The effect of life skills education on children’s mental health of family-like centers of well-being organization

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Abstract

Introduction: Education of life skills will promote socio-psychological abilities and will help individual’s copes effectively with challenges and situations in the life. The present research aims to study the effect of education of life skills on mental health of girls aged between 14-18 years old in wellbeing like-family centers of Kerman.

Materials and Methods: Statistical population of this clinical research includes all girls aged between 14-18 years in wellbeing like-family centers in academic year of 2015-2016 (45 cases). Since continuous presence of children was essential in all educational sessions and only 30 girls could participate in all sessions, all girls were chosen as the sample size. The experimental group learned life skills within 10 ninety minutes sessions. To collect information, Goldberg and Hiller mental health questionnaire (GHQ-28) has been used and it was completed by participants before intervention. To analyze data, T paired test was used and Kolmogorov-Smirnov test was applied to study normalization of the difference in pre- and posttest scores of mental health before T paired test.

Results: Education of life skills has been significantly effective on mental health of girls in like-family centers. In addition to the effect of education of life skills on mental health, such education has the most positive effect on signs of anxiety and sleep disorder and it has the least positive effect on physical signs in significance level of \( P<0.05 \).

Conclusion: Concerning to the results, it seems that life skills education has significant effects on mental health in girls in like-family centers.

Keywords: Life skills, Mental health, Well-being

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Introduction

WHO defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1). Mental health is one of the most important needs of human being. To provide mental health, the individual should know him/herself, perceive others and make effective relationship with them, identify and control negative emotions and stresses and make proper decisions by solving problems effectively. Dominance on life skills is required to meet such needs (2).

Life skills are a set of abilities that provide a consistent context and proper and positive behavior. Such abilities cause individual to accept responsibilities of his social role and to face effectively with desires, expectations, and daily problems especially in inter-personal relationships without damaging self and others (3). Individuals require defending their interests against difficult situations of life. Those who have learnt life skills are more aware from their lives and abilities and they are self assured due to self acceptance and they try to progress and reach more advancement (4). World health organization presents program of life skills education (including ten main skills) in order to increase mental health of individuals as follows: self-awareness skill, skill of relationship, skill of interpersonal relations, skill of problem solving, skill of creative thinking, skill of coping with emotions, skill of coping with stress, skill of empathy, decision making skill and skill of critical thinking (5).

The importance and necessity of life skills education is determined when the individual knows that life skills education promotes socio-psychological abilities. Such abilities help individual face effectively with challenges of life, behave
positively and consistently with culture and environment, and supply the mental health (6).

Studies on Iranian children showed that children are living in State Welfare Organization centers due to death of their parents (10%), difficult to treat diseases (5%), loss of one of parents or lack of qualification for taking care of children (5%), court decisions (10%), being jailed (15-20%) and foundling (50%). Orphans or unsupervised children of State Welfare Organization are living in foster care centers. Foster care is a part of welfare systems of children and a place like family is provided for taking care of children when parents are not able to take care of them (7). There are few important situations in human life recognized as turning points in the life. One of such situations is when severe physical and spiritual changes and fluctuations are occurred for the individual. This is a relatively long period and includes the second decade of life. This is called adolescence. Changes and fluctuations and sometimes conflicts of individual identity increase the importance of this period and require paying attention to such individuals in the society.

Researchers have confirmed the positive effect of life skills on reduction of hostile behaviors, reinforcement of self confidence, self imagination, and application of capabilities, capacities and action of intelligence (3). Researches done in this field by Haraldson et al. (8), Sepulveda et al. (9), Bo Wang et al. (10), Bob and Roisin. (11) showed that life skills education promotes and improves life quality and increases mental health of people. Moradi indicated that life skills education makes individual able to change his knowledge, values, and feedbacks into potential capabilities (12). Yadavari indicated that life skills education is effective on mental health, self esteem, and self expression of students (13). Haghighi et al. showed that life skills education increases mental health and self esteem of female students in the first year of high school (14). Concerning importance and requirement of life skills education and its effect on mental health of adolescents, the present study aims to investigate the effect of life skills education on mental health of children aged between 14 and 18 years in foster care State Welfare Organization centers of Kerman.

