



## A Correlational Study to Assess the Relationship between Life Skills and Quality of Life among Adolescents Residing in Selected Orphanages

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### ABSTRACT

Adolescence is a stage of development in which child grows in to an adult; they pass through this period by acquiring changes such as puberty, Physiological and psychological changes. Adolescents residing in orphanages have many psycho-social issues, in order to cope with these challenges they requires sets of skills. Studies have shown that adolescents residing in orphanages have lower life skills and quality of life. The present study intended to assess the life skills, quality of life and to determine the relationship between the life skills and quality of life among adolescents residing in orphanages. The present study adopted a quantitative approach; co-relational design. It was conducted at four selected orphanages in Tamil Nadu. The sample consists of 100 adolescents with age twelve years to eighteen years and was recruited by convenient non-probability sampling. Data from the adolescents were collected using Socio-demographic performa developed by the researcher and Life Skills Scale, Vranda MN, (2007) was used for assessing the Life Skills and WHOQOL-BREF-26 for assessing the quality of life of adolescents. The finding of the study revealed that overall score of life skills were  $350.3 \pm 41.3$ . It was found that for all the ten domains and the overall score of life skills scale were less than 397, which indicate the adolescents residing in the orphanages have low life skills. Regarding the quality of life the overall score was  $88.2 \pm 16.0$ , 54% of the adolescents have lower QOL and 46% have higher QOL. The scores on the life skills scale and quality of life scales are correlated positively ( $r=0.61$ ) higher the life skills better the quality of life. The study findings revealed that there is low life skills and quality of life among the adolescent residing in orphanages, it also indicate that higher the life skills better the quality of life. Hence there is a need for enhancement of life skills among adolescents residing in orphanages.

**KEY WORDS:** Life Skills, Quality of Life, Adolescents

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### INTRODUCTION

Adolescent is a term derived from Latin word "adolescere"; meaning of "adolescere" is "to grow" or "to grow to maturity". Adolescence is often described, as an exciting transitory and the most challenging phase in the human life cycle [1]. Adolescence is a period which is characterized by physiological, hormonal, psychological, and social changes. The period from 10-13 years as early adolescence, from 14-16 years as middle and 17-20 years as late adolescence [2]. World Health Organization (WHO) define the adolescence as a period from 10 to 19 years [3]. India has the highest adolescent's, which is about 20.9% of the total population which accounts about 253.2 million; among them 47.3%, 119.8 million were girls and 52.7%, 133 million were boys, Tamil Nadu contributes to 17.2% of adolescent population [4]. It was reported by UNICEF that in India about 31 million children aged 0-17 years, were not having one or both parents and neglected [5]. National Family Health survey for 2005-06 mentioned that in India 4%, 20million were orphan children or neglected and it also states that only few of the orphanages and shelter homes provides adequate care to the inmates [6]. Adolescence is a crucial period of development, during this period adolescents begins to understand the causal and effect relationships and the thinking becomes more logic and able to involve in problem solving effectively. It was believed that adolescents, as a person can understand many concepts and develops their own way of problem solving [7]. Interactions between, peers, family members and others becomes complicated during adolescence. Adolescent interacts with peers and opposite sex most of the time. During this significant period, they prepare themselves to be capable and productive or they becomes inferior, the relationship will be long lasting

social, intellectual and with emotional consequences [8, 9]. Adolescents pass through this period by acquiring changes such as puberty, physiological and psychological along with a development in sexuality, varying relationships with peers, family and others. The cognitive changes occurs, such as adolescents try to think abstractly, tries to understand different aspects of a problems, and reacts accordingly, these all lead to a critical moment inhuman development. There are essential skills required for healthy transition to adulthood. Life skills are set of skills, these competencies supports the adolescents to have a successful life [10].

WHO (1993) define life skills as “abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life”. These skills are arranged in five sets such as, decision making and problem solving, creative and critical thinking, effective communication and Interpersonal relationship; self-awareness and empathy; coping with emotion and stress [11]. Teaching life skill to adolescents is crucial for successful adulthood. Learning of life skills will promote mental health and well-being; it also helps them to handle daily challenges effectively. Life skills makes adolescent to be empowered to take more responsibility for their actions.

### **Need for the Study**

UNICEF reported that 143 million to 210 million orphans present worldwide. According to a survey eight million children around the world live in institutional care. It was reported that for every 2.2 seconds a child or in a day 38,493 becomes an orphan [12]. A study conducted in four orphanages, Kupwara reported the presence of behavioral problems among the children’s, eleven participants (13.75%) had manic depressive episodes, 6.5% have suicidal ideations, 11.25% with chronic depression, 10% had panic attack, 20% developed agoraphobia, 7.5% suffering from separation anxiety disorder, 16.25% had social anxiety, 15% with specific phobia, 6.25% Post traumatic stress disorder symptoms, 1.25% substance dependence (Non-alcoholic), 3.75% Attention deficit hyperactive disorder, 1.25% with features of conduct disorder, 3.75% Oppositional Defiant Disorder, 8.75% had generalized Anxiety Disorder and nineteen participants (23.75%) developed co-morbid conditions. Orphan-hood leads to various mental health problems [13].

