Effectiveness of Life Skills Instruction on General Health and Social Adjustment in Girl Students of Rezvanshahr Guidance Schools

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ABSTRACT

The purpose of this study was to determine the effectiveness of life skills instruction on general health and social adjustment in girl students of Rezvanshahr guidance schools. Method: statistical society of this study included aged 14 girl students of third grade guidance schools in 1390-91. As a random sample were students with the highest score in the questionnaire general health, social adjustment (AISS): Selected and were assigned in two groups, each group 20 persons. The research design of the experimental and control group pretest and posttest. After random selection of experimental and control groups, the first for both groups, pre-test was performed, then the experimental intervention (life skills instruction) trail were presented to the group after completing the training program, the post-test was taken. Findings: Multivariate analysis of covariance data (Mankova) showed that life skills instruction in increasing general health, social adjustment, girl students is used effectively and efficiently.

KEY WORDS: life skills instruction, general health, social adjustment

1. INTRODUCTION

Recently psychologists through studying behavioral disorders and social pathologies have found that disability in correct analysis of personality problems, no sense control and ability in dealing with difficult situations and having no readiness for problem solving effectively and efficiently is the origin and of cause many disorders (Sarkhosh,1384).

Evens, Mullett, Weist and Frans (2005) have found the approximately 30% of adolescents experience a psychological disorder in their life.

It may affect their family, school, coevals and feature negatively (Eslaminasab, Mohammadi, Ghiavand & Bahrami,2001). Adolescence have been knows as one important stage of each individual psychic and social growth. Needing to emotional adjustment, especially adjustment between emotions and wisdom, understanding self worth, self- awareness, cognition of attitudes, abilities and inclines, selecting real purposes in life, emotional independence form family, maintaining self physic and emotional adjustment environmental stressful factors, communicating with others effectively receiving necessary social skills for selecting friend, cognition of effective life and the way of using it, are known as the most important needs of adolescents. Therefore helping to adolescent in developing vital skills for desirable life, increasing self –esteem against problems and also helping to develop necessary emotions and social skills to adjust life seems necessary (Shoarinezhad, 1377).

World health organization defines health providing physical, physic and social complete welfare. It includes three fields, body, soul and society. Therefore any injury is imposed to each above fields destroys individual adjustment and also any negative effect factor in individual body, soul and sociality, may be harmful for individual and the others health (World health organization, 1994).

Mental health is one of the most important problems for responsible organizations in the world, especially world health organization. Social adjustment has been known as the most important symptom of mental health by many sociologists, psychologists and especially educators. Social growth as the most important aspect of individual growth its measurement criterion is his/her adjustment with others. Tinto (1993) believes that adjustment includes different fields like family, coevals and society, social adjustment is superior to them. Using internal forces and external supports is vital and necessary when individual physical and psychic adjustment is disturbed. Adjustment occurs when he/she can use new strategies for solving problems successively (Stein & Lanyon, 1995).

It seems necessary to instruct life skills to adolescents because they improve individual mental health. Life skills instruction to adolescents has been known as a preventing program in the world. Life skills are cognitive, emotional and practical abilities which are vital for success in life. Life necessities determine the aims of these skills (World Health Organization, 1994).
Hartley-Brewer (2001) believes that it should be taught some effective fields to improve life quality in life skills instruction. World Health Organization defines life skills as positive adjustable ability in dealing with life problems effectively. Picklesimer and Penise (1998) believe that life skills include these four dimensions interpersonal communication, problem solving, physical health and having aim in life. Texas Education Agency in 1997 introduced individual development skills, health, communicational skills, individual abilities as life skills.

Ramzani and Sayari (1378) and also Gharibi and Gholizade (1386) have found that human communication skill of Iran education, especially in guidance grade (level) has been weak. The students of this level show weak interpersonal communications and their life skills isn't high (Adib, 1385). Life skills instruction is very important to achieve mental health. Generally, the deficit in growing life main skills leads to many neurosis. Life skills instruction decreases neurosis symptoms, self-destructive behaviors and also improves interpersonal performance (Darden, Ginter, Earl and Gazde, 1996). Khodabakhsh and Mansoor (1389) have found that life skills instruction is effective on mental health. Sepahmansoor (1386) has found that life skills instruction is effective on social adjustment. Haghighi Moosave, Honarmand and Shelide (1385) have shown the effectiveness of life skills instruction on mental health of student adolescents. Conolly, Down, Crist and Nelson have found to the effectiveness of life skills instruction on students interpersonal communications with each other and also their parents. Pick, GiVaudan and Poortinga (2003) showed that life skills instruction increases the self-effectiveness and self-esteem of Meczik girls.