Materials and Methods
The present research is a quasi-empirical, pre- and post intervention study (life skills education) and it is an applied research. Education of ten life skills is presented within ten sessions (90 minutes) by the researchers based on lecture, question, and answer, role play, and PowerPoint and the subjects were measured by General Health Questionnaire.

It is noteworthy that confidentiality of personal information was explained for participants to attract their trust and receive real responses. Statistical population includes girls aged between 14 and 18 years old in State Welfare Organization foster cares of in academic years 2015-2016. They were 45 girls. Since continuous presence of children was essential in all educational sessions. Only 30 girls were able to participate in all sessions thus all of them were chosen as the sample. After taking permission of State Welfare Organization of Kerman, the researchers were allowed to enter the center, to distribute the questionnaire and to educated life skills.

Research instruments
- General Health Questionnaire (GHQ-28): The questionnaire includes 28 items designed by Goldberg and Hiller in 1972. It consists of four subscales of physical signs (items 1 to 7), signs of anxiety and sleep disorder (items 8 to 14), social function (items 15 to 21) and depression signs (items 22 to 28). 5 scores were obtained for each person in the test and 4 scores are allocated to subscales and one score belongs to the total score. The scoring was from A to D ranging from zero to three. As a result, the score of each person (for each subscale) is from zero to twenty one and totally from 0 to 84. The lower the scores, the higher the level of mental health. In the study done by Goldberg and Hiller, the validity of questionnaire has been reported by 95%. Internal consistency has been reported as 93% via Cronbach's alpha in the study of Chan cited by Palahang. Validity coefficient of the Persian version of the 28 item questionnaire of mental health was significant in 1% level by retest (15). The retest for subscales of physical signs, anxiety, and insomnia, disturbance in social function, depression, and total questionnaire was obtained 85%, 78%, 79%, 91%, and 85% respectively (16). In order to analyze data, mental health (physical signs, signs of anxiety and sleep disorder, social function, depression, and total questionnaire) was described before and after life skills education in quasi family children by using indices of tendency to the center, dispersal and box plot. Paired sample T test has been used (in significance level of 0.05) to determine the effect of life skills education on mental health of foster care children and Kolmogorov-Smirnov test has been applied to study normalization of the difference between pre- and post test scores of mental health before completing paired T test.
Results
The samples were between 14 and 18 years old and all of them were girls. Since the girls had to be familiar with life skills, researchers divided the girls into control and experimental groups and they studied all of them in one group. Pre-test scores of the group suggest high mean score of variables showing low level of mental health in the group under study. The posttest scores suggest the effect of education of ten life skills on mental health of the group under study (Tables 1 and 2).

The effect of life skills education on reduction of physical signs of foster care children has been studied by paired T test. Concerning that the P value calculated by Kolmogorov-Smirnov test is less than significance level of 0.05, meaning that the mean score of post test for physical signs is significantly lower than the mean score of pre test. As a result, it can be said that life skills education is effective on reduction of physical signs of foster care children (Table 1).

The effect of life skills education on reduction of signs of anxiety and sleep disorder of foster care children has been studied by paired T test. Concerning that the P value calculated by Kolmogorov-Smirnov test is less than significance level of 0.05, meaning that the mean score of post test for signs of anxiety and sleep disorder is significantly lower than the mean score of pre test. As a result, it can be said that life skills education is effective on reduction of signs of anxiety and sleep disorder of foster care children (Table 1).

The effect of life skills education on increase of social function of foster care children has been studied by paired T test. Concerning that the P value calculated by Kolmogorov-Smirnov test is less than significance level of 0.05, meaning that the mean score of post test for social function is significantly lower than the mean score of pre test. As a result, it can be said that life skills education is effective on increase of social function of foster care children (Table 1).

The effect of life skills education on reduction of depression signs of foster care children has been studied by paired T test. Concerning that the P value calculated by Kolmogorov-Smirnov test, the mean score of post test for depression signs is significantly lower than the mean score of pre test. As a result, it can be said that life skills education is effective on reduction of depression signs of foster care children (Table 1).

