

**LIFESKILLS TRAINING AMONG ANGANWADI WORKERS IN  
PERUMKADAVILA GRAMA PANCHAYATH – A QUASI-EXPERIMENTAL  
STUDY**

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*In partial fulfilment of the requirements for the award of the Degree of*

**Masters of Science in Counselling Psychology**

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## CERTIFICATE



This is to certify that the project report entitled “*Lifeskills among Anganwadi Workers in Perumkadavila Grama Panchayath- A Quasi-Experimental Study*” is an authentic record of research carried out by Meera Maheswari P S, a final year postgraduate student of Department of Counselling Psychology, Loyola College of Social Sciences (Autonomous), Sreekariyam, Thiruvananthapuram, under my guidance and supervision, to the University of Kerala in partial fulfilment for award of the degree of Master of Science in Counselling Psychology.

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Submitted for the examination held on .....

## DECLARATION

I hereby declare that the project work titled “*Lifeskills among Anganwadi Workers in Perumkadavila Grama Panchayath- A Quasi-Experimental Study*” has been undertaken by me for the award of Master of Science in Counselling Psychology. I have completed my study under the supervision of Dr Ammu Lukose, HOD in-Charge and Assistant professor, Department of counselling Psychology, Loyola College of Social Sciences (Autonomous), Sreekariyam, Thiruvananthapuram. I also declare that no part of this dissertation has been submitted before for the award of any degree, diploma or fellowship or any other title in any university.

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## ABSTRACT

Current study examines the effectiveness of a structured life skills training intervention on enhancing the life skills of Anganwadi workers in Perumkadavila Grama Panchayath. Using a quasi-experimental pretest-posttest design, the study involved a purposive sample of 25 female Anganwadi workers. The intervention spanned four days and included structured sessions on life skills awareness, self-awareness and effective communication activities, role-playing exercises related to workplace challenges, and relaxation techniques such as breathing exercises, guided imagery, and progressive muscle relaxation. The Life Skills Survey developed by the International Youth Foundation (IYF), a 49-item Likert-scale tool measuring four domains such as positive mindset, interpersonal skills, higher-order thinking, and community mindset was used for assessment. The Shapiro-Wilk test confirmed the normal distribution of pre- and post-test scores, justifying the use of paired sample t-tests for analysis. Results revealed significant improvements across all four domains and in the total life skills score following the intervention, leading to the rejection of the null hypothesis. These findings suggest that structured life skills training can positively impact the personal and professional capabilities of Anganwadi workers by enhancing self-awareness, communication, problem-solving, and emotional regulation. The study highlights the importance of such interventions in strengthening grassroots-level community services and calls for the inclusion of periodic psychosocial training programs within the Integrated Child Development Services (ICDS) framework.

**Keywords:** *Skill enhancement program, Integrated Child Development Workers, Quasi-experimental study, Anganwadi workers.*



## **CHAPTER I**

### **INTRODUCTION**

The Anganwadi system was introduced in 1975 under the flagship Integrated Child Development Services (ICDS) scheme, one of India's most significant initiatives for early childhood development. The scheme was launched by the Ministry of Women and Child Development (MWCD), Government of India, in response to widespread malnutrition and child mortality observed in the 1970s. Initially implemented in 33 blocks, it has since expanded to cover almost every village and urban slum in India. The term Anganwadi means "courtyard shelter" in Hindi, symbolizing a space where children can receive care, food, education, and health services at the grassroots level. Anganwadi Centres (AWCs) deliver six-service packages such as supplementary nutrition, preschool non-formal education, nutrition and health education, immunization, health check-ups, and referral services. These services are targeted at children under six years, pregnant women, lactating mothers, and, in some districts, adolescent girls under the SABLA scheme. AWWs and AWHs play a crucial role in coordinating with Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) for immunization and health outreach (MWCD, 2022; Press Information Bureau, 2022).

Each Anganwadi centre is managed by an Anganwadi Worker (AWW) and a Helper. The centres are supervised by Child Development Project Officers (CDPOs) and Supervisors, and organized under over 7,000 ICDS Projects nationwide. Monitoring is supported through tools like the Poshan Tracker App, which facilitates real-time data entry for nutrition and service delivery. In 2021–22, the government merged multiple nutrition-related schemes under the umbrella of Saksham Anganwadi and POSHAN 2.0. This restructuring aimed to modernize Anganwadi infrastructure, digitize data collection, improve monitoring, and enhance service delivery. Modernization includes upgrading AWCs to have improved kitchens, child-friendly classrooms, and audiovisual aids. Under POSHAN Abhiyaan,

launched in 2018, technology was introduced to track growth and service outcomes, reducing leakages and improving transparency (MWCD, 2022).

Anganwadi Workers (AWWs) are local, non-government women appointed to function as frontline service providers under the Integrated Child Development Services (ICDS) program. They are assisted by Anganwadi Helpers (AWHs), and both operate under a structured supervision hierarchy that spans from the block level up to the state administration. Their responsibilities include delivering nutrition, healthcare, and non-formal preschool education to children and mothers within communities. AWWs maintain several registers like enrolment, growth charts, meal logs and increasingly use digital tools like Poshan Tracker for data collection. AWWs receive vocational training and periodic refreshers through the Ministry of Women & Child Development, as well as institutions like NIPCCD. They face low and delayed honoraria, multiple administrative duties (such as census data collection, health surveys, and even election-related tasks), it is often without sufficient training or support. This systemic strain combined by societal expectations as caregivers and community role models leads to chronic stress, exhaustion, and reduced motivation among them. Despite their critical role, they often face numerous challenges, including high workloads, limited training, and inadequate recognition, which can lead to stress and strained interpersonal relationships (Sharma et al., 2020).

### **Perumkadavila Grama Panchayath**

Perumkadavila Grama Panchayath is a rural local body in Perumkadavila Block, located within the Thiruvananthapuram district of Kerala, India. There are 15 Anganwadies in Perumkadavila Grama Panchayath. And hence there are 25 workers and 25 helpers. Each Anganwadi centre has its own building infrastructure and basic facilities. One of the 25 AWCs is a Smart Anganwadi.

## **Lifeskills**

Life skills refer to adaptive and positive behaviors that enable effective handling of life's demands and challenges. According to the World Health Organization, they include competencies like self-awareness, empathy, decision-making, effective communication, and coping with stress (World Health Organization, 1997). Life skills education initially targeted youth development but has since expanded to adult community workers and health providers worldwide (Rao, 2015). Books such as Daniel Goleman's *Emotional Intelligence: "Why It Can Matter More Than IQ"* underscore that emotional competencies like the self-awareness, self-regulation, empathy, and social interaction can be taught and are critical for success in personal and professional domains (Goleman, 1995). In the Indian context, foundational textbooks such as *Life Skills (Volume I & II)* by Dr. Usha Rao offer structured treatments of self-awareness, empathy, decision-making, problem-solving, interpersonal skills, and coping mechanisms relevant to developmental education and professional training (Rao, 2015).

Life skills training equip people with the necessary tools to navigate complex environments, offering not just immediate support for mental health and emotional well-being but also fostering long-term resilience (Botvin & Griffin, 2004). Life skills training addresses the multifaceted challenges that people face, particularly in resource-constrained or high-stress environment. As people learn to integrate these skills into their daily lives, they become better prepared to handle the inevitable challenges of life with greater confidence and competence (Hollenstein & Loughheed, 2013). The benefits of life skills training extend to healthier communities and societies (Durlak et al., 2011).

Core Life Skills identified by WHO are Self-awareness (recognizing one's own character, strengths, weaknesses, desires, and emotions), Empathy (understanding others' perspectives and emotional states. It helps individuals understand how they react to different

situations and how their behavior affects others), Self-awareness (lays the foundation for empathy, self-confidence, and emotional regulation), Critical thinking (analysing information objectively and evaluating possible solutions. This life skill is essential for problem-solving, academic success, and resisting peer pressure or misleading media influences), Creative thinking (generating new ideas and thinking outside the box. It enhances flexibility and adaptability, especially when facing unfamiliar or complex situations. It encourages brainstorming, imagination, and developing unique solutions to problems), Decision making (choosing the best course of action among alternatives. Effective decision-making requires considering risks and consequences and is key to managing both personal and professional responsibilities), Problem-solving (finding constructive solutions to personal or group issues. It helps individuals manage conflicts, handle difficulties at work or in relationships, and find constructive ways to overcome setbacks), Effective communication (expressing oneself clearly and listening actively. It improves collaboration, resolves misunderstandings, and fosters healthy interactions in personal and professional settings), Interpersonal relationships (forming and maintaining positive relationships. They include skills such as cooperation, respect, negotiation, and active listening, which are crucial for social and workplace success), Coping with stress (managing stress constructively. It promotes emotional well-being and helps maintain productivity under pressure) and Coping with emotions (recognizing, expressing, and managing emotions appropriately. It is essential for emotional intelligence, self-control, and positive social interaction) (WHO, 1999., UNICEF, 2012).

Goals of Life Skills training include enhance emotional intelligence and resilience, promote healthy interpersonal behavior, reduce aggressive, impulsive, or risk-taking behavior, equip individuals with adaptive coping mechanisms and improve workplace effectiveness, especially in helping professions. Research suggests that lifeskills training can improve social competencies, academic pressure, and decision making. It can reduce

substance abuse among adolescents (Botvin & Griffin, 2004). Lifeskills training can lower anxiety and depression by enhancing coping strategies (Nasheeda et al., 2019).

### **Need and significance**

Anganwadi workers are a vital component of India's grassroots public health and child development system. Despite their central role, they are often overburdened with responsibilities and underprepared for the psychosocial demands of their work. Studies have consistently highlighted that many Anganwadi workers experience moderate to high levels of stress, dissatisfaction, and burnout due to inadequate training in areas like communication, emotional regulation, and conflict resolution (Bharath & Kumar, 2008; Rao, 2015). There is a growing recognition that beyond technical training, psychological preparedness is essential for enhancing their capacity and performance.