Apart from mental health issues, adolescents develop problems such as conflict with parent, drug use, aggressive and high risk behaviors and frequent mood swings. If the problems are not treated timely, later the adolescent may suffer from role confusion or negative identity, which affects the adolescents abilities and level of aspirations, they become purposeless and are unprepared for the future psychological challenges during adulthood [14]. Van Damme-Ostapowicz, (2007) reported that children from children's home have significantly lower QOL in comparison with the children living in normal families, the lower QOL is reported in following domains such as physical health, psychological, social relations and the ability to function in everyday life [15]. Santosh BS. (2020) identified Majority (66.7%) of children who are orphan had a moderate and one-third of them (33.3%) had a low quality of life, majority of children living with family (66.7%) had a very good and some of them (33.3%) had a good quality of life [16]. Khormehr M, *et al* (2020) reported that the mean scores of quality of life and happiness among children staying in residential care centers ( $80.8 \pm 9.08$ ,  $67.05 \pm 13.59$ ) was significantly lower than the mean scores of quality of life and the happiness of children living with family ( $103.6 \pm 8.88$ ,  $83.24 \pm 15.92$ ) ( $P < 0.001$ ) [17].

After an extensive review of literature it was observed that adolescents residing in orphanages have many psycho-social issues, in order to cope with these challenges they requires sets of skills, studies have shown that they have low life skills and due to skill deficit they could not able to be successfully accomplish their developmental tasks and life events, studies also stated that adolescents residing in orphanages have lower quality of life. Hence the researcher realized the need to assess the life skills, quality of life and to determine the relationship between the life skills and quality of life among adolescents residing in orphanages.

### **Statement of the Problem**

A Correlational Study to Assess the Relationship between Life Skills and Quality of Life among Adolescents Residing in Selected Orphanages in Tamil Nadu

### **Objective of the Study:**

1. To assess the life skills and quality of life among adolescents residing in orphanages.
2. To determine the relationship between the life skills and quality of life among adolescents residing in orphanages

### **MATERIAL AND METHODS**

The present research study intended to assess the relationship between life skills, and quality of life in adolescents residing in selected orphanages, Tamil Nadu. Hence a quantitative approach was adopted.

The research design which was found suitable for the present study was correlational design. This study was conducted at four selected orphanages in Tamil Nadu. Zion Bethel Home, and Indian Revival Ministries Children's Home, Tirunelveli District. Sri Kanyakumari Gurukulam Children's Home and Rehoboth Happy Home, Kanyakumari District. Tamil Nadu. The sample consists of 100 adolescents between the age group twelve to eighteen years residing in selected orphanages in Tamil Nadu. The convenient sampling technique was used in this study to select the adolescents from the selected orphanages. Data collection was done using Socio-demographic performa developed by the investigator and Life Skills Scale, Vranda MN, (2007) was used for assessing the Life Skills and WHOQOL-BREF-26 for assessing the quality of life of adolescents. Data was collected after getting the formal permission from the authorities and the In-charge of the orphanages, an informed written consent was obtained from the adolescents for the willingness to participate in the study. The data in accordance with the objectives of the study were collected using self-administered Socio-demographic data sheet, Life Skills Scale and Quality of Life scale. The data analysis was done by Statistical Package for Social Science (SPSS) version 17.0. Frequencies and percentages were used to analyze socio demographic data, Mean and standard deviation used to assess life skills, and quality of life, and Spearman's Correlation Coefficient was used to find the relationship between the life skills, and quality of life.

## RESULTS & INTERPRETATION

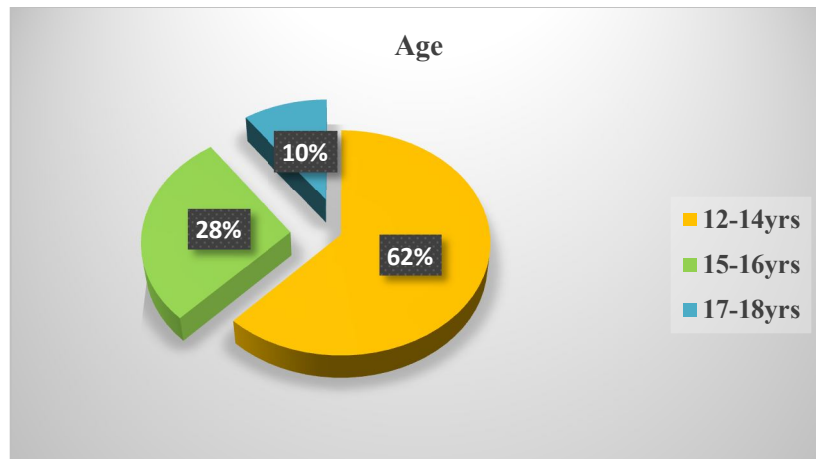
### Section 1: Description of socio-demographic characteristics of adolescents residing in orphanages

