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Research Article

Correlation Between Knowledge And Attitudes Towards Life Skills Among Adolescents In Protective Care

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Abstract

Adolescence is a critical developmental phase characterized by rapid physical, emotional, and psychosocial changes. Equipping adolescents with life skills—including decision-making, problem-solving, interpersonal communication, and coping mechanisms—enhances resilience and prepares them for productive adulthood. However, adolescents in protective care settings such as juvenile homes and rehabilitation centers often face compounded vulnerabilities including disrupted family support, exposure to adverse life experiences, and lack of consistent guidance. These factors may impede their ability to acquire and practice essential life skills. The present study was undertaken to examine the correlation between knowledge and attitudes towards life skills among adolescents in protective care, with the objective of identifying gaps and recommending interventions to strengthen psychosocial support.

A cross-sectional descriptive design was adopted and the study was conducted in a protective care institution in Gujarat, India. A total of 100 adolescents aged 10–18 years were selected using snowball sampling. Data were collected using a structured questionnaire developed from the Central Board of Secondary Education (CBSE) Life Skills Manual and validated by experts. The instrument consisted of three sections: demographic profile, multiple-choice knowledge questions, and a five-point Likert scale assessing attitudes towards life skills. Descriptive and inferential statistics, including Mann-Whitney U test, Kruskal-Wallis test, and Spearman correlation, were applied using SPSS version 23 at a 95% confidence level.

Findings revealed that the majority of participants (94%) had poor knowledge of life skills, while only 1% demonstrated adequate knowledge. Attitudinal assessment showed that 93% of adolescents exhibited a negative outlook towards life skills, with very few expressing positive perspectives. A statistically significant difference was found between genders regarding attitude ($p < 0.05$), whereas no significant differences emerged in knowledge scores across gender or religion. Age was found to influence attitudes but not knowledge levels. Importantly, a moderate positive correlation ($r = 0.44$, $p < 0.01$) was identified between knowledge and attitude, suggesting that adolescents with better knowledge tend to exhibit more favorable attitudes.

The study highlights the urgent need to integrate structured life skills training into protective care institutions to empower adolescents. Tailored interventions addressing gender and age-specific needs, coupled with participatory teaching methods, may improve both knowledge and attitudes. Policymakers, educators, and caregivers must recognize that life skills are not merely add-on activities but core components of adolescent development, particularly for those in vulnerable circumstances. Ensuring access to life skills education within protective care is a crucial step toward fostering resilience, promoting psychosocial well-being, and preparing youth for independent and responsible adulthood.

Keywords: Adolescents, Life skills, Knowledge, Attitude, Protective care, Juvenile homes

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Introduction

Adolescence represents a transitional period of growth during which individuals navigate the complexities of identity formation, peer relationships, and evolving responsibilities. This developmental phase demands the acquisition of competencies that extend beyond academic knowledge. According to the World Health Organization, life skills are "abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life." They include core psychosocial competencies such as decision-making, problem-solving, effective communication, creative and critical thinking, interpersonal relationship-building, self-awareness, empathy, and coping with stress and emotions.

In contemporary society, the demand for life skills has intensified. Rapid globalization, technological advancement, and shifting family structures have altered traditional support systems. Adolescents are increasingly exposed to stressors including peer pressure, risky behaviors, and socio-economic instability. The absence of effective coping mechanisms can predispose them to negative outcomes such as substance abuse, aggression, anxiety, and poor academic performance. Therefore, cultivating life skills is a critical investment in promoting holistic health and social functioning.

Adolescents residing in protective care institutions—including juvenile justice homes, child welfare centers, and rehabilitation facilities—are particularly vulnerable. These adolescents often experience disrupted family environments, neglect, abuse, or conflict with law enforcement. Their psychosocial development may be compromised by limited access to guidance, inconsistent educational opportunities, and stigmatization. While protective care aims to provide a structured environment, these settings may not always prioritize life skills training, leaving adolescents ill-prepared for reintegration into society.

Existing literature underscores the significance of life skills education in fostering resilience among marginalized groups. Studies from India and other developing nations reveal that adolescents in protective care exhibit lower levels of psychosocial competence compared to their peers in mainstream schooling. Furthermore, attitudes towards life skills influence the degree to which knowledge is translated into practice. A positive attitude facilitates the application of learned competencies, whereas a negative perception may hinder engagement with skill-building programs.

Despite recognition of the importance of life skills, empirical evidence exploring their knowledge-attitude relationship in protective care settings remains limited. This gap necessitates targeted research to identify the status of adolescents' knowledge and attitudes and to understand demographic variations. By establishing a correlation between knowledge and attitudes,

interventions can be designed to enhance not only the cognitive but also the affective dimensions of life skills. This study was therefore conducted to assess knowledge and attitudes towards life skills among adolescents in protective care and to explore the relationship between these domains.