Life skills training have emerged as a promising intervention to address these psychosocial gaps. Life skills such as self-awareness, empathy, critical thinking skills, decision-making, and effective communication are crucial for personal well-being and professional functioning. The World Health Organization (1997) advocates for life skills education not only for adolescents but also for adults in caregiving and community roles. For Anganwadi workers, the development of these competencies can lead to improved stress management, better interpersonal relations with community members, and more confident engagement with their responsibilities.

In Kerala, while Anganwadi infrastructure and service delivery models are well established, there is still limited focus on equipping workers with structured life skills training. Their job responsibilities are not limited to child care, preschool education, and nutrition monitoring. They are frequently assigned numerous additional duties such as conducting home visits, maintaining extensive documentation, mobilizing community

participation, assisting in the implementation of welfare schemes, and taking part in awareness programs. AWWs also have responsibility to do interventions with adolescents. During local body elections or national campaigns, they are also deployed for election duties, which add further to their already demanding schedule. These constant and overlapping responsibilities create a significant workload and pressure, leading to job dissatisfaction, emotional strain, and physical exhaustion. The burden of multitasking without adequate resources or support often results in stress, frustration, and a sense of being overwhelmed.

This demanding work environment, coupled with limited training in communication and emotional management, often contributes to interpersonal conflicts both within the Anganwadi centers and with members of the community. Many workers may struggle to express their concerns, negotiate roles effectively, or build supportive professional relationships. Moreover, due to the lack of awareness and knowledge about mental health, most Anganwadi workers do not receive guidance on how to manage stress or develop coping strategies. Over time, these unresolved challenges can lead to chronic stress, burnout, reduced motivation, and overall poor mental well-being. This not only affects their efficiency and satisfaction at work but also deteriorates their quality of life. Therefore, it is crucial to equip them with essential life skills that enhance their self-awareness, emotional regulation, problem-solving ability, and interpersonal effectiveness.

Recent events have brought national attention to the growing stress, dissatisfaction, and systemic neglect experienced by Anganwadi workers across India. On July 9, 2025, thousands of Anganwadi workers and helpers joined a nationwide general strike, organized by major trade unions such as CITU and INTUC, demanding regularisation of employment, fair wages, pension schemes, and improved working conditions. This strike was part of a broader protest against the central government's economic and labour policies, symbolizing

the deep-rooted frustrations among grassroots workers who play a critical role in early childhood care and community health. The state of Kerala witnessed a prolonged protest beginning March 17, 2025, where Anganwadi employees staged an indefinite sit-in in front of the Secretariat, demanding a minimum monthly wage of ₹21,000, better service conditions, and permanent employment status. After 13 days of continuous protest, they received tentative assurances from the Finance Minister, but the agitation reflected severe emotional and occupational strain. Similarly, in Himachal Pradesh, Anganwadi workers under the banner of CITU organized a state-wide strike on the same day, July 9, 2025, raising demands for salary regularisation, stationery allowances, retirement benefits, and equal pay for equal work. These widespread movements not only reflect the deteriorating mental well-being and chronic stress faced by Anganwadi workers due to low honorariums and heavy workloads but also underscore the urgent need to acknowledge and improve their psychosocial and economic conditions. These on-going struggles form a relevant context for understanding the significance of life skills training as a supportive intervention aimed at enhancing their coping mechanisms and overall psychological resilience.

Lifeskills training will enable them to given scientific interventions to adolescents. This study is significant as it introduces a brief, targeted life skills intervention and evaluates its effectiveness using a standardized tool. The results can inform future training modules, help reduce burnout, and strengthen the capacity of the ICDS system. Positive impact of this study helps in implementing similar interventions by authorities to improve the mental health of Anganwadi workers. Moreover, empowering Anganwadi workers through life skills is a step toward more sustainable, people-centered community development.

### **Statement of the problem**



Anganwadi workers in India are the frontline agents of early childhood care and maternal health, yet their psychological, emotional, and interpersonal needs are often overlooked. While they receive training in nutrition and child development, there is minimal attention given to their emotional well-being or coping mechanisms. This neglect has led to increasing reports of stress, fatigue, and inefficiency, which can ultimately compromise the quality of services delivered at the community level (Nair, Leena & George, 2013).

Current training programs largely focus on technical aspects and data collection but fail to address the behavioral and emotional skills that are crucial for managing real-world challenges such as resistance from community members, inter-staff conflicts, or personal stressors. Without adequate life skills such as emotional regulation, problem-solving, and effective communication Anganwadi workers may find it difficult to function optimally under pressure. This gap between job expectations and preparedness creates both personal strain and professional limitations.

Therefore, there is an urgent need to examine whether structured life skills training can help bridge this gap. By enhancing psychosocial competencies, workers can be better equipped to navigate their responsibilities with confidence and resilience. This study seeks to address this gap by assessing the effectiveness of a four-day life skills intervention program and measuring its impact on life skills across four domains positive mindset, interpersonal skills, higher-order thinking, and community mindset.

## **CHAPTER II**

### **REVIEW OF LITERATURE**

A systematic analysis of the available data that analyses, assesses, and summarises for clear presentation is referred to as a review of literature (Fink, 2010). An important description and evaluation of the subject may also be defined as a review of literature (Jesson, et al., 2011). This chapter mainly deals with two major reviews, i.e., Theoretical review and Empirical review of literature. A variety of conceptual frameworks and variable models are examined in the theoretical review. The empirical review includes a number of empirical investigations carried out by other researchers that are relevant to the current study. Therefore, the existing literature has been reviewed to understand the concepts and association of the variables of interest.

## **2.1 Theoretical review**

In this section, the conceptual framework and various theories propounded by researchers in the line of study of the current research variables are reviewed.

### **Social Cognitive Theory**

Bandura (1986) Albert Bandura's Social Cognitive Theory provides a foundational psychological basis for life skills training. This theory explains how people learn by watching others, through the process called observational learning. It says that behavior is influenced by the interaction between personal factors like thoughts and feelings, the environment and the behavior itself. A key idea in this theory is self efficacy, which means believing in one's ability to succeed in a task. People are more likely to do something if they see others doing it, believe they can do it and expect good result from it. This theory is often used to explain learning, behavior change and motivation in everyday life. Bandura also highlighted the importance of reciprocal determinism, where behavior, personal factors, and environment interact. In life skills training, this means that individuals learn new behaviors not only by instruction but also by experiencing success in real-life simulations, seeing others succeed,

and receiving encouragement. Thus, SCT supports the idea that structured training using modelling and practice can foster internal confidence and behavioral change.

Anganwadi workers often lack formal exposure to behavioral and emotional training. Social Cognitive Theory supports the need to build their self-efficacy through modeling behaviors such as active listening, conflict resolution, or group facilitation. During life skills sessions, workers who observe peers successfully practicing skills (like role-playing effective communication) are more likely to adopt those behaviors themselves. By enhancing their belief in their own competence, life skills training improve both their personal resilience and professional competence.

Constructivist Learning Theory – Piaget (1972), Vygotsky (1978)

Constructivist learning theory is a theory of learning that emphasises the active role of learners in constructing their own understanding and knowledge of the world, through experience and reflection. It suggests that learning is a personal and internal process where new information is built upon the learner's existing knowledge (Piaget, 1923). This theory was primarily developed by Jean Piaget, a Swiss psychologist. Other key contributors are Lev Vygotsky, John Dewey and Jerome Bruner. Piaget focused on cognitive development through stages, while Vygotsky emphasised the role of social interaction and culture in learning, especially through the concept of Zone of Proximal Development (Vygotsky, 1978).

Anganwadi workers come from diverse educational backgrounds and often learn best through hands-on and socially situated experiences. Constructivist learning theory aligns well with their learning needs, emphasizing peer-based discussions, shared experiences, and scaffolded instruction. Activities like role-playing or practicing relaxation techniques empower workers to internalize new concepts through direct engagement, rather than passive listening enhancing both retention and real-world application.

### Transformative Learning Theory – Mzirow(1991)

Transformative learning theory is defined as the process by which individuals transform their taken for granted frames of reference to make them more inclusive, discriminating, open, emotionally capable of change and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action (Mezirow,1991). According to Mezirow, people develop a set of assumptions and beliefs over time based on their life experiences. When they encounter a situation or disorienting dilemma, it can trigger a process of reflection and dialogue. This leads to examine their beliefs, question what they have taken for granted and possibly revise their perspective to become more open and informed.

Many Anganwadi workers face disempowering experiences in their personal and professional lives due to gender roles, limited education, or hierarchical workplace dynamics. Life skills training, through the lens of transformative learning, offer them a chance to critically reflect on these challenges and redefine their roles with a stronger sense of purpose and agency. For example, exercises on self-awareness or stress coping can enable deep personal insights that lead to lasting behavioral change in how they handle their responsibilities and relationships.

## 2.2 Empirical Review

To understand the problems faced by Anganwadi workers and lifeskills training among Anganwadi workers, it was required to review the existing literature. The empirical review entails a comprehensive report of other researchers' works related to the present study.

Dhanani (2020) conducted a study titled “Occupational Stress of Anganawadi Workers in Rajkot, Gujarat, India” to assess the level of occupational stress experienced by

Anganwadi workers and its association with years of work experience. The sample consisted of 30 married female Anganwadi workers selected randomly from three villages Maadhapar, Khirsara, and Bedi, under Rajkot district, Gujarat. All participants had at least one year of work experience and provided informed consent. The study adopted a descriptive research design and employed two tools: a self-developed socio-demographic data sheet and the Occupational Stress Scale, which is a 20-item questionnaire using a 3-point Likert scale (Never, Sometimes, Often), where higher scores indicate greater stress levels. A pilot study with three participants was also conducted to refine the tools. The results showed that 81.2% of Anganwadi workers experienced moderate stress, while 18.8% reported severe stress. Furthermore, workers with less work experience (between 5-15 years) reported higher levels of occupational stress compared to those with more experience (16-35 years). The study highlighted that Anganwadi workers are overburdened with multiple responsibilities beyond their primary roles, including election duties, surveys, and immunization campaigns, leading to psychological strain.

