life skills training program plays major role in providing of psycho - social specificity of children and adolescents. Due to the training on life skills, the children and adolescents are empowered on the effect of drugs on the health and life.

Davis (2004) found the impact of life skills training program on the behavioural and cognitive factors of psychological well being of Black and White college students. The participants in the program were 376 Black and White college students. Each participant got the training of life skills for twenty sessions in a month and completed the college Self-Expression Scale. The Self-perception Profile for college students and College Adjustment Scale. The four domains of Self-perception Profile for the college students were included in the

data analysis i.e. Scholastic Competence, Physical Appearance, Social Acceptance, and Global Self-worth. Psychological well being was measured as Anxiety and Depression with the use of College Adjustment Scales. Cultural differences were evident in levels of assertion as reported by Black and White college students, as Black Students were scoring higher than white students on the Assertiveness Scale. The data revealed cultural differences regarding associations with assertiveness and self concepts to the amount of anxiety and depression experienced by the Students. According to data inferior global and scholastic self-concepts among white college students were significantly associated with higher levels of anxiety and depression. The issue for Black college students was identified as social acceptance, which held a significant negative association with anxiety and depression. However there was improvement in the self -concept, depression and anxiety levels of students with training program.

Albertyn et al. (2004) have studied the patterns of empowerment in individuals through the course of a life skills program, and they concluded as per the results that life skills training cause to enhancement of the active role in living, responsibility in job environment, planning for the future and the critical think ability.

Winkleby et al. (2004) have studied the effect of life skills training on attitudes, self-esteem, depression and beliefs of the adolescents. The sample comprised of 40 adolescent students

and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data it is found that Life Skills Training have significant effects on attitudes and beliefs regarding substance use but rather less effects on actual behavior. The impact of life skills training on physical symptoms of anxiety and insomnia were significant, but the impact was insignificant on social dysfunction and severe depression in students. The effectiveness of life skills training on global self-esteem, social self-esteem and academic self-esteem was significant, but was insignificant on family self-esteem.

Safarzadeh (2004) studied the effect of life skills training on female students of the secondary schools. The sample comprised of 50 female students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher. And in this empirical research the results showed that life skills training are effective in efficient social communication in female students of secondary schools. Life skills training effect on decision-making capability, deliver of clear message, respecting the rights of others, self-knowledge, the ability to express compassion, the ability to express strongly in high school students.

Hamidi (2005) studied the effectiveness of life skills training on adolescent girls' behavior. The sample comprised of 40 adolescent girls and the experimental method using pre-test,

post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher. As per the analysis of the collected data the results revealed that life skills are effective in improving in girl's behaviour and in their emotional adjustment too.

Papacharisis et al. (2005) investigated the effectiveness of teaching a life skills program among all the Greek youth citizens. The sample comprised of 90 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data the results of the study indicated that young athletes who participated in the program (i) demonstrated greater knowledge about life skills (ii) indicated higher self beliefs for personal goal setting, problem solving, and positive thinking (iii) performed better in volleyball and soccer games and also in athletics.

Yadavari (2005) studied the effect of life skills education on public health and self-esteem and self-expression of middle school students. The sample comprised of 40 middle school students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package prepared by the researcher. As per the analysis of the collected data the results of the study showed that life skills education had positive effect on public health, self-esteem and self-expression of students. Life skills education helps the middle school students

to maintain their health properly and to develop the positive self-esteem among the students.

Slicker et al. (2005) studied the relationship of parenting style to older adolescent's life skills development in United States. The research was conducted at a mid-south university in the USA. 660 Universities students with a mean age of 17.9 years were surveyed regarding their perceptions of their parents' parenting behavior and their perception of their own life skill development. 'Responsiveness' and 'demandingness' were the two parenting style index assessed. The life skill domains measured were interpersonal communication, decision making, health maintenance and identity development, using life skill development inventory – college form. The results indicated that parental responsiveness, predicated life skill development in all four domains where as demanding was not a significant predictor in any of the four domains. The results of this study suggest positive life skills development in older adolescents is related to having been reared by parenting style high in responsiveness.

Nair (2005) studied the effect of life skills education for adolescents. The sample comprised of 96 school's adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data it was reported that after the intervention Adolescence needed help and guidance in various dimensions of life skills such as decision making, problem

solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions to lead a life. Extra care was needed while offering help to adolescents problems because it was not easy for teenagers to accept the fact that they need help. So, all adolescents need support and guidance as life skill trainings. The Family Life and Life Skills Education Programme is a good support system for adolescents at the community level.

Alamdarlo & Setareh (2006) their study aims to review the impact of life skills training on the reduction of conduct disorder in secondary school students. 20 boy students with conduct disorder between ages 13 &14 of one school on the base of the available method were selected randomly assigned to experimental and control groups as sample for the study. The research was done according to the quasi-experimental method through pre-test, post-test and follow-up with control group. CSI-4 test was administered to the sample groups, afterward the experimental group received the instruction twice a week of one month. At the end of the experiment the two groups were tested through CSI-4 test and the result of the statistical analysis analysis revealed that the significant difference between two groups. After follow-up for one month it was pointed out that the results were stable and the findings showed that life skills training significantly reduce the amount of conduct disorder of the students.

Gamble (2006) studied on teaching life skills for Student Success. The sample comprised of 200 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the collected data the interpretation of the results were mentioned that Chicago Public Schools (CPS) recognized that their graduates were still struggling to find employment. They also concluded that those graduates who found employment were having difficulty retaining their jobs. Chicago educators hired the company All Students Can Learn to write curriculum of life skills training that addresses employability skills for junior high school students through university students and adults entering the workforce.

Tuttle & Heicler (2006) studied the effect of life skills training to develop positive attitude among adolescents, the investigation reveals that the life skills training increased the extraordinary capability of teens to positive promotion and flexibility. This study tested the addition of a cognitive-behavioral skill-building component called Positive Adolescent Life Skills (PALS) training to an existing intervention for urban adolescents to enhance resiliency. Sixteen adolescents aged 12 to 16 years (10 boys and 6 girls) attending an urban secondary school was randomly assigned to Teen Club or Teen Club plus PALS. Boys and girls met separately in one of the two conditions for 30 weeks. The Problem-Oriented Screening Instrument for Teenagers (POSIT) subscale scores were measured at baseline and at the completion of the program. Results suggest that the

PALS component strengthened the existing intervention and lend preliminary support for the continuation of this combination of interventions. Future research with larger numbers is needed.

Hyatt & Filler (2007) studied the Life skills training among adolescents. The sample comprised of 50 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data it was reported that life skills training has positive effects on self-confidence, responsibility, and self-assertiveness, which leads to increased attention and social support from others and less mental pressure among adolescents.

Madnawat et al. (2007) studied the effect of life skills and gender on psychophysical well being and coping response among adolescents. The sample comprised of 80 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package. As per the analysis of the collected data it was found in the study that life skills and gender creates a significant main and interactive effect on physical well being, value and creativity, emotions, relations, life management and coping except that there is no significant main effect of life skills and gender on psychological well being and total physical well being among adolescents.

Chiti (2007) examined the effects of life skills training on male secondary school students' behavior. The sample comprised of 30 male students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data it was found that training program proved that it has positive effective on male secondary school students' behavior. Behaviour changes have been observed in different situations, during the study.

Shohadaie (2007) have studied the Life skills training effect on identity styles and assertiveness of female students in high school. The sample comprised of 40 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. As per the analysis of the collected data it was reported that life skills training increased social adjustment of female students in high school.

Bharath & Kishore (2008) proposed a model to improve physical and mental health programme using the life skills methodology to promote the psycho social competence of adolescents in schools. And in their study it is found that development model of life skills helps the adolescent students to maintain appropriate physical and mental health in their life. Development of a model school mental health program using the LSE methodology and psychosocial competence of the adolescents as the goal is described. The highlights of model are: (1) Comprehensive health in adolescents is the goal; (2) Using

Life Skills as the medium; (3) Providing a structure to the program by activities; and (4) Teachers as facilitators.

Yadav & Iqbal (2009) study aimed to see the impact of life skill training on self-esteem, adjustment and empathy among adolescents. The sample comprised of 60 adolescent students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Self esteem inventory (school form), Adjustment inventory for school students (AISS) and the Empathy quotient (EQ). The result showed that subjects improved significantly after life skills trainings on self-esteem, emotional adjustment, educational adjustment, total adjustment and empathy. However, no significant difference was found on social adjustment in pre and post condition. Overall training was very effective as subjects improved in the post condition on all measures except one (Empathy), thus showing that Life skill training do show positive results in bringing change in adolescent's attitude, thought and behavior by providing supportive environment to them.

Lineo (2009) had conducted a study on Life Skills of adolescents to improve all aspects of the life and education such as quality education, ensuring equitable access to appropriate learning and facilitating Education for All (EFA) and Millennium Development Goals (MDG) initiatives. The purpose was to explore the main components of life skills programmes to address development problems such as poverty reduction,

preventing spread of HIV/AIDS and alcohol and drug abuse. The study examined how the programmes were implemented and evaluated at Primary schools, Secondary schools and institutions of higher learning. Qualitative data was collected through document review and analysis; in the institutions of higher learning, principals, education officers and curriculum developers. The findings highlight a number of issues and potentials emanating from the life skills training in the delivery of the programmes.

Rahmati et al. (2010) studied the Effectiveness of life skill training on Social adjustment in Children. This research aims at evaluating the effectiveness of training life skills on children's social adjustment in 4th grade of elementary school. The target population for this study was chosen randomly and both experimental and control groups consisted of 20 participants who had been matched on the basis of age and intensity of social adjustment. Social adjustment was assessed by Tahmasian peer rejection test and Mattson social skills test. Results from statistical methods; analysis of covariance, block analysis of variance, and t-student showed that training life skills to children promote their social adjustment.

Nasser & Gharamaleki (2010) studied the Efficacy of life skills training on mental health and self esteem of the students. The aim of this study is to achieve to effects of life skills training on providing mental health and self esteem of students. The study method was experimental research method. The sample

was 40 students and the experimental method using pre-test, post-test design, with control group was used in this study. For data collecting the tools used were Lawanda's questionnaire of anxiety, depression and stress and also the Rosenberg' self esteem scale and the Mohaghegh questionnaire had been used and Rosenberg's self esteem scale which used to measure general self esteem of the students. The results showed that the life skills training has affected on anxiety, depression and stress of students suspected to the mental disorder. This study showed that life skills training is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder.

Muafi & Hendri (2010) research investigates the role of life skills training in influencing self efficacy, self esteem, life interest and role behavior for unemployed youth. It is a survey research by experiment research type. The respondents are participants from youth drop outs of school particularly unemployed youth. The technique of sampling utilizes purposive sampling. The amount of sample, which required the criteria to be examining, is 73 respondents. The technique of statistics applied in this research is paired samples t test. The result of hypothesis examining explains that there is a difference of self efficacy, self esteem, life interest and role behavior before and after training.

Impact of life skills training was also assessed by Nejad (2010) on self esteem, mental health and assertiveness of High Schools students. Total 200 male students of first grade of high

schools were selected as the sample and the quasi-experimental method using pre-test, post-test design, with control group was used in this study. Data were collected by Personal Data Sheet (prepared by the investigator) used to gather personal information regarding each subject; Mental Health Questionnaire (Goldberg, 1979); Self-esteem Questionnaire (Coopersmith, 1967) and Assertiveness Questionnaire (Herzberger & Shan, 1984). One-way ANOVA, t- test and Pearson Product Moment Correlation Analysis were the statistical techniques. Results exhibited the significant difference between the scores of experimental group and control group, therefore showing the positive effect of life skills training.

Bharath & Kishore (2010) their main aim of the Study was to Empower adolescents about mental health program with life skills education in schools. 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 pro-social 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. It is also reported that life skills education improved their self-efficacy and self-esteem, and it is also noted that mental health promotion of adolescents using life skills education is essential for empowering the adolescents. And it is also found that at the end of the life skills programme it had significant on self esteem, adequate coping better adjustment and pro-social behavior.

Rao (2011) analyzed the importance of Life Skills Education (LSE) in terms of behaviour modification of juvenile delinquents. Interactive and participatory methods were adopted for the training. The sample comprised of 50 adolescent and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills education package. As per the statistical analysis based on collected data the results indicated that life skills programme helped them to strengthen their personalities. Behavioural changes are happening among the juvenile delinquents especially among the boys who were trained and criminal propensity came down and morality increased.

Akbar (2011) conducted the study of the Effects of Life Skills Training on High School Student's Satisfaction of Life. The sample comprised of 24 students and the experimental method using pre-test, post-test design, with control group was used in

this study. The tools used for the study was Scale of satisfaction of life: this test comprises 24 questions based on Likert Scale. Results showed that with 95% confidence, life skills trainings increase high school students' satisfaction of life.

Salavati et al. (2011) studied the effect of life-skills training program on Iranian third grade middle school students. This study was carried out to determine the effects of life skills training program on third-grade middle school students. Through this causal-comparative research, 310 thirteen to fourteen years old students (both sexes) have been chosen and divided into two groups of control and experimental. The instrument used for collecting the data was a questionnaire made by the researchers themselves, whose validity and reliability had been confirmed ($\alpha = 88.48\%$). Using t-tests and Chi tests, study results revealed that programmes used for life skills do not affect students' life skills. However, there was a significant difference between the male and female students. Therefore, more to material developers' concern, more revision and reconsidering is needed in this field, since successful run of this program can lead to students' development in every aspect of their lives, including educational, mental, and social development. It is also revealed and suggested by this study, that life skills training program has been proved as efficient and beneficial to students in the dimensions of the life skills development.

Awasthi & Kumari (2011) studied the development of life skills for reproduction health among adolescent girls. The

sample comprised of 80 adolescent girls and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life skills training package and reproduction health questionnaire. Statistical analysis done as per the data collected and the results found that the training in life skills promotes increased awareness on reproductive health.

Esmaeilinasab et al. (2011) study designed to investigate Effectiveness of life skills training on increasing self-esteem of high school adolescents' students. It is a pseudo-experimental study with 160 high school adolescents' students. After educating the training program, subjects administered Cooper Smith self-esteem questionnaire (58-items version). Results Findings of the study indicated that life skills training lead to significant increase of self-esteem in study group in contrast to control group subjects. Conclusion Psycho education and mental health programs such as life skills training could cause to increase the necessary skills in students and decline school and educational problems.

Kaur (2011) study was carried out to examine the effects of life skills intervention program on the emotional intelligence of college adolescents. The current study comprised of 60 male and female college students falling in the age group of 18 to 20 yrs and experimental method using pre-test, post-test design, with control group was used in this study. Generalized Self Efficacy Scale, Sevenfold Emotional Intelligence Scale and

Cooper Smith Self Esteem Inventory were used in this study. The collected data were analyzed using paired sample t test to examine pre post test mean difference which revealed a significant increase in the scores of EQ. The results from the study clearly demonstrate the positive impact of the life skills intervention programme on the emotional intelligence skills of the group exposed to the intervention program.

