

Life Skills Training On Self Esteem, Emotional Intelligence And Mental Wellbeing Among Children Residing At Selected Institutionalized Homes, Puducherry: A Pilot Study.

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ABSTRACT

The research examines the effects of life skills training on self-esteem, emotional intelligence, and mental well-being in children living in chosen institutional homes.

Aim: The study aims to assess the impact of life skill training on self-esteem, emotional intelligence and mental wellbeing among children residing at selected institutionalized home, Puducherry.

Methods: The study sample comprises 16 children residing at selected institutionalized home, Puducherry. A Purposive sampling technique was used to select the sample who fulfilled the criteria. Rosenberg's self-esteem scale was used to measure the self-esteem of children. Schutte Emotional Intelligence Scale (SEIS) was used in the study to assess the emotional intelligence of the children. Modified Warwick Edinburgh Mental wellbeing Scale was used in the study to assess the mental wellbeing of the children.

Results: The data reveals that the pre-test scores of children, 43.8% had low and 56.2 % had normal level of self esteem. Comparatively Post-test scores of children showed there was increased in the level of self esteem with 87.5% had normal level and 12.5% had high level of self esteem. The pre-test scores of emotional intelligence was 18.7% had low, 75% had moderate and 6.3 % had high level of emotional intelligence. Comparatively Post-test scores of children showed slight increase in the level of emotional intelligence with 81.3% had moderate and 18.7% had high level of emotional intelligence. The Pre-test scores of mental wellbeing was 12.5% had inadequate, 75% had moderately adequate and 12.5 % had adequate level of mental well-being. Comparatively Post-test scores of children showed slight increase in the level of mental well-being with 56.2% had moderately adequate and 43.8% had adequate level of mental well-being.

Conclusion: The study concluded that there was a positive correlation between Emotional Intelligence and mental well-being among institutionalized children. The study result shows that there was a significant difference in pre and post level of self esteem, Emotional Intelligence and mental well-being of the children after receiving life skill training.

Keywords: Life skill training, self-esteem, emotional intelligence, mental wellbeing, children, Institutionalized home.

1. INTRODUCTION

The youthful mind is regarded as the most efficient part of society because of their physical and mental abilities. However, in real situations, many of them cannot effectively harness their potential because of insufficient guidance and motivation. Social issues such as alcoholism, drug misuse, sexual exploitation, smoking, youth delinquency, and anti-social behavior significantly impact both them and others. Today's young people encounter various rising challenges, including global warming, hunger, poverty, suicide, overpopulation, and social, emotional, physical, and psychological problems(1).

The passing of parents in childhood, known as orphanhood, is regarded as distressing and identified as a risk factor for children's mental health issues(2). A census reveals that around 153 million teenagers have experienced the loss of a mother or a father, with 17.8 million of them having lost both parents (3). An orphanhood is a phase that encompasses various psychological and emotional issues (4)

An international children's charity researched orphaned children, revealing that only 20 million are orphans from 4% of India's child population. Only 0.3% of orphans are kids whose parents have truly passed away. Currently, orphaned children are in urgent need of protection, healthcare, nutrition, and food. Children residing in orphanages have at least one alive parent, and the majority of them have some relatives. Globally, many children residing in institutions have parents or close

family members. Typically, children enter orphanages due to poverty, disability, being part of an ethnic minority, and various other factors (5)

Life skill is viewed as a form of psychological competence and reflects an individual's effective abilities. Life skills comprise a collection of psychosocial capabilities that enable a person to function effectively and respond appropriately in various everyday circumstances and contexts. Throughout their teenage years, individuals experience various emotional shifts that aid in the formation and development of their character; during this vital phase of life, adolescents may require assistance to behave effectively and responsibly [6]

Mental health is essential for a high quality of life. Joyful and self-assured teenagers are most prone to develop into joyful and self-assured adults, who subsequently enhance the health and welfare of countries. The emotional health and well-being of young individuals affect their self-esteem, behavior, school attendance, academic success, social integration, and future health and opportunities in life. Youth who have a strong sense of mental well-being exhibit problem-solving abilities, social skills, and a clear sense of direction. These resources enable them to recover from any challenges that may arise, prosper in adverse situations, steer clear of risky actions, and overall maintain an effective life[7].