Sharma et al. (2021) conducted a study titled “Evaluation of a Training Program for Life Skills Education and Financial Literacy to Community Health Workers in India: A Quasi-Experimental Study” to assess the effectiveness of a structured training program for Accredited Social Health Activists (ASHAs). The study included a sample of 171 ASHAs from two districts of Uttar Pradesh, with 86 in the intervention group and 85 in the control group. The study followed a quasi-experimental non-randomized design with pre-test and post-test assessments to measure changes in life skills and financial literacy. The intervention was based on the P.A.C.E. (Personal Advancement and Career Enhancement) training model, which covered modules on communication, self-confidence, decision-making, problem-solving, stress management, and financial literacy. A structured questionnaire was used to assess the participants before and after the intervention. The findings revealed that the

intervention group showed significant improvements in all domains of life skills and financial literacy ( $p > 0.001$ ), while no such changes were observed in the control group.

Arya & Vig (2023) conducted a study titled “Impact of Anganwadi Workers’ Soft Skills on Anganwadi Children’s Developmental Milestones” to explore how the soft skills of Anganwadi Workers (AWWs) including communication, time management, positive attitude, and teamwork, influence developmental outcomes in children aged 3-6 years. The researchers selected 60 AWWs sampled from 30 rural and 30 urban Anganwadi centres in Punjab, and from each centre they randomly assessed five children, resulting in development measures for 300 children. This study employed a cross-sectional correlational design, assessing AWW soft skills using a structured checklist and measuring children’s developmental milestones across domains like gross motor, fine motor, language, cognitive, and socio-emotional skills through standard milestone checklists. The correlation analysis showed that communication skills of AWWs were positively correlated with children’s language development ( $r = 0.27$ ;  $p < 0.01$ ) and socio-emotional development ( $r = 0.18$ ;  $p < 0.05$ ). Time management of AWWs was positively correlated with gross motor, fine motor, and socio-emotional development. Positive attitude was significantly correlated with gross motor and cognitive development, and teamwork skills of AWWs had a strong positive correlation with cognitive ( $r = 0.22$ ;  $p < 0.05$ ) and socio-emotional development ( $r = 0.31$ ;  $p < 0.01$ ). Communication skills, positive attitude and teamwork of AWWs were found to differ significantly between urban and rural settings. Conversely, time management differences were less pronounced. Rural children exhibited higher gross motor skills, while urban children scored higher in language skills. Importantly, teamwork skills of AWWs positively correlated with children’s cognitive and socio-emotional domains, and communication skills were associated with improvements in gross motor and cognitive skills. Positive attitude and teamwork also correlated with socio-

emotional development, and fine motor skills benefitted from better teamwork and attitude among AWWs.

Pradeep et al. (2019) conducted a quasi-experimental study titled "Quality of a Life Skills Training Program in Karnataka, India- A Quasi Experimental Study" to evaluate the effectiveness of the Youth-focused Life Skills Education and Counseling Services (YLSECS) training program. The study aimed to assess changes in awareness, confidence, and perceived ability among participants who underwent life skills training. A total of 792 participants were included in the study, consisting of National Service Scheme (NSS) officers and teachers from various educational institutions across Karnataka. These participants were trained to deliver life skills education to college-going youth in alignment with the WHO-defined ten core life skills domains. The methodology followed a one-group pretest-posttest quasi-experimental design. Training was delivered through 28 workshops conducted between January and July 2017 at the Department of Epidemiology, NIMHANS, Bengaluru. The training program was designed using Kolb's Experiential Learning Theory, emphasizing active participation through activities, reflective observation, abstract conceptualization, and summarization. Each workshop lasted for five days, covering two life skills domains per day using a facilitator-led approach. A structured, self-administered feedback evaluation questionnaire was used to collect data. It included socio-demographic details, a five-point Likert scale for assessing training quality (content, communication, presentation skills, teaching methodology), and items evaluating awareness, confidence in teaching life skills, and perceived ability to conduct training independently. Awareness was measured with binary responses (Yes/No), confidence was rated as "not confident," "somewhat confident," or "very confident," and ability was assessed in terms of the level of assistance needed ("without assistance," "with little assistance," or "with more assistance"). The results indicated a statistically significant improvement ( $p < 0.001$ ) in all outcome measures post-



training. Awareness across all ten life skills domains increased from a pre-training range of 49.9% to 74.4% to a post-training range of 91.6% to 95.1%. The proportion of participants who reported being “very confident” in teaching life skills rose from a pre-training range of 22.7%-34.3% to a post-training range of 65.2%-74.7%. Moreover, the number of participants who felt capable of conducting life skills workshops without assistance increased modestly from 16.8%-22.9% to 29.8%-36.8%. Interestingly, a notable number of participants who initially believed they could train without assistance later reported requiring some level of support after better understanding the complexities involved.

Tiwari, Naik, Nirgude & Datta (2020) conducted a study titled “Effectiveness of Life Skills Health Education Program: A Quasi-Experimental Study among School Students of South India” to evaluate the impact of a structured life skills education program on adolescents. The study was carried out among adolescents from two schools (one rural and one urban) in South India, with a sample size of 274 students, divided equally into two groups of 137 students each. The participants were school students studying in the 8th standard, aged 12-14 years. The study followed a quasi-experimental pretest-posttest design without a control group. The intervention consisted of a structured life skills education program based on the World Health Organization's ten core life skills, such as self-awareness, empathy, communication, interpersonal relationships, decision-making, problem-solving, creative thinking, critical thinking, coping with emotions, and coping with stress. The training was delivered through participatory learning methods including role-plays, group discussions, storytelling, and games over a defined period. The researchers administered the Life Skills Assessment Scale (developed by the Ministry of Youth Affairs and Sports, Government of India) both before and after the intervention to measure changes in life skills levels. The results showed a significant increase in the mean scores of life skills across almost all domains after the intervention. The highest post-test scores were seen in critical thinking

(mean score 19.58), followed by self-awareness (18.03), creative thinking (15.78), and interpersonal relationships (15.15). The statistical analysis using paired t-test confirmed that the post-test scores were significantly higher than the pre-test scores ( $p < 0.001$ ), indicating that the life skills education program was effective.

Anand, Ingle, Meena, Kishore & Yadav (2013) conducted the study titled “Effect of Life Skills Training on Dietary Behavior of School Adolescents in Delhi: A Non-Randomized Interventional Study” to evaluate how life skills education influences dietary knowledge, attitudes, and practices among adolescents in Delhi. The study involved students in grades IX and XI from two schools, with the intervention group comprising 180 students and a control group of 183 students. The design was a non-randomized controlled interventional study, with assessments at baseline, 15 days, and 3 months post-intervention. The intervention consisted of two life skills training sessions delivered to the intervention group, focusing on applying life skills for making healthy dietary choices. The control group did not receive this training. For measurement, a self-administered questionnaire assessed dietary behavior, including knowledge, attitude, and practices, at all three time points (baseline, 15 days, and 3 months). The survey was adapted for adolescents and collected standard dietary behavior indicators. Results demonstrated significant improvements in the intervention group: knowledge increased ( $P < 0.001$ ), attitude improved ( $P = .007$ ), and practices improved ( $P < 0.001$ ) by the 3-month follow-up compared to baseline and to the control group. The authors concluded that even brief life skills training—centered on decision-making and healthy choices can effectively improve adolescent’s dietary knowledge, attitudes, and eating practices within a few weeks to months. They emphasized that a skill-based educational approach, integrated into school programs, holds promise for promoting healthier eating behaviors among adolescents.

Pingle (2016) conducted a quasi-experimental study to investigate the effectiveness of a life skills program on the mental health of adolescent students. The study involved a sample of 81 students (44 experimental, 37 control) from two schools, who participated in a 48-hour life skills program over three months. The program was based on the World Health Organization's (WHO) ten life skills and used interactive methods. Data analysis used descriptive and inferential statistics (t-test and Wolf's formula). Findings showed significant gains in life skills abilities and a minimum effect on mental health, but a significant difference in pre and post-test mental health scores in the experimental group, indicating the effectiveness of the treatment. The study highlights the potential benefits of life skills programs in promoting mental health among adolescent students

Kumar et al. (2018) conducted a study to evaluate the effectiveness of Life Skills Training (LST) on Indian adolescents' mental health and well-being, involving 200 participants (ages 13-18) divided into an experimental group (n=100) receiving LST and a control group (n=100) not receiving LST. Using a pre-post design and mixed-methods approach, the study found significant improvements in emotional intelligence, self-awareness, and coping skills among the experimental group post-intervention, with enhancements also observed compared to the control group. Statistical analysis employed descriptive statistics, t-tests, and ANOVA, revealing significant differences ( $p < 0.05$ ) in emotional intelligence, self-awareness, and coping skills between the experimental and control groups. Qualitative findings further revealed improved mental health, reduced stress, and enhanced well-being among participants receiving LST, demonstrating the effectiveness of LST in promoting Indian adolescents' mental health and well-being.

### **2.3 Research gap**

While there is a growing body of research on life skills education and its role in enhancing psychosocial competence, most existing studies have focused on school children, adolescents, or youth populations. However, there is a noticeable gap in understanding how life skills training can benefit adult community-level functionaries such as Anganwadi workers. These workers play a crucial role in early childhood care and development, yet their own psychosocial needs and skill development often remain under prioritized. Moreover, the existing literature tends to focus on broad outcomes like job performance or program implementation, rather than examining core psychological domains such as self-awareness, communication, critical thinking, and community mindset in this population. There is also a lack of studies employing standardized and culturally appropriate tools to assess life skills outcomes among Anganwadi workers within the Indian context. Given the unique challenges they face such as multitasking, community outreach, child-care responsibilities, and election duties the development of life skills becomes particularly relevant. Furthermore, there is limited research that uses a quasi-experimental design to examine the direct impact of structured life skills training on specific domains of functioning among this group. This study aims to fill these gaps by evaluating the effectiveness of a four-day life skills intervention using the Life Skills Survey developed by the International Youth Foundation (IYF), thereby contributing to a more nuanced understanding of how life skills development can empower Anganwadi workers in their professional and personal roles.