Tahereh et al. (2011) study was designed to investigate The Effectiveness of Life Skills Training on Happiness, Quality of Life and Emotion Regulation. Life skills training showed that it has significant difference in the scales of happiness and emotion regulation and quality of life in psychological health, social relationship and physical situation subscales. But there were no significant difference in the physical health subscale. Life skills' training is an effective intervention for increasing happiness, quality of life and emotion regulation. This study is a quasi-experimental with pre-test post test and control group design. 26 students were randomly selected and assigned to two experimental and control groups. The experimental group attended in sessions of life skills training (coping with negative mood, effective relationship, assertiveness, anger management and stress management) which altogether lasted for three hours. Oxford Happiness Questionnaire, World Health Organization Quality of Life Questionnaire and Shute Emotion Regulation Questionnaire were administered for both groups. Data were analyzed using ANCOVA and MANCOVA method. Life skills

training showed to have made a significant difference in the scales of happiness and emotion regulation and quality of life in psychological health, social relationship and physical situation subscales. But there were no significant difference in the physical health subscale. Life skills' training is an effective intervention for increasing happiness, quality of life and emotion regulation.

Roodbari et al. (2011) has been conducted a study with the purpose of investigating life skills training's effect on social development, emotional and social compatibility of female students of high school in Neka city of Iran. The sample was 30 female students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was social development questionnaire of Alice Witsman and high school students' adjustment questionnaire of Sinha and Singh (1993). Findings showed that life skills training has a positive effect on social development, emotional and social adjustment. Therefore, Life skills training improved social development, emotional adjustment, social adjustment, and finally this kind of skill training could increase the public health level and adolescence compatibility.

Arya et al. (2012) their purpose of this study was to determine the effectiveness of life skills instruction on general health and social adjustment in girl students. The sample consisted 14year girl students studying in the school. As a random sample were students with the highest score in the questionnaire general health, social adjustment (AISS): Selected

and were assigned in two groups, each group 20 persons. The research design of the experimental and control group pretest and posttest. After random selection of experimental and control groups, the first for both groups, pre-test was performed, then the experimental intervention (life skills instruction) trail were presented to the group after completing the training program, the post- test was taken. Findings: Multivariate analysis of covariance data (MANCOVA) showed that life skills instruction in increasing general health, social adjustment, girl students is used effectively and efficiently.

Raveendra (2012) has studied the effect of life skills among adolescents. The sample consisted of 120 adolescent and the experimental method was used in this study. The tools used for the study was life skills training package. As per the analysis of the collected data the results clearly indicated that Life skill education is very effective in educating the youth about prevention of drug, sexual violence, teenage pregnancy, suicide prevention, consumer education etc.

Amirian (2012) tried to examine the effect of life skills education on academic achievement of high school male students. The study assessed the impact of training on problem solving skills, self awareness and coping with stress skills and to impart the life skills training of different methods on students' academic achievement. Simple random sampling was done. The type of the study is practical and research method used was a post test type with control group of multiple groups. To

determine the experimental and control groups, 105 students of secondary school were selected randomly and they were replaced in four experimental groups and one control group. For this purpose teaching life skills package as well as teacher made and academic achievement tests were used as the research tools. And they were implemented in control group of training in usual and customary manner. For data analysis, one-way analysis of variance and Turkey pursuit test were used. Based on the results of research it can be said that teaching the problem-solving, self awareness, coping with stress skills separately and these three factors together have an impact on students' academic achievement and there are significant differences between the effectiveness of the experimental groups. So life skills education has a positive impact on academic achievement of the high school students

Anjali et al. (2012) studied the Effect of Life Skill Training on Academic Anxiety, Adjustment and Self Esteem Levels in Early Adolescents. The sample comprised of 252 students and the experiment method was used in this study. The tools used for the study was Academic Anxiety Scale for children, Self-esteem Inventory and Adjustment Inventory were used in the study. The present research work has been designed to address the problems of academic anxiety, lack of adjustment and low self-esteem in early adolescents through a specially designed intervention and bring about a positive change in mental makeup and value system of students. The interventional

processes include group meditation, breathing techniques, group discussions, outdoor activities and learning through fun and games. As per the data collected and statistical analysis the findings reveal that there is a significant decrease in academic anxiety post intervention. Further, there is a significant improvement in self-esteem as well as adjustment level of the students.

An article published in a news paper The Hindu (August, 2012) on the topic Life Skill training for teachers to help students. This article showed the efforts of Gandhigram Trust, Madurai, India in the area of life skills. The trust organized a seminar on life skills education to school teachers at Gandhigram. Trust has developed a module on life skill education for eighth, ninth and tenth class students to enhance their skills and help them handle things efficiently. To begin with, hands on training will be imparted to teachers in educational institutions under its control. Later, the training will be extended to others. In his special address, Management Consultant and Life Skills Trainer R.V. Dakshinamurthy said that teachers were given hands on training in conducting different sessions through focus group discussions, presentations, role plays, games and simulations. Life skill module will be based on the skills suggested by UNICEFF.

Sahebalzamani et al. (2012) studied the efficacy of life skills training on general health in students. This was a one group, pre-test, post-test, quasi experimental research. 40

students were selected through purposive sampling method. The data collection tool was Goldberg General Health Questionnaire. The results through Paired t-test showed a 22 score significant decrease in general health after education compared to before education ($P < 0.01$). It is also revealed that life skills education increases general health level of the students.

Khera & Khosla (2012) have studied the relationship between self concept and core life skills on adolescents studying in secondary classes. The sample comprised of 500 adolescent students and the survey method was used in this study. The investigators used Self Concept developed by Dr Pratibha Deo and Self made test of Core life skill comprising of 50 statements covering of ten areas of core life skill. As per the data collected and statistically analysis the results showed that life skills education have positive correlation with self concept. The Major findings of the study that there is a positive co-relation between Core Affective Life Skill and Self Concept of adolescents which means those who posses these essential skills are better confidence in all aspects and they are able to understand themselves. Being empower of Self-awareness they developed positive self-esteem among adolescents.

Lolaty et al. (2012) their present study was aimed at determining the effect of life skills training on the emotional intelligence among the first year students of Medical Sciences. It is an experimental study, the subjects were selected by random sampling and allocated into two groups: Case group ($n=20$) and

control group (n=19); they matched for gender, experience of stressful life events in the past six months, level of interest in the field of study, and level of emotional intelligence. The two groups responded to Bar-on Emotional Quotient Inventory before starting the experiment. Subsequently, the case group underwent life skills training. After the training, Bar-on Emotional Quotient Inventory was responded by the case and control groups again. The data was analyzed using descriptive statistics including Chi-square test, paired and independent t-tests, using SPSS software version 15. Results indicated in the case group, the scores of emotional intelligence after life skills training were significantly improved ($t=11.703$ $df=19$ $P=0.001$), while no significant difference was observed in the control group ($t=0.683$ $df=18$ $P=0.503$). By performing programs such as life skills training, the levels of emotional intelligence of the students could be increased, which itself could lead to academic success, reduced substance abuse, and increased stress tolerance in the students.

Savoji & Ganji (2013) studied the Improvement of the mental health status of university students through Life Skills Training (LST). The purpose of this study was to investigate the effectiveness of Life Skills Training (LST) program on mental health of university students. The sample was comprised of 60 (20 boys and 40 girls) undergraduate that held on 12 sessions of 2 and half hours in counseling center of university. The design of pretest-posttest without control group was employed.

Participants answered to General Health Questionnaire (GHQ, 28 items) before and after they received the LST program. The data were analyzed by t-tests for dependent groups and covariance method. The results showed that there was a significant effectiveness of LST program on mental health of students, and girls received more benefit of the program than boys. According to this study, life skills training can be useful for increasing mental health of university students.

Azar et al. (2013) their purpose of this research is to study the effectiveness of life skills training (LST) program on achievement motivation and academic achievement in the high school students. The research method is experimental with pre-test, post-test and control group. The sample of 145 was selected through cluster random sampling and was placed into two (74 experimental and 71 control) groups. The Hermans Achievement Motivation Test (1970) was administered for all students before and after the training. The experimental group received the LST program as treatment. The data were analyzed by descriptive statistics methods and covariance. The findings showed that LST program have effect on achievement motivation and academic achievement of students and its effect on girls and boys were similar.

Mirzaei et al. (2013) studied the Effect of a Course of Life Skills Program on the Male-Students' Self-Esteem. The research aimed to focus on the effect of a course of life skills program on the male-students' self-esteem in high schools. The research was

performed empirically by pretest and posttest on 286 students in high school in multiple stages and cluster method. Then, 40 students with self-esteem under 25 were chosen and divided into control and experiment groups. Both groups, at first, were examined by pretest; then, the group passed the process of a course of life skills program; finally, both groups were evaluated by posttest. Cooper Smite's Questionnaire was the instrument of data collection. The data was analyzed by SPSS 15 in a statistic and descriptive, mono-literal analysis variance-independent t test. The research showed that a course of life skills program not only affected the student's self-esteem but it also has a significant difference with general, educational, social and family self-esteem. In other words, a course of life skills program cause to achieve success and effect self-concept success namely increase in self-esteem.

Prakash (2013) studied the Relation between Social intelligence and core life skills - A study on higher secondary school students. The present study is an attempt to explore the relation between Social Intelligence and ten Core Life Skills at Higher Secondary School level. Survey method was adopted for the collection of data from 650 students. Normative Survey method was used for the study. Social Intelligence Scale (SIS) was administered to 650 students for measuring Social Intelligence. The Cores of Life Skills (CLS) were also administered to the sample for measuring the 10 Cores of Life Skills of Higher Secondary school students. The findings of the

present study reveal that there is very close positive relationship between Social Intelligence and ten Core Life Skills. And it is also found that there is a significant correlation between social intelligence and the ten core life skills.

Hajizadehanari (2013) studied the effectiveness of life skills education with religious approach to safety, mental health and self-esteem in elementary school students. This study is concerned with the effectiveness of religious life skills training, and its impact on the mental health and self-esteem of elementary school children. The statistical population of the study includes all the male students studying in fifth grade of elementary. The 60 students were randomly assigned to the experimental and the control groups. A pre-test was administered to both groups and then the experimental group received 16 sessions of religious life skills instruction in 16 weeks. The present study is quasi-experimental with a pretest-posttest design with a control group. Research Tools - Goldberg General Health Questionnaire GHQ-28, Coopersmith's Self-Esteem Inventory (GCSE) and the Practical Guide to the Instruction of Religious Life Skills were the instruments used in this research. Findings of the study are Religious life skills training improves students' mental health. Religious life skills' training improves students' self-esteem. The impact of life skills training on physical symptoms of anxiety and insomnia were significant, but the impact was insignificant on social dysfunction and severe depression in students. The effectiveness of life skills training on

global self-esteem, social self-esteem and academic self-esteem was significant, but was insignificant on family self-esteem.

Sakineh et al. (2013) their study examined the life-skills perception of freshmen undergraduate students. The respondents of the survey were 500 young adults aged 18 to 25 years from selected universities in Malaysia. Life-skills Development Inventory-College Form was used to measure life skills in four domains: interpersonal communication, decision making, health maintenance and identity development. The finding revealed significant gender difference in health maintenance. Recommendations of the study underscored the relevance of the findings in interventions and skills building activities.

Mostafa (2013) study is to determine the effectiveness of teaching life skills on educational achievement and social acceptance of middle school students. The research method of feedback with two groups of experiment and certification of sample amounts 619 people in each group were selected. Research tools consist of questionnaires of life skill, social acceptance and questionnaire of individual and personal background information. Basis of life skill equal to 787/0 and basis of social acceptance equal to 730/0 that were reviewed. The results of research theories shows that the skill of self - understanding and excitement has influence in students' educational achievement ($> P 01/0$) but the communication skill has no effect on students' educational achievement ($< P 05/0$). The

skills of decision making and problem solving have effect on student's social acceptance. Triple skills (Excitements, Communicating, decision making and problem solving) are not similar in educational achievement of both male and female students ($P = 0.05$) and the effect of self awareness among male and female students is different ($P < 0.01$). Comparing effects of quadruple skills on educational achievement in different levels show that the amount of quadruple skills has conceptual effect on educational achievement in first grade middle school.

Gomes & Marques (2013) examined the effects of a training programme on students' acquisition of life skills, life satisfaction, life orientation and expectations about academic achievement. The sample comprised of 84 adolescent students and the experimental method was used in this study. The tools used for the study was Youth experiences survey (YES, 2.0) (Hansen and Larson 2005; Portuguese adaptation by Gomes, Ramalho, and Dias 2010). The acquisition of life skills was assessed using the youth experiences survey (YES, 2.0), cited as one of the most promising questionnaire in this domain (Gould and Carson 2008). Results showed that students who received the intervention reported having more developmental experiences related to life skills, greater life satisfaction and a stronger tendency to be optimistic. Expectations about academic achievement were higher for the intervention group before and after the intervention. In conclusion, there are benefits to

providing life skills training to adolescents in educational contexts.

Fahimeh & Hassan (2013) their present study was an attempt to study effect of life skill training on self esteem of high school students in Iran. For this purpose initially five high schools were selected randomly. The total sample of the present study comprised sixty (60) female students. Then, they were assigned randomly to experimental and control groups. Each group had 30 subjects the experimental group was given Life skill training for 10 days, while the control group was not given such training. The Self-esteem of the experimental group were measured before and after Life skill training, while the Self-esteem, of the control group were measured twice but without Life Skill training. Self -esteem was measured by using Coppersmith's self-esteem inventory (1981). It was found that there was a significant difference between pre and post condition on all the dimensions of self-esteem, i.e., General, Social, School academic and Home parent self-esteem. On all the dimensions, subjects of the experimental group scored higher in post condition than pre condition. In other words, life skill training was effective in increasing self-esteem.

Niraki & Rahimi (2013) conducted a study on Effect of Life Skill Training on Self -Esteem of High School Students. For this purpose initially five high schools were selected randomly. 60 students were selected 12 from each school that was having low self-esteem, therefore, total sample of the present study

comprised sixty (60) female students. Then, they were assigned randomly to experimental and control groups. Each group had 30 subjects the experimental group was given Life skill training for 10 days, while the control group was not given such training. The Self-esteem of the experimental group were measured before and after Life skill training, while the Self-esteem, of the control group were measured twice but without Life Skill training. Self-esteem was measured by using Coppersmith's self-esteem inventory (1981). It was found that there was a significant difference between pre and post condition on all the dimensions of self-esteem, i.e., General, Social, School academic and Home parent self-esteem. On all the dimensions, subjects of the experimental group scored higher in post condition than pre condition. In other words, life skill training was effective in increasing self-esteem. The result of this study clearly illustrate the positive effect of life skills training on adolescents and importance of self-esteem as an important personality variable that needs to be strengthened through life skills training and as it is directly related effects negative behaviors.

Ahmad et al. (2014) their purpose of this article is to study the effect of life skills training on high school girl students' mental health and self-esteem. The research method used in this study is semi-experimental with pretest, post test and control group. The sampling method was classified random one and 100 students were allocated to experimental and control groups. The measures were Coldberg's mental health and Coopersmith's self-

esteem. To analyze the data, SPSS, descriptive statistics, inferential statistics and independent test were used. The results showed that the training of mental health life skills on physical signs, anxiety and insomnia is significant, but it is not meaningful on social inactivation and depression. Life skills' training is significant on self-esteem as a whole, social self-esteem and educational self-esteem but not on familial self-esteem. Individuals with better life skills in the society can better express themselves and it leads to improve self-esteem. Therefore, it seems that with the use of social skills to adolescents, their positive self-concept and self-esteem will increase.

Pujar & Hunshal (2014) studied the Impact of intervention on life skill development among adolescent girls in Karnataka and they found significant improvement on various life skills among adolescent girls. And they have also observed that life skill education is helpful for the rural adolescent girls to take positive actions and improving their coping skills of stress and problem solving ability. Mother's education was found to be significantly associated with higher life skills levels in the adolescents.