It is crucial to evaluate the self-esteem, emotional intelligence, and mental health of children living in a chosen institutional home in Puducherry. To determine the gaps in life skills among children for fostering good mental health, managing suitable emotions, and building self-esteem in children living in a chosen institutional home in Puducherry

2. OBJECTIVE OF THE STUDY

1. To assess the level of self esteem, emotional intelligence and mental well being
2. To correlate the level of self esteem, emotional intelligence and mental well being.
3. To evaluate the impact of life skills training on the level of self esteem, emotional intelligence and mental well being.
4. To associate the post test level of self esteem, emotional intelligence and mental well being with the selected demographic variables.

HYPOTHESES

H₁: There is significant difference in the level of self esteem, emotional intelligence and mental well being after receiving life skills training among children residing in selected institutionalized homes, Puducherry.

H₂: There is significant correlation between the level of self esteem, emotional intelligence and mental well being before and after receiving life skills training among children residing in selected institutionalized homes, Puducherry.

H₃: There is significant association between post test level of self esteem, emotional intelligence and mental well with the selected demographic variables.

3. MATERIAL AND METHODS

The study adopted quantitative approach with One group pre and post test group design. The study sample comprises 16 children aged (12-17 yrs) residing in selected institutionalized homes, Puducherry. Purposive sampling technique was used to select the sample who fulfill the criteria. The ethical clearance was obtained from the Institution ethical committee.

Inclusion criteria:

- Children aged between 12 to 17 years from selected institution, Puducherry.
- Both boys & girls residing in selected Institutionalized Homes, Puducherry.

Exclusion criteria:

- Children with mentally challenged will be excluded in the study.
- Children who are not available during study.

Instruments

1. **Demographic data:** It was used to collect the demographic variables like age, gender, age of admission, Type of admission, Duration of stay, type of family, reason for institutionalization, siblings, Educational Status, and academic performance.
2. **Level of Self Esteem:** Rosenberg Self Esteem Scale used to measure the level of Self Esteem. It consists of 10 items with (5 positive & 5 negative statements).

3. **Level of Emotional Intelligence:** Schutte Emotional Intelligence Scale (SEIS) used to measure the level of emotional intelligence. It contains 33 items (30 positive & 3 negative statements). The answers were recorded on a five point rating scale.
4. **Level of Mental Wellbeing:** Modified Warwick Edinburgh Mental wellbeing Scale used to measure the level of mental wellbeing. It contains 14 items, The answers were recorded on a five point rating scale.

Data collection procedure:

Informed consent was obtained from children residing in Institutionalized home. The study was explained to the home in-charge, parents and children. Demographic data was collected from the children. Pre test was done to assess the level of self esteem, emotional intelligence and mental wellbeing by using Rosenberg Self Esteem Scale, Schutte Emotional Intelligence Scale (SEIS) and Modified Warwick Edinburgh Mental wellbeing Scale. General instruction was given to the children to fill out the interview questionnaires. Life skills training comprises of teaching and training the children in modules of 3 skills such as social skills, thinking skills and emotional skills. Children trained in each skill over a period of 12 sessions with the duration of an hour in each session. Sessions was based on lecture cum discussion, games, brainstorming, group activity and interactive sessions followed by post test was done using the same tool. The data was collected for statistical analysis.

4. RESULT

The research involved 16 institutionalized children aged between 12 and 17 years. The age distribution was as follows: 18.7% were aged 12-13, 43.8% were 14-15, and 37.5% were 16-17 years old. Nearly all children, 100%, were females. In comparison to the age of entry into a residential facility, 6.2% were admitted before age 5, 50% were admitted between ages 6-10, and 43.8% were admitted after age 10. Concerning the reasons for admission to the institution: 6.3% were there because of parental conflict, 25% required care, 37.5% were admitted for educational reasons, and 31.2% were admitted for safety concerns. In terms of length of residence, 56.2% had lived there for under 5 years, while 43.8% had been there for 6 to 10 years. Almost two-thirds of them (68.7%) came from nuclear families, while 18.7% were from joint families, and 6.3% belonged to both Reconstituted and Single Parent families. It was observed that the majority (56.2%) resulted from poverty, 25.0% came from single parenting, 12.5% were orphans, and merely 6.3% were for other causes of institutionalization. In terms of siblings, 12.5% have no siblings, 56.2% have one sibling, and 31.3% have two siblings. The educational distribution showed that 12.5% were in middle school, 37.5% were in high school, and 50.0% were in higher secondary school. Regarding academic performance, 18.7% were classified as poor, 18.7% as average, 50.0% as good, and 12.6% as excellent in their studies. These demographic distributions offer a representative sample, enabling a thorough investigation of self-esteem, emotional intelligence, and mental well-being in institutionalized children.