Methodology

A descriptive cross-sectional design was employed for this study. The setting was a protective care institution located in Ahmedabad, Gujarat, which provides accommodation and rehabilitation services for children and adolescents. Ethical approval was obtained from the Institutional Ethics Committee of Parul University, and permission was secured from institutional authorities. Informed consent was obtained from participants, with assent sought for those below 18 years and additional consent from guardians where applicable.

Population and Sample

The study population comprised adolescents aged 10–18 years residing in the protective care institution. Based on a total institutional population of approximately 150, a sample size of 100 was determined using confidence interval estimation (95% confidence, 5% margin of error). A snowball sampling technique was utilized, where initial participants were identified across different age groups and subsequently recommended peers who consented to participate.

Instrument Development

Data collection was conducted using a structured questionnaire. The tool was developed through an extensive review of the CBSE Life Skills Education Manual and validated by five subject experts in nursing and psychology. A pilot study on 10 adolescents confirmed reliability, yielding a Cronbach's alpha of 0.78. The instrument consisted of three sections:

- 1. Demographic data** – including age, gender, religion, and duration of stay in protective care.
- 2. Knowledge assessment** – comprising multiple-choice questions with four response options. Correct answers were scored 1, and incorrect answers scored 0. Scores were categorized into poor ($\leq 40\%$), average (41–70%), and adequate ($>70\%$).
- 3. Attitude scale** – including 15 statements rated on a 5-point Likert scale ranging from strongly agree to strongly disagree. Scores were classified into highly negative, negative, undecided, positive, and highly positive.

Data Collection and Analysis

Data were collected over a two-week period through face-to-face administration of the questionnaire in the local language. Responses were entered into SPSS version 23 for analysis. Descriptive statistics (frequency, percentage, mean, and standard deviation) summarized

demographic characteristics and levels of knowledge and attitude. Inferential statistics included the Mann-Whitney U test for gender differences, Kruskal-Wallis test for comparisons across age and religion, and Spearman's rank correlation coefficient to examine the relationship between knowledge and attitude. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Participation was voluntary, and confidentiality was assured. Codes rather than names were used for data

analysis. Adolescents identified with significant distress were referred to the institution's counselor for follow-up support.

Results

Demographic Profile

A total of 100 adolescents participated in the study. The age, gender, and religion-wise distribution of respondents is shown in **Table 1**. More than half (51%) were aged 11–15 years, and the majority (65%) were female. Hindu religion was predominant (72%).

Table 1: Frequency distribution of respondents by demographic variables (N = 100)

Variable	Category	Frequency (n)	Percentage (%)
Age	5–10 years	35	35.0
	11–15 years	51	51.0
	16–18 years	14	14.0
Gender	Male	35	35.0
	Female	65	65.0
Religion	Hindu	72	72.0
	Christian	18	18.0
	Muslim	2	2.0
	Sikh	8	8.0

Knowledge of Life Skills

Analysis showed that the overwhelming majority (94%) of adolescents demonstrated poor knowledge of life skills. Only 5% exhibited average knowledge, and a

mere 1% showed adequate understanding. This suggests that life skills education is severely lacking in protective care environments.

Table 2: Distribution of respondents according to knowledge level

Knowledge Category	Frequency (n)	Percentage (%)
Poor	94	94.0
Average	5	5.0
Adequate	1	1.0
Total	100	100.0

Attitudes towards Life Skills

Attitudinal distribution indicated that 93% of participants held a negative attitude towards life skills, 4% were undecided, and just 3% displayed a positive

attitude. This finding highlights a lack of motivation or appreciation for life skills training among the majority of adolescents.

Table 3: Distribution of respondents according to attitude category

Attitude Category	Frequency (n)	Percentage (%)
Negative	93	93.0
Undecided	4	4.0
Positive	3	3.0
Total	100	100.0

Influence of Age, Gender, and Religion

The Kruskal-Wallis test showed a significant difference in attitudes across age groups ($\chi^2 = 13.82$, $p = 0.001$), with younger adolescents (5–10 years) demonstrating relatively more positive attitudes compared to older groups. However, knowledge scores did not vary

significantly with age. Gender analysis revealed a significant difference in attitudes ($p = 0.033$), with males reporting more favorable attitudes than females. No significant gender difference was found in knowledge. Religion was not associated with significant differences in either domain.