Rakesh (2014) studied to find out the life skills of pupil teachers. A sample of 300 pupil teachers was taken. Descriptive survey method was applied. A standardized scale on life skill assessment was administered to the entire sample. The result reveals that majority of the students have just average level of

life skills which are not adequate. There is a need to train the teachers and consequently develop the life skills among the students. There was no significant difference in life skills between male and female pupil teachers as well pupil teachers belonging to urban and rural area. However, a significant difference was found between science and arts pupil teachers. Science pupil teachers were found to possess higher level of life skills as compared to arts pupil teachers.

Moshki et al. (2014) studied the Effect of Life Skills Training on Drug Abuse Preventive Behaviors among University medical science students. This study was conducted using pre- and post-experimental design with the control group. The Samples were 60 university medical science students (50% male and 50% female) entering university in different majors, selected through quota random sampling and assigned randomly into two equal intervention and control groups after matching. LST was given to experimental group. And the results showed that LST could either promote participant's knowledge about drug abuse preventive behaviors or decrease risk factors leading to drug abuse as a significant post-test increase in the intervention group's drug abuse preventive behaviors mean scores was observed. The study results indicated that the intervention group's observed pre- and post-intervention difference remained stable even in the follow-up test conducted 4 years after the main treatment.

Anuradha (2014b) the study was conducted to assess the life skills and self-concept of adolescents studying 9th standard. One hundred students were selected randomly from four high schools (50 boys and 50 girls) using systematic, stratified random sampling technique. Life Skills Self Rating Scale developed by Anuradha (2005) was used to assess the life skills and Self Concept Rating Scale developed by Prathiba Deo (2011) was used to assess the self-concept. The results revealed that adolescents were having moderately good life skills and scored moderate in self- concept scores. Moderate association was found between life skills and father's education and self-concept score and family income ($p < 0.05$). However, a strong association was found between the life skills and self-concept scores of sample adolescents.

Amir et al. (2014) the study examined the impact of life skills education on self-esteem and self-efficacy of Technical School Education students. 60 students were selected by simple random sampling and were randomly assigned to experimental and control groups. The instruments used in this study consisted of the Coopersmith's (1967) Self-Esteem Inventory (the 58- item version) and the self-efficacy questionnaire by Shererer & Adams, 1982 (the 17- item version). Then the experimental group received 12 weeks of life skills training. The data were analyzed using Independent t-test statistics. The results showed that there was a significant difference between the scores of experimental and control groups in self-esteem and self-efficacy. In other

words, the results of this study indicated that life skills' training has an effect on increasing the self-esteem and self-efficacy of students.

Khaledian et al. (2014a) studied the efficacy of training life skills on the students' self esteem. The current research was conducted with the aim of the efficacy of training life skills on the students' self esteem. In this research 40 students were selected through the random sampling method available as the research sample volume. The method applied in this research is semi empirical with two groups of experiment and control. To collect data the 58 item Cooper Smith questionnaire was used. To analyze data, the descriptive statistics as well as inferential statistics (covariance analysis) were applied. Results indicated that the average self esteem scores in the experimental group posttest are higher than that of the posttest in the control group. And the results shows that life skills training will boost mental health and increase their sense of being valuable and satisfaction will also rise among school students.

Khaledian et al. (2014b) conducted with the aim of the efficacy of training life skills on reducing depression among the University students. The selected samples for this research were 40 students selected through the random sampling method available as the research sample volume. The method applied in this research is semi empirical with two groups of experimental and control. To collect the data, Depression questionnaire was used which is a revised Beck's BDI-II depression form with 21

self-report items designed for evaluating depression was used. To analyze data, the descriptive statistics (average, standard deviation...) as well as inferential statistics (covariance analysis) were applied. Results indicated that the average depression scores in the experimental group's posttest are lower than that of the posttest in the control group. It is concluded that training life skills is effective on reducing depression of the students.

Shirdel & Nezhad (2014) their present research aimed to investigate the relationship between life skills, mental health and academic achievement of male and female students. The research employed a correlation method. The statistical population included all the secondary schools' students, out of which a sample of 100 individuals (50 female students and 50 male students) was selected using convenience sampling from secondary schools' students. The data gathering tools included life skills questionnaire, the students form and General Health Questionnaire (GHQ-28) and GPA as the indicator of academic achievement. Results indicated that there exists positive and significant relationship between the decision-making skills, effective relationship, stress coping, empathy, problem-solving, interpersonal relationships, creativity and complete scale of life skills. Moreover, significant and positive relationship was observed in the scales of life skills and academic achievement except for the scale of self-awareness scale. However, no significant relationship was observed in the variables of

decision-making skills, critical thinking skills and emotion management skill.

Anuradha (2014a) An attempt was made in the present study to assess the life skills among adolescents. The sample were 600 adolescents (300 boys and 300 girls), studying Intermediate course in three different types of colleges (Govt. /aided, Private and corporate) across Andhra Pradesh and were selected through multi-stage stratified random sampling technique. Life Skills Self Rating Scale (LSSRS) specially developed for this purpose was used for assessment of life skills of adolescents after standardization. The results revealed that adolescents secured moderately good score on LSSR scale. Significant gender difference was observed in the mean scores of life skills. Boys scored more on skills like decision making, coping with emotions and problems solving, where as girls exceeded boys score in self awareness, critical thinking and empathy skills. Comparatively students from corporate colleges exceeded others in skills such as decision making, effective communication, self awareness, problems solving, critical thinking, and inter-personal relationship skills. With regard to place of residence ,when compared with students of other places students from Vijayawada scored better on life skills score in creative thinking, effective communication, problem solving, empathy and coping up with stress. As studies have reported that life skills can be taught a need for life skills based education is emphasized.

Prajina & Godwin (2014) in their article they studied the Impact of Life Skills among Adolescents: a Review - The end of twentieth century can be considered as both the best and worst time for adolescents. It provided maximum opportunities to grow independently. But at certain extend unimaginable developments of technologies diverted their capabilities to unfertile engagements. The psycho-social factors of adolescents itself is a contributing factor to their misbehavior. Being the turning period of life this is the right time to take right decision. In this condition life skills have important role in their future determination. Life skills are those psycho-social skills that enable individuals to cope effectively with their life challenges. This article draws how the life skills contribute to the individual development of adolescents does.

Kaur (2014) in her study she aims to assess the life skills among school going adolescents in relation to gender, locale, parental education and parental occupation. The present study aims to assess the life skills among school going adolescents in relation to gender, locale, parental education and parental occupation. The sample consisted of 200 school going adolescents studying in government and private schools. Life skills scale (Sharma,2003) and the background information sheets prepared by the investigator herself were used to collect the data. The findings revealed that female and rural school going adolescents possess more life skills than their counterparts. School going adolescents whose fathers and

mothers are less educated possess significantly more life skills than their counterparts. School going adolescents who have business as parental occupation possess more life skills than their counterparts. Results of the study further revealed that school going adolescents whose mothers are non-working possess significantly more life skills than those with working mothers.

Belinda & Dinesh (2014) aimed a study to understand the Importance of Life Skills Education for Youth. An attempt is made in the present study to understand the Life Skills which are needed the most for our students to overcome the lags created by our education system and major troubles of students in their education and the strategies which can be adopted to overcome those troubles. The results showed that the Implementation of Life Skills program have effect on Youth studying Schools and Colleges in controlling the anger and reduce the problems of Young Minds.

Sreehari & Nair (2015) studied the effect of life skills training among school going adolescents. This study explores the effect of age and gender on life skills among adolescents between the age group of 13 to 18 yrs. Surveys were administered to 484 male and 487 female students (N = 971) to assess life skills. The main instrument used Tools were employed to gather new facts or to explore new fields. Life skills assessment scale (LSAS) developed by Nair.R.A.et.al was used for the data collection. The Life skills assessment scale is a self administration scale. Data was collected in class room setting

with the informed consent of the adolescents. To answer the objectives, an independent t-test with a two-tailed test of significance and one way ANOVA was employed. The findings in the study suggest that there is no gender or age difference in life skills among school going adolescents.

Ayub & Razieh (2015) studied the Impact of life-Skills Training Program on Fostering the Rate of Mental Health among Adolescent Students. Present study has been conducted with the purpose of investigating life skills training effects on fostering the rate of mental health among adolescent students. The present study is experimental type in which pre- test and post-test design were used with control group and random assignment of subjects. The statistical populations of study consisted of 80 students in first-grade of high school, after the screening 24 subjects who score their tests above the cut point was higher than normal were selected randomly in two groups of 12 subjects and replaced in experimental and control groups. The experimental group was trained in life skills about 10 two-hour sessions, once a week. The tools used in this research were based on Goldberg General Health Questionnaire GHQ-28 and the practical guide to life skills Instruction were used in this research. Findings showed that life skills training can be considered a supportive method for reducing the symptoms of anxiety, depression, physical and social issues.

Parvathy & Renjith (2015) studied the Impact of Life Skills Education on Adolescents in Rural School boys and girls. The

major objective of the study is to analyze the knowledge of life skills among adolescents and the impact of „life skills education training on their knowledge level. An experimental study method involving pre- post study is conducted with experiment-delayed group. A sample size of 57 is taken with 30 samples in experimental group and 27 samples in experiment-delayed group. Life Skills knowledge level analytic questionnaire specially prepared by the researcher for the study which includes questions covering ten skills was used to assess the level of life skills. The experimental and experiment–delayed groups were found similar in their socio-demographic status. The study has revealed significant impact of Life Skills Education training on adolescents. And their study reported that there is a significant impact of life skills education on rural adolescent boys and girls’ mental health.

Maryam (2015) studied the relationship between life skills and self-confidence among primary students. The sample for this study was 392 students in 4th, 5th and 6th grade of elementary school and were randomly chosen to respond to the standard questionnaires of self-confidence and social skills and finally, results of these questionnaires were analyzed by bivariate regression and test results showed that there is a significant correlation in self-awareness, effective communication, interpersonal relationships, coping with stress, emotion management, problem solving, decision making and critical thought with confidence of elementary students in Robat

Karim ($P < 0.01$). However, no significant correlation was observed between empathy and critical thinking of students confidence ($P < 0.05$).

Gerami et al. (2015) done a Systematic Review on Life Skills Training and Its Effectiveness. In this study, they had comprehensive review of the variety of life skills and effectiveness in order to provide strategies to improve damages within the family by a broader view. The purpose of this program was to help people understand themselves better and have appropriate and effective interpersonal relationships, emotional control, and better management of stressful situations and solve the problems of the people. Life skill teaching program is provided for promotion of mental health and prevention of social damages. It is aimed at providing opportunities by performing the program; the skills which help them be able to act for themselves and others and whole the society effectively and properly.

Babaei & Cheraghali (2016) studied the effectiveness of training the context of life skills book on the self-confidence of the high school girls. The present research was conducted to examine the influence of the training of the life skills book on the increase of the self-confidence of the high school girls. It was an experimental method (with 2 groups of experimental and control) research. The participants were 600 students who were randomly selected from 6 cities and randomly divided to experimental and control groups. The experimental participated

in a life skills class once a week for 4 months. The researcher used Eyzing self- confidence questionnaire for testing the hypothesis. The result showed that teaching life skills book increasing the experimental group self –confidence in 3 cities was significant while in other 3 cities it didn't show significant results. Because cultures and situation may affect training life skills book, it may be possible that it shows different results.

2.2 Reviews on Life Skills Development and effect of Life Skills Training on children / students /adolescents with special needs

Cronin (1996) in his article Life skills curricula for students with learning disabilities: A review of the literature presents a review of the current literature on life skills curricula and instruction as they relate to students with learning disabilities. The review of life skills literature is organized into two sections: intervention and follow-up/follow-along studies. Based on the available research, several suggestions for designing research programs that address life skills curricula and instruction for students with learning disabilities are outlined.

Hilary & Tim (2004) studied the Life Skills Training in Schizophrenia, study assessed the effectiveness of a life skills training intervention for people with a diagnosis of schizophrenia, facilitated by occupational therapists working in

community mental health teams. Seventeen clients with a diagnosis of schizophrenia and a life skill deficit participated in up to 12 sessions of life skills training, based upon a treatment manual written specifically for the study. The intervention was facilitated by eight occupational therapists who received training in life skills therapy. For the 13 participants who completed the life skills intervention, participation was found to reduce negative symptoms and overall levels of general psychopathology, although this was not reflected in social functioning. Indeed, a statistically non-significant deterioration in social functioning was found upon completion of the intervention. This uncontrolled study does not allow definitive evaluation of the value of life skills training in schizophrenia, but it does provide justification for a larger-scale controlled trial of a manual based approach to life skills training with this client group.

Moradi & Kalantari (2006) studied the Impact of Life skills training on psychological profile of women with physical-motor disabilities. This study investigates the impact of life skills training program (developed by WHO-1993) on mental health and social-emotional aspects in women with physical-motor disabilities. 16 women with physical-motor disabilities were randomly selected and assigned into experimental and control groups. First, GHQ was administered for the both groups as the pre-test. Then ten week training sessions were administered for the experimental group, and in each session one of the basic skills

propounded in life skill was trained. At the end of sessions, GHQ was again administered for the both groups as post test. The data collected through the above tools and statistical analysis was done accordingly. The covariance analysis showed that life skills training could enhance the mental health, and could decrease anxiety and social maladjustment, but not depression. This study has helped to get a better understanding for delivering mental health service for the targeted groups.

Kingsnorth et al. (2007) were done a systematic review of life skill programs for youth with physical disabilities and stated that five of the six studies demonstrated short-term improvements in targeted life skills. The aim of this study was to determine the effectiveness of life skill programs emphasizing independent functioning in preparation for adulthood among youth with physical disabilities. They stated that conclusions are limited because of different interventions, skills, disabilities, and outcome measures with respect to the effectiveness of the programs. There is some support for the use of multi-component interventions for developing life skills among youth with disabilities. However, there are relatively few rigorously designed, published studies that have evaluated the effectiveness of life skill programs.

Soheila et al. (2007) have studied the effects of life skills training on personal relationship, self-esteem and assertiveness of blind girls. The sample comprised of 26 blind girls and the experimental method using pre-test, post-test design, with

control group was used in this study. The used tools in this research about subscale of personal relationship come from exciting intelligence questionnaire of Brad berry and Griaves-self-esteem questionnaire of Rosenberg assertiveness questionnaire of Alberti and Emmons and researcher constructed demographic questionnaire. Multivariate analysis of variance result showed that the Life Skills Training had meaningful and positive effect on self-esteem and assertiveness of blind girls but no meaningful effect on their personal relationships.

Quigley (2007) studied the Effects of Life Skills Instruction on the Personal-Social Skills Scores of Rural High School Students with Mental Retardation. The sample comprised of 39 students with Mental Retardation and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life centered career education (LCCE) knowledge battery and Competency Rating Scale (CRS). Based on the data collected and statistically analysis it is revealed that the students participating in the experimental group did not show a greater increase in scores on the Knowledge Battery and Competency Rating Scale of social skills than the scores of students who belonged to the control group. Furthermore, interviews with the participating instructors indicate that the experimental group would potentially demonstrate significantly higher scores if the personal-social

skills curriculum was continued over an extended period of time and continuously reinforced.