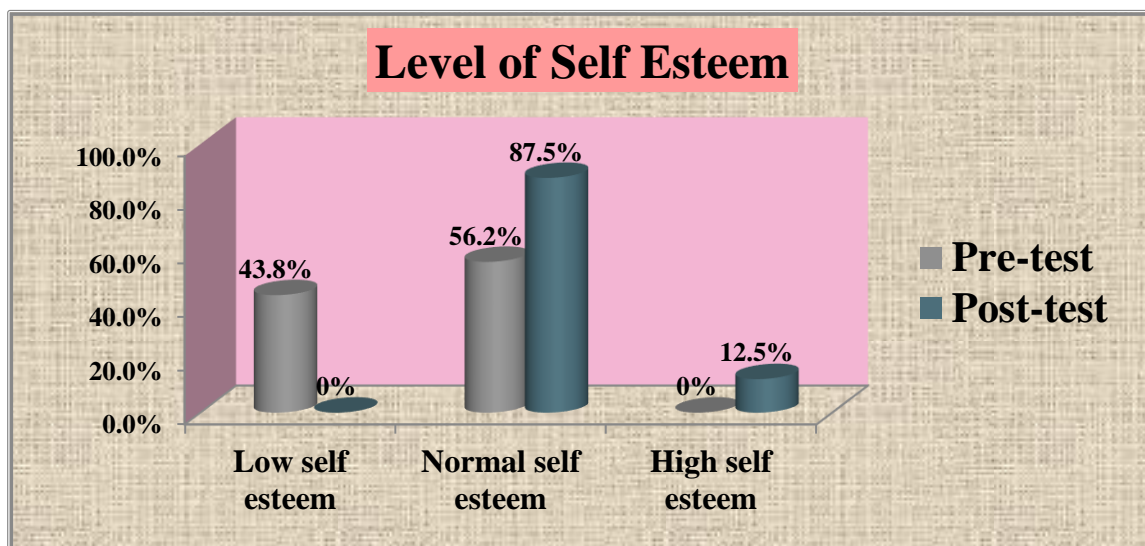


Figure: 1 Diagram representing the level of self esteem among Institutionalized children

Figure 1 reveals the pre-test scores of children, 43.8% had low and 56.2 % had normal level of self esteem. Comparatively Post-test scores of children showed there was increased in the level of self esteem with 87.5% had normal level and 12.5% had high level of self esteem.

