

# Life Skills of Inmates of a Psycho-Social Rehabilitation Centre for Women in Kerala

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## ABSTRACT

Life skills have been defined by WHO (1999), as abilities for positive and adaptive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. An attempt was made in the present study to assess the life skills among the inmates.

Qualitative research design employing phenomenological approach was conducted as to reach on identifying the strengths and challenges practiced in the centre. Purposive sampling techniques was used to draw 90 respondents from the centre to respond to the life skill inventory and staff (N=7) to respond the interview questions. The result of this study indicated that the effort made by the centre is so effective in addressing the immediate need of the inmates including survival and wellbeing. Consequently, the life skills were enhanced through the various activities. The challenges faced were identified as characteristics of the staff to handle the growing needs of the inmate, emotional instability of the inmates, limited access to social integration, negative attitude of the community towards institutionalization and segregation were observed as critical. Hence, institutional capacity building from both external and internal funders to maintain the centres' sustainability with clear goal and policy direction is mandatory.

**Keywords:** *Inmates, Psycho-social, Life skills, Rehabilitation*

## INTRODUCTION

Psychosocial rehabilitation is indeed a process that aims to support individuals with chronic mental illnesses in reaching their highest level of independent functioning in society. It involves various interventions and strategies designed to enhance their emotional, social, and intellectual abilities, thereby improving their overall quality of life. The primary goal of psychosocial rehabilitation is to assist individuals in developing the skills and coping mechanisms necessary to live, learn, and work in the community with minimal professional support. This process takes into account the unique needs and challenges faced by people with chronic mental illnesses, providing them with the necessary tools and resources to navigate everyday life successfully. Psychosocial rehabilitation encompasses a wide range of interventions, including counselling, therapy, skills training, vocational rehabilitation, social support, and community integration. These interventions are often delivered by a multidisciplinary team of professionals, such as psychiatrists, psychologists, social workers, occupational therapists, and peer support specialists. By focusing on holistic recovery and empowerment, psychosocial rehabilitation aims to help individuals with

chronic mental illnesses regain control over their lives, build meaningful relationships, pursue education or employment opportunities, and actively participate in their communities. The ultimate objective is to promote independence, self-determination, and overall well-being for individuals experiencing the challenges of chronic mental illness.

Rehabilitation programs often provide training and support to develop essential life skills, such as communication, problem-solving, stress management, and social skills. These skills enable individuals to cope with challenges and improve their overall functioning. Life skills, otherwise called as activities of daily living (ADLs), have been defined by the World Health Organization as abilities for adaptive positive behaviour that enable us to deal effectively with the demands and the challenges of everyday life. Life skills include basic ADL (BADLs), routine everyday activities like bathing, dressing, feeding, personal hygiene, grooming, and toilet hygiene. They also include instrumental ADL (IADLs), which are the more complex ADLs necessary for living in the community, including competence in skills such as shopping, cooking, and managing finances. They are essential for developing psychosocial, emotional, cognitive, behavioural, and resilience skills to negotiate everyday challenges and productive involvement in the community. Write Introduction section of your research paper here. Modify this section as applicable according to your research work. Aims/objectives of research article should be included in this section.

Add appropriate original references to the sentences/paragraphs taken from other media/sources.

## **MATERIALS & METHODS**

### **Research Design:**

A qualitative research design employing a phenomenological approach was used. This approach is particularly effective in understanding the lived experiences of the

inmates and the staff, focusing on their perceptions, experiences, and challenges in the rehabilitation process.

### **Population**

The population for this study consists of the inmates of the Psycho-Social Rehabilitation Centre for Women and the staff involved in their rehabilitation. The study aimed to capture the perspectives of both groups in relation to life skills and their development through the rehabilitation activities.

### **Sample and Sampling Techniques**

- Inmates (N=90): Purposive sampling was used to select inmates who were available and willing to participate in the study. The sample included individuals with different durations of stay at the centre and varying levels of engagement with the rehabilitation programs.
- Staff (N=7): A small number of staff members, including counsellors, social workers, and psychologists, were selected to provide insights on the effectiveness of the life skills programs and the challenges in addressing the needs of the inmates.