Emeka (2008) examined the use of music to teach life skills to students with emotional disabilities in the classroom discussed the teaching of life skills to urban American youths who were highly fascinated with the hip-hop culture- songs, raps, miming, lyrics, dressing and musical rhythms, especially individuals with emotional disabilities in the public schools. It was an instructional curriculum strategy to encourage positive and active participation of these students, promote perfect school attendance, encourage good behaviors, deal with anger management and motivate committed learning in the classroom. The instructors' understanding of students' culture, learning needs and styles, and using such background knowledge to educate them become imperative in this setting. These urge for innovative and leadership projects in the author's special education classroom necessitated the application of hip-hop music to teach life skills, reading and other functional skills in the classroom. The outcome was positive and rewarding to both the teachers and students. There were recommendations for interested teachers to devise creative teaching methods, differentiated instruction and appropriate classroom management practices to attain student achievement.

Ahmadian & Fata (2009) in their study examined the effect of life skills education on children with mild intellectual disability. The sample comprised of 30 children with mild

intellectual disability in this study. The tools used for the study was WISC_R and results indicated that the effect of Life skills education program had positive effects on Self-knowledge, interpersonal relationship, and anger management among children with mild intellectual disability.

Sajedi (2009) investigated the impact of training life skills among blind girls on their interpersonal relations; self esteem and expression of oneself. The sample consisting of 40 blind girls were selected. The experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was life Life skills training package. Based on the data collected and statistically analysis it is revealed that life skill training has effect on their interpersonal relations; self esteem and expression of oneself among blind girls'. And it is also revealed that because of life skills training positive self esteem helped them in many important situations.

Morgen & Brian (2009) have studied Functional Life Skills Curricular Interventions for Youth with Disabilities - A Systematic Review, The relationship between functional or life skills curricula (the intervention) and transition-related outcomes for secondary-aged youth with disabilities is explored in this systematic review. A total of 50 studies intervening with 482 youth with (largely) disability labels of moderate to severe mental retardation were reviewed. The findings of this review provide tentative support for the efficacy of the use of functional or life skills curricular interventions across educational

environments, disability types, ages, and gender in promoting positive transition-related outcomes. These findings are discussed in terms of characteristic features of the literature set and competing trends in secondary education. Selected studies in a number of specific curricular areas are recommended.

Pourseyedi et al. (2010) studied "the effectiveness of life skills training program on the adjustment rate of the blind and low vision students". The sample comprised of 30 blind and low vision students and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Adjustment inventory for school students (AISS) as per the analysis of the collected data the results indicates that life skills training program is an effective way to increase low vision and blind student's compatibility.

Bouck (2010) studied about the Life Skills Training for Students with Intellectual Disabilities in and out of School and this study represented a secondary analysis of the National Longitudinal Transition Study-2 data to understand the reported receipt of life skills instruction in school and out of school for individuals with mild and moderate/severe ID. Frequency distributions, significant tests and a t-test were used to understand receipt of life skills in and out of school for both individuals with mild and moderate/severe ID. And as per the data analysis it is reported that life skills training is not received by Individuals with disabilities either during schooling or out of

the school. So their parents feel that life skills' training is required either in the school or out of the school.

Momeri (2010) has tried to investigate the effectiveness of life skills training on the social competence and communication skills of students with dyscalculia. The sample comprised of 40 students with dyscalculia and the quasi-experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Key math test, Raven IQ test, Felner social competence scale. As per the data collected analyzed and the results reported that life skills training has positive effect on students with dyscalculia and they have developed social competence and communication skills too.

Akbar et al. (2011) research intends to investigate Effect of Life Skills Training on Family Functioning of Epileptic People's. The sample consisted of 30 adolescents Epileptic People's and the method semi-experimental type with design of pre-test / post-test with control group was used in this study. The tools used for the study was Family Assessment Device (FAD) and the data were analyzed by covariance analysis method. Given results of the present research, life skills training next to other treatments can be employed in order to reduce health care costs arising from psychological, social and familial problems and to improve performance quality of families in question as the most essential children support system particularly epileptic people and the obtained results represent effect of life skills training on increase of sound functioning of epileptic people's.

Baniasad et al. (2012) their study determined the Effectiveness of life skills education by empowerment approach to social work on physically and motor handicapped girls. The sample comprised of 30 adolescent girl students with physically and motor handicapped and the semi-experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was California Individual Social Adjustment Questionnaire. The results revealed that Life skills education by empowerment approach to Social work is effective way to promote a level's adjustment of physical motor disabilities girls.

Azadeh et al. (2013) assessed the efficacy of teaching life skills on the social competence of students with dyscalculia and the study determining the effectiveness of instruction of life skills on social competence and it's components in students with dyscalculia. The sample comprised of 40 students with dyscalculia and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was key-math test, Rion's memory test, Felner's social competence criterion. The results of study showed that the instruction of life skills cause to improving in social competence condition of student with dyscalculia. It is also revealed that after the life skills instruction existing social competence, Behavioral skills and motivation preparation was meaningfully increased. At end it indicates that the life skills instruction can be effective in increasing skills and improving

life quality of students.

Molajabari & Bahrami (2013) have studied Effectiveness of Life Skills Training on Family and Social Self-esteem in Exceptional Children's Mothers. This research attempts to study the effect of training life skills on mental health of mothers who have exceptional children. A pre-test, post-test, with control and experimental groups were designed. The sample comprised 30 mothers having one exceptional child and divided equally into two groups. The experimental group received training life skills including self awareness, problem solving, stress coping, and communicative skill for 12 sessions. The research instruments were general health questionnaires. The data analyzed using ANCOVA test. The results showed training life skills had statistically positive effect on increasing mental health ($F=15/2$, $df=1/27$; $p=0/005$) of experimental group. Meanwhile the results showed that training life skills had positive effect on decreasing anxiety ($F=39/2$, $df=1/27$; $p=0/01$) and depression ($F=7/96$, $df=1/27$; $p=0/005$). The results revealed that Life skills training can increase family self-esteem and social self-esteem of exceptional children's mothers.

Kazemi et al. (2014) examined the effectiveness of life skills training on the self-esteem and communications of students with dyscalculia. The sample consisted of 40 students with dyscalculia and the quasi-experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Key-Math Mathematics Test,

Rosenberg Self-Esteem Scale and Vineland Social Maturity Scale (VSMS) - Social Developmental Questionnaire. The MANCOVA results showed that life skills training were significantly useful and it is increasing self-esteem and communication skills and it is also indicated that life skills training can positively increase the self-esteem and develop the communication skills among students with dyscalculia.

Sima & Hasan (2015) studied the effectiveness of Life Skills Training on Quality of Relationship and Self-Esteem in Disabled Young People. The sample comprised of 30 disabled young people and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Izenk self-esteem questionnaire, Quality of relationship inventory (QRI). And the statistical analysis of the data revealed that life skills training for disabled people can improve the quality of relationships, depth of relationship and self esteem and in the other hand decrease conflict in interpersonal relationship. Life skills training dose not effected on social support in disabled people. In overall the results of present study suggest life skills training effect on quality of relationship and self esteem in disabled people.

2.3 Reviews on Life Skills Development and effect of Life Skills Training on children / students / adolescents with hearing impairment

Guita et al. (2012) investigated the effectiveness of life

skills training on the social competency of hearing-impaired students in middle schools in Iran and the results showed that life skills training had a significant effect on the social competency of hearing-impaired students. The results also revealed that life skills training had a positive and significant effect on all subscales of social competency in these students: (cognitive skill, behavioral skill, emotional competency) and motivational sets. Life skills training can improve the social competency of hearing-impaired students. It is recommended that planning life skills training programs for hearing-impaired students receives serious attention.

Vernosfaderani (2014) investigated the effectiveness of life skills training on enhancing the self-esteem of 8-16 year old students with hearing impairment in inclusive schools. The sample was 54 students with Hearing Impairment and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was Leiter International Performance Scale and Cooper Smith self-esteem Inventory. T-test was used to compare variables between the two groups. The results indicated that training life skills to students with hearing impairment promote their self-esteem. In other words, life skills' training is effective and enhancing the self-esteem of hearing impaired students in inclusive schools.

Movallali, et al. (2014) studied the Effect of Life Skills Training on Social Skills of Hearing Impaired Students between

10 – 12 years. The sample was 38 students with Sensory Neural Hearing Loss and the experimental method using pre-test, post-test design, with control group was used in this study. . The tools used for the study was Wechsler intelligence test Social Skills Rating Scale or SSRS (Teacher Form). MANCOVA was used to compare variables between the groups, and the results showed that life skills training had a significant effect on the social skills and subscales (cooperation, assertiveness and self control). Life skills training can improve the social skills of hearing impaired students. Therefore, training of life skills has a crucial role in improving the social skills of hearing impaired students, and deserves to be given more attention.

Adibsereshki et al. (2015) have studied the Effectiveness of Life Skills Training on Enhancing the Social Skills of 12-16 years male Children with Hearing Impairment in Inclusive Schools. The sample comprised of 24 male Children with Hearing Impairment in Inclusive Schools and the experimental method using pre-test, post-test design, with control group was used in this study. The tools used for the study was The Social Skills Rating Scale (SSRS). The results were analyzed through independent t-test and analysis of covariance (ANCOVA). The Results revealed that the intervention was effective and is statistically significant and instructions were effective in social skills and concluded that life skills' training was effective for enhancing the social skills of students with hearing impairment.

2.4 Summary of the Review of Literature

The reviews of the researches related to life skills show that a number of studies have been done in the area of life skills and many areas have been covered for studying the impact of life skills. Some studies have been done to see the existing status of life skills, which life skills are being used to face different conditions in the life by children/students/adolescents. These researches help us to recognize various useful life skills which we use consciously or unconsciously. Effect of life skills training have also been seen on the selected sample and found beneficial for improvement in the sample. Sample, for doing research in the area of life skills includes students with hearing impairment. The reviews of life skills show that by seeing the importance of life skills many of the investigators have tried to use life skills training to improve their quality of life of students with hearing,

Reviewing various research articles by different researchers, it seems that most of the studies in life skills conducted among typically developed children/students/adolescents. Very limited number of studies has been conducted among children/students/adolescent with hearing impairment related to need, importance of life skills and the effect of life skills training. The researcher after analyzing the above studies critically, made an attempt to do an experimental research on the development and effectiveness of the life skills training among students with hearing impairment.

A thorough analysis of the related review of literature provided the researcher which strong conceptual knowledge of the research area. The researcher reviews **107** studies related to the current study and have categorized into **3** areas.

The researcher could find **83** studies related to the first area "Life skills related to typically developed children/adolescents". All the studies emphasized the need, importance of life skills and life skills training for better mental health, social skills development, development of self-esteem, adjustment, for better academic performance, to improve social competency, to prevent misuse of smoking, drugs and related substances, to reduce depression and anxiety levels of the students/adolescents, to improve physical and psychological well being, to improve quality of life of typically developed children/students/adolescents.

19 studies were reviews under the second area "Life skills related to children/adolescents with special needs". The findings of the studies revealed that need, importance of life skills and life skills training to reduced negative symptoms of schizophrenia, to improve self-esteem, assertiveness and personal relationship of the blind girls, to develop personal social skills, anger management, self-awareness of children/students/adolescent with mental retardation, encourage positive and active participation of these students, promote perfect school attendance, encourage good behaviors, deal with anger management and motivate committed learning in the classroom

of children/students of emotional disabilities, to develop quality of life, social competence and communication skills of students with dyscalculia, to improve the working condition in the society and self-confidence of students/adolescents of physical and motor disabilities and other children/students/adolescents with special needs.

There were 4 studies in the third area "Life skills related to Children/Adolescents with Hearing Impairment". The findings of the studies revealed that need, importance of life skills and life skills training to enhance the Social Skills, social competency and self-esteem of Children/Adolescents with Hearing Impairment.

The reviews of International and national literature reveals a gap in the research that seems to connect life skills training for promoting better quality of life among students with hearing impairment (SWHI) population. The researcher after analyzing the above studies critically, made an attempt to do an experimental research on Life skills training to develop life skills among student with hearing impairment. The hypotheses of the present study are set according to the in-depth evaluation of the previous research done in this area.

CHAPTER 3

METHODOLOGY

3.0 Introduction

Research methodology is a way to systematically solve the research problem. This chapter describes the research methodology adopted for the current study such as research design, sampling design and procedures, tools used and its administration, development and use of tools and intervention package for training and data analysis procedures.

3.1 Research design

The investigator adopted experimental method using pre-test and post-test design to study the effectiveness of modular based training in developing life skills among students with hearing impairment.

3.2 Sampling Design

A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample. The researcher has employed purposive sampling method under non-probability technique in this current study to select the sample.

By using purposive sampling method, the researcher selected a total of 30 students with hearing impairment.

3.3 Sample

A total of 30 students with hearing impairment studying in Industrial Training Institutes in Coimbatore District were taken as sample for the current study. The sample (30) was divided into control (15) and experimental (15) groups by using the pre-test LSSAS scores of the students with hearing impairment. The age range of the sample was 16 to 19 years, and students without any other associated disabilities were selected.

Table 3.1 Distribution of the Sample

S. No	Variable	Category	Number	Exp. Group	Con. Group
1	Age Group	1. 16 years	7	4	3
		2. 17 years	10	5	5
		3. 18 years	8	4	4
		4. 19 years	5	2	3
2	Degree of Hearing Loss	1. Severe	15	11	4
		2. Profound	15	4	11
3	Type of Hearing Loss	1. conductive	11	5	6
		2. Sensori Neural	19	10	9
5		1. Day School	14	8	6

	Type of School	2. Residential School	16	7	9
6	Locality	1. Rural	21	9	13
		2. Urban	9	6	3
7	Parents' Occupation	1. Job	9	5	4
		2. Business	6	3	3
		3. Agriculture	8	5	3
		4. Labour	7	2	5
8	Parents' Education	1. Illiterate	11	3	8
		2. Literate	19	12	7

Table 3.2 Difference between the pre-test LSSAS scores of Control and Experimental groups

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Group	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Pre-Test_Con	15	58.40	3.418	15.40	231.00	111.000	0.950
Pre-Test_Exp	15	58.53	3.314	15.40	231.00		

The above table describes the analysis of pre-test mean scores of LSSAS between the control and experimental groups.

The pre-test Mean and SD were 58.40, 3.418 and 58.53, 3.314 of control and experimental groups respectively. The Mean rank and Sum of ranks 15.40, 231.00 and 15.40, 231.00 of control and experimental groups respectively. The Mann-Whitney U Test was applied to find out whether the pre-test mean scores differ significantly between the control and experimental groups. The calculated Mann-Whitney U value is 111.000 and significant at .950. The Mann-Whitney U value with 14 degrees of freedom at the significance level of 0.05 is 64. Thus there is no significant difference in the level of life skills among students with hearing impairment between the control and experimental groups at entry level of experiment.

3.4 Variables

The variables selected for the current study are

Independent Variable : 1. Life skills training, 2. Selected background variables - age, degree of hearing loss, type of hearing impairment, type of School, locality, parent's educational status and parent's occupation.

Dependent Variable: Post-test Score of LSSAS.

3.5 Research Tool - 1 : General profile of SWHI

A general profile called as demographic details was used to obtain the required basic data such as age, gender, degree of

hearing loss, type of hearing impairment, type of school, locality, parent's education, and parent's occupation from the selected sample.