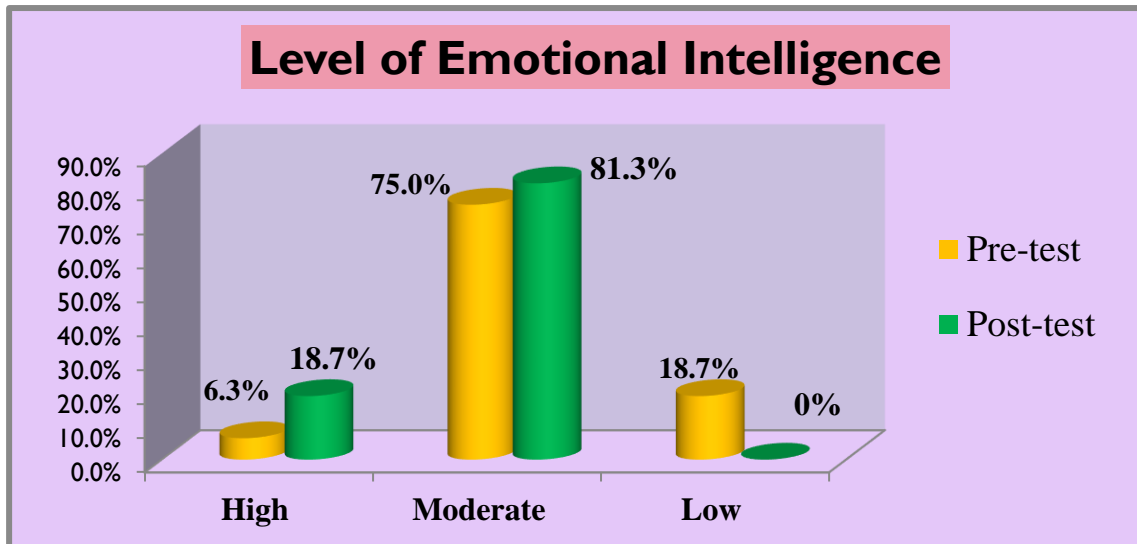


Figure: 2 Diagram representing the level of Emotional Intelligence among Institutionalized children

Figure 2 reveals the pre-test scores of children, 18.7% had low, 75% had moderate and 6.3 % had high level of emotional intelligence. Comparatively Post-test scores of children showed slight increase in the level of emotional intelligence with 81.3% had moderate and 18.7% had high level of emotional intelligence.

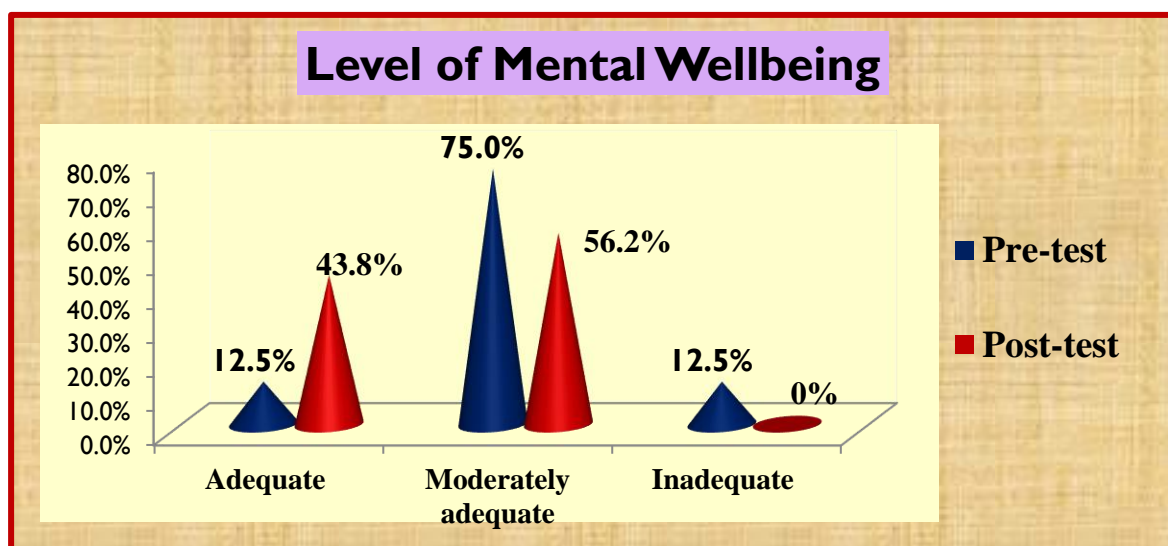


Figure: 3 Diagram representing the level of Mental Wellbeing among Institutionalized children

Figure 3 reveals the Pre-test scores of children, 12.5% had inadequate, 75% had moderately adequate and 12.5 % had adequate level of mental well-being. Comparatively Post-test scores of children showed slight increase in the level of mental well-being with 56.2% had moderately adequate and 43.8% had adequate level of mental well-beings.

Table 1: Impact of life skills training on the level of self esteem, emotional intelligence and mental well being among Institutionalized children. (n=16)

Variables	Pre Test		Post test		t - value	p- value
	Mean	SD	Mean	SD		
Level of self esteem	16.3	2.9	19.3	3.4	-8.485	<0.001*

Level of emotional intelligence	97	17.5	112.6	14.9	-9.074	<0.001*
Level of mental well being	41.2	8.3	48.3	7.2	-14.783	<0.001*

It was found that the Life Skills Training was effective in improving the self esteem, Emotional Intelligence and mental well-being of the children and it was significant at the level of $p < 0.001$.