**Table 1: Frequency and percentage distribution of adolescents residing in orphanages based on socio-demographic variables (N= 100)**

Sl. No.	Variables	Frequency	Percentage
1.	<b>Age</b>		
	12-14 Yrs	62	62
	15-16 Yrs	28	28
	17-18 Yrs	10	10
2.	<b>Gender</b>		
	Male	62	62
	Female	38	38
3.	<b>Religion</b>		
	Hindu	81	81
	Christian	19	19
4.	<b>Family Type</b>		
	Nuclear	52	52
	Joint	35	35
	Single Parent	7	7
	Extended	6	6
5.	<b>Birth order</b>		
	First	39	39
	Second	38	38
	Third	12	12
	Fourth	7	7
	Fifth	4	4
6.	<b>Number of Siblings</b>		
	Nil	8	8
	One	33	33
	Two	25	25
	Three & Above	34	34
7.	<b>Reason for placement</b>		
	Mother died	19	19
	Father died	24	24
	Both parents died	14	14
	Poverty	36	36
	Parents separated	7	7
8.	<b>Duration of stay</b>		
	<1 year	8	8
	1-2 years	30	30
	3-5 years	27	27
	>5 years	35	35
9.	<b>Background</b>		
	Urban	30	30
	Rural	70	70

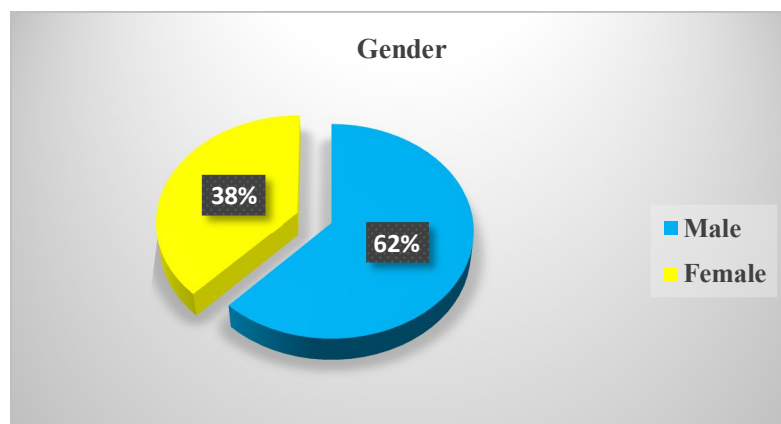
The Table 1 shows the findings related to the socio-demographic variables of the adolescents residing in selected orphanages.

With respect to the age, majority 62 (62%) adolescents belong to the age group between 12-14 years, 28 (28%) adolescents in the age group between 15-16 years and 10 (10%) adolescents between 17-18 years respectively. The same has been represented in the figure1.



**Figure 1: Percentage distribution of adolescents based on the Age**

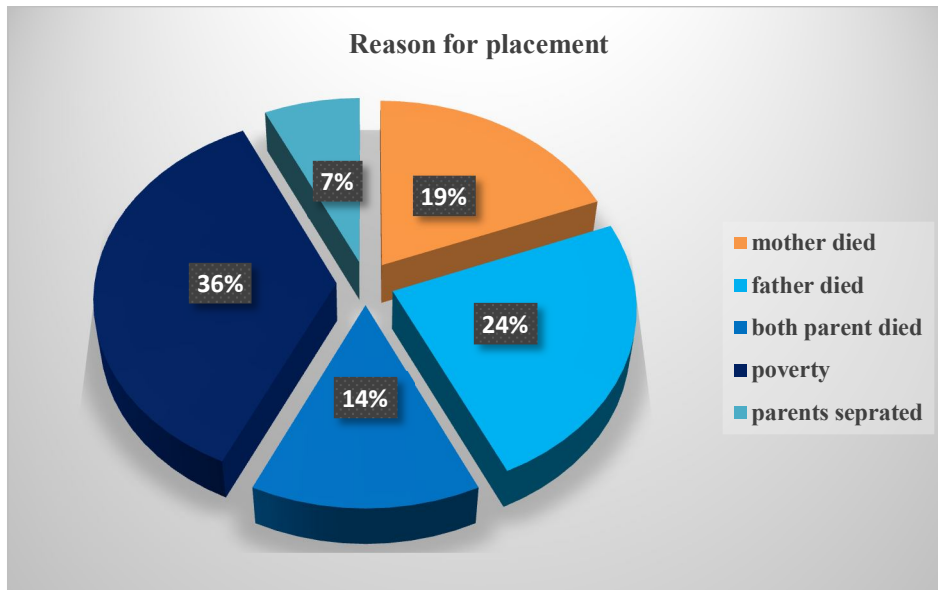
With respect to the gender of the adolescents, majority were male i.e. 62 (62%) and 38 (38%) were female. The same has been represented in figure 2. With respect to the religion, most of them 81 (81%) adolescents belong to Hindu religion and 19 (19%) were Christians.