### **CHAPTER III**

### **METHODOLOGY**

Research methodology is a critical component of any study, as the systematic approach to addressing the research challenge. It encompasses a broad array of components, including research design, the identification of target populations, the determination of sample sizes, and the selection of sampling techniques, the development of data collection tools, and the implementation of data analysis procedures. According to Kothari (2004), methodologies provide the theoretical foundation for understanding which techniques or combinations of procedures are best suited to a specific research problem, rather than offering direct solutions. This highlights the necessity for researchers to carefully craft a methodology that aligns with the unique requirements of their research question, ensuring that the chosen approach is not only scientifically sound but also relevant to the specific context of the study.

The research process itself involves several essential steps that guide the study toward achieving its objectives. Initially, a hypothesis is formed, which is then tested using appropriate methods such as interviews, observations, or psychological tests. The collection and subsequent analysis of data are critical in determining whether the hypothesis is valid. Researchers must also consider the implications and advantages of the various methods employed to ensure that the results obtained effectively explore the relationships between variables. In psychological research, qualitative methods such as in-depth interviews, focus groups, and case studies provide nuanced and detailed insights into human behavior, while quantitative methods, including statistical and mathematical modeling, offer more structured and generalizable data. This chapter outlines the methodology used in the present study, detailing the research design, target population, sampling techniques, data collection methods, and analysis procedures, all of which are tailored to address the specific research objectives.

### **3.1 Aim**

The aim of this study is to evaluate the effectiveness of lifeskills training among Anganwadi workers in Perumkadavila Grama Panchayath. By implementing a targeted intervention, the study seeks to determine whether such training can improve Anganwadi workers ability to manage their personal life and professional life problems and ultimately contributing to better mental health and adaptive functioning.

### **3.2 Variables under study**

#### **3.2.1 Theoretical definition**

##### **3.2.1.1 Lifeskills training**

Life skills training (LST) is defined as a structured educational program that aims to equip individuals with a set of personal and interpersonal abilities, such as self-awareness, communication, decision-making, problem-solving, anger management, and stress management, which are essential for effectively managing the challenges of daily life (Botvin & Griffin, 2004).

##### **3.2.1.2 Anganwadi workers**

Anganwadi workers are community based frontline workers of the Integrated Child Development Services (ICDS) scheme, who are responsible for delivering services related to health, nutrition, and early childhood care and education at grassroots level (MWCD, 2013).

#### **3.2.2 Operational definition**

##### **3.2.2.1 Lifeskills training**

In the context of this study, lifeskills training is a four day structured program focusing on lifeskills and its importance, self-awareness and open communication activities,

roleplaying and breathing and relaxation techniques and the training focus on improving lifeskills of Anganwadi workers of Perumkadavila Grama Panchayath.

### **3.2.2.2 Anganwadi workers**

In the context of this study, Anganwadi workers are female workers working under the Integrated Child Development Services (ICDS) scheme in India, responsible for child development, health and nutrition services in Perumkadavila Grama Panchayath under Perumkadavila block.

### **3.3 Objectives of the study**

- To assess the baseline levels of life-skills among Anganwadi workers before the intervention.
- To assess the impact of lifeskills training among Anganwadi workers after the intervention.

### **3.4 Hypothesis of the study**

H0: There will be no significant difference in the level of lifeskills among Anganwadi workers following the participation in Lifeskills training.

### **3.5 Research Design**

This study is conducted by means of a Single group pre-test post-test Quasi-experimental research design that collected data from Anganwadi workers of Perumkadavila Grama Panchayath, Thiruvananthapuram. The pre-test was conducted on 27<sup>th</sup> February 2025 to assess baseline levels of lifeskills. The intervention conducted life skills training sessions for four days from 1/04/2025 to 4/04/2025 (taught lifeskills and its importance, self-awareness and effective communication activities, roleplaying and breathing and relaxation



techniques). Post-test was conducted after the intervention period using the same tool to evaluate the intervention's impact on 31/05/2025 (3 months gap with pre-test). The objective of this study is to assess the baseline levels of lifeskills among Anganwadi workers before the intervention and to assess the impact of lifeskills training among Anganwadi workers after the intervention. This study employs a single-group pretest-posttest quasi-experimental research design, which is a method used to assess the effects of an intervention on a single group of participants before and after the intervention. This design involves measuring the outcome variable before the intervention (pretest) and after the intervention (post-test) to determine any changes attributable to the intervention (Creswell, 2014).

### **3.6 Participants**

The study involved 25 Anganwadi workers from the Perumkadavila Grama Panchayath in Perumkadavila Block in Thiruvananthapuram, Kerala. Convenience sampling was used to select this sample, meaning that the participants were chosen based on their accessibility, geographical proximity, and willingness to participate. This particular Panchayath was selected after discussing with the CDPO of the Perumkadavila Additional. This method allowed the researchers to effectively gather data from a group that was readily available and suitable for the study's objectives.

### **3.7 Tool used for the data collection.**

The Life Skills Survey Tool (LiSST) developed by International Youth Foundation (IYF) in 2019. The tool is a survey designed to measure change in life skills over time. It is aligned to the new life skills framework with 3-5 survey items corresponding to each life skill for a total of 49 survey items intended to measure behaviors and attitudes related to life skills. The items are measured with a five-point response scale from 'Almost never' to 'Almost all the time' and organized by domain. There are four sub domains and under each domain there

are multiple survey items measuring different lifeskills. The sub domains are Positive Mindset (The skills that help people build a strong sense of identity, self-awareness, and adaptability), Interpersonal Skills (Skills to help people get along with others in order to achieve shared goals and maintain healthy relationships), Higher Order Thinking Skills (These skills help people move beyond basic observation towards evaluative & critical thinking) and Community Mindset (Building upon the principles of diversity and inclusion, these skills help young people be active in and responsible for their communities). Domain Positive Mindset contain items containing skills like self-awareness, self-management, self-confidence and resilience, Interpersonal Skills contain communication, teamwork and conflict management, Higher Order Thinking Skills contain critical thinking, problem solving and creativity and innovation and Community Mindset contain responsibility, empathy, cultural awareness and responsible digital participation. The total score ranges from 49 to 245, with higher score indicating greater lifeskills scores. The tool demonstrated strong reliability with Cronbach's alphas for each domain ranging from 0.84 to 0.87. In addition, average interitem correlations ranged from 0.35 to 0.39. Confirmatory factory analysis was conducted to assess fit of the hypothesized four-domain model. The fit statistics suggested that the model fit well, with the RMSEA at 0.05, SRMS at 0.05, and CD at 0.98. The analyses suggested that the life skills survey tool demonstrated strong reliability and validity.

### **3.8 Procedure of Data Collection.**

Data collection is a systematic process of gathering and measuring information on variables of interest to answer research questions, test hypotheses, and evaluate outcomes (Creswell & Creswell, 2018). For this study, data was collected offline using questionnaire administered in a group setting. The researcher personally conducted the data collection process. Offline informed consent was obtained from the participants adhering to universal

ethical standards. Participants were told that they could withdraw from the questionnaire at any time. The data collection process was anonymous, and confidentiality was ensured.

### **3.9 Statistical techniques used for data analysis**

The data was analysed using various statistical techniques through SPSS-22 (Statistical Package for the Social Sciences) software. These techniques were employed to ensure a rigorous examination of the data, enabling accurate interpretation of the results (IBM Corp., 2013).

#### **3.9.1 Frequency distribution and percentage**

The frequency distribution is a fundamental descriptive statistical technique that provides a detailed account of how frequently each response or data point occurs within a given dataset. By organizing data into specific categories, this method reveals the distribution of responses across different variables, allowing for a clear visualization of patterns and trends within the data. Each frequency is typically accompanied by a corresponding percentage, which represents the proportion of each response relative to the total number of responses. The use of percentages (denoted by the symbol "%") enhances the interpretability of the data, making it easier to compare the prevalence of different responses. This approach not only simplifies the complexity of raw data but also provides a concise summary that facilitates further analysis and decision-making (Urdan, 2017).

#### **3.9.2 Mean and standard deviation**

The mean, commonly known as the average, is a fundamental statistical measure that represents the sum of all values in a dataset divided by the number of values. It is a key indicator of central tendency, providing a single value that encapsulates the typical or central point of the data. The calculation and interpretation of the mean can vary depending on

different conditions, such as whether the population distribution is normal or non-normal, the population size (finite or infinite), the sample size (large or small), and whether the population variance is known or unknown. Moreover, statistical analyses involving the mean may consider one-sided or two-sided alternative hypotheses.

Complementing the mean, the standard deviation measures the dispersion or spread of data points around the mean. It quantifies the extent to which individual data points differ from the average, offering insight into the variability within the dataset. A smaller standard deviation indicates that data points are closely clustered around the mean, while a larger standard deviation suggests greater spread and variability within the data (Gravetter & Wallnau, 2017).

### **3.9.3 t-test**

The t-test is a statistical method used to assess the significance of the difference between the means of two groups or two sets of scores (Somer & Somer, 1986). It is a fundamental tool in hypothesis testing; allowing researchers to determine whether observed differences are statistically significant or likely due to random chance. There are two primary types of t-tests: the independent samples t-test and the paired samples t-test.

A paired sample t-test is a statistical method used to compare the means of two related groups to determine whether there is a significant difference between them. It is used when the same participants are measured twice (before and after an intervention) making the data paired or dependent. This test helps to evaluate the effectiveness of a treatment, program, or condition by analysing the difference in scores for each individual. If there is an increase in scores after intervention, it suggests that there is a positive change after intervention (Gravetter, 2017).

### **3.9.4 Cohen's d**

Cohen's d is a statistical measure used to assess the effect size or magnitude of difference between two means (Cohen, 1988). While the t-test evaluates whether a difference is statistically significant, Cohen's d provides information on how large or meaningful that difference is. It is commonly used in pre-test and post-test designs to understand the practical significance of an intervention. A larger Cohen's d indicates a stronger effect of the intervention. Generally, values around 0.2 are considered small, 0.5 as medium, and 0.8 or above as a large effect. This helps researchers to interpret the impact of a program or treatment beyond statistical significance, especially in psychological and educational research (Lakens, 2013).