Table 2: Correlation of the Pre and post test level of self esteem, emotional intelligence and mental well being among Institutionalized children. (n=16)

Variables		Pre Test			Post Test		
		Self esteem	Emotional intelligence	Mental well being	Self esteem	Emotional intelligence	Mental well being
Level of self esteem	<i>r value</i>	1	0.089	0.203	1	0.214	0.073
	<i>P value</i>	--	0.742	0.450	--	0.425	0.789
Level of emotional intelligence	<i>r value</i>	0.089	1	0.603	0.214	1	0.335
	<i>P value</i>	0.742	--	0.013*	0.425	--	0.205
Level of mental well being	<i>r value</i>	0.203	0.603	1	0.073	0.335	1
	<i>P value</i>	0.450	0.013*	--	0.789	0.205	--

Table 2 shows that there was statistical significant correlation between Emotional Intelligence and mental well-being of the children in pre-test and it was significant at the level of $p < 0.05$.

Table 3: Association of post-test level of self esteem with selected demographic variables. (n=16)

S.No.	Selected Demographic Variables	Level of Self Esteem				p- value	Chi Square value
		Normal		High			
		N=14	%	N=2	%		
1	Age in years.						
	a) 12-13	3	21.4%	0	0.0%	0.149	3.81
	b) 14-15	7	50.0%	0	0.0%		
	c) 16-17	4	28.6%	2	100.0%		
2	Gender						
	a) Female	14	100.0%	2	100.0%	--	--
	b) Male	0	0.0%	0	0.0%		
3	Age of admission in years						
	a) ≤ 5	1	7.1%	0	0.0%	0.922	0.163
	b) 6-10	7	50.0%	1	50.0%		
	c) >10	6	42.9%	1	50.0%		
4	Type of Admission						
	a) Parent conflict	1	7.1%	0	0.0%	0.677	1.524
	b) Care	3	21.4%	1	50.0%		

	c) Education	5	35.7%	1	50.0%			
	d) Safety	5	35.7%	0	0.0%			
5	Duration of stay in years						0.849	0.036
	a) ≤ 5	8	57.1%	1	50.0%			
	b) 6-10	6	42.9%	1	50.0%			
	c) >10	0	0.0%	0	0.0%			
6	Type of family						0.053	7.688
	a) Nuclear	10	71.4%	1	50.0%			
	b) Joint	3	21.4%	0	0.0%			
	c) Reconstituted	0	0.0%	1	50.0%			
	d) Single Parent	1	7.1%	0	0.0%			
7	Reason for institutionalization						0.347	3.302
	a) Poverty	8	57.1%	1	50.0%			
	b) Single parent	4	28.6%	0	0.0%			
	c) Orphan	1	7.1%	1	50.0%			
	d) Others	1	7.1%	0	0.0%			
8	Siblings						0.411	1.778
	a) 0	2	14.3%	0	0.0%			
	b) 1	7	50.0%	2	100.0%			
	c) 2	5	35.7%	0	0.0%			
	d) Above 2	0	0.0%	0	0.0%			
9	Educational Status						0.827	0.381
	a) Middle School	2	14.3%	0	0.0%			
	b) High School	5	35.7%	1	50.0%			
	c) Higher Sec.School	7	50.0%	1	50.0%			
10	Academic performance						0.592	1.905
	a) Poor	2	14.3%	1	50.0%			
	b) Average	3	21.4%	0	0.0%			
	c) Good	7	50.0%	1	50.0%			
	d) Excellent	2	14.3%	0	0.0%			

* = Significant

Table 3 shows that there is no statistical significant association between the post-test level of self esteem with the demographic variables like age, gender, age of admission, Type of admission, Duration of stay, type of family, reason for institutionalization, siblings, Educational Status, and academic performance among Institutionalized children at the level of $p > 0.05$.