**Figure 2: Percentage distribution of adolescents based on the Gender**

In relation to the findings of family type, 52 (52%) adolescents belong to nuclear family, 35 (35%) adolescents were from joint family, 7 (7%) adolescents have single parent and 6 (6%) adolescents belong to extended family. With regard to birth order of the adolescents, 39 (39%) adolescents were belongs to first order, 38 (38%) adolescents belongs to second order, 12 (12%) adolescents belongs to third order, 7 (7%) were fourth child for their parents and 4 (4%) were fifth birth order

Regarding the number of siblings, 8 (8%) adolescents have no siblings, 33 (33%) adolescents were found to have one sibling, 25 (25%) were having two siblings and 34 (34%) adolescents have more than three siblings. In regard to the reason for placement at the orphanage, 19 (19%) adolescents have lost their mother, 24 (24%) adolescents have lost their father, 14 (14%) adolescents have lost both parents, 36 (36%) adolescents due to poverty and 7 (7%) adolescents have their parents separated. The same has been depicted in the figure 3



**Figure 3: Percentage distribution of adolescents based on the reason for placement**



**Figure 4: Percentage distribution of adolescents based on the duration of the stay**

In relation to the duration of stay at the orphanage, 8 (8%) were less than one year, 30 (30%) were between 1-2 years, 27 (27%) of them were staying between 3-5 years and 35 (35%) adolescents found to stay for more than 5 years. The same has been represented in the figure 4. Regarding the background of the adolescents, majority 70 (70%) adolescents from rural areas and 30 (30%) adolescents were from urban areas. The same has been represented in the figure 5.

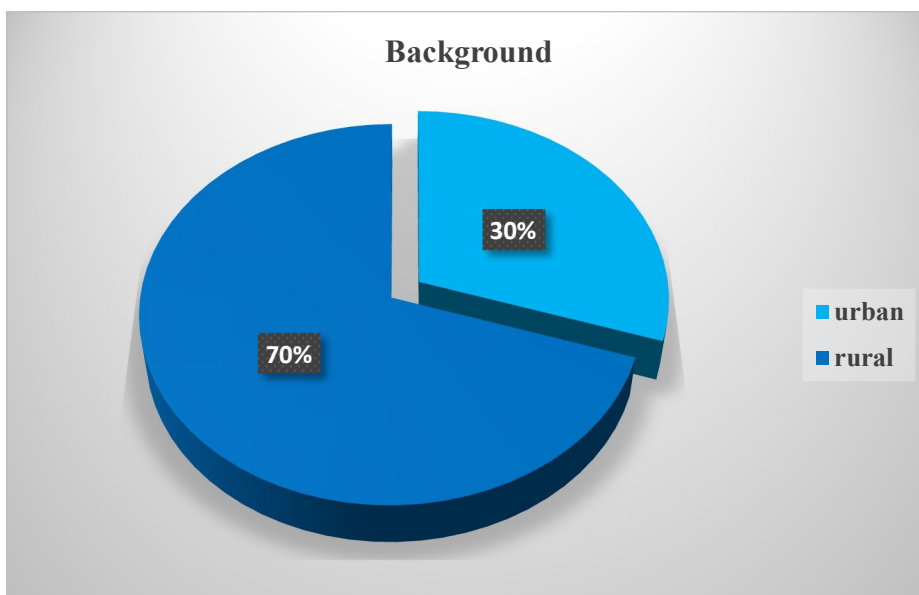


Figure 5 : Percentage distribution of adolescents based on the background

## Section 2: Life skills of adolescents residing in selected orphanages

Table 2: Mean±SD of overall and domain wise scores on life skills of adolescents (N-100)