## **CHAPTER IV**

### **RESULTS AND DISCUSSION**

The present study aims to explore the impact of life skills training among Anganwadi workers in Perumkadavila Grama Panchayath. The sample consists of 25 participants falling within the age range of 30-60 years. This chapter presents the analysis and interpretation of the data collected to assess the effectiveness of lifeskills training among Anganwadi workers in Perumkadavila Grama Panchayath. The study followed a quasi-experimental pretest-posttest design, and the data was analysed using paired sample t-test. The findings are organised under four domains- Positive mindset, Interpersonal skills, Higher order thinking and Community mindset along with total lifeskills score.

The data analysis began with an assessment of the data's normality. Normality is the extent to which the distribution of a dataset follows a normal distribution (also called Gaussian distribution or bell curve). In a normal distribution, data are symmetrically distributed around the mean; with most values clustering near the central peak and probabilities for values tapering off equally in both directions Shapiro Wilk test was used. Upon confirming that the data followed a normal distribution, appropriate parametric tests were conducted using SPSS software. To test the study's hypothesis, the paired sample t-test was applied to assess the impact of lifeskills training. The results are presented in tables, which provide a clear comparison of the outcomes. These findings are thoroughly discussed in relation to the study's objectives and hypotheses, offering insights into the effectiveness of life skills training in Anganwadi workers in Perumkadavila Grama Panchayath.

#### 4.1 Normality of distribution

**Table 1**

*Shapiro Wilk test conducted for the normality of the population.*

|                             | df | sig   |
|-----------------------------|----|-------|
| Pre- total lifeskills score | 25 | 0.71  |
| Post-total lifeskills score | 25 | 0.139 |

The Shapiro Wilk test was used to assess the normality of the data. The results showed that the Pre-total lifeskills score and Post-total lifeskills score are normally distributed  $p=0.71$  ( $p>0.05$ ). Therefore the assumption of normality was met for conducting parametric test.

#### 4.2 Paired Sample t-test

**Table 2**

*Mean, Standard Deviation, t-value, and Significance of Pre-test and Post-test*



| Domain                          | Pretest/<br>Posttest | Mean   | SD     | t      | Sig.  |
|---------------------------------|----------------------|--------|--------|--------|-------|
| Positive mindset                | Pre-test             | 53.28  | 6.195  | -3.899 | 0.001 |
|                                 | Post-test            | 58.72  | 4.983  |        |       |
| Interpersonal skills            | Pre-test             | 37.08  | 4.983  | -4.118 | 0.000 |
|                                 | Post-test            | 40.96  | 6.024  |        |       |
| Higher order thinking<br>skills | Pre-test             | 43.48  | 5.753  | -4.410 | 0.000 |
|                                 | Post-test            | 48.44  | 5.538  |        |       |
| Community mindset               | Pre-test             | 44.32  | 6.427  | -4.244 | 0.000 |
|                                 | Post-test            | 49.56  | 5.165  |        |       |
| Total lifeskills score          | Pre-test             | 178.16 | 19.519 | -6.152 | 0.000 |
|                                 | Post-test            | 197.68 | 20.722 |        |       |

Table 2 displays the pre-test and post-test mean score, standard deviation, t-value and significance ( $p$ -value) of lifeskills across four domains and total lifeskills score among Anganwadi workers. The mean scores increased in post-test across all domains. The participant reported higher score in positive mindset after training ( $M = 58.72$ ,  $SD = 4.983$ ) compared to before ( $M = 53.28$ ,  $SD = 6.195$ ), with a  $t$ -value of  $-3.899$  and  $p = 0.001$ . In terms of interpersonal skills, the post-test mean was  $40.96$  ( $SD = 6.024$ ), which was significantly higher than the pre-test mean of  $37.08$  ( $SD = 4.983$ ),  $t = -4.118$ ,  $p < 0.001$ . Similarly, higher-order thinking skills showed a notable improvement from pre-test ( $M = 43.48$ ,  $SD = 7.553$ ) to post-test ( $M = 48.44$ ,  $SD = 5.538$ ), with  $t = -4.410$ ,  $p < 0.001$ .

The community mindset domain also improved significantly, with pre-test scores ( $M = 44.32$ ,  $SD = 6.427$ ) increasing to ( $M = 49.56$ ,  $SD = 5.165$ ) in the post-test ( $t = -4.244$ ,  $p < 0.001$ ). Finally, the total life skills score demonstrated a marked increase from  $178.16$  ( $SD = 19.519$ ) to  $197.68$  ( $SD = 20.722$ ),  $t = -6.152$ ,  $p < 0.001$ . A notable increase in post-test scores was observed in all domains: positive mindset and overall lifeskills scores. Negative  $t$ -values indicate the direction of the mean difference that the post test scores are higher than the pretest scores for the lifeskills domain. All  $p$ -values are less than  $0.05$  (less than  $0.001$ ). Hence, rejecting the null hypothesis.

### 4.3 Effect size analysis (Cohen's $d$ )

**Table 3**

*Mean difference, Standard Deviation of Differences, Cohen's  $d$  and effect size of pre-test and post-test.*

| <b>Domain</b>          | <b>Mean diff</b> | <b>SD Diff</b> | <b>Cohen's d</b> |
|------------------------|------------------|----------------|------------------|
| Positive mindset       | -5.440           | 6.977          | 0.779            |
| Interpersonal skills   | -3.880           | 4.711          | 0.823            |
| Higher order thinking  | -4.960           | 5.623          | 5.623            |
| Community mindset      | -5.240           | 6.173          | 0.849            |
| Total lifeskills score | -19.520          | 15.864         | 1.230            |

Table 3 indicate the domain, mean difference, standard deviation of differences and Cohen's d of the pretest and posttest. The effect size values, measured using Cohen's d, indicated meaningful changes in participants' life skills following the training. A medium-to-large effect was observed in the domain of positive mindset ( $d = 0.779$ ), which is slightly less than 0.8, suggesting a notable improvement. The interpersonal skills domain showed a large effect size ( $d = 0.823$ ), which is greater than 0.8, implying that participants significantly enhanced their ability to interact and communicate. Similarly, a large effect was found in higher-order thinking skills ( $d = 0.882$ ) and community mindset ( $d = 0.849$ ), both greater than 0.8, indicating substantial gains in reasoning, decision-making, and community responsibility. Most notably, the total life skills score demonstrated a very large effect size ( $d = 1.230$ ), which is greater than 1.2, reflecting a highly impactful overall change due to the life skills training program. According to Cohen's (1988) guidelines, where  $d \geq 0.8$  is considered

large and  $d \geq 1.2$  is considered very large, these results show that the intervention had both statistically and practically significant effects across all measured domains.

#### **4.4 Discussion**

The present study aimed to assess the effectiveness of a life skills training program among Anganwadi workers in Perumkadavila Grama Panchayath by examining changes in various domains of life skills before and after the intervention. To begin with, a normality test was conducted using the Shapiro-Wilk method to determine whether the data met the assumptions for parametric testing. The results indicated that the distribution of both pre-test and post-test scores was normal, justifying the use of the paired sample t-test for further analysis. The paired sample t-test revealed statistically significant improvements in all the assessed domains of life skills following the intervention. These domains included positive mindset, interpersonal skills, higher-order thinking skills, and community mindset. In addition, there was a significant improvement in the overall life skills score after the training. This pattern of results strongly supports the idea that the life skills training program was effective in enhancing the psychological and functional capabilities of the Anganwadi workers.

The domain of positive mindset showed a clear shift, suggesting that the participants developed more optimistic, hopeful, and constructive thinking patterns after the training. This improvement may be attributed to activities that focused on self-awareness, goal setting, and promoting a positive outlook on life and work. Interpersonal skills also showed noticeable enhancement. The training sessions likely helped the participants to better understand the importance of communication, empathy, active listening, and maintaining healthy

professional relationships. The use of group discussions, interactive exercises, and role-playing could have contributed to the development of these skills.

Higher-order thinking skills demonstrated significant growth as well. The training program included activities designed to promote problem-solving, critical thinking, and decision-making. These improvements are particularly important for Anganwadi workers, who often face real-world challenges in their daily responsibilities that require sound judgment and analytical ability. The improvement in community mindset reflects a strengthened sense of social responsibility and collective well-being. The training may have reinforced values such as cooperation, civic engagement, and empathy toward the needs of others qualities that are essential in community-based service roles like those performed by Anganwadi workers. Finally, the significant increase in the overall life skills score after the intervention shows that the training was successful not just in isolated areas, but in creating a holistic development of skills. This comprehensive improvement highlights the relevance of structured life skills training programs in empowering frontline workers who serve as key agents of social change and development.

In addition to statistical significance, the analysis of effect sizes using Cohen's  $d$  provided strong evidence for the practical impact of the life skills training program. Each of the four domains, positive mindset, interpersonal skills, higher-order thinking, and community mindset demonstrated considerable improvement following the intervention. The positive mindset domain reflected a large effect size, indicating that participants developed greater emotional resilience and optimism after training. Similarly, a large effect was observed in interpersonal skills, suggesting enhanced communication, empathy, and social interaction abilities among the Anganwadi workers. The higher-order thinking domain also showed a large effect, highlighting meaningful gains in problem-solving, decision-making,

and critical thinking skills. The community mindset domain presented a medium to large effect size, pointing to improved awareness and engagement with community needs and responsibilities. Notably, the total life skills score exhibited a very large effect size, underlining the comprehensive benefit of the program across all areas. These results confirm that the intervention was not only statistically effective but also brought about substantial, real-world changes in the psychosocial capacities of the participants. Such outcomes are especially important in the context of Anganwadi workers, who juggle multiple responsibilities and are essential agents of community-level development and care.

The findings of the present study, which revealed a significant improvement in life skills across all domains following the intervention, are consistent with previous research in this area. For instance, the quasi-experimental study by Kumari and Yadav (2022) on community health workers in India demonstrated that structured life skills and financial literacy training led to enhanced self-confidence, better interpersonal communication, and improved decision-making. Similar to current findings, their post-test scores showed a notable improvement, validating the effectiveness of brief, targeted interventions among frontline workers. The comparable results support the idea that life skills training has practical applicability in grassroots settings where workers face daily challenges related to communication, emotional regulation, and decision-making.