3.6 Research Tool - 2: Life Skills Self Assessment Scale (LSSAS)

Life Skills can be acquired and enhanced, to bring in personal success in all spheres and for leading quality and productive life. Life Skills are potential of being observed through measurement and a visible change in behaviour could be overtly seen through life skills enhancement training. Recognizing the conceptual frame-work of WHO, the Life Skills Assessment Scale was constructed to assess the levels of life skills among Students with Hearing Impairment. The second research tool employed in the present study was "Life Skills Self Assessment Scale (LSSAS)" is a four point rating scale was developed by the researcher. The tool LSSAS is made to measure selected 6 domains of life skills such as Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and problem solving. The rating scale is consisting 42 items under 6 domains of life skills. These items has four point rating as always, often, rarely, never with the scoring of 4,3,2 and 1 respectively, but for some of the items the scoring will be reversed such as 1,2,3 and 4 respectively. The 42 test items have been arranged in such a fashion that the one test

item pertaining to each dimension being measured are arranged one after the other i.e., the test items under the first dimension are arranged in the order of 1st, 7th, 14th, 21st ... item sequence. This approach was adopted with a view to reduce the halo effect and the logical errors and also to relieve the respondent from monotony. The added advantage is that the tool LSSAS could be self administrated or could be utilized even in a group situation. Initially LSSAS developed in English and translated into Tamil Language.

Table 3.3 Domains and items in LSSAS

S.No	Domains of Life skills	No. of Items
1	Self-Awareness	7
2	Critical Thinking	7
3	Effective Communication	7
4	Interpersonal relationship skills	7
5	Decision making	7
6	Problem solving	7
Total		42

The scores obtained under each dimension represent the level of life skills in the respective domain and summation of all

the score obtained under each of the selected 6 dimensions would evolve as a total score for life skills.

3.6.1 Development of the Life Skills Self Assessment Scale (LSSAS)

To understand the existing level of the life skills of SWHI, researchers have reviewed the related literature. Careful literature review was done through which about 100 studies on the subject of life skills education, assessment and training were collected from various sources. Based on reviews, the list of various life skills referred to in various studies were delineated for the purpose of deciding the areas to be covered under the 10 core life skills and also to pool the test items pertaining to each dimension. On the stand of related reviews and experience, interaction and observation of the researcher with children and students with hearing impairment, researcher developed Life Skills Self Assessment Scale (LSSAS) for SWHI. A four point rating scale was developed by the researcher to assess the 6 domains of the Life skills among the sample. Initially a total of 72 items were pooled under 6 domains of the life skills. Based on the professional opinion (Jury Opinion) and suggestion through validation only 42 items were selected for the final tool. The final rating scale had 42 items that were spread under 6 domains of life skills, each area having 7 items. The items has four point rating - always, often, rarely, never with the scoring of 4,3,2 and 1 respectively, but for some of the items the scoring will

be reversed such as 1,2,3 and 4 respectively. LSSAS is a self administered rating scale. Principles such as relevance, clarity of test items, were strictly adhered to in order to establish congruence with the research background considering the face validity of the test items judged by the professional team. The tool was developed in English and further translated into Tamil language for the easy understanding and effective response by the sample. The opinion of experts in the field of English and Tamil language was sought to ensure the appropriate use of language.

LSSAS has 42 items, 7 each from the 6 domains to be answered/rated as Always, Often, Rarely and Never. After the validation and reliability a pilot study was conducted on 10 students with hearing impairment studying higher secondary education to check the suitability of the final LSSAS.

3.6.2 Validation of LSSAS

In order to validate the Life Skills Self Assessment Scale for Students with Hearing Impairment (LSSAS), it was distributed among the professionals in the field of psychology and special education (Hearing Impairment). A total of 44 professionals involved in the Jury. They are 10 psychologists, 10 Teacher educators, 10 special educators, 4 hearing impaired teachers and 10 integrated school teachers who have adequate experience in the field of special education. Initially a total of 72

items were pooled under 6 domains of the life skills and those items were circulated among the professionals. They were requested to mark the appropriateness of the items. An extensive exercise was done to establish face and content validity of the Life Skills Self Assessment Scale in the initial stage of the tool construction later with the same professional expert team consisting of various professionals and experts hailing from disciplines such as Psychology, Education and Special Education scrutinized each of the test item and established the Face and Content validities of the Scale. Based on the suggestions of the experts, certain test items were modified and a few were eliminated. After going through the LSSAS, the professionals expressed that the items are satisfactory and relevant to the hearing impaired population. Based on their opinion and suggestion only 42 items were selected for the final tool.

3.6.3 Reliability of LSSAS

Reliability means the consistency or repeatability of the measure. It refers to the confidence we can place on the measuring instrument to give the same numeric value when the measurement is repeated on the same subject. It is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trails. In short, it is stability or consistency of scores over time or across raters.

To establish the reliability of the tool (LSSAS) the researcher used Test-retest & Split-Half method. Test-retest reliability refers to temporal stability of a test from one measurement session to another. The procedure to administer the test to a group of respondents and then administer the same test to the same respondents at a later date. The correlation between scores on the ideological test given at different times operationally defines its test-retest reliability. The researcher administered the tool for 10 hearing impaired students at secondary and higher secondary education level and a retest was done after a period of four weeks. The collected data were then tested for the reliability coefficient to find out the reliability of the tool. The test-retest correlation for the LSSAS was .909 (significant at the 0.01 level) is the correlation coefficient. Then the test-retest reliability coefficient (.909) and Split-half reliability coefficient (.82) were found highly reliable. After finding the reliability coefficient, the tool LSSAS was used to assess the level of life skills of the selected sample.

3.7 Research Tool - 3: Life Skills Training Module (LSTM)

Life Skills are potential of being observed through measurement and a visible change in behaviour could be overtly seen through life skills enhancement training. Recognizing the conceptual frame-work of WHO, the Life Skills Training Module

was constructed to train the selected life skills among Students with Hearing Impairment. The third research tool employed in the present study was "Life Skills Training (LSTM) module" is an activity oriented training module on 6 selected domains of life skills, was developed by the researcher. The training module LSTM is made to give training on selected 6 domains of life skills such as Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and problem solving. After the construction of LSSAS for SWHI the researcher started working on the construction of the life skills training package for intervention. The training module consisting of two sections as Introduction part and Activities part. In the introduction part a detailed explanation about the selected life skills was given. The aim of this section was to create awareness on the selected life skills, explains the importance of the life skills and use of the life skills in day to day life to lead a better and quality life. The second section Activities part explain the theme of the selected life skills, objectives, time duration to complete the task/activity, material required to complete the task/activity, type of task/activity, focused life skilled through the particular task/activity, procedure to be followed to complete the task/activity which includes warming up exercises, open discussion, worksheet and test your selves. The strategies and techniques imparted to teach life skills were lectures and group discussions, storytelling, activity oriented tasks, games, role play, puzzles and teasers etc, discussion etc. in

the life skills training programme of SWHI. The life skills training was prepared to carried out for 60 sessions (a session of an hour) to train the selected 6 life skills. One life skill was allotted with 10 sessions in which first 4 sessions was to create awareness of the selected life skill, importance in the life of that skills and use of the skill in day to day life, and remaining 6 sessions were the activities on the selected life skill. A total of 18 activities were prepared among 6 selected life skills (each life skills consisting 3 activities).

3.7.1 Description about the Life Skills Training Module

Self-Awareness is very important life skill which helps us to know ourselves in a better way. It is very important to know ourselves and knowing oneself is stepping stone to success. Introspection and identifying one's inner qualities can help one to focus on one's strengths. The more confident we feel about our own decisions. Realizing self-awareness will enable one to take actions, make choices and take decisions that are consistent with one's own abilities. Through the 3 activities in the LST module, the students will get an insight into their likes and dislikes, strengths and weakness, how they see themselves and how others perceive them. Through these activities students introspects and identify their qualities, strengths, weakness, likes, dislikes positive and negative qualities. These activities also improve the self-esteem of the SWHI.

Critical thinking is the ability to think clearly and rationally. It is a type of reflective thinking that is aimed at deciding what to believe or what to do. Critical thinking is a reflective thinking that facilitates good judgment. It involves both cognitive skills and dispositions (attitudes or habits of mind). It includes analyzing and making inferences which helps us choose certain activities or practices and reject others. Through the 3 activities in the LST module, the students will be able to think clearly and rationally, they realize that there is a difference between appearance and reality, and can easily detect the difference. They will also learn the appropriate behaviour to be adopted on the road, and they will come to know selection of the subjects, streams for their future carrier. They look into all aspects of a situation before taking any decision. Through these activities SWHI can develop critical thinking skills to adjust with immediate environment.

Effective Communication is the ability of expressing oneself clearly and effectively during interactions with other people in any given circumstances. Verbal or nonverbal communication forms the essence of human relationships to be most effective in communication. Effective communication is a skill that can be learned and developed through constant practice. It involves, among others; active listening, effective use of verbal/verbal and body language, observation, and respect for others' feelings. Responding to a critical situation is also communication. Communication comprises of reading, writing,

speaking and listening/observation. All of them have to be learnt. Ability to listen/observe makes one a good communicator. Through the 3 activities in LST module, the students will understand the importance of effective communication both verbal and non-verbal. They also understand that listening/observing others is an important task in effective communication process. Through the group discussions and role-play SWHI can understand, the importance of responding to others in various situations. Through these activities SWHI can develop and improve effective communication skills to adjust with immediate environment.

Interpersonal Relationships skill helps one to relate in positive ways with the people one interacts such as family members, friends and acquaintances, which can be of great importance to our mental and social well-being. Interpersonal Relationship Skill is important in our lives to maintain a good relationship with others. We need to look at positive qualities in people. Appreciating others promotes good interpersonal relationships. While accomplishing a task within a group, we try to adopt a competitive approach, which in turn affects our relationship with others in the group. One must try to have a cooperative approach while working in a group to have good relations with others. Negotiation is an important skill in interpersonal relationships and is usually considered as a compromise to settle an argument or issue that will best benefit everyone's needs. It helps to bring us closer to others and to

resolve our conflicts. Sharing feelings with each other brings people closer. Sharing feelings also helps in a step towards resolving conflicts, if any. Every person is important in a Relationship network. We need to appreciate the presence of others in a team as together they can accomplish the task because of their unique strengths. Each one of us should know that while we are special, so are others. We need to respect and appreciate people who are different from us, as in our diversity lies our strength. Through the 3 activities in LST module, the students will understand the importance of Interpersonal Relationships skill in the daily life. They will get an insight about the relationship with family members and others who are interacting with others, negotiation skill. They will try to understand the importance of the relationship network or web and working in a group.

Decision-making is the ability to utilize all available information to assess a situation, analyze the advantages and disadvantages, and make an informed and personal choice. As a person grows up he/she is frequently confronted with serious choices that require his/her attention. Decision Making helps us to deal constructively with decisions about our lives. A decision represents a course of action chosen from a number of possible alternatives. Each one of us faces difficult situations in our lives. We should make decisions by choosing the most appropriate choices and then decide. To arrive at a decision, we need to gather information and should have evaluative and analytical

skills involves logical steps; determining the problem, considering multiple alternatives and choosing the best possible alternative based on a particular situation. While making a decision, it is really good to brainstorm and discuss on a topic and the relative importance of different aspects of the topic. Through the activities in LST module, the students will understand the importance of Decision-making skill. They will try to take opt decisions by using 3C' model, they can understand the various situations provided and take appropriate decisions accordingly. They will try to give reasons for their decisions taken during the practice of the activities.

Problem Solving helps us to deal constructively with problems in our lives. Problem solving is the ability to identify, cope with and find solutions to difficult or challenging situations. It is only happens through practice in making decisions and solving problems that young people can develop the skills necessary to make healthy choices for themselves. Situations will arise in life wherein decision needs to be taken and the challenge needs to be addressed. The puzzles and teasers enable the students to use their thinking skills to identify a problem and then coming up with answers. Problem solving is an art to be mastered. It is better to try solving a problem using suitable methods and procedures. Brainstorming helps in clearing a lot of doubts. While using the brainstorming technique in a group, several ideas can be generated. Problem Solving is best addressed with the support of creative and critical

thinking skills. Puzzles provide interesting simulations for practicing problem solving. Regular practice of solving puzzles sharpens the mental faculties and develops problem solving skills. Through the 3 activities in LST module, the students will understand the importance of Problem Solving skills. The students will try to understand the various conflict situations which may happens in the life and try to solve the problems. They will try to solve puzzles, teasers which will be useful to solve various problems in their daily life. In the activities the students place in a difficult situation, and asked them to come out of the problem, they will think and try to come out of the difficult situation through problem solving.

A careful analysis of the related literature compiled and discussions with experts in the field, the researcher enhanced to prepare appropriate activities for the training a module on the life skills training programme.

The activities section follows as

Objectives: The specific objectives of each area of life skills are explained in clear and comprehensive terms.

Warming up: This part is the starting the sessions where the researcher gives activity to the sample to warm up them and get prepared. Through this part the researcher also tries to connect the activity to the topic of that particular session.

Activities: The next part continues with the individual/group activities which includes the lectures, demonstrations, role-

plays, discussions and real life situations related to the skill selected. Students are split into groups or individually are required to discuss and share their view points on the given situation.

Open discussion: This part is an eye opener that includes brainstorming on the related area of life skills. Application of the skill in day to day life and the practical issues relevant to the skills is oriented and discussed.

Test yourself: This closing part attempts to ask few questions to evaluate the understanding and application of life coping with relevant selected life skills.

3.7.2 Development and preparation of Life Skills Training Module

To prepare Life Skills training module for students with hearing impairment, researcher has reviewed the related literature and the existing Life skills training module for typically developed children. Based on the related reviews, existing life skills training modules and experience, interaction and observation of the researcher with children and students with hearing impairment, researcher developed Life Skills Training Module (LSTM) for Students with Hearing Impairment. This LSTM was developed by the researcher to teach selected 6 domains of the Life skills among the sample. Initially a total of 10 domains of life skills (recommended by WHO, 1997) were

pooled. Based on the professional opinion (Jury Opinion) and suggestion through validation only 6 domains of life skills were selected from the final training module. The final Life skills training module consisting of 6 domains of life skills with introduction and activities sections. The LST module has a total of 18 activities among 6 selected life skills i.e., Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and Problem solving. The tool was developed in English. The opinion of experts in the field of English was sought to ensure the appropriate use of language.

To construct Life Skills Training Module (LSTM) the researcher approached 34 professionals in the field of special education (Hearing Impairment) such as Teacher Educators(10), Special Educators(10), Psychologists(10), Hearing Impaired Teachers(4). In this process of development of LSTM for SWHI, the researcher has done need analysis to select appropriate domains of life skills. As per the recommendation of WHO (1997), 10 domains of the life skills and related details were circulated among the professionals to select most appropriate suitable domains of life skills. Majority of the professionals selected 6 domains of the life skills are most important i.e., Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and Problem solving and remaining 4 domains can be taught after getting mastery on 6 domains of life skills. As per the suggestions and recommendation of the professionals, the researcher developed

Life skills training module for intervention to the experimental group consisting of 6 domains of life skills. So, the researcher had prepared Life skills training module to train only 6 domains of life skills.

The researcher developed a training module in order to provide intervention to the sample. The steps involved in the development of training module are as follows:

1. Item analysis: Analyzing the attributes thoroughly to check the relevance of life skills into 6 domains namely Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and problem solving.
2. Pooling the attributes under each component: Initially 10 domains of life skills were listed. 6 domains out of 10 were selected by the professionals.
3. Item Validation: Seeking the opinion of professionals on life skills training about the need of the hearing impaired at Higher Secondary education and above level. Total 6 domains have been selected for intervention which suits for students with hearing impairment.