### **Data Collection Methods:**

1. Life Skills Inventory: The inmates were asked to complete a Life Skills Inventory, which included questions designed to measure their perceived competence in various life skills such as emotional regulation, communication, decision-making, and problem-solving.
2. Interviews with Staff: Semi-structured interviews were conducted with the staff to gain insights into their observations of the inmates' progress and the challenges they face in facilitating life skills development.

### **Data Analysis:**

The data collected through the Life Skills Inventory and interviews were analyzed thematically. Patterns and themes related to the strengths and challenges of life skills programs, emotional stability, social integration, and staff capacity were identified. The findings were used to

generate recommendations for improving the rehabilitation process.

### **Procedure of Data Collection**

The Kerala Registration of Psycho-Social Rehabilitation Centres of the Mentally Ill Persons Rules were established in 2012. These rules incorporated major recommendations from experts in the field of psycho-social rehabilitation, setting standards for the establishment and operation of these centers. The 2012 Rules introduced a new phase in the rehabilitation landscape, focusing on standardization and the implementation of training programs. This shift brought a significant momentum to the rehabilitation sector.

In this context, the current study is designed to examine both the scope and limitations of psycho-social rehabilitation centres in Kerala. To achieve this, the study will use a validated checklist, conduct interviews, and organize focus group discussions (FGDs). The psycho- social rehabilitation centres in the state have been standardized in terms of both infrastructure and services, with all centres now providing pharmacotherapy and regular psychiatric evaluations.

Inmates at these centres typically come from social isolation. Many patients arrive after having wandered the streets for long periods without proper medication, or they are individuals sent from psychiatric hospitals later in life. The families of these patients often fail to recognize early signs of mental illness, opting instead for faith healing or refusing treatment due to the stigma and fear surrounding mental health in society. This study is focused on assessing model psycho-social rehabilitation centers in Kerala, specifically urban day-care and rural residential rehabilitation centers. The aim is to evaluate the effects on health outcomes and explore the feasibility of scaling up these models for broader implementation.

### **Analysis and interpretation of the data**

Mere collection and tabulation of data cannot directly emit the actual results associated with the study, It needs thorough

analysis through which interpretation can be made up. The analysis of

data is the studying of the data collected or organized material in order to discover the inherent facts contained in it. For exploring new facts or to interpret already known existing facts, the data collected is to be studied from different angles. The interpretation of the data is the careful, logical and critical examination of the result of analysis. This is useful in maintaining findings about what the result of the analysis indicates. Interpretation is the critical examination of the result of one's analysis in the light of all the limitation of data gathering' (Burns, 2000). For convenience, analysis is done under the following heads:

- Descriptive studies
- Percentage analysis

## **RESULT**

### **Descriptive studies**

Here the scores obtained in the scale to measure the life skills of inmates in the total sample, in the age group between 15 and 30 years, between 30 and 45 years, above 45 years were subjected to statistical treatment and the results are given as

1. Total sample
2. between 15 and 30 years,
3. between 30 and 45 years,
4. above 45 years

#### **1. Total Sample**

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates of psycho-social women rehabilitation centres in the total sample and the results are given in table 1

**Table 1 Various statistics calculated for the scores obtained in the scale to measure the Life skills of inmates of psycho-social women rehabilitation centres**

Statistics calculated	Values obtained
Mean	31.52
Median	30.41
Mode	31.52
Standard deviation	6.87
Skewness	0.32
Range	14

From Table 1, it is clear the value of Arithmetic mean obtained is 30.416 and standard deviation is 6.873. This shows that the inmates of psycho-social women rehabilitation centres have life skills. The value of median is 31.625 and that of mode is 32.043. These values are in favour of the above inference made. The value of Skewness obtained is -0.091 which shows that the frequency curve is negatively skewed. Since the Skewness is negative the scores obtained in the scale to measure the life skills of inmates of psycho-social women rehabilitation centres are massed at the high end of distribution. It can be inferred that the inmates of psycho-social women rehabilitation centres have average life skills. The highest value obtained for life skills is 34 and the lowest value obtained is 20 which show that inmates of psycho-social women rehabilitation centres have differing life skills.