In line with current results, the study by Mohan and George (2021) evaluating the effect of life skills training on dietary behavior among school-going adolescents also reported a statistically significant improvement in the participants' self-awareness, emotional regulation, and critical thinking. Though the population was different, the overlap in core life skill domains indicates the universal applicability of life skills education. The improvements observed in our participants, particularly in areas such as positive mindset and higher-order

thinking, can be viewed as a reflection of enhanced decision-making, problem-solving, and emotional balance components highlighted in their study as well.

Current results are also corroborated by the findings of Nair et al. (2020), who examined the impact of soft skills among Anganwadi workers on child development outcomes. Their study found that Anganwadi workers with stronger interpersonal and communication skills were more effective in delivering services and engaging with families. This indirectly supports our findings by suggesting that enhanced life skills especially in interpersonal domains can improve both personal effectiveness and service delivery. Present study adds to this understanding by providing evidence that such skills can be developed through focused training, even in a short intervention format.

However, not all studies fully align with our findings. A study by Sharma and Thomas (2019) on stress management interventions for frontline health workers reported mixed results, with only moderate improvement in coping strategies and no significant change in interpersonal functioning. This could be due to differences in intervention duration, content, or delivery methods or may have lacked interactive or experiential components that are critical to internalizing life skills. This contrast highlights the importance of methodology and session design in achieving positive outcomes and emphasizes the strength of our multi-modal training approach.

The observed improvements in life skills among Anganwadi workers following the training intervention can be attributed to a range of factors that are both psychological and situational in nature. Life skills, as defined by the World Health Organization, are abilities for adaptive and positive behavior which enables individual to effectively deal with the demands and challenges of everyday life (WHO, 1997). In the context of this study, the structured and interactive training sessions provided a platform for self-exploration, learning, and behavioral

change. One major reason for the change is that the training offered participants an opportunity to reflect on their habitual ways of thinking, behaving, and interacting with others. For many Anganwadi workers, their day-to-day roles involve high levels of responsibility, routine activities, and social engagement, often without space or time for introspection. The life skills training broke this routine by creating a psychologically safe environment where they could assess their personal strengths and limitations. Sessions focused on self-awareness may have helped participants better understand their internal responses and develop healthier ways of coping with stress, thereby contributing to growth in domains like positive mindset and interpersonal functioning.

In conclusion, the findings of this study demonstrate that life skills training can be a valuable and impactful tool in enhancing the personal and professional abilities of Anganwadi workers. By strengthening their psychological resources and practical skills, such interventions can enable them to perform their roles more effectively and contribute meaningfully to the communities they serve.



## **CHAPTER V**

### **SUMMARY AND CONCLUSION**

The current study aimed to evaluate the effectiveness of a structured life skills training program among Anganwadi workers of Perumkadavila Grama Panchayath using a quasi-experimental pre-test and post-test design. The sample consisted of 25 participants are selected using convenient sampling.

### **5.1 Summary of the study**

The present study was conducted to assess the effectiveness of a structured life skills training program among Anganwadi workers of Perumkadavila Grama Panchayath. Recognizing the vital role that Anganwadi workers play in early childhood development and community health, the study sought to explore whether enhancing their life skills could lead to personal and professional growth. Life skills were assessed across four core domains positive mindset, interpersonal skills, higher-order thinking skills, and community mindset using the Life Skills Survey developed by the International Youth Foundation.

The study adopted a quasi-experimental pre-test and post-test design. A sample of 25 Anganwadi workers was selected. A pre-test was conducted prior to the intervention to assess the baseline life skills levels. The intervention was carried out over a four day period and included a combination of lectures, self-awareness and effective communication activities, role-plays, and breathing and relaxation techniques. Post-testing was conducted after a gap to assess the changes resulting from the training.

The data collected were analysed using SPSS. The Shapiro-Wilk test indicated that the data were normally distributed. Consequently, a paired sample t-test was used to analyse differences between pre- and post-test scores. The results revealed statistically significant improvements in all four life skills domains, as well as in the total life skills score following the training. Effect size analysis using Cohen's d confirmed that the intervention had a strong practical impact, with large effects observed in most domains and an overall substantial

improvement in total life skills. These results highlight the training's capacity to enhance emotional well-being, social functioning, cognitive strategies, and community-oriented attitudes among Anganwadi workers, who often face high workloads and diverse responsibilities. The findings suggest that structured and experiential life skills training can lead to significant psychosocial improvement among Anganwadi workers. The training was found to be effective in enhancing their self-awareness, emotional regulation, communication skills, decision making abilities, and sense of social responsibility.

## **5.2 Conclusion of the study**

Based on the findings, it can be concluded that the life skills training program had a positive and meaningful impact on the Anganwadi workers who participated in the intervention. The statistically significant improvements observed across all domains of life skills demonstrate that such training not only improves individual competencies but also enhances the overall ability of workers to perform their community-based roles more effectively. Each domain targeted by the intervention positive mindset, interpersonal relationships, higher-order thinking, and community engagement showed substantial improvements.

The training sessions created a space for reflection, learning, and peer support, allowing the participants to explore their strengths and areas for growth. The interactive nature of the sessions promoted deeper engagement, enabling the participants to internalize and apply the skills learned. The study highlights the importance of integrating life skills training into the on-going capacity building programs of Anganwadi workers. Strengthening their psychological, emotional, and interpersonal competencies can lead to improved service delivery, enhanced community engagement, and better support for child development. The improvement in various skills can contribute to their personal growth and the quality of their

services. This improvement in lifeskills based on this study corroborate with the results of previously done studies in different populations like ASHA workers and adolescents. The findings also reinforce the belief that life skills are teachable, learnable, and transformative, especially when delivered in a culturally relevant and participatory manner.

In conclusion, the study affirms that structured life skills training are an effective and necessary intervention to support the personal and professional development of Anganwadi workers. It also provides a strong foundation for future research and policy initiatives aimed at enhancing the psychosocial competencies of grassroots-level service providers.

### **5.3 Major findings of the study**

- The life skills training program led to a significant improvement in the overall life skills of Anganwadi workers, as reflected in the comparison of pre-test and post-test scores.
- The Shapiro-Wilk test for normality indicated that the data were normally distributed, which justified the use of a paired sample t-test for analysing the difference between pre- and post-test scores.
- Participants showed a notable enhancement in their positive mindset after the training, indicating increased self-confidence, optimism, and ability to handle challenges more constructively.
- There was a significant improvement in the interpersonal skills of the participants, suggesting that the training helped them develop better communication, empathy, and relationship building abilities.
- The domain of higher-order thinking skills showed marked improvement, demonstrating growth in participants' decision-making, critical thinking, and problem-solving capacities.

- The training significantly enhanced the community mindset of the participants, reflecting a greater sense of responsibility, cooperation, and engagement with the needs of the community.
- Effect size analysis revealed large impacts in most domains, confirming the practical significance of the changes beyond just statistical findings.
- The total life skills score increased significantly from pre-test to post-test, confirming the holistic effectiveness of the life skills training across all measured domains.
- The consistent pattern of improvement across all domains suggests that life skills can be developed through short-term, structured, and participatory training interventions.
- The results support the integration of life skills training into the professional development programs of Anganwadi workers; as such programs enhance both personal growth and work performance.
- The findings demonstrate that participatory learning methods such as group activities, role-plays, and reflection exercises are effective in developing psychosocial competencies among community-level workers.

#### **5.4 Implications of the study**

The findings of this study carry significant implications for the fields of community development, health education, and psychosocial training. The results clearly indicate that life skills training can serve as an effective intervention to enhance the psychological and interpersonal capacities of Anganwadi workers. Since these workers play a foundational role in implementing early childhood education and public health initiatives at the grassroots level, their personal development directly impacts the quality of services provided to children, families, and communities. Therefore, integrating life skills training into their

routine capacity-building programs is not just beneficial but essential for strengthening India's community-based child development system.

From a practical standpoint, the study emphasizes the need for government bodies, NGOs, and training institutions to adopt a more holistic approach in their training models. Traditionally, most training for Anganwadi workers has focused on nutrition, health, and early childhood education. While these areas are critical, the study shows that psychosocial skills such as self-awareness, emotional regulation, communication, decision-making, and social responsibility are equally important for the effective functioning of Anganwadi workers. By nurturing these internal competencies, life skills training can improve their self-efficacy, reduce job-related stress, and enhance their engagement with the community. The training activities such as group discussions, role plays, and relaxation techniques proved effective in facilitating not just knowledge acquisition but also behavioral change. These methods can be applied in other adult education settings, especially those that involve community workers and frontline staff. The study thus reinforces the idea that active, reflective learning is more effective than passive instruction in empowering learners and promoting sustainable change.

The study advocates for the inclusion of structured life skills modules in national-level programs like the Integrated Child Development Services (ICDS). By formalizing such training within the official framework, it becomes possible to ensure consistency, accountability, and wider reach. Policymakers should recognize that strengthening the soft skills of Anganwadi workers is not an add-on but a core requirement for improving service quality, workforce morale, and community trust. Moreover, including psychosocial training elements may also help reduce workforce attrition and burnout, which are common challenges in community-level work. The study has implications for future program development and research. It demonstrates that life skills are teachable and that even a short-

duration intervention can yield significant positive outcomes. This opens the door for further innovations in training design, including the development of modular programs and blended learning models that address the unique challenges of community workers. It also provides a strong foundation for longitudinal research to explore the long-term effects and sustainability of life skills development over time.

### **5.5 Limitation of the study**

While the study yielded valuable insights into the effectiveness of life skills training among Anganwadi workers, certain limitations must be acknowledged. Firstly, the sample size was relatively small and limited to 25 participants from a single Grama Panchayath (Perumkadavila) and all of them were from a similar socio-economic background. As a result, the findings may not be generalizable to all Anganwadi workers across different regions or socio-cultural contexts. A larger and more diverse sample could provide more comprehensive and generalizable results.

Secondly, the study employed a quasi-experimental design without a control group. While the pre-test and post-test design allowed for within-group comparison, the absence of a control group makes it difficult to attribute the observed improvements solely to the training intervention. Other external factors or natural changes over time may also have influenced the outcomes. Future studies could benefit from including a control group for more rigorous comparison.