Validation of the items to be included in the intervention package was done by getting the opinion from the professionals (Jury Opinion). The lists of domains were given to the professionals and were requested to select appropriate domains of life skills that are most required to the hearing impaired. After

getting the opinion and feedback from the professionals, 6 domains of life skills were selected namely Self-Awareness, Critical Thinking, Effective Communication, Interpersonal relationship skills, Decision making and problem solving for the intervention.

3.7.3 Validation of the Life Skills Training Module

In order to validate the Life Skills Training Module (LSTM) for Students with Hearing Impairment, and it was distributed among the professionals in the field of psychology and special education (Hearing Impairment). A total of 34 professionals involved in the Jury. They are 10 psychologists, 10 Teacher educators, 10 special educators and 4 hearing impaired teachers who have adequate experience in the field of special education. Initially a total of 10 domains of life skills (recommended by WHO, 1997) were pooled and those items were circulated among the professionals. They were requested to mark the appropriateness of the items. After going through the LSTM, the professionals expressed that the items are satisfactory and relevant to the hearing impaired population. Based on the professional opinion (Jury opinion) and suggestion only 6 domains of life skills selected for the final training module.

In order to obtain validity of the activities in the Life skills training module, the activities were given to professionals in the field of hearing impairment. Based on the opinion and feedback

of the professionals, suggestions were carried out and incorporated in the Life skills training module in the section of activities. Along with the Jury opinion the suitability and validity of the module on life skills training for the students with hearing impairment was ensured through content validity ratio. A rating scale was prepared by the researcher to validate the training module and circulated among the experts. They were requested to read the module and give their ratings in 3 point rating scale as most relevant, somewhat relevant and not relevant on the following areas.

- Usage and clarity of language.
- Relevance and simplicity of the content to the selected life skills.
- Suitability of activities provided for motivation and group activities related to specific life skills.
- Applicability of content used for open discussion.
- Appropriateness of questions asked for evaluation.

Based on the opinion and suggestions sought from the experts, modifications were carried out in the module. The Content Validity Ratio (CVR) obtained from the experts for the activities of the life skills namely Self-Awareness (.82), Critical Thinking (.76), Effective Communication (.77), Interpersonal relationship skills (.78), Decision making (.79) and problem

solving (.78), and an average of 6 domains of the life skills is 0.78 which indicates that the module developed was highly valid.

3.8 Scoring Procedure

The final rating scale LSSAS had 42 items that were spread under 6 domains of life skills, each area having 7 items. The items has four point rating - always, often, rarely, never with the scoring of 4, 3, 2 and 1 respectively, but for some of the items the scoring will be reversed such as 1, 2, 3 and 4 respectively. LSSAS is a self administered rating scale.

The scoring pattern will be for positive responses are as follows

Always	Often	Rarely	Never
4	3	2	1

The scoring pattern will be negative responses are reverse as follows

Always	Often	Rarely	Never
1	2	3	4

Norms and Interpretations

The Norms of the Life Skills Self Assessment Scale was established using Mean and SD of the scores obtained in respect

of 100 respondents. The Mean (98) and SD (21) was taken as cut off score to arrive at the Norms. The interpretations were given based on the raw score and mean value, Based on the scoring they may be categorized as Very High Scorer, High Scorer, Average Scorer, Low Scorer and Very low Scorer.

Levels of Life skills

Level	Score
Very High	Above 140
High	120 to 140
Average	77 to 119
Low	56 to 76
Poor (Very Low)	Below 56

3.9 Ethical considerations

This relates to moral standards that the researcher should consider in all research methods in all stages of the research design. The following ethical considerations were taken care of by the researcher while conducting research.

- During the intervention, interactive sessions were conducted with due concern for the dignity of the sample.

- The participatory rules formed in the module helped the participants to move at ease with each other.
- Since the data involves sensitive issues coined around the sample, it was assured to them that the data gathered will be kept confidential and will not be revealed out for any other purpose other than the current study.

3.10 Experimentation

The researcher conducted life skills training to the selected sample over a period of three months. 60 sessions (a session of an hour) were allotted to train 6 selected life skills. Hence a total of 60 sessions over a period of 3 months was planned to cover the selected 6 life skills. The life skills training was imparted to the experimental group through lectures, group discussions, storytelling, activity oriented tasks, games, puzzles and teasers etc. One life skill was allotted with 10 sessions in which first 4 sessions was to create awareness of the selected life skill, importance in the life of that skills and use of the skill in day to day life, and remaining 6 sessions were the activities on the selected life skill. A total of 18 activities were prepared among 6 selected life skills (each life skills consisting 3 activities). And then practical inputs through group discussions and real-life situations were also provided during the course of training. Since the method of training is experiential and highly interactive, the students with hearing impairment imbibed the skills and attributes in a gradual and subtle way over the

duration of the program. Control group taught by the routine traditional method of classroom teaching to teach selected life skills. After the intervention, post test was conducted using Life Skills Self Assessment Scale (LSSAS) to find out the level of life skills developed by the experimental group as a result of training.

3.11 Pilot study

A pilot study was conducted on 10 students with hearing impairment studying in higher secondary schools to find out the practical difficulties and accordingly the researcher could improve the intervention package. The validated module was used as intervention package for the life skills training to the selected sample of the current study.

3.12 Data collection procedure

The sample for the current study, students with hearing impairment were studying in ITIs at Coimbatore. The researcher met the Heads of the Institutions to get the consent to collect the data from the students with hearing impairment at their institutions. The researcher also got consent from the selected sample to gather relevant data.

In the FIRST PHASE of the present study, the demographic details such as age, gender, degree of hearing loss,

type of hearing impairment, type of educational set-up, type of school, locality, parent's education, parent's occupation were collected by the researcher using a proforma.

During the SECOND PHASE, pre test was administered to the sample by using LSSAS. The sample, students with hearing impairment were oriented about the need and importance of the present study. Then they were made to sit comfortably in a place with minimal visual distractions and LSSAS was provided to the students with hearing impairment. To clear the doubts to the students with hearing impairment with regard to the difficult words/concepts, sign language interpretation service also provided. The sample was asked to read all items in LSSAS carefully. Instructions were given to answer all items and not to leave any of the items.

The THIRD PHASE of the study involved the intervention through the specially designed life skills training module to the experimental group by using lectures, group discussions, storytelling, activity oriented tasks, games, puzzles and teasers etc., Control group taught by the conventional teaching teach to selected life skills.

In the FOURTH PHASE, post test data was collected by using Life Skills Self Assessment Scale (LSSAS) from the control and experimental group after completion of life skills training programme.

3.13 Data analysis procedure

In the FIFTH PHASE, the data thus collected from the pre and post test would then be analyzed using both quantitative and qualitative data analysis procedures. The chapter IV discusses in details about the various analyses carried out by the researcher and consequent interpretation of the results.

CHAPTER 4

ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter of study deals with the analysis of the collected data and subsequent interpretations. The researcher has done quantitative and qualitative analysis based on the objectives set and to test the hypothesis. The data was quantitatively analyzed with the use of mean scores, standard deviation, Mann-Whitney, Kruskal-Wallis Test. The sample size for each group was small and the distribution of data was not conclusively normal. Hence, Mann-Whitney 'U' Test was selected as it is a non-parametric equivalent for the two independent group's t-test. Qualitative analysis was done to understand the qualitative aspects of the use of the intervention tool (LSTM). The major sections of the data analysis are discussed as below:

Section I deals with the analysis on the Effectiveness of life skills training module among SWHI. (Analysis of comparison between pre-test and post-test scores of LSSAS between control and experimental groups)

Section II deals with the analysis on the Effectiveness of life skill training module among SWHI with different

backgrounds variables. (Analysis of comparison between pre and post test scores of LSSAS in experimental group with regard to selected background variables i.e., age, degrees of hearing loss, type of hearing impairment, type of School, locality, parent's educational status and parent's occupation)

Section III deals with the qualitative analysis based on the observation made by teachers and parents' of students with hearing impairment.

4.1 Analyzing the Effectiveness of Life Skills Training among Students with Hearing Impairment

Section I: This section explains the analysis of pre-test and post-test scores between control and experimental groups of SWHI.

Hypothesis 1: There is no significant difference in the level of life skills among students with hearing impairment in experimental group before and after the modular based Life Skill Development Training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment between the Pre-test and Post-test scores of experimental group, the researcher used Mann-Whitney U Test to compare LSSAS Pre-test and Post-test scores of experimental group.

Table 4.1 Impact of using life skills training module to experimental group

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Exp. Group	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Pre_test	15	58.53	3.314	8	120	0.000	0.000
Post_test	15	119.33	8.958	23	345		

The above table describes the analysis of Pre & Post-test mean scores of LSSAS in experimental group. The Pre & Post-test Mean and SD were 58.53, 3.314 and 119.33, 8.958 of experimental group. The Mean rank and Sum of ranks 8, 120, and 23, 345 of control and experimental groups respectively. The Mann-Whitney U Test was applied to find out whether the Pre-test & Post-test mean scores differ significantly in experimental group. The calculated Mann-Whitney U value is 0.000 and significant at 0.000. The Mann-Whitney U value with 14 degrees of freedom at the significance level of 0.05 is 64. Since the calculated Mann-Whitney U value 0.000 is less than the table Mann-Whitney U value(64), hence the null hypothesis can be rejected and alternate hypothesis can be accepted. Thus there is a significant difference

in the improvement of life skills among students with hearing impairment experimental group due to intervention.

From this it is concluded that the SWHI who underwent modular based life skills training have enhanced their level of life skills. The treatment given for enhancing the life skills among SWHI is effective.

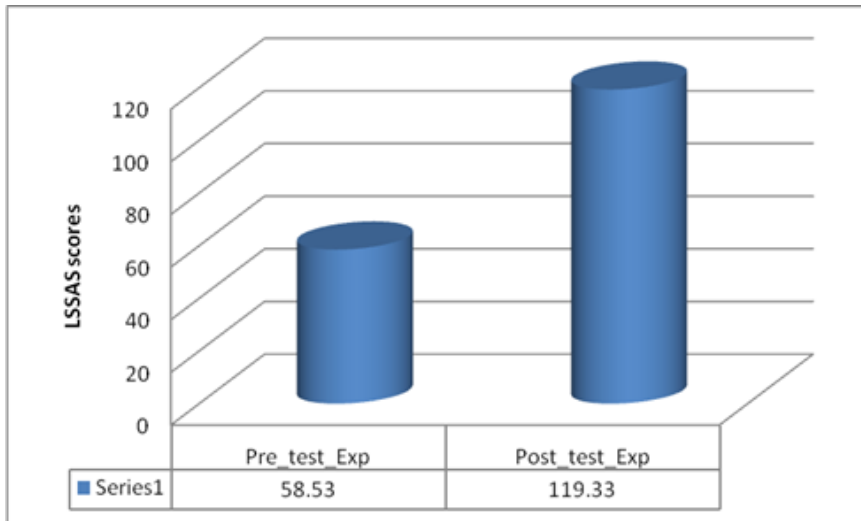


Figure 4.1 Comparison of pre-test and post-test LSSAS scores of experimental group

Hypothesis 2: There is no significant difference in the level of life skills among students with hearing impairment in control group before and after the traditional teaching method.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment between the Pre-test and Post-test scores of control

group, the researcher used Mann-Whitney U Test to compare LSSAS Pre-test and Post-test scores of control group.

Table 4.2 Impact of teaching life skills through conventional method to control group

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Con. Group	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Pre_test	15	58.40	3.418	9.13	137	17.000	0.000
Post_test	15	65.33	3.677	21.87	328		

The above table describes the analysis of Pre & Post-test mean scores of LSSAS in control group. The Pre & Post-test Mean and SD were 58.53, 3.314 and 119.33, 8.958 of control group. The Mean rank and Sum of ranks 8, 120, and 23, 345 of control and control group respectively. The Mann-Whitney U Test was applied to find out whether the Pre-test & post-test mean scores differ significantly between the control group. The calculated Mann-Whitney U value is 0.000 and significant at 0.000. The Mann-Whitney U value with 14 degrees of freedom at the significance level of 0.05 is 64. Since the calculated Mann-Whitney U value 17.000 is less than the table Mann-Whitney U value (64), hence the null hypothesis can be rejected and alternate hypothesis can be accepted. Thus there is a significant difference

in the improvement of life skills among students with hearing impairment control group due to conventional method of teaching life skills. From this it is concluded that the SWHI who underwent life skills training through conventional method also have enhanced the level of life skills.

Hypothesis 3: There is no significant difference in the level of life skills among students with hearing impairment between control and experiment groups after the training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment between the control and experimental groups, the researcher used Mann-Whitney U Test to compare LSSAS post-test scores between the control and experimental groups.

Table 4.3 Life skill development between control and experimental groups

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Group	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Control	15	65.33	3.677	8	120	0.000	0.000
Experimental	15	119.33	8.958	23	345		

The above table describes the analysis of post-test mean scores of LSSAS between the control and experimental groups. The post-test Mean and SD were 65.33, 3.677 and 119.33, 8.958 of control and experimental group respectively. The Mean rank and Sum of ranks 8, 120, and 23, 345 of control and experimental groups respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores differ significantly between the control and experimental groups. The calculated Mann-Whitney U value is 0.000 and significant at 0.000. The Mann-Whitney U value with 14 degrees of freedom at the significance level of 0.05 is 64. Since the calculated Mann-Whitney U value 0.000 is less than the table Mann-Whitney U value (64), hence the null hypothesis can be rejected and alternate hypothesis can be accepted.

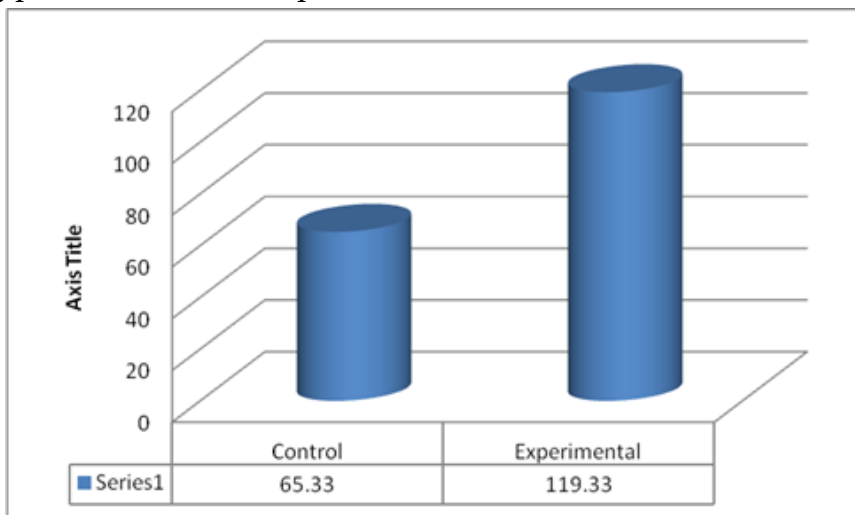


Figure 4.2 Comparison of post-test LSSAS scores of control and experimental groups

Thus there is a significant difference in the improvement of life skills among students with hearing impairment between the control and experimental groups. From this it is concluded that the SWHI who underwent life skills training have enhanced their level of life skills but the modular based life skills training is more effective comparing to conventional method of teaching.

4.2 Analyzing the Effectiveness of Life Skills Training among Students with Hearing Impairment with regard to different background variables

Section II: This section explains the analysis of pre-test and post-test scores of experimental group SWHI with regard to different background variables.

