

The Effectiveness of World Health Organization-Based Life Skills Training on Resilience and Social Health among Sixth-Grade Male Elementary School Students

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Abstract

Social health, as one of the three pillars of health, is a requirement for having a useful, effective, and satisfactory personal life and social health of members of a community, especially effective and constructive strata such as students, is a necessity for the dynamism, prosperity, and promotion of that community. Therefore, this study aimed to examine the effectiveness of World Health Organization-based life skills training on resilience and social health among sixth-grade male elementary school students. It was a quasi-experimental study followed by a pretest-posttest design with a control group regarding its research method. The current study had a statistical population including all sixth-grade male elementary school students in Zahedan in the academic year 2017-2018. To collect data, a corpus of 30 people was selected using available sampling. 9 sessions of life skills training were conducted on an experimental group; however, a control group was on a waiting list. Afterward, a pretest was carried out on both groups. Connor and Davidson Resilience Scale (2003) and Keyes Social Health Inventory (2004) were asked to complete in pretest and posttest. For data analysis, analysis of covariance was used via SPSS₂₂. Results indicated that mean scores of resilience and social health obtained by the experimental group increased compared to those of the control group. Accordingly, it can be noted that life skills training promoted resilience and social health among the male students. According to the findings, it can be concluded that life skills training can be applied to enhance levels of resilience and social health among students.

Keywords: Life Skills, Resilience, Social Health, Students

Introduction

Health is a topic that has existed since the advent of mankind. Many people are familiar with physical and mental health; however, few people are familiar with the concept of social health (Madina, Natalya, Anna, Sergey & Svetlana, 2016). Social health refers to an ability to effectively and efficiently perform social roles and evaluate and recognize a person's way of behaving in the community and the quality of his/her relationships with close relatives, acquaintances, and other people without harming them. Social health has different dimensions, i.e. social actualization, social coherence, social integration, social acceptance, and social contribution. In general, social health consists of various levels of social skills and social performance and indicates a person's perception of himself/herself as a member of a large community (Utter, Larson, Berge, Eisenberg, Fulkerson et al, 2018). This is while resilience, as one of the components of positive psychology, plays a key role in health (Trompetter, de Kleine & Bohlmeijer, 2017). Resilience refers to a dynamic process of positive adaptation to unfortunate and unpleasant experiences. It is also defined as skills, features, and abilities which enable a person to adapt himself/herself to different hardships, difficulties, and challenges (Luthar, 2015).

Resilient people are able to successfully adapt themselves to threats and unpleasant environmental conditions and can assess negative events and circumstances differently. As a result, these people experience less discomfort and tension and deal with various events in a better way compared to others (Ellis, Bianchi & Frankenhuys, 2017). In this regard, studies have shown that resilience was significantly correlated with mental health (Gloria & Steinhardt, 2016). Additionally, results of a study conducted by Harder et al (2015) indicated that hope and resilience were significantly and directly related to psychological well-being and the predictive variables were able to predict variances in psychological well-being among university students.

Different therapeutic approaches and interventions aimed at promoting general health, mental health and resilience among people living in a community were proposed by psychologists. Among effective and efficient therapeutic approaches used to cope with psychological stress and increase resilience, life skills training programs can be mentioned (Botvin & Griffin, 2015).

Life skills are mental and social abilities applied for behaving in an effective and adaptive way which enables people to efficaciously deal with everyday life requirements and