Another limitation is the short duration of the intervention and follow-up. The post-test was conducted soon after the completion of the training program, which provides information about immediate effects but does not assess the long-term sustainability of the improvements. Without a delayed post-test or follow-up assessment, it remains unclear whether the changes

in life skills are retained over time. The time gap between the pre-test and post-test was only 3 months which could have caused memory effect or practice effect.

Additionally, the study relied entirely on self-report measures through a structured questionnaire. Although the Life Skills Survey used is reliable, self-report instruments can be influenced by social desirability bias, where participants may provide responses they believe are expected of them. Including qualitative methods such as interviews or behavioral observations could have offered deeper insights into the participants' actual skill development and experiences during the training.

Finally, while the study measured improvements across four domains of life skills, it did not explore in depth how these skills translated into real-life behavioral or job-related outcomes. Understanding how enhanced life skills impact day-to-day functioning, stress management or interaction with beneficiaries would have added more practical value to the findings.

## **5.6 Suggestions of the study**

Based on the findings and limitations of the study, several suggestions can be made to enhance future research and practice in the area of life skills training for Anganwadi workers. Firstly, it is recommended that similar life skills training programs be conducted on a larger scale and across different geographical regions. Expanding the sample size and including participants from diverse socio-economic and cultural backgrounds would increase the generalizability of the findings and provide a more holistic understanding of the impact of life skills training.

Future studies should consider adopting a controlled experimental design, including both intervention and control groups, to strengthen the validity of the results. This would help



isolate the effect of the training and provide clearer evidence of its effectiveness. Providing intervention for a longer period with a certain numbers days in between sessions would also be better. The gap between pre-test and post-test should also be increased to atleast 6 months. In addition, incorporating long-term follow-up assessments would allow researchers to evaluate the sustainability of improvements in life skills over time and determine whether the effects of training are retained in the long run.

It is also suggested that future interventions integrate qualitative methods such as interviews, focus group discussions, or participant observation. These approaches would offer richer, more nuanced insights into the experiences, challenges, and personal growth of participants during and after the training. A mixed-methods approach could therefore enhance the depth and applicability of the research findings.

Training modules should be continuously updated and tailored to the specific needs of Anganwadi workers. Incorporating contextualized examples, local language delivery, and interactive techniques such as role-plays, group activities, and relaxation exercises can make the sessions more relatable and impactful. Trainers should also be sensitized to the psychological and emotional needs of adult learners, particularly those working under stressful field conditions.

On a policy level, the study suggests the inclusion of life skills training as a mandatory component of pre-service and in-service training programs under the Integrated Child Development Services (ICDS) scheme. Institutional support, such as follow-up workshops, refresher sessions, and mentoring, could reinforce skill development and ensure continuous professional growth. Researchers and policymakers should consider evaluating how improved life skills influence job performance, community interaction, and beneficiary outcomes. By linking life skills training to real-world changes in Anganwadi functioning,

future studies can better demonstrate the practical value and return on investment of such psychosocial interventions.

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## **APPENDICES**

### **INFORMED CONSENT FORM**

#### **Overview**

My name is ..... and I am a postgraduate student pursuing M.Sc. Counselling Psychology in ..... I have undertaken a research study entitled “The impact of Lifeskills training among Anganwadi workers in Perumkadavila Grama Panchayath – a quasi-experimental pre-test - post-test study” under the guidance of ....., ....., ....., ....., .....

You are invited to participate in this research study which will examine the impact of Lifeskills training among Anganwadi workers in Perumkadavila Grama Panchayath. To decide whether you wish to participate in this study, you should know about the risks and benefits involved to make an informed judgment. This sheet gives you detailed information about the study and you should feel free to ask any other questions that you may have. Once you understand the study procedures you may choose to participate by signing the attached form.

#### **Study procedures**

- Preliminary screening: In the screening session, I will explain all the details of the study and answer any questions you may have. At this meeting, you will be asked questions to confirm that you meet the requirements to take part in the study. A psychological questionnaire will be used to measure on the level of life-skills among Anganwadi workers before life-skills training.
- Lifeskills training: Lifeskills training will be provided for 4 days conveniently. These sessions will take approximately 60 to 90 minutes.

- **Post-Test:** The same psychological questionnaire will be administered after a specific period of time (approximately after 2-3 month) to measure whether there is a change in level of life-skills or not.

### **Risks and Inconveniences**

There are no major risks involved in the study however there can be minor risks and inconveniences like the study altogether may multiple days for hours, you may feel tired or uncomfortable. If needed you may take breaks in between.

### **Safety**

To ensure your safety the following precautions will be taken:

- i) All adequate precautions will be taken and procedures will be explained to you.
- ii) Support will be available to you for the entire duration of the study

### **Benefits**

By participating in this study, you might have direct benefit of improved lifeskills. Also your participation will contribute to scientific knowledge.

### **Confidentiality**

If any reports or publications result from this study, no information will be revealed that will permit readers to identify you. If you would like to know the results of the study or your individual results on any of the measures, I would be happy to reveal them to you after the data has been completely analysed. All the information obtained in this study will be kept confidential to the extent permitted by the law.

### **Voluntary Participation**

You are free to choose not to participate. If you choose to participate you are free to withdraw from the study at any time without giving any reason.

### **Discontinuing the study**

If the study investigator determines that it is not in your best interest to continue in the study, your involvement may be discontinued any time.

### **Questions**

Please feel free to ask about any terms you don't understand

### **Undertaking by the investigator:**

Your consent to participate in the above study by ..... is sought. You have the right to refuse consent or withdraw the same during any part of the study without giving any reason. The information you provide will be stored and maintained safely and confidentially. The data will be used solely for research purposes. Results will be published as dissertation and may be presented in academic conferences or published in scientific journals, without identifying the participants. If you have any doubts about the study, please feel free to clarify the same.

Sign

Name

### **Personal Data Sheet**

Name:

Age:

Gender:

Educational qualification:

Have you ever got any kind of previous training in Lifeskills? If so, in which area? Specify.

### Life Skills Survey Tool (LiSST)

Read each statement clearly and circle the option which seems the most suitable for you.

There is no right or wrong answer. Each number refers to the following options respectively:

| Almost Never | Once in a while | Sometimes | Often | Almost all the time |
|--------------|-----------------|-----------|-------|---------------------|
|--------------|-----------------|-----------|-------|---------------------|

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

1. I recognize myself as a valuable person.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

2. I express my opinions, even if others disagree with me.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. I know what my strengths are.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. I can solve whatever problems come my way

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

5. I complete tasks even when I don't like them.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. I think through the steps it will take to reach my goal.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

7. I stay calm even when I feel stressed.

1 2 3 4 5

8. I set goals for myself.

1 2 3 4 5

9. I know how to get better at things that are hard for me

1 2 3 4 5

10. I recognize how my feelings affect my performance.

1 2 3 4 5

11. I recognize when I'm feeling stressed.

1 2 3 4 5

12. I know when I need to ask for help.

1 2 3 4 5

13. I can overcome setbacks to take on an important challenge

1 2 3 4 5

14. I bounce back quickly after hard times

1 2 3 4 5

15. I react positively to suggestions from others on how I might improve myself

1 2 3 4 5

16. I can express my own ideas clearly.

1 2 3 4 5

17. I ask questions to deepen my understanding.

1                      2                      3                      4                      5

18. I listen actively to understand and learn.

1                      2                      3                      4                      5

19. I understand the rules and expectations in interacting with others.

1                      2                      3                      4                      5

20. I can work effectively with others in a team to accomplish a task.

1                      2                      3                      4                      5

21. I value the input and contributions of others.

1                      2                      3                      4                      5

22. I do my share when working in a team.

1                      2                      3                      4                      5

23. When resolving a conflict, I try to understand the needs of everyone involved.

1                      2                      3                      4                      5

24. I can make compromises in order to resolve a conflict with others.

1                      2                      3                      4                      5

25. I respect others' opinions during a disagreement.

1                      2                      3                      4                      5

26. When making up my mind about something, I collect a lot of information.

- |  | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 27. I consider diverse sources when analyzing information.                             |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 28. I question assumptions or the way things are done.                                 |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 29. I know how to differentiate between fact and assumption.                           |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 30. I am able to identify problems that keep me from my goals                          |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 31. I think about how the decisions I make will affect me in the long run.             |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 32. When faced with a decision, I understand that some choices are better than others. |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 33. I am comfortable asking for advice when making an important decision.              |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 34. When I am faced with a challenging problem, I try to think of multiple solutions.  |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |
| 35. I apply new ideas in a practical way to improve the way things are done.           |   |   |   |   |   |
|  | 1 | 2 | 3 | 4 | 5 |



36. I am comfortable taking risks when trying to solve a problem.

1                      2                      3                      4                      5

37. I create new ideas to take on everyday challenges.

1                      2                      3                      4                      5

38. I accept responsibility for my actions when I make a mistake or get in trouble.

1                      2                      3                      4                      5

39. I do what I believe is right, even if my friends make fun of me.

1                      2                      3                      4                      5

40. I contribute to make my community and society better.

1                      2                      3                      4                      5

41. When I see someone being taken advantage of, I want to help them.

1                      2                      3                      4                      5

42. I go out of my way to help others.

1                      2                      3                      4                      5

43. I can easily put myself in someone else's place and understand how they feel.

1                      2                      3                      4                      5

44. I am willing to be an ally to individuals who are different from myself.

1                      2                      3                      4                      5

45. I know how to show respect to people with different beliefs, opinions, cultures, and

identities.

1                      2                      3                      4                      5

46. It is important to me to respect the values and beliefs of people who are of a different race or culture than I am.

1                      2                      3                      4                      5

47. I engage in positive behavior when using technology, including social interactions online.

1                      2                      3                      4                      5

48. When I use technology, I engage in safe behavior, including in social interactions online.

1                      2                      3                      4                      5

49. I use technology to broaden mutual understanding and learning with others

1                      2                      3                      4                      5

## **Module**

### **Life skills training**

#### **Day 1: Introduction to Life Skills**

On the first day of the life skills training program, a one hour lecture was conducted to introduce participants to the concept of life skills. The session began by explaining the definition of life skills as proposed by the World Health Organization (1999), which describes them as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. This definition helped participants understand that life skills are not just abstract qualities but practical tools that can be applied in day-to-day situations, especially in their roles as Anganwadi workers.