Sl. No.	Domains of Life Skills	Mean	SD
1.	Decision making	30.3	3.7
2.	Problem solving	41.9	6.5
3.	Empathy	38.6	6.4
4.	Self awareness	32.5	5.2
5.	Communication	31.7	5.1
6.	Interpersonal relationship	58.4	8.0
7.	Coping with emotion	28.0	4.9
8.	Coping with stress	27.3	4.5
9.	Creative thinking	43.3	8.0
10.	Critical thinking	31.9	5.5
	<b>Total score</b>	<b>350.3</b>	<b>41.3</b>

Table 2 shows the Mean and Standard Deviation (SD) of overall and domain wise scores of life skills of adolescents residing in orphanages. In Decision making the Mean score and SD is 30.3±3.7, Problem solving 41.9±6.5, Empathy 38.6±6.4, Self awareness 32.5±5.2, Communication 31.7±5.1, Interpersonal relationship 58.4±8.0, Coping with emotions 28.0±4.9, Coping with stress 27.3±4.5, Creative thinking 43.3±8.0 and Critical thinking 31.9±5.5. The overall score of life skills is 350.3±41.3. It was found that for all the ten domains and the total score of life skills scale were less than 397, which indicates the adolescents residing in the orphanages have low life skills. Figure 6 shows the percentage distribution of adolescents life skills, majority 78% of them have lower life skills, 18% have moderate and only 4% have higher life skills.

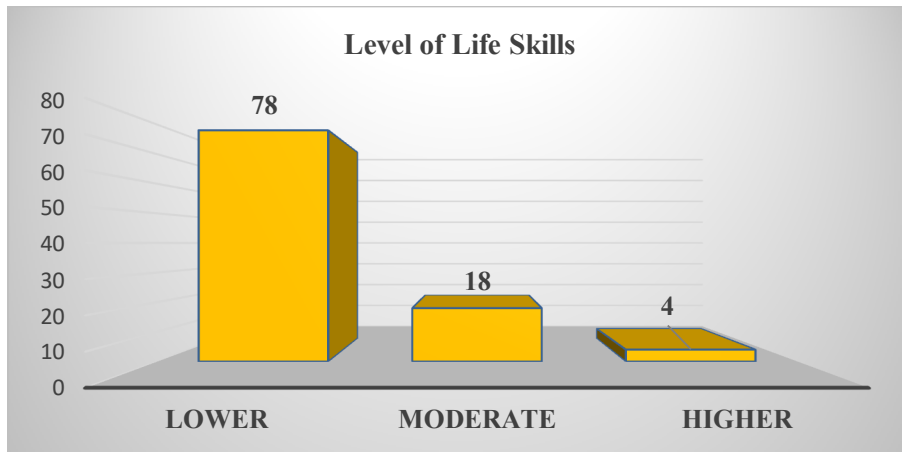


Figure 6: Percentage distribution of adolescents based on the scores on Life skills

### Section-3: Quality of Life of adolescents residing in selected orphanages

Table 3 Mean±SD of overall and domain wise scores in Quality of Life (N=100)

Sl. No.	Domains of Quality of Life	Mean	SD
1.	Overall perception of quality of life	3.3	0.9
2.	Overall perception of health.	3.3	1.1
3.	Physical health	22.6	3.9
4.	Psychological	20.9	3.8
5.	Social relationship	9.9	2.4
6.	Environment	28.5	4.2
	Total Scores	88.2	16.0

Table 3 shows the Mean±SD of overall and domain wise scores in Quality of Life of adolescents residing in selected orphanages. The Mean±SD overall perception of quality of life was 3.3±0.9 and the overall perception of health, was 3.3±1.1. In domain wise scores, the Mean±SD of Physical health was 22.6±3.9, Psychological 20.9±3.8, Social relationship was 9.9±2.4 and in the Environmental domain the Mean±SD was 28.5±4.2. The overall score of quality of life was 88.2±16.0. The overall scores denote an individual's quality of life. Domain wise score indicates the QOL to a specific area such as Physical health, Psychological, Social relationship and Environmental. Adolescents score on QOL found to be in negative direction indicating lower the quality of life. Figure 7 reveals that the percentage distribution of adolescents based on the scores in Quality of Life, 54% of them have lower QOL and 46% have higher QOL.