Table 4.4 Influence of Age in developing life skills among Students with Hearing Impairment

Means and Ranks						Test Statistics		
	Age Group	N	Mean	Std. Deviation	Mean Rank	Chi-Square	Df	Sig. (2-tailed)
Post-Test Scores	16	4	116.50	10.536	6.00	1.330	3	.722
	17	5	118.60	10.383	8.20			
	18	4	121.00	9.201	8.75			
	19	2	123.50	4.950	10.00			

Hypothesis 4: There is no significant difference in the level of life skills among students with hearing impairment in different age groups in experimental group after the modular based Life Skill Development Training.

The above table describes the analysis of post-test mean scores of LSSAS among various age groups of SWHI in experimental group. The total post-test Mean, SD and Mean Rank of experimental group were 116.50, 10.536 & 6.00, 118.60, 10.383 & 8.20, 121.00, 9.201 & 8.75 and 123.50, 4.950 & 10.00 of ages 16, 17, 18 & 19 respectively. The Chi-Square test was applied to find out whether the total post-test mean scores differ significantly in experimental group among different ages. The calculated Chi-Square value is 1.330 and significant at .722. The chi-square table value with 3 degrees of freedom at the given significance level of 0.05 is 7.815. Since the calculated chi-square value of H (1.330) is less than the table chi-square value (7.815), hence the null hypothesis can be accepted. Thus there is no significant difference among the age groups (16, 17, 18 & 19) in experimental group in developing level of life skills.

From this it is concluded that the modular based life skills training has enhanced the level of life skills, but the least influence has observed among different age groups (16, 17, 18, & 19) of SWHI.

Hypothesis 5: There is no significant difference in the level of life skills among students with hearing impairment based on degree

of hearing loss in experimental group after the modular based Life Skill Development Training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment in the experimental group with regard to their degree of hearing loss, the researcher used Mann-Whitney U Test to compare post-test scores of LSSAS in experimental group with regard to degree of hearing loss.

Table 4.5 Influence of degree of Hearing Loss in developing life skills among Students with Hearing Impairment

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Degree of Hearing Loss	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Severe	11	119.09	10.559	8.55	94.00	16.000	0.432
Profound	4	120.00	1.414	6.50	26.00		

The above table describes the analysis of post-test mean scores of LSSAS in experimental group between the degrees of hearing loss. The post-test Mean and SD of experimental group were 119.09, 10.559 and 120.00, 1.414. The Mean rank and Sum of ranks 8.55, 94.00, and 6.50, 26.00 of Severe and profound

hearing loss respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores of experimental group differ significantly between the degrees of hearing loss. The calculated Mann-Whitney U value is 16.000 and significant at .432. The Mann-Whitney U value with 10 & 3 degrees of freedom at the significance level of 0.05 is 3. Since the calculated Mann-Whitney U value 16.000 is greater than the table Mann-Whitney U value (3), hence the null hypothesis can be accepted. Thus there is no significant difference between the degrees of hearing loss in experimental group in developing level of life skills. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed between severe and profound degree of hearing loss SWHL.

Hypothesis 6: There is no significant difference in the level of life skills among students with hearing impairment based on type of hearing impairment in experimental group after the modular based Life Skill Development Training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment in the experimental group with regard to type of hearing impairment, the researcher used Mann-Whitney U Test to compare post-test scores of LSSAS in experimental group with regard to type of hearing impairment.

Table 4.6 Influence of degree of Type of Hearing Impairment in developing life skills among Students with Hearing Impairment

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Type of Hearing Impairment	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Conductive	5	116.80	9.497	6.60	33.00	18.000	0.390
SNHL	10	120.60	8.909	8.70	87.00		

The above table describes the analysis of post-test mean scores of LSSAS between the types of hearing impairment. The post-test Mean and SD of experimental group were 116.80, 9.497 and 120.60, 8.909 of Conductive and Sensori-Neural Hearing Impairment respectively. The Mean rank and Sum of ranks 6.60, 33.00, and 8.70, 87.00 of Conductive and Sensori-Neural Hearing Impairment respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores of experimental group differ significantly between the types of hearing impairment. The calculated Mann-Whitney U value is 18.000 and significant at .390. The Mann-Whitney U value with 9 & 4 degrees of freedom at the significance level of 0.05 is 4. Since the calculated Mann-Whitney U value 18.000 is greater

than the table Mann-Whitney U value (4), hence the null hypothesis can be accepted. Thus there is no significant difference between the types of hearing impairment in experimental group in developing level of life skills. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed between Conductive and Sensori-neural hearing impairment Students.

Hypothesis 7: There is no significant difference in the level of life skills among students with hearing impairment based on type of school studied in experimental group after the modular based Life Skill Development Training.

Table 4.7 Influence of type of School system in developing life skills among Students with Hearing Impairment

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Type of school	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Day School	8	120.62	10.169	9.19	73.50	18.500	0.270
Residential	7	117.86	7.862	6.64	46.50		

To find out if there is any significant difference in the improvement of life skills among students with hearing

impairment in the experimental group with regard to type of school, the researcher used Mann-Whitney U Test to compare post-test scores of LSSAS in the experimental group with regard to type of school. The given below table will clarify the Means, Standard Deviations and Mean Rank of Mann-Whitney U Test.

The above table describes the analysis of total post-test mean scores of overall LSSAS with regard to the type of school. The total post-test Mean and SD of experimental group were 120.62, 10.169 and 117.86, 7.862 of Day school and Residential school respectively. The Mean rank and Sum of ranks 9.19, 73.50, and 6.64, 46.50 of Day school and Residential school respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores of experimental group differ significantly with regard to the type of school. The calculated Mann-Whitney U value is 18.500 and significant at .270. The Mann-Whitney U value with 7 & 6 degrees of freedom at the significance level of 0.05 is 6. Since the calculated Mann-Whitney U value 18.500 is greater than the table Mann-Whitney U value (6), hence the null hypothesis can be accepted. Thus there is no significant difference in the improvement of life skills among students with hearing impairment who underwent modular based life skills training with regard to type of school. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed between Day & Residential School SWHI.

Hypothesis 8: There is no significant difference in the level of life skills among students with hearing impairment based on locality resided in experimental group after the modular based Life Skill Development Training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment in the experimental group with regard to their locality, the researcher used Mann-Whitney U Test to compare post-test scores of LSSAS in the experimental group with regard to their locality.

Table 4.8 Influence of locality in developing life skills among Students with Hearing Impairment

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Locality	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Rural	9	118.33	8.139	7.17	64.50	19.500	0.375
Urban	6	120.83	10.685	9.25	55.50		

The above table describes the analysis of post-test mean scores of LSSAS with regard to the locality of the SWHI in experimental group. The post-test Mean and SD of experimental group were 118.33, 8.139 and 120.83, 10.685 of Rural and Urban

respectively. The Mean rank and Sum of ranks 7.17, 64.50, and 9.25, 55.50 of Rural and Urban respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores of experimental group differ significantly with regard to the locality. The calculated Mann-Whitney U value is 19.500 and significant at .375. The Mann-Whitney U value with 8 & 5 degrees of freedom at the significance level of 0.05 is 6. Since the calculated Mann-Whitney U value 19.500 is greater than the table Mann-Whitney U value (6), hence the null hypothesis can be accepted. Thus there is no significant difference in the improvement of life skills among students with hearing impairment who underwent modular based life skills training with regard to locality. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed between Rural and Urban SWHL.

Hypothesis 9: There is no significant difference in the level of life skills among students with hearing impairment based on parent's educational status in experimental group after the modular based Life Skill Development Training.

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment in the experimental group with regard to parent's educational status, the researcher used Mann-Whitney U Test to compare post-test scores of LSSAS in the experimental group with regard to parent's educational status.

Table 4.9 Influence of Parent's Education in developing life skills among Students with Hearing Impairment

Means, Std. Deviations, Mann-Whitney value and Level of Significance							
Parent's Educational Status	N	Mean	Std. Deviation	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig. (2-tailed)
Literate	11	119.50	9.568	8.21	98.50	15.500	0.717
Illiterate	4	118.67	7.572	7.17	21.50		

The above table describes the analysis of post-test mean scores of LSSAS with regard to the parent's educational status. The total post-test mean and SD of experimental group were 119.50, 9.568 and 118.67, 7.572 of Literate and Illiterate parents respectively. The Mean rank and Sum of ranks 8.21, 98.50, and 7.17, 21.50 of Literate and Illiterate parents respectively. The Mann-Whitney U Test was applied to find out whether the post-test mean scores of experimental group differ significantly with regard to the parent's educational status. The calculated Mann-Whitney U value is 15.500 and significant at .717. The Mann-Whitney U value with 10 & 3 degrees of freedom at the significance level of 0.05 is 3. Since the calculated Mann-Whitney U value 15.500 is greater than the table Mann-Whitney U value (3), hence the null hypothesis can be accepted. Thus there is no

significant difference in the improvement of life skills among students with hearing impairment who underwent modular based life skills training with regard to parent's educational status. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed between Literate and Illiterate parents of SWHI.

Hypothesis 10: There is no significant difference in the level of life skills among students with hearing impairment based on the parent's occupation in experimental group after the modular based Life Skill Development Training.

Table 4.10 Influence of Parent's Occupation in developing life skills among Students with Hearing Impairment

Means and Ranks						Test Statistics		
	Parent's Occupation	N	Mean	Std. Deviation	Mean Rank	Chi-Square	Df	Sig. (2-tailed)
Post-Test Scores	Job	5	121.00	11.790	9.70	1.111	3	.774
	Business	3	118.33	9.018	7.17			
	Agriculture	5	119.20	8.349	7.30			
	Labour	2	117.00	9.899	6.75			

To find out if there is any significant difference in the improvement of life skills among students with hearing

impairment in the experimental group with regard to the parent's occupation, the researcher used Kruskal-Wallis Test to compare LSSAS post-test scores of experimental group with regard to the parent's occupation.

The above table describes the analysis of post-test mean scores of LSSAS with regard to the parent's occupation. The total post-test Mean, SD and Mean Rank of experimental group were 121.00, 11.790 & 9.70; 118.33, 9.018 & 7.17; 119.20, 8.349 and 117.00, 9.899 & 6.75 of parent's occupation as Job, Business, Agriculture and Labour respectively. The Chi-Square test was applied to find out whether the post-test mean scores differ significantly in experimental group with regard to the parent's occupation. The calculated Chi-Square value is 1.111 and significant at .774. The chi-square table value with 3 degrees of freedom at the given significance level of 0.05 is 7.815. Since the calculated chi-square value of H (1.111) is less than the table chi-square value (7.815), hence the null hypothesis can be accepted. Thus there is no significant difference in the improvement of life skills among students with hearing impairment who underwent modular based life skills training with regard to parent's occupations. From this it is concluded that the modular based life skills training has enhanced the level of life skills but the least influence has observed among the Parent's occupations (Job, Business, Agriculture and Labour) of SWHI.

4.3 Qualitative Analysis

Section III deals with the qualitative analysis based on the observations and responses of teachers and Parents during and at the end of the intervention.

Analysis based on the observations and responses from the teachers and parents during the intervention (i.e. in between the intervention)

Nearly half of the teachers have observed the differences in improving the relationships with teachers and among the students, inside and outside the classroom, when compared to the previous. After starting the intervention SWHI have started interacting with both hearing and hearing impaired students and teachers as well. Maths and Science teachers are observed in the increase of critical thinking and problem solving capacities. SWHI were trying to solve the maths and physics problems and equations with different techniques and asking help of the teachers wherever required. Majority of the teachers have observed the differences in the way communication of the SWHI, and they started responding to the teacher appropriately. They were trying to communicate with the other both hearing and hearing impaired students with appropriate manner. Many teachers have observed the differences in attitude of the SWHI especially self-confidence of the doing work in a group and

individually. Teachers are also observed the change in the self-esteem of CWHI.

On an average 55% of the teachers could observe the difference in the development life skills of SWHI during intervention i.e. after 45 days of the intervention started.

Very few parents observed the differences in improving the relationships with family members of SWHI, when compared to the previous. SWHI were trying to cope up with the siblings. They have also observed the differences in attitude and in the way of communication of the SWHI especially self-confidence of the doing work at home of their daily routine works and home work and SWHI started responding to the parents appropriately.

On an average 10% of the parents could observe the difference in the development life skills of SWHI during intervention i.e. after 45 days of the intervention started.

Analysis based on the observations and responses from the teachers and parents at the end of intervention.

Majority of the teachers observed the differences in the improvement of relationships with teachers and among the students inside and outside the classroom, when compared to the before intervention. After the intervention SWHI started interacting with both hearing and hearing impaired students and teachers as well. At the end of the intervention SWHI able to

follow friendly relationship with friends and teachers. SWHI started working in the group for assignment and projects, they have also started participating in group discussions. Many of the teachers have also observed that the SWHI started communicating with their peer group and teachers when they are in a group or to complete a task in the class room. SWHI developed both verbal and non verbal communication to interact with other hearing, hearing impaired students and teachers. SWHI have started listening/observing the situation when it is important. SWHI are started waiting for the other person to respond when they are in a group. Many of the teachers have observed the differences in the way communication of the SWHI, and they started responding to the teacher appropriately. They were trying to communicate with the other both hearing and hearing impaired students with appropriate manner.

Maths and Science teachers observed the improvement in critical thinking and problem solving capacities. SWHI were trying to solve the maths and physics problems and equations with different techniques and asking help of the teachers wherever required. SWHI started observing and trying to understand the problem. They have also started thinking more and more before coming to conclusion of the solution of the problem. They have also started thinking independently to solve the problems. At the end of the intervention program many of the students able to solve puzzles and teasers. Students also felt that puzzles and teasers helped them a lot to solve many

problems in their day to day life. SWHI started taking decision on their own, and they were able to decide which is right and which is wrong. They were able to select appropriate things, clothes and other items based on their need. Majority of the teachers have observed the differences in attitude of the SWHI especially self-confidence of the doing work in a group and individually. Teachers are also observed the change in the self-esteem of SWHI. Many of the SWHI trying to understand their abilities, strengths and weakness and others are trying to improve self-esteem.

On an average 75% of the teachers could observe the difference in the development life skills of SWHI after the intervention.

Nearly Half of the parents observed the differences in the improvement of relationships with the family members, when compared to the before intervention. SWHI also started maintain relationship with their friends and neighbours. Majority of the parents have observed that the SWHI started communicating with their family members and neighbours. SWHI have started listening/observing the situation when it is important. SWHI are started waiting for the other person to respond when they are in communicating to others. Many of the parents have observed the differences in the way communication of the SWHI.

Majority of the parents observed the increase of critical thinking and problem solving capacities. SWHI were trying to solve the maths and physics problems and equations with at home when home work was given and they have also started observing and trying to understand the problem. They started thinking independently to solve the problems. Parents are also observed that SWHI able to solve puzzles and teasers which are published in the news papers. Parents are also reported that the SWHI started taking decision on their own, and they were able to decide which is right and which is wrong. They were able to select appropriate things, clothes and other items based on their need. Parents have observed the differences in attitude of the SWHI especially self-confidence of the doing work at home. They have also reported that SWHI trying to understand their abilities, strengths and weakness. They have also reported that self-esteem of SWHI has gone to high.

On an average 50% of the parents could observe the difference in the development life skills of SWHI after the intervention.