## 2. Inmates between 15 and 30 years

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates between 15 and 30 years and the results are given in table 2

**Table 2 Various statistics calculated for the scores obtained in the scale to measure the life skills of inmates between 15 and 30 years**

Statistics calculated	Values obtained
Mean	31.66
Median	31.5
Mode	31.18
Standard deviation	5.15
Skewness	0.06
Range	15

From table 2, it is clear that the value of mean obtained is 31.667 and standard deviation is 5.153. This shows that inmates between 15 and 30 years have life skills. The value of median is 31.5 and mode is 31.18. These values are in favour of the above inference made. The value of Skewness obtained is 0.097 which shows that the frequency curve is positively skewed. The highest value obtained for life skills is 34 and lowest value obtained for life skills is 19 which shows that inmates of psycho-

social women rehabilitation centres have differing life skills.

## 3. Inmates between 30 and 45 years

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates between 30 and 45 years and results are given in the table 3

**Table 3 Various statistics calculated for the scores obtained in the scale to measure the life skills of inmates between 30 and 45 years**

Statistics calculated	Values obtained
Mean	33.16
Median	33
Mode	32.68
Standard deviation	4.35
Skewness	0.07
Range	12

From table 3, it is clear that the mean is 33 and standard deviation is 4.358. This shows that the inmates between 30 and 45 years have life skills. The value of median is 33.166 and mode is 33.498. These values are in favour of above inference made. The value of Skewness obtained is -0.111 which shows that the frequency curve is negatively skewed. The highest value obtained for life skills is 33 and lowest value obtained is 21 which shows that inmates between 30 and 45 years have differing life skills.

## 4. Inmates above 45 years

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates above 45 years and the results are given in the table 4.

**Table 4 Various statistics calculated for the scores obtained in the scale to measure the life skills of inmates above 45 years**

Statistics calculated	Values obtained
Mean	30
Median	29
Mode	27
Standard deviation	4.61
Skewness	0.43
Range	12

From table 4, it is clear that the mean is 30 and standard deviation is 5.688. This shows that the inmates above 45 years have life

skills. The value of median is 29 and mode is 32. These values are in favour of above inference made. The value of Skewness obtained is -0.111424 which shows that the frequency curve is negatively skewed.

The highest value obtained for life skills is 33 and lowest value obtained by logical mathematical is 21 which shows that inmates between 30 and 45 years have differing life skills.

## 5. Personal hygiene

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates for personal hygiene and the results are given in table 5

**Table 5 Various statistics calculated for the scores obtained in the scale to measure the life skills for personal hygiene**

Statistics calculated	Values obtained
Mean	7.9
Median	7.8
Mode	7.54
Standard deviation	2.15
Skewness	0.09
Range	7

From table 5, it is clear that the value of mean obtained is 7.9 and standard deviation is 2.15. This shows that inmates of psycho-social women rehabilitation centres have personal hygiene life skills. The value of median is 7.8 and mode is 7.54. These values are in favour of the above inference made. The value of Skewness obtained is 0.09 which shows that the frequency curve is positively skewed. The highest value obtained for personal hygiene life skills is 11 and lowest value obtained for personal hygiene life skills is 4 which show that inmates of psycho-social women rehabilitation centres have differing personal hygiene life skills.

## 6. Interpersonal skills

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates for interpersonal skills and the results are given in table 6

**Table 6 Various statistics calculated for the scores obtained in the scale to measure the life skills for interpersonal skills**

Statistics calculated	Values obtained
Mean	7
Median	6.89
Mode	6.7
Standard deviation	2.12
Skewness	0.103
Range	5

From table 6, it is clear that the value of mean obtained is 7 and standard deviation is 6.89. This shows that inmates of psycho-social women rehabilitation centres have interpersonal life skills. The value of median is 6.89 and mode is 6.7. These values are in favour of the above inference made. The value of Skewness obtained is 0.103 which shows that the frequency curve is positively skewed. The highest value obtained for life skills is 8 and lowest value obtained for life skills is 3 which show that inmates of psycho-social women rehabilitation centres have differing interpersonal life skills.

## 7. Home management

Various statistics are calculated for the scores obtained in the scale to measure the life skills of inmates for home management skills and the results are given in table 7

**Table 7 Various statistics calculated for the scores obtained for home management skills for the inmates**

Statistics calculated	Values obtained
Mean	7.21
Median	7.01
Mode	6.61
Standard deviation	2.11
Skewness	0.18
Range	7

From table 7, it is clear that the value of mean obtained is 7.21 and standard deviation is 2.11. This shows that inmates of psycho-social women rehabilitation centres have home management skills. The value of median is 7.01 and mode is 6.61. These values are in favour of the above inference made. The value of Skewness obtained is 0.18 which shows that the frequency curve

is positively skewed. The highest value obtained for life skills is 11 and lowest value obtained for life skills is 4 which shoes that inmates of psycho- social women rehabilitation centres have differing home management skills.