The effect of life skills education on improvement of mental health of foster care children has been studied by paired T test. Concerning that the P value calculated by Kolmogorov-Smirnov test, the mean score of post test for mental health is significantly lower than the mean score of pre test. As a result, it can be said that life skills education is effective on improvement of mental health of foster care children (Tables 1 and 2).

Table 1. paired T test for comparing pre and post test scores for dimensions of mental health

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean score before education</th>
<th>Mean score after education</th>
<th>Mean difference</th>
<th>Standard deviation</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical signs</td>
<td>5.43</td>
<td>1.10</td>
<td>4.33</td>
<td>0.552</td>
<td>7.857</td>
<td>0.302</td>
</tr>
<tr>
<td>Signs of Anxiety and sleep disorder</td>
<td>8.93</td>
<td>2.27</td>
<td>6.67</td>
<td>0.552</td>
<td>7.957</td>
<td>0.872</td>
</tr>
<tr>
<td>Social function</td>
<td>8.1</td>
<td>3.03</td>
<td>5.07</td>
<td>1.008</td>
<td>5.027</td>
<td>0.161</td>
</tr>
<tr>
<td>Depression signs</td>
<td>5.6</td>
<td>0.97</td>
<td>4.63</td>
<td>1.072</td>
<td>4.324</td>
<td>0.317</td>
</tr>
<tr>
<td>Mental health</td>
<td>28.03</td>
<td>7.37</td>
<td>20.70</td>
<td>2.426</td>
<td>8.523</td>
<td>0.725</td>
</tr>
</tbody>
</table>

SIGNIFICANCE LEVEL OF 0.05

Table 2. Descriptive statistics of pre- and posttest scores of mental health of foster care children

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Median</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>30</td>
<td>8</td>
<td>50</td>
<td>28.03</td>
<td>26.0</td>
<td>12.23</td>
</tr>
<tr>
<td>Post test</td>
<td>30</td>
<td>2</td>
<td>22</td>
<td>7.37</td>
<td>5.5</td>
<td>5.65</td>
</tr>
</tbody>
</table>

Discussion
The present study aims to investigate the effect of life skills education on mental health of children aged between 14 and 18 years in foster care State Welfare Organization centers of Kerman city. After studying theoretical and research basics, criteria and components of life skills were identified such as skill of self awareness, skill of relationship, skill of interpersonal relations, skill of problem solving, skill of creative thinking, skill of coping with emotions, skill of coping with stress, empathy skill, skill of decision making and skill of critical thinking and they were trained to the subjects within ten sessions. Subjects were measured by Goldberg’s questionnaire of mental health before and after education and the effect of life skills education on four components of mental health (physical signs, signs of anxiety and sleep disorder, social function and depression signs) was studied. After data analysis for the main and special hypotheses, it has been concluded that education of ten life skills has
significant and positive effect on reduction of
physical signs, signs of anxiety and sleep disorder,
social function and depression signs and increase of
mental health of State Welfare Organization’s foster
care children. These results are in agreement with
those of Pasha and Yadavari (17), Rahimian Bouger
et al (18), Salimi Bajestani and Abedi (19) and
Fardad and Dokaneyifard (20).

The present research has some limitations such as
small size of the sample, time limitation in doing
research that led to no follow-up of the samples. It is
suggested that to increase the level of mental health
of children in foster care centers, Managers and
personnel should be familiar with ten dimensions of
life skills, their effectiveness, efficiency and
advantages via educational workshops and in-
service educations as well as holding book-reading
competition between children in the centers based
on life skills education.

Conclusion
Results of the research show that education of ten
life skills has a critical effect on increasing the level
of mental health in girls of State Welfare
Organization foster care centers. Low level of
knowledge on life skills causes low ability of
adolescents in well-being foster care centers when
facing challenges and problems compared to
adolescents who are living with their parents. Thus,
they present improper emotional responses to
stimulants and events in the life even they may do
high risk behaviors.

Acknowledgment
The study was done by approval of Well-being
organization of Kerman without financial support of
any institution and the results are not influenced by
benefits of the authors. All authorities and
participants are appreciated.

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