4.4 Domain wise analysis

To find out if there is any significant difference in the improvement of life skills among students with hearing impairment in the experimental group with regard to the domains of life skills, the researcher used Kruskal-Wallis

Table 4.11 Domain wise LSSAS scores of experimental group

S.No	Domain of the Life skill	Sample	Average Scores			Rank
			Pre-Test	Post-Test	Difference	
1	Self-Awareness	15	12.00	24.93	12.93	1
2	Interpersonal relationship skills	15	9.13	21.40	12.27	2
3	Effective Communication	15	9.72	20.00	10.28	3
4	Decision making	15	8.73	19.00	10.27	4
5	Critical Thinking	15	10.67	17.87	7.87	5
6	Problem solving	15	8.27	16.13	7.20	6
Average		15	58.53	119.33	60.80	

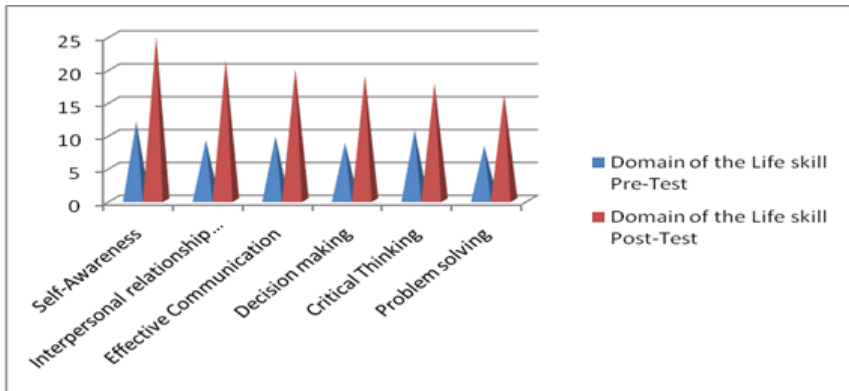


Figure 4.3 Domain wise comparisons of LSSAS scores of experimental group

Test to compare LSSAS post-test scores of experimental group with regard to domains. The given below table will clarify the Means, Standard Deviations, Mean Rank and Chi-Square test of Kruskal-Wallis Test.

Table 4.12 Kruskal-Wallis Test statistics for Domain wise comparison of post-test LSSAS mean scores of experimental group

Means and Ranks						Test Statistics		
	Domains of the Life skill	N	Mean	Std. Deviation	Mean Rank	Chi-Square	Df	Sig. (2-tailed)
Post-Test Scores	Self-Awareness	15	24.93	3.86	76.27	63.336	5	.000
	Critical Thinking	15	17.87	1.40	27.70			
	Effective Communication	15	20.00	1.19	51.70			
	Interpersonal relationship skills	15	21.40	1.59	65.07			
	Decision making	15	19.00	1.77	40.37			
	Problem solving	15	16.13	1.40	11.90			

The above table describes the analysis of post-test mean scores of LSSAS with regard to the domains of the life skills. The total post-test Mean, SD and Mean Rank of experimental group

were 24.93, 3.86 & 76.27; 17.87, 1.40 & 27.70; 20, 1.19 & 51.70; 21.40, 1.59 & 65.07; 19, 1.77 & 40.37 and 16.13, 1.40 & 11.90 of domains of the life skills as Self-Awareness, Critical Thinking, Effective communication, Interpersonal Relationship skills, Decision Making and Problem Solving. The Chi-Square test was applied to find out whether the post-test scores differ significantly in experimental group with regard to the domains of the life skills. The calculated Chi-Square value is 63.336 and significant at .000 and the chi-square table value with 5 degrees of freedom at the given significance level of 0.05 is 11.07. Since the calculated chi-square value of H (63.336) is greater than the table chi-square value (11.07). Thus there is a significant difference among the domains of the life skills of SWHI in experimental group. From this it is concluded that the SWHI who underwent life skills training have enhanced their level of the life skills in the six domains of the life skills but there was a difference in the improvement of life skills among the domains of the level of the life skills. It means a high level of improvement was observed in some of the domains and low level of improvement in the some other domains.

After the life skills training programme significant improvement have been seen among the 6 domains of life skills, the average scores are in Self-Awareness(24.93), Interpersonal relationship skills(21.40), Effective communication(20.00), Decision making(19.00), Critical Thinking(16.13), Problem solving(17.87) respectively. But in the dimension of Self-

Awareness (24.93) maximum improvement and in the dimension of Problem solving (17.87) minimum improvement has been observed.

Pre-test scores of LSSAS among experimental group of students with hearing impairment reveals that the average score (58.53) of 6 domains of life skills falls in the range of low level (56-76). Post test scores of LSSAS among experimental group students with hearing impairment reveals that the average score (119.33) of 6 domains of life skills falls in the range of average level(77-119), which infers that life skills training programme has improved the level of life skills among experimental group students with hearing impairment.

In the beginning of the life skills training i.e. before the intervention, average scores of 6 selected domains of life skills were 12.00, 9.13, 9.72, 8.73, 10.67, 8.27 for Self-awareness, Interpersonal relationship skills, Effective communication, Decision making, Critical thinking and problem solving respectively. After the life skills training the average scores of 6 selected domains of life skills were 24.93, 17.87, 20.00, 21.40, 19.00, 16.13 for Self-awareness, Interpersonal relationship skills, Effective communication, Decision making, Critical thinking and Problem solving respectively. Based on the average scores of experimental group SWHI significant difference has been observed in the all 6 selected domains of life skills which means that the life skills training programme helps SWHI in the improvement of the level of life skills. But some of the domains

level has been increased significantly and some may not up to the mark. Out of 6 domains of the life skills Self-awareness has improved maximum with the average score of 24.93, second highest improvement was observed in Interpersonal relationship skills with the average score of 17.87, third highest improvement was observed in Effective communication with the average scores of 20, fourth highest improvement was observed in Decision making skills, fifth score highest improvement was observed in Critical thinking and least improvement was observed in Problem solving.

4.5 Conclusion

The results of the data analysis of the present study draw the conclusion that modular based life skills training provided to the ITI Students with Hearing Impairment has brought a significant improvement in the LSSAS post-test scores. Which infers that the level of life skills have improved after modular based life skills training among SWHI. It was also concluded that selected background variables have least effective in the enhancement of the level of life skills. The major findings of the study in the light of previous research studies, suggestions for future research study and educational implications are discussed in chapter V.

CHAPTER 5

FINDINGS, DISCUSSION AND CONCLUSION

5.0 Introduction

This chapter presents the summary and conclusion of the current study on "Effectiveness of modular based training in developing Life Skills among students with Hearing Impairment" and also highlights the major findings, discussion, educational implications, suggestions for future research and conclusion.

5.1 Title of the study

"Effectiveness of modular based training in developing Life Skills among students with Hearing Impairment".

5.2 Objectives of the study

The objectives of the study were

1. To develop the Life Skills Self-Assessment Scale (LSSAS) and study the level of life skills of Students with Hearing Impairment (SWHI).
2. To develop a training module on life skills development for SWHI and studying its effectiveness.

3. To study the significant difference if any in the development of life skills among SWHI who underwent modular based life skills training with regards to their background variables (age, degrees of hearing loss, type of hearing impairment, type of School, locality, parent's educational status and parent's occupation).

5.3 Hypotheses of the study

Based on the light of relevant reviews of literature, the researcher formulated null hypothesis for the present study stated as follows

1. There is no significant difference in the level of life skills among students with hearing impairment in experimental group before and after the modular based Life Skill Development Training.
2. There is no significant difference in the level of life skills among students with hearing impairment in control group before and after traditional teaching method.
3. There is no significant difference in the level of life skills among students with hearing impairment between control and experiment groups after the training.
4. There is no significant difference in the level of life skills among students with hearing impairment in different age groups in experimental group after the modular based Life Skill Development Training.

5. There is no significant difference in the level of life skills among students with hearing impairment based on degree of hearing loss in experimental group after the modular based Life Skill Development Training.
6. There is no significant difference in the level of life skills among students with hearing impairment based on type of hearing impairment in experimental group after the modular based Life Skill Development Training.
7. There is no significant difference in the level of life skills among students with hearing impairment based on type of school studied in experimental group after the modular based Life Skill Development Training.
8. There is no significant difference in the level of life skills among students with hearing impairment based on locality resided in experimental group after the modular based Life Skill Development Training.
9. There is no significant difference in the level of life skills among students with hearing impairment based on parent's educational status in experimental group after the modular based Life Skill Development Training.
10. There is no significant difference in the level of life skills among students with hearing impairment based on the parent's occupation in experimental group after the modular based Life Skill Development Training.

5.4 Methodology

The investigator adopted experimental method using pre-test and post-test design to study the effectiveness of life skills training among students with hearing impairments' life skills development. The sample of consisted of 30 students with hearing impairment that selected from ITIs in Coimbatore district, and assigned to two groups as experimental (15) and control (15). The researcher has employed purposive sampling method under non-probability technique in this current study to select the sample. The same was divided into control and experimental group based on the LSSAS pre-test scores. Research tool used in the study was Life Skills Self Assessment Scale for Students with Hearing Impairment (LSSAS) to assess the level of the life skills and Life skills training Module (LST) to develop life skills among SWHI were developed by the researcher for this study. LSSAS is a four point rating scale and it is a self-administered tool. The tool translated in Tamil language for the benefit of the students with hearing impairment. Based on the opinion, recommendation and suggestion of the experts in the field of special education (Teacher Educators, Special Educators, Psychologists, Hearing Impaired Teachers, Integrated school teachers), Life skills training Module (LST) was prepared by the researcher with 6 out of 10 dimensions of life skills. The validity and reliability of the both LSSAS and LST module were established. Total 60 sessions (Session = 1 hour) of life skills training were implemented for

experimental group and traditional method in the classroom was used for control group for a period of three months. These sessions was utilized to schedule of life skills training as it was proposed for ITI students. After the life skills training both experimental and control groups were conducted post-test using LSSAS. The collected data was then analyzed by quantitatively using Man-Whitney -U Test and Kruskal-Wallis statistical method and the data collected from teachers and parents was qualitatively analyzed to find out the effect of Life skills training programme.

5.5 Findings of the study

- The Students with Hearing Impairment who underwent modular based life skills training have enhanced their level of life skills.
- The Students with Hearing Impairment who underwent life skills training through conventional teaching also enhanced their level of life skills.
- The Students with Hearing Impairment who underwent modular based life skills training have enhanced the level of life skills better than their counterparts who underwent conventional method of teaching.
- The background variables such as age, degrees of hearing loss, type of hearing impairment, type of School, locality, parent's educational status and parent's occupation have

least influence in life skills development among SWHI, who underwent modular based life skills training.

5.6 Discussion on findings

The discussions on the above findings are as follows:

Overall performance of Students with Hearing Impairment who underwent modular based life skills training clearly indicates that the improvement occurs through effective instructions and can reduce emergence of secondary destructive behaviours such as determination, aggression etc and create psychological sanity and healthy performance among students with hearing impairment.

The modular based life skills training program examined in this study was effective in enhancing the life skills of students with hearing impairment, supported by the study (Nakkula & Nikitopoulos, 2001) and reported that life skills training resulted in improvement of overall competence, with progress in the primary domains of interpersonal understanding, interpersonal skills, and the personal meaning of relationships. Another study (Ahmadian & Fata, 2009) also supports the current research study that life skills education has a positive effect on self-knowledge, interpersonal relationships, and anger management. The findings of this study are also consistent with the studies (Park et. al., 1997; Gamble, 2006; Short, 2006; Sepah, 2007; Sajedi,

2009; Tarmyan, 2003; Ahmadi et. al., 2014; Safarzadeh, 2004; Shohadaie, 2007; Ginter & David, 2008; Mouse et. al., 2005).

As we have seen, life skills training are effective in improving adjustment and interpersonal relations of SWHI. The results of this study is consistent with findings (Albertyn et. al., 2004; Grant et. al., 2002; Dreer et. al., 2005; Tuttle & Heicler, 2006; Pourseyedi et. al., 2010; Navidi, 2008; Hamidi, 2005).

Observations and responses from teachers and parents also revealed that modular based life skills training programme have enhanced the level of life skills of students with hearing impairment. Most children need minimum of instruction to learn life skills but hearing impaired students may need special and directed teaching (Mannix, 1993). The current study revealed that teachers can facilitate the life skills training to develop the life skills by promoting the interactions through structuring the classroom activities and using appropriate techniques (Todd & Mclaughlin, 2003).

Overall findings and observations of the studies (Vernosfaderani, 2014; Adibsereshki et. al., 2015; Guita et. al., 2012; Movallali et. al., 2014) also supports the findings of the present study, as they revealed in their study that the life skills training to students with hearing impairment promoted their self-esteem and social skills.

5.7 Educational Implications of the study

The scope and educational implications of the current study are wider and presented as follows:

- The life skills training programme developed by the researcher would provide a practical orientation to the Students with Hearing Impairment and will help them in building and improving their skills in communication, presentations, team building, leadership, time management, group discussions, interviews, and other related skills.
- This training will help them in choosing the right career.
- This study will help the high schools, higher secondary schools and higher educational institutions to understand the need to promote life skills among the Students with Hearing Impairment.
- Current research calls for the inclusion of life skills training at various levels from pre-primary to higher education levels.
- Life skills subject should be incorporated as an integral part of the school curriculum. On high school and higher secondary levels, a course that requires hearing impaired students to know especially about their communication, inter relationship skills, conflict management and problem solving would prove to be most effective.

- The administrators of schools and colleges may plan for the introduction of life skills to improve the quality of life of Students with Hearing Impairment.
- Though addressing unique educational needs of students with hearing impairment is a great challenge to special and general educators, life skills training should be offered to them with various modes of instructions to pave way for enhanced quality of life.

5.8 Scope for Future Research

In the light of the findings of the current study, the investigator has suggested the areas of future research as follows:

- The present study focused on single disability i.e. Hearing Impairment. Similar research could be conducted to improve the life skills of students with other disabilities too.
- The current research was done only for 30 Students with Hearing Impairment studying in ITI College. Similar researches could be conducted to a wider sample population for generalization.
- Similar studies could be carried out at different schools and colleges.

- Longitudinal studies could be undertaken to observe the long term impact of the life skill training on students/persons with disabilities.
- A comprehensive curriculum with adapted pedagogical approaches including life skills training should be designed to meet the needs of students with disabilities in integrated and inclusive education.

5.9 Limitations of the Study

Keeping time and resource constraints in view, the study was limited to the following:

- The present study is restricted to only male Students with Hearing Impairment studying in Industrial Training Institute at Coimbatore District of Tamil Nadu.
- The sample size is limited to only 30 Students with Hearing Impairment.
- The Life Skills Self Assessment Scale (LSSAS) and Life Skills Training Module (LSTM) is limited to only 6 out of 10 (WHO, 1997) life skills.

5.10 Conclusion

Life skills are the key factors in personal, psychological, social, academic, and career excellence. Life skills are considered

as an effective tool to promote pro-social behaviour and correcting behavioral disorders. The roles and responsibilities of special educators are imperative and they should practice life skills for the students along with subject teaching at primary school, high school and higher education level. Life skills teaching program is provided for promotion of mental health and prevention of social damages. The current study revealed that there was a significant effect of modular based life skills training among students with hearing impairment in experimental group and their level of life skills were also improved and it may reflects on psychosocial development. Life skills fulfill an important role in developing communication skills, interpersonal skills and problem solving skills as these are shaping an individual's personality. Hence, life skills training is very much effective to eliminate barriers, create positive attitude, self-awareness, interpersonal skills, communication skills and problem solving skills and to promote inclusion of persons with hearing impairment to mould them into empowered personality through the right choice of career and it will be a facade way for enhanced quality of life.

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