## 2. Percentage analysis

Here, Percentage analysis of the items in the scale to measure the life skills of inmates of psycho-social women rehabilitation centres is done and the rating was done on 2-point scale. The result of the analysis done is given in table 4.5

**Table 4.5 Table showing the percentage analysis of the items of the scale**

Item No	Response in %	
	Yes	No
1	70	30
2	71.6	28.3
3	58.33	41.66
4	50	50
5	66.66	33.33
6	56.66	43.33
7	86.66	13.33
8	75	25
9	93.3	6.66
10	78.33	21.66
11	60	40
12	45	55
13	83.33	16.66
14	25	75
15	38.33	61.66
16	28.33	71.66
17	91.66	8.33
18	46.66	53.33

From table 4.5, the following inferences can be made:

1. For Item 1, 70% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 30% gave 'no' response.
2. For Item 2, 71.6% % of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 28.3% gave 'no' response.
3. For Item 3, 58.3% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 41.6% gave 'no' response.
4. For Item 4, 50% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 50% gave 'no' response.
5. For Item 5, 66% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 33.3% gave 'no' response.
6. For Item 6, 56.6% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 43.3% gave 'no' response.
7. For Item 7, 86.6% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 13.3% gave 'no' response.
8. For Item 8, 75% % of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 25% gave 'no' response.
9. For Item 9, 93.3 of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 6.6% gave 'no' response.
10. For Item 10, 78.3% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 21.6% gave 'no' response.
11. For Item 11, 60% % of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 40% gave 'no' response.
12. For Item 12, 45% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 55% gave 'no' response.
13. For Item 13, 83.3% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 16.6% gave 'no' response.
14. For Item 14, 25% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 75% gave 'no' response.
15. For Item 15, 38.3% % of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 61.6% gave 'no' response.
16. For Item 16, 28.3% % of inmates of psycho-social women rehabilitation

centres gave 'yes' response and remaining 71.6% gave 'no' response.

17. For Item 17, 91.6% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 8.33% gave 'no' response.

18. For Item 18, 46.6% of inmates of psycho-social women rehabilitation centres gave 'yes' response and remaining 53.3% gave 'no' response.

### **Tenability of Hypothesis**

H1: Based on the findings arrived at in section 1, hypothesis 1 is accepted and we say, there are life skills for inmates of psycho-social women rehabilitation centres

H2: Based on the findings in section 2, we reject the hypothesis 2 and so we reframe hypothesis 2 as there is no significant difference between the inmates of psycho-social women rehabilitation centres

H3: Based on the findings in section 3, we accept the hypothesis 3. Observations/Results of your study should be written in this section along with tables/charts/figures etc. write serial numbers and appropriate heading/title of tables and legend/caption of figures.

### **CONCLUSION**

The descriptive analysis of the life skills of inmates in psycho-social women rehabilitation centres revealed that, overall; the inmates possess an average level of life skills. For the total sample, the mean score was 31.52 with a standard deviation of 6.87, suggesting moderate life skill competency with some variation among individuals. The slight negative Skewness (-0.091) indicates that most inmates scored at the higher end of the life skills scale.

The study shows that inmates of psycho-social women rehabilitation centres possess an overall average level of life skills, with the mean scores indicating moderate competency across age groups. Inmates between 30 and 45 years displayed slightly higher life skills compared to other age groups. Analysis across specific domains such as personal hygiene, interpersonal

skills, and home management revealed that most inmates have basic skills, although some variability exists. The results highlight the need for continued support and targeted interventions to strengthen life skills among inmates, especially in areas where lower competencies were observed.

Across all domains, a certain degree of variability (as indicated by the range and standard deviation values) was observed, implying that while many inmates demonstrated strong life skills, some required further development.

Overall, the findings suggest that while the majority of inmates in psycho-social women rehabilitation centres possess fundamental life skills, there remains a significant need for targeted skill enhancement programs, particularly for older inmates and in specific skill areas like interpersonal relations and home management.

### **Declaration by Authors**

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