Table 4: Comparison of knowledge and attitude across demographic variables

Statistical analysis revealed significant differences in **attitudes** across age groups ($p = 0.001$) and between genders ($p = 0.033$). Knowledge levels, however, did not vary significantly with age, gender, or religion.

Variable	Domain	χ^2 / U Test Value	p-value	Interpretation
Age	Attitude	$\chi^2 = 13.82$	0.001	Significant
	Knowledge	$\chi^2 = 2.98$	0.226	NS
Gender	Attitude	U = 1007.00	0.033	Significant
	Knowledge	U = 1094.00	0.429	NS
Religion	Attitude	$\chi^2 = 1.13$	0.769	NS
	Knowledge	$\chi^2 = 1.56$	0.668	NS

(NS = Not Significant, $p > 0.05$)

Correlation between Knowledge and Attitude

Spearman's correlation analysis revealed a moderate positive correlation ($r = 0.44$, $p < 0.001$) between

knowledge and attitude. This indicates that adolescents with higher knowledge scores tended to exhibit more positive attitudes towards life skills.

Table 5: Correlation between knowledge and attitude

Variables	Correlation Coefficient (r)	p-value	Interpretation
Knowledge vs. Attitude	0.44	0.000	Moderate Positive Correlation

Summary of Findings

The results establish that adolescents in protective care exhibit poor knowledge and predominantly negative attitudes towards life skills. While gender and age significantly influenced attitudes, knowledge remained consistently low across demographics. Importantly, the correlation suggests that interventions aimed at improving knowledge may also positively influence attitudes.

Discussion

The present study highlights a concerning scenario wherein adolescents in protective care demonstrate inadequate knowledge and predominantly negative attitudes towards life skills. This finding aligns with earlier research indicating that marginalized youth, especially those in institutional care, often have limited exposure to structured life skills education. The lack of adequate guidance, disrupted family support, and psychosocial vulnerabilities compound their challenges in developing adaptive competencies.

The finding that knowledge levels were uniformly poor across all demographic groups suggests systemic gaps in the provision of life skills education. While schools and community-based organizations have made progress in integrating life skills curricula, protective care institutions often prioritize basic needs such as shelter, safety, and discipline, leaving psychosocial education overlooked.

The significant difference in attitudes across age groups and genders warrants attention. Younger adolescents in this study showed relatively better attitudes compared to older peers, possibly due to greater adaptability and openness to new learning. Conversely, negative attitudes among older adolescents may reflect entrenched coping styles, resistance to authority, or accumulated adverse experiences. The observed gender difference, with males showing more favorable attitudes, could be influenced by gender-specific socialization patterns and perceived opportunities for empowerment.

The moderate positive correlation between knowledge and attitude underscores the interdependence of cognitive and affective domains in life skills education. This suggests that enhancing knowledge through structured programs can also foster attitudinal change. Previous studies have similarly reported that life skills interventions improve both awareness and outlook, leading to healthier behaviors and improved psychosocial adjustment.

Implications for practice include the need to integrate participatory life skills education into protective care settings. Interactive methods such as role play, peer mentoring, and experiential learning may be particularly effective in promoting engagement. Tailored programs that address gender-specific challenges and age-related needs can maximize impact. Furthermore, institutional staff and caregivers require training to reinforce life skills education consistently.

Limitations of this study include its confinement to a single protective care institution, which may limit generalizability. The reliance on self-reported responses also introduces potential bias. Future research should adopt longitudinal designs to evaluate the long-term effectiveness of life skills interventions in protective care contexts.

Overall, the study emphasizes the urgency of prioritizing life skills education as a core component of rehabilitation in protective care institutions. By equipping adolescents with essential psychosocial competencies, society can support their reintegration and reduce the risk of adverse life trajectories.

Conclusion

Adolescents in protective care represent a uniquely vulnerable population whose psychosocial development is often hindered by disrupted family structures and exposure to adversity. This study revealed that the majority of adolescents in such settings possess poor knowledge and predominantly negative attitudes towards life skills, highlighting a critical gap in

institutional care. Significant variations in attitudes by age and gender, coupled with a positive correlation between knowledge and attitudes, underscore the importance of designing targeted interventions. Life skills training should be integrated as a mandatory component of protective care programs, using participatory approaches that foster both knowledge acquisition and positive attitudes. Tailored strategies must consider developmental stages and gender-specific needs to ensure inclusivity and effectiveness. Policymakers, educators, and caregivers should recognize that equipping adolescents with life skills is fundamental not only for individual empowerment but also for social reintegration and nation-building. By addressing these gaps, protective care institutions can transition from being mere shelters to becoming nurturing environments that prepare adolescents for resilient, independent, and productive adulthood.

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