Table 4: Association of post-test level of Emotional Intelligence with selected demographic variables. (n=16)

S.No.	Selected Demographic Variables	Level of Emotional Intelligence				p- value	Chi Square value
		High		Moderate			
		N=3	%	N=13	%		
1	Age in years.						
	a) 12-13	1	33.3%	2	15.4%	0.238	2.872
	b) 14-15	0	0.0%	7	53.8%		
	c) 16-17	2	66.7%	4	30.8%		
2	Gender						
	a) Female	3	100.0%	13	100.0%	--	--
	b) Male	0	0.0%	0	0.0%		
3	Age of admission in years						
	a) ≤ 5	1	33.3%	0	0.0%	0.036*	6.623
	b) 6-10	0	0.0%	8	61.5%		
	c) >10	2	66.7%	5	38.5%		
4	Type of Admission						
	a) Parent conflict	0	0.0%	1	7.7%	0.104	6.154
	b) Care	0	0.0%	4	30.8%		
	c) Education	3	100.0%	3	23.1%		
	d) Safety	0	0.0%	5	38.5%		
5	Duration of stay in years						
	a) ≤ 5	3	100.0%	6	46.2%	0.09	2.872
	b) 6-10	0	0.0%	7	53.8%		
	c) >10	0	0.0%	0	0.0%		
6	Type of family						
	a) Nuclear	1	33.3%	10	76.9%	0.13	5.657
	b) Joint	2	66.7%	1	7.7%		
	c) Reconstituted	0	0.0%	1	7.7%		
	d) Single Parent	0	0.0%	1	7.7%		
7	Reason for institutionalization						
	a) Poverty	1	33.3%	8	61.5%	0.155	5.242
	b) Single parent	1	33.3%	3	23.1%		
	c) Orphan	0	0.0%	2	15.4%		
	d) Others	1	33.3%	0	0.0%		
8	Siblings						

	a) 0	0	0.0%	2	15.4%	0.764	0.538
	b) 1	2	66.7%	7	53.8%		
	c) 2	1	33.3%	4	30.8%		
	d) Above 2	0	0.0%	0	0.0%		
9	Educational Status						
	a) Middle School	0	0.0%	2	15.4%	0.158	3.692
	b) High School	0	0.0%	6	46.2%		
	c) Higher Sec.School	3	100.0%	5	38.5%		
10	Academic performance						
	a) Poor	0	0.0%	3	23.1%	0.118	5.88
	b) Average	2	66.7%	1	7.7%		
	c) Good	1	33.3%	7	53.8%		
	d) Excellent	0	0.0%	2	15.4%		

* = Significant

Table 4 shows that there is statistical significant association between the post-test level of emotional intelligence with the demographic variable like age of admission and there is no statistical significant association between the post-test level of emotional intelligence with the demographic variables like age, gender, Type of admission, Duration of stay, type of family, reason for institutionalization, siblings, Educational Status, and academic performance among Institutionalized children at the level of $p > 0.05$.

Table 5: Association of post-test level of mental well being with selected demographic variables.
(n=16)

S.No.	Selected Demographic Variables	Level of Mental Well being				p- value	Chi Square value
		Adequate		Mod.Adeq.			
		N=7	%	N=9	%		
1	Age in years.						
	a) 12-13	3	42.90%	0	0.00%	0.092	4.777
	b) 14-15	2	28.60%	5	55.60%		
	c) 16-17	2	28.60%	4	44.40%		
2	Gender						
	a) Female	7	100.00%	9	100.00%	--	--
	b) Male	0	0.0%	0	0.0%		
3	Age of admission in years						
	a) ≤ 5	1	14.30%	0	0.00%	0.493	1.415
	b) 6-10	3	42.90%	5	55.60%		
	c) >10	3	42.90%	4	44.40%		
4	Type of Admission						
	a) Parent conflict	1	14.30%	0	0.00%	0.232	4.284