Rahmati, Adibrad, Tahmashian and Sedghpoor (2010) showed that life skills instruction affects social adjustment positively. Eslaminsab and his Collageous (2011), Sobbigharamaki and Rajabee (2010) have also found that life skills instruction affects mental health and self-esteem of adolescents positively.

The purpose of life skills instruction is improving psychic and social abilities, mental health and preventing destructive behaviors. After receiving life skills instruction, each individual should achieve some abilities like self-awareness, self-esteem, communicating with the others, collaborating, and also the ability the dealing with emotions. Problems are evitable in human life, therefore and improving some vital skills is necessary. Zollinger, Sawell, Meugge and Collageous (2003) found that life skills instruction improves student's abilities and attitudes and also leads to select a correct model style of life.

Guidance students need to instruct (train) life skills extensively because they have their own specific qualities. The difference countries have found that the best age for receiving life skills instruction is between 6-16 years old. It is better to perform this program at adolescence ages because adolescents are the most vulnerable group. Therefore, the purpose of this study is to determine the effectiveness of life skills instruction plan on general health and social adjustment in girl students of Rezvanshahr guidance schools.

**Research Hypothesis**

A) First (main) hypothesis:
Life skills instruction is effective on general health and social adjustment of students.

B) Sub-hypothesis:
1. Life skills instruction is effective on general health of students.
2. Life skills instruction is effective on social adjustment of students.

**RESEARCH METHOD**

Statistical society, sample and sampling

The study population consisted of all girl students, fourteen years old, studied in guidance schools of Rezvanshahr in 90-91. In this study of 40 girl students, according to formula samples and questionnaire (general health, social adjustment) was given to them after the screening of individuals who score their test results above the cut point was higher than normal were selected randomly in two groups of 20 people were tested and replace. So that a test group and a control group, respectively.

**Measurement tools:**

Questionnaire to assess the research are used variables, such as adjustment questionnaire (AISS), general health (GHQ).

AISS adjustment questionnaire: This questionnaire was made by Sinha and Sing in 1993. It measures the adjustment of high school students in these three fields, emotion, society and education. The most score of each sub-scale 20 and the general adjustment score is 60. Therefore, the high score indicates mal adjustment. The reliability coefficient of the present questionnaire has been estimated 95%.

General Health Questionnaire (GHQ): This questionnaire was made by Goldberg and Heeler in 1979 which includes 7 scales like, physical symptoms scale, anxiety symptoms scale and sleep disorder, social function scale and depression symptoms scale. The reliability coefficient of the present questionnaire has been estimated 90%.

**Method:**

The study population of all girl students of guidance schools of Rezvanshahr (104) is desired. In this study of 40 girl students, according to formula samples and questionnaires (general health, social adjustment) was
given to them after the screening of individuals who score their tests above the cut point was higher than normal were selected randomly in two groups of 20 people were tested and replaced. So that a test group and a control group, respectively. Experimental group in the instruction of life skills received 10 sessions of 1 hours. Control group were not instructed, then again at 10 weeks of instruction and control group members test questionnaire (general health, social adjustment) and complete the required information were extracted and processed through the spss statistical program.

Made of implement meetings life skills instruction
Session 1: introduction to life skills instruction program
Session 2: self-awareness skill
Session 3: self-awareness skill
Session 4: problem solving
Session 5: making decision skill
Session 6: making decision skill
Session 7: effective communication skill
Session 8: effective communication skill
Session 9: anger controlling skill
Session 10: anger controlling skill

RESEARCH FINDINGS

**Table 1:** The statistical features of dependent variables for the instruction group and control group

<table>
<thead>
<tr>
<th>Variables</th>
<th>X average</th>
<th>standard deviation</th>
<th>X average</th>
<th>standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health</td>
<td>30.7</td>
<td>6.455</td>
<td>35.9</td>
<td>4.454</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>24.3</td>
<td>4.318</td>
<td>24</td>
<td>3.859</td>
</tr>
</tbody>
</table>

Based on the date of Table 1, there is a difference between the means of test and control groups.