The session then introduced the ten core life skills identified by WHO: self-awareness, empathy, critical thinking, creative thinking, decision-making, and problem-solving, effective communication, interpersonal relationship skills, coping with stress, and coping with emotions. Each skill was described with simple, relatable examples. For instance, self-awareness was explained as the ability to understand one's emotions, strengths, and limitations. Participants were asked to think about situations where they felt overwhelmed and how being aware of their emotions helped or could have helped them respond better. Empathy was discussed in the context of understanding a mother's concerns about her child's nutrition without judgment, which is a common scenario in the Anganwadi setting.

Critical and creative thinking were presented as essential for tackling problems innovatively. Decision-making and problem-solving were linked to real-life field situations, such as deciding how to resolving conflicts among children. Effective communication was

emphasized as a necessary skill for explaining health-related messages to families in a clear and respectful way. Interpersonal relationships were highlighted using examples of teamwork within the Anganwadi center and maintaining harmony with local community members.

The session also covered the importance of coping with stress and emotions, especially when dealing with demanding workloads, low resources, or emotionally charged situations like child neglect or family disputes. Participants were encouraged to share their own strategies for handling such stress and how learning new ways could improve both their mental well-being and work performance. The trainer encouraged interaction by asking participants to identify which life skills they already use and which they would like to develop further.

In conclusion, the first day served as a foundation for the entire training program by helping participants recognize the relevance of life skills in their everyday roles and personal lives. It emphasized that life skills are not separate from work but deeply integrated into daily functioning, especially in a people centric role like that of an Anganwadi worker. The session created a reflective space for participants to evaluate their strengths and needs, setting the stage for deeper exploration in the following days.

## **Day 2 Module: Self-Awareness and Effective Communication**

### **Activity 1: Expressing Positives about Oneself**

- Activity Number: 1
- Duration: 45 minutes
- Life Skill Focus: Self-awareness

## **Procedure**

The participants (n = 25) were first asked to form a line and count off as "1" and "2" alternately. The group was then seated in a large circle where all number 1s remained seated while number 2s sat facing them. Since there were 25 participants, one group contained three individuals. Each number 1 and 2 participants were asked to speak for a few minutes and share three good things about themselves - such as their personality traits, experiences, skills, or values. Only positive aspects were allowed to be shared. After the sharing, number 2 participants rotated clockwise to the next person, forming new pairs. This process continued until number 1s had spoken to about half of the number 2 group. This ensured that each participant had multiple opportunities to share and listen.

## **Facilitating Questions**

- How did you feel while talking about yourself in a positive way?
- Was it easy or difficult to think of three good things about you?
- Did any of the responses surprise you?
- How often do you think or talk about your strengths?

## **Expected Outcomes**

- Enhanced self-awareness and personal reflection.
- Increased confidence in expressing one's own qualities.
- Encouragement to recognize inner strengths and values.
- Participants begin to see themselves in a more positive light.

## **Activity 2: Expressing Positives about Others**

- Activity Number: 2

- Duration: 45 minutes
- Life Skill Focus: Effective Communication

### **Procedure**

In the same circular arrangement, the second half of the session began with the same format of paired interaction. This time, the focus shifted to observing and appreciating others. Each participant was asked to share three positive things about the person sitting opposite them. The responses could include personality traits, behavior, work ethic, or any admirable quality they had noticed. Again, the rule was that only positive statements could be made no negative or critical feedback was allowed. After each exchange, the number 2 participants rotated again, ensuring that each received affirmations from different peers. After completing the second half of the circle, the group came together for a reflection and sharing discussion.

### **Facilitating Questions**

- How did you feel when someone pointed out your positive qualities?
- What was your reaction to giving compliments to others?
- Did this change the way you see your colleagues?
- How can positive feedback improve your communication at work?

### **Expected Outcomes**

- Improved communication skills, especially in expressing appreciation.
- Enhanced listening and observation skills.
- Strengthened peer relationships and emotional connection.

- Promotion of a positive work culture based on mutual respect and support.

### **Day 3 Module: Role-Playing on Real-Life Social Issues**

- Activity Number: 4
- Duration: 90 minutes
- Method: Group Role Play
- Life Skills Targeted: Empathy, emotional regulation, coping with stress and emotions, effective communication, problem-solving, decision-making

#### **Situation 1: Adolescent Suicide Attempt After Relationship Failure**

Arya, a 16-year-old Class XI student, recently experienced a painful breakup. Her classmates started teasing her and spreading rumours on social media, making her emotionally distressed. She became withdrawn, stopped participating in classes, and posted worrying status updates online. One evening, her mother found a letter suggesting thoughts of hopelessness and self-blame. Arya's parents, shocked, immediately reached out for help. Characters include: Arya, her parents, two classmates, her teacher etc.

#### **Situation 2: Bullying Due to Body Image**

Rahul, a 12-year-old boy in Class VII, is bullied at school for being overweight. He is called names like elephant and excluded from games. His academic performance drops, and he avoids socializing. His teacher notices he stays quiet and alone during breaks. Rahul's mother reports he often fakes illness to skip school. Characters include: Rahul, two bullies, a classmate who supports him, the teacher, and his parent.

#### **Situation 3: Teenage Drug Abuse**

Arjun, a 17-year-old boy, starts using drugs after being introduced by his friends. What began as curiosity quickly turned into a dependency. His behavior changed, he becomes aggressive, skips school, lies, and even steals money from home. His friend Sudeep notices the changes and tries to help. Arjun collapses one day and is rushed to the hospital. Characters include: Arjun, his peer group (including Sudeep), his parents, a teacher etc

#### **Situation 4: Social Media Addiction**

Niya, an 18-year-old first-year college student, spends most of her time on Instagram. She constantly compares herself to influencers and becomes anxious when her posts don't get likes. She avoids studying, misses classes, and is irritable with family. Her friend Neha tries to talk to her, but Niya dismisses her concern. Characters include: Niya, Neha, a classmate, a teacher etc.

#### **Facilitating Questions**

- How did you experience the emotional response when you were assigned your role-play situation?
- Were you able to establish a connection with the sentiments of the character you embodied?
- To what extent did you face difficulties in comprehending and expressing the emotions within the given scenario?
- While observing the role-plays of other groups, were you able to readily discern the emotions that were depicted?
- Were there any instances where the emotions portrayed were intricate to comprehend?
- What insights did you acquire from the observation of the diverse role-plays?



- Did any of the role-plays astonish you with the profundity of the emotions portrayed?
- To what extent did the subsequent discussions after each role-play enhance your comprehension of emotions?
- What are some prevalent emotions that emerged throughout the role-plays?
- In your opinion, what are effective strategies for managing negative emotions such as fear, grief, anger, etc.?

### **Expected Outcomes**

- Participants will develop the ability to identify and comprehend a variety of negative emotions depicted in the role-play scenarios.
- Participants will cultivate the skill to openly and effectively express their emotions.
- The participants will foster an increased understanding of the perspectives and emotions of others, thereby promoting a heightened sense of empathy.
- Participants will acquire insights into the positive management of conflicts and the discovery of constructive solutions.
- Participants will contribute to the establishment of a supportive environment where individuals feel comfortable discussing and sharing their emotions.
- The exploration and discussion of coping strategies for addressing negative emotions and navigating stressful situations will be undertaken.
- Participants will engage in self-reflection, assessing their own approaches to managing emotions and considering the adoption of healthier strategies.

### **Day 4 Module: Breathing and Relaxation Techniques**

- Activity Number: 5
- Duration: 90 minutes
- Method: Experiential Practice and Group Relaxation
- Life Skills Targeted: Coping with stress, coping with emotions, self-awareness, emotional regulation

### **Procedure**

The fourth day of the training focused on equipping participants with simple yet powerful relaxation and stress management techniques. The session lasted 90 minutes and involved a combination of breathing exercises, guided imagery, progressive muscle relaxation (PMR), and music-assisted deep breathing.

The session began with an introduction to deep breathing techniques. Participants were guided to sit comfortably with their backs straight and eyes gently closed. The facilitator instructed them to breathe in slowly through the nose, hold the breath for a few seconds, and then exhale slowly through the mouth. This cycle was repeated for a few minutes to help participants settle into a calm state.

Following this, the group moved into a guided imagery exercise. The facilitator used calm, soothing voice to narrate a visualization of a peaceful environment like walking through a quiet forest and sitting beside a calm lake. Participants were encouraged to mentally place themselves in that scene, engaging all five senses to fully immerse in the experience. The goal was to promote mental calmness and a sense of emotional safety.

Next, the group engaged in Progressive Muscle Relaxation (PMR). The facilitator led them through a sequence of tensing and relaxing different muscle groups starting from the

feet and moving upward through the legs, abdomen, chest, arms, shoulders, and face. Participants were encouraged to notice the contrast between tension and relaxation, helping them become more aware of physical stress signals.

Finally, the session concluded with a music-assisted breathing exercise. Soft instrumental background music was played while participants continued to breathe deeply and rhythmically. They were encouraged to simply be in the moment, focusing on their breath and letting go of any remaining mental clutter. The session ended with a few minutes of silence, followed by gentle stretching to reawaken the body.

### **Facilitating Questions**

- How did your body feel before and after these relaxation exercises?
- During the guided imagery, what thoughts or feelings surfaced for you?
- Were there any challenges in staying focused during muscle relaxation or breathing?
- How did the background music affect your state of mind?
- Can you identify any changes in your breathing pattern or physical sensations during the session?
- In your opinion, which of these techniques would be most useful in your daily life and why?
- How do you usually manage stress, and how do these techniques compare?

### **Expected Outcomes**

- Participants will gain practical experience in using breathing and relaxation techniques to reduce stress and manage emotional tension.

- They will develop greater awareness of the mind-body connection and how physical relaxation impacts emotional well-being.
- Participants will be able to identify stress related physical symptoms and apply these techniques as coping tools.
- These exercises will enhance participant's ability to stay calm and centered during emotionally challenging situations.
- The session will promote mindfulness, inner balance, and personal reflection.
- Participants will consider incorporating these tools into their daily routines to support long-term emotional health.

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