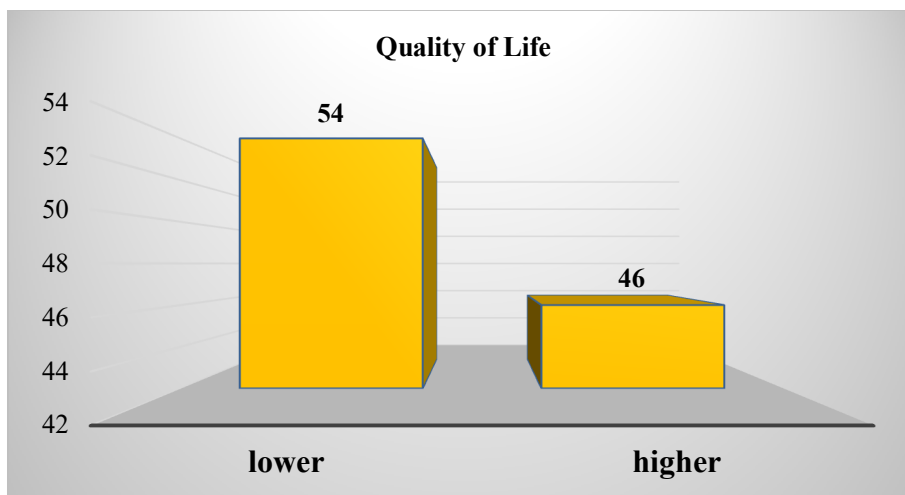


Figure 7. Percentage distribution of adolescents based on the scores on Quality of Life

### Section 4: Relationship between the life skills and quality of life

The scores on the life skills scale and quality of life scales are correlated positively ( $r=0.611$ ). Figure 8 Scatter plot of Life Skills and Quality of life of adolescents shows positive correlation, higher the life skills, better the quality of life.

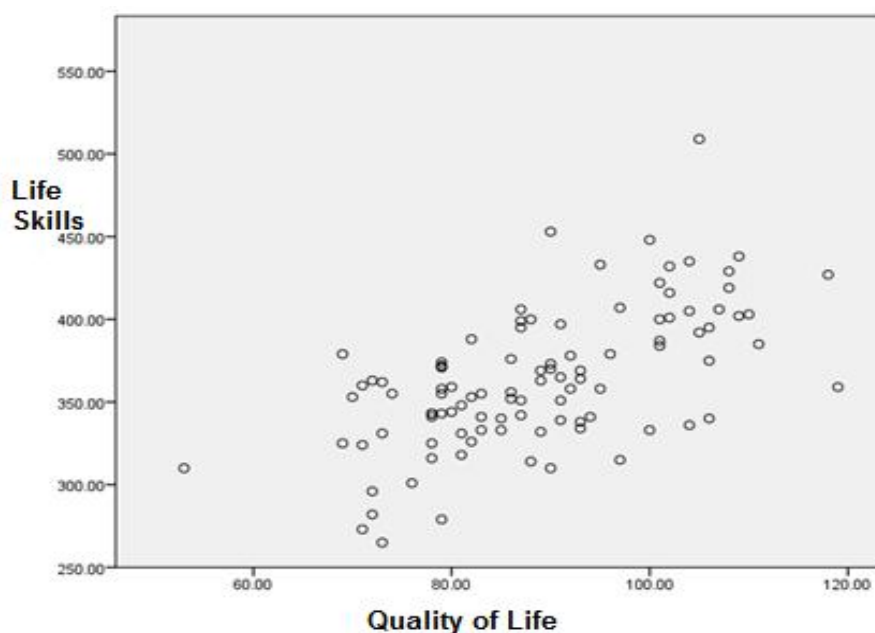


Figure 8. Scatter plot of Life Skills and Quality of life of adolescents

**Section 5: Association between the life skills and QOL with selected demographic variables of adolescents residing in orphanages**

**Table 4 Association between the life skills with selected demographic variables of adolescents residing in orphanages (N-100)**

Sl. No.	Variables	Life Skills			$\chi^2$	p-value
		Higher	Moderate	Lower		
1.	<b>Age</b>				2.97	0.56
	12-14 Yrs	2	9	51		
	15-16 Yrs	2	6	20		
	17-18 Yrs	0	7	3		
2.	<b>Gender</b>				0.27	0.87
	Male	2	11	49		
	Female	2	7	29		
3.	<b>Religion</b>				0.16	0.92
	Hindu	3	15	63		
	Christian	1	3	15		
4.	<b>Family Type</b>				7.70	0.26
	Nuclear	3	13	36		
	Joint	1	2	32		
	Single Parent	0	6	1		
	Extended	0	4	2		
5.	<b>Birth order</b>				5.7	0.68
	First	0	3	12		
	Second	1	4	11		
	Third	0	6	27		
	Fourth	2	2	14		
	Fifth	1	3	14		
6.	<b>Number of Siblings</b>				2.09	0.91
	Nil	1	5	19		
	One	3	8	35		
	Two	0	3	14		
	Three & Above	0	2	10		