	b) Care	1	14.30%	3	33.30%		
	c) Education	4	57.10%	2	22.20%		
	d) Safety	1	14.30%	4	44.40%		
5	Duration of stay in years						
	a) ≤ 5	6	85.70%	3	33.30%	0.036*	4.39
	b) 6-10	1	14.30%	6	66.70%		
	c) >10	0	0.0%	0	0.0%		
6	Type of family						
	a) Nuclear	4	57.10%	7	77.80%	0.4	2.948
	b) Joint	2	28.60%	1	11.10%		
	c) Reconstituted	0	0.00%	1	11.10%		
	d) Single Parent	1	14.30%	0	0.00%		
7	Reason for institutionalization						
	a) Poverty	4	57.10%	5	55.60%	0.406	2.907
	b) Single parent	2	28.60%	2	22.20%		
	c) Orphan	0	0.00%	2	22.20%		
	d) Others	1	14.30%	0	0.00%		
8	Siblings						
	a) 0	1	14.30%	1	11.10%	0.969	0.062
	b) 1	4	57.10%	5	55.60%		
	c) 2	2	28.60%	3	33.30%		
	d) Above 2	0	0.0%	0	0.0%		
9	Educational Status						
	a) Middle School	2	28.60%	0	0.00%	0.227	2.963
	b) High School	2	28.60%	4	44.40%		
	c) Higher Sec.School	3	42.90%	5	55.60%		
10	Academic performance						
	a) Poor	1	14.30%	2	22.20%	0.483	2.455
	b) Average	2	28.60%	1	11.10%		
	c) Good	4	57.10%	4	44.40%		
	d) Excellent	0	0.00%	2	22.20%		

* = Significant

Table 5 shows that there is statistical significant association between the post-test level of mental well being with the demographic variable like duration of stay and there is no statistical significant association between the post-test level of mental well being with the demographic variables like age, gender, age of admission Type of admission, Duration of stay, type of family, reason for institutionalization, siblings, Educational Status, and academic performance among Institutionalized children at the level of $p > 0.05$.

5. DISCUSSION

The study revealed widespread issues with the level of self esteem, emotional intelligence and mental well being among children residing in selected institutionalized homes, Puducherry, with a significant number of them experiencing normal self esteem and moderately adequate level of emotional intelligence and mental well being. The research also found varying levels of self esteem among children in pre and post by fostering normal state of self esteem. Comparatively pre and post score of emotional intelligence shows slight increase in moderate and high level of emotional intelligence. Similarly there was a much difference in pre and post test score of mental wellbeing; it shows there was an increase in adequate level of mental wellbeing. This shows different levels of self-esteem, emotional intelligence, and mental well-being among the sample, suggesting the necessity for effective life skills training.

Life Skills Training successfully enhanced the self-esteem, emotional intelligence, and mental health of the children, and the results were statistically significant. A positive link between emotional intelligence and mental well-being indicates that these two elements are related, emphasizing the need to focus on both to enhance psychological resilience and mental well-being in institutionalized children

These results highlight the importance of holistic strategies to meet the emotional needs of children in institutions, foster adaptive self-esteem, and improve overall well-being. Consequently, evaluating self-esteem, emotional intelligence, and mental wellness in children is essential for designing effective life skills training

Additionally, research has explored self-worth, emotional awareness, and psychological health among children in institutions. The findings suggest that there is a notable discrepancy in self-esteem, emotional intelligence, and mental well-being among children living in Institutionalized Homes. Notably, a positive relationship is found between emotional intelligence and mental health in adolescents

6. CONCLUSION

The research found a positive relationship between self-esteem, emotional intelligence, and mental wellbeing in children living in Institutionalized Homes. A considerable disparity existed in emotional intelligence levels based on demographic factors such as the age of admission. There was a notable difference in mental wellbeing levels concerning demographic variables such as duration of stay. There was no notable variation in self-esteem and emotional intelligence relative to demographic variables among institutionalized children. Grasping self-esteem, emotional intelligence, and mental well-being in institutionalized children is essential for their overall development and welfare. Studies show that children in institutions frequently encounter distinct difficulties, such as loss, abandonment, and absence of consistent family support, which can affect their emotional and psychological development. Nevertheless, nurturing self-esteem, emotional intelligence, and mental wellness in these children can greatly enhance their mental and psychological health

Research studies have investigated the effects of resilience in institutionalized children, and the results highlight several key aspects. Children in institutions often demonstrate greater resilience. Moreover, older institutionalized children show more resilience compared to younger ones, and girls typically exhibit higher levels of resilience

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