**Table 2:** Analysis of covariance results for combination variable

<table>
<thead>
<tr>
<th>Source of diffraction</th>
<th>Value</th>
<th>F(2,35)</th>
<th>P</th>
<th>Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>0.578</td>
<td>12.768</td>
<td>0.001</td>
<td>0.422</td>
</tr>
</tbody>
</table>

Eta squared as a share of the amount of variance that is related to the new combination variables. In the present study, rates of general health and social adjustment, which includes the 0.422, which indicates the size of the department of life skills training. The calculated effect size greater than 14.0 (or 14%) showed a lot of life skills training for general health and social adjustment. Also the results of Wilks Lambda test for combination variable is significant. It indicates that there is a difference between the participants of both test and control groups.

**Table 3:** Adjusted mean, standard deviation and analysis of covariance results for the variables of general health and social adjustment.

<table>
<thead>
<tr>
<th>Variables</th>
<th>instruction (test) group</th>
<th>control group</th>
<th>covariance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>F</td>
</tr>
<tr>
<td>General health</td>
<td>0.43</td>
<td>0.908</td>
<td>37.2</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>1.056</td>
<td>7</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>0.52</td>
<td>25.8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

We see adjusted averages of dependent variables above table, the effect of random variables has been removed, these averages (means) indicate that the level of test group average is low than the level of control group. The Eta value indicates that approximately 42% variance of general health variable and approximately 8% variance of social adjustment variable has been regarded for group variable. First (main) hypothesis: Life skills instruction (training) is effective on general health and social adjustment of students.

The result of table 2 indicates that there is a significant difference between the test group and control group (ETA=0.422, P= 0.001, F= 12.768).

First sub-hypothesis: Life skills instruction is effective on general health of students.

Based on the results of covariance of table 3, there is a significant difference between the adjusted averages of two groups in general health. (ETA= 0.422, P=0.01, F= 26.250).
The related information of this section has been shown in diagram 1.

**Diagram 1:** The diagram of general health averages for the test group and control group.

The above diagram indicates that the test (instruction) group have more general health than control group.

Second hypothesis: Life skills instruction is effective on social adjustment of students.

Based on the results of covariance of table 3, there isn't a significant difference between the adjusted averages of two groups in social adjustment (ETA=0.88, P=0.71, F=3.461). Therefore life skills instruction hasn't been effective on social adjustment of students.

The related information of this section has been shown in diagram 2.

**Diagram 2:** The diagram of social adjustment averages for the test group and control group.

The above diagram indicates that the test (instruction) group have lower social adjustment than control group, however, there isn't significant difference.

**DISCUSSION AND CONCLUSION**

The purpose of this study was to determine the effectiveness of life skills instruction on general health and social adjustment of girl student's guidance grade. The research results of table 2 indicates that life skills instruction has been effective on general health and social adjustment of students and Eta affect size, 0.422 indicates high affect size. This result (finding) is congruent with findings of Aghajani (1381), Verdi (1383), Yadavari (1383), Nikparvar (1383), Birami (1385), Rahmati and Colleagues (2010), Zollinger (2003), Gounzalse (2004), Mouse and Colleagues (2005), Belot (2005), Formerist (2007), Hamphery (2007). In general, these studies indicate that life skills instruction is effective on improving general health and social adjustment.

Based on the results of sub-hypothesis, life skills instruction is effective on improving general health of students. Research results of table 3 showed that life skills instruction is effective on improving general health of students with effect size (0.422).
This result (finding) is congruent with findings of Bagheri (1381), Aghajani (1381), Verdi (1383), Yadavari (1383), Mohammadkhani (1385), Birami (1385), Esalaminasab and Colleagues (2011), Sobhi Gharamaki and Rajabi (2010), Zollinger and Colleagues (2003), Macdonald and Colleagues (2005), Belot (2005) and Hamphery (2007).

In other words, life skills instruction (training) has been effective on improving general health. Based on the results, life skills instruction has been effective on social adjustment of students. Based on the results of Table 3, life skills instruction has been effective on social adjustment of students with effect size (%8) which is very low. However the other studies have indicated that life skills instruction has been effective on social adjustment. The results (findings) of Heidari (1383), Hemmati, Alamdar and Shojaee (1384), Maleki (1385), Teimoori (1382) and also the results (findings) of Ginter and Colleagues (2004), Mouse and Colleagues (2005), Earl and Colleagues (2006) and Formerist (2007) aren't congruent with the results of the present study.

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