7.	<b>Reason for placement</b>					
	Mother died	3	5	31	12.3	0.14
	Father died	1	6	31		
	Both parents died	0	3	9		
	Poverty	0	1	6		
	Parents separated	0	3	1		
8.	<b>Duration of stay</b>					
	<1 year	0	1	7	6.29	0.39
	1-2 years	1	6	26		
	3-5 years	3	4	18		
	>5 years	0	7	27		

Table 4 shows the association between the life skills with selected demographic variables of the adolescents residing in selected orphanages. Finding showed that in age ( $\chi^2$  -2.97,  $p=0.56$ ); gender ( $\chi^2$  - 0.27,  $p=0.0.87$ ); religion( $\chi^2$  -0.16,  $p=0.92$ ); family type ( $\chi^2$  -7.70,  $p=0.26$ ); birth order ( $\chi^2$  -5.7,  $p=0.68$ ); number of siblings ( $\chi^2$  -2.09,  $p=0.91$ ); reason for placement ( $\chi^2$  -12.3,  $p=0.0.14$ ); and duration of stay ( $\chi^2$  - 6.29,  $p=0.39$ ). It was revealed that there was no significant association between the life skills with selected demographic variables of the adolescents.

**Table 5 Association between the quality of life with selected demographic variables of adolescents residing in orphanages (N-100)**

Sl. No.	Variables	Quality of Life		$\chi^2$	p-value
		Higher	Lower		
1.	<b>Age</b>			1.05	0.59
	12-14 Yrs	31	31		
	15-16 Yrs	11	17		
	17-18 Yrs	4	6		
2.	<b>Gender</b>			2.07	0.15
	Male	32	30		
	Female	14	24		
3.	<b>Religion</b>			1.34	0.25
	Hindu	35	46		
	Christian	11	8		
4.	<b>Family Type</b>			0.77	0.86
	Nuclear	22	30		
	Joint	17	18		
	Single Parent	4	3		
5.	<b>Birth order</b>			6.13	0.19
	First	8	7		
	Second	6	10		
	Third	11	22		
	Fourth	9	9		
	Fifth	12	6		
6.	<b>Number of Siblings</b>			2.72	0.44
	Nil	12	13		
	One	22	24		
	Two	5	12		
	Three & Above	7	5		

7.	<b>Reason for placement</b>				
	Mother died	17	22	12.3	0.14
	Father died	19	19		
	Both parents died	6	6		
	Poverty	1	6		
Parents separated	3	1			
8.	<b>Duration of stay</b>				
	<1 year	3	5	2.15	0.54
	1-2 years	16	17		
	3-5 years	14	11		
	>5 years	13	21		

Table 5 shows the association between the life skills with selected demographic variables of the adolescents. Finding showed that in age ( $\chi^2$  -1.05,  $p=0.59$ ); gender ( $\chi^2$  -2.07,  $p=0.0.13$ ); religion ( $\chi^2$  -1.34,  $p=0.25$ ); family type ( $\chi^2$  -0.77,  $p=0.86$ ); birth order ( $\chi^2$  -6.13,  $p=0.19$ ); number of siblings ( $\chi^2$  -2.72,  $p=0.44$ ); reason for placement ( $\chi^2$  -12.3,  $p=0.14$ ); and duration of stay ( $\chi^2$  -2.15,  $p=0.54$ ). It shows that there was no association found with the quality of life and selected demographic characteristics of adolescents staying in orphanages.

## DISCUSSION

### Socio-Demographic Variables of Adolescents Residing in Orphanages

In this study regarding the age of the adolescents, majority (62%) of the adolescents in the age group between 12-14 years. The early adolescence period that is very crucial. During this period the physical, psychological, and emotional development process occurs. Proper guidance at this period will promote physical and mental well-being among the adolescents residing in orphanages. Aijaz AB, et al.(2015); Nasir MB. (2014); and Gearing, et al. (2013) reported that adolescents residing in orphanages belongs to the age group 12-18 years. They were physically, mentally and socially deprived and suffer from physical and mental health issues [13, 18, 19]. With respect to the gender of the adolescents, most of them 62% were males and 38% were females. Durualp E,Cicekoglu P, (2013) conducted a study among male adolescents in orphanages the study findings revealed that male adolescents suffer from feeling of loneliness.<sup>20</sup>; Kanbur N,Zeynep, Derman O. (2011) reported presence of psychiatric symptoms among male adolescents in orphanages [21] ;OzgeK, Çaman, Hilal O. (2011) reported that female gender were have several issues such as refuse to attending school or work, not satisfied with school, no interaction between them and family members, chronic illness, use of medication, disturbances in sleep, use of tobacco, family members suffering from chronic illnesses and poor quality of life were found to be linked with high risk for development of mental disorders [22].

In this present study majority 81% of the adolescents belong to Hindu religion. India has majority of the population following Hinduism traditionally it is important to examine the religions and cultural practice. In the present study it was found that 52% adolescents were belonging to nuclear family and 35% from joint family. Elke JB. (2006) reported that adolescents who experiences violence and discrimination are most important in leaving their home [23]. Most of the adolescents 39% and 38% were belongs to first and second birth order. Elke JB. (2006) explained that orphans without siblings support enter the orphanages [23]. Regarding the number of siblings, 33% adolescents were found to have one sibling, and 34% adolescents have more than three siblings. Elke JB (2006) identified that orphans without elder siblings to support them leave the family and enters the orphanages [23].

In this study the reason for placement at the orphanage, 36% adolescents were staying due to poverty. Elke JB. (2006) reported that some orphans leave their relatives and enter orphanages due to various high risk factors such as maternal orphans, adolescents who have lost their parents at a very young age, who have few adult relatives, orphans without access to essential social services, such as schooling, and they also victims of violence or abuse and they undergo discrimination by adult family members.<sup>23</sup>In relation to the duration of stay at the orphanage, 27% of them were staying between 3-5 years and 35% adolescents found to stay more than 5 years. Zohra S, et al. (2011) stated that the prevalence of behavioral problems relies on five factors such as wasting 5 years length of stay in the facility, facility type and sex of the child [24]. Majority 70% of the adolescents were from rural areas. In contrary Thielman N, et al. (2012) identified that orphaned adolescents had poor health and from urban residence [25].

### **Life Skills among Adolescents Residing in Orphanages**

Regarding the scores of life skills, the overall score Mean  $\pm$  SD was 350.3 $\pm$ 41.3. It was found that adolescent have lower life skills in overall score and domain wise scores, majority 78% of them have lower life skills, 18% have moderate and only 4% have higher life skills. Life Skills education to the adolescents residing in orphanages can help to develop their life skills. Bhuvaneshwari B. (2013) stated that high school students had the highest perception of life skill [26]. Borah P, Ahmed N, Kollipara S. (2020) reported that 72% of the adolescents had average life skills. Life skills found to be average among adolescent living with parents or family. Severe skill deficit noted among adolescents residing in orphanages [26, 27].

### **Quality of Life among Adolescents Residing in Orphanages**

In this study the Mean  $\pm$  SD of overall scores in QOL was found to be 88.2 $\pm$ 16.0, 54% of the adolescents have lower QOL and 46% have higher QOL which reveals that adolescents have decreased Quality of Life scores. Adolescents scores on overall QOL and domain wise found to be in negative direction indicating lower quality of life. Van Damme-Ostapowicz, (2007) reported that significant relationship between the quality of life and the place of living was found. QOL of adolescents staying in residential care centers had significantly low QOL when compared to adolescents staying with family member, it is also noted that the adolescents living in residential care have low scores in domains such as physical health, psychological, social relations and the ability to function in everyday life.<sup>15</sup>Helal and Houaida. (2018) identified that more than half (57%) of the adolescents had only fair QOL, 25.7% of the adolescents were not contented with their life and 8.9% of adolescents found to be very unhappy with their life [28]. Santosh BS. (2020) stated that majority of adolescents who are orphan (66.66%) have moderate quality of life and one-third (33.33%) of them had a lower quality of life, and among non-orphan adolescents majority (66.66%) had a very good quality of life and one-third (33.33%) had a good quality of life [16]. Khormehr M, (2020) reported that the mean scores of quality of life and happiness among adolescents staying in residential care centers (80.8  $\pm$  9.08, 67.05  $\pm$  13.59) had significantly lesser QOL than the adolescents staying with parents (103.61  $\pm$  8.88, 83.24  $\pm$  15.92) ( $p < 0.001$ ) [17]. It was evident that adolescent residing in orphanages has low Life Skills and Quality of Life, in comparison to the adolescent living with family member. It was also found that higher the life skills, better the quality of life. Hence adolescent living in orphanages needs to undergo Life skill training as it may develop their skills and improves the Quality of Life.

### **Correlation between Life Skills and Quality of Life**

In this present study the scores on the life skills scale and quality of life scales are correlated positively( $r=0.61$ ) higher the life skills higher the quality of life. Life skills are usually associated with managing the life successful and living a better quality of life, hence those skills have to be developed during adolescence period. Life skills had a positive effect on quality of life, higher the life skills the greater the QOL

### **CONCLUSION**

The findings of the study revealed that there was a low life skills and poor quality of life among the adolescent residing in orphanages. There was a positive correlation between the Life skills and quality of life were found, higher the life skills better the quality of life. Hence there is a need for enhancing the life skills by organizing life skill education for the adolescent residing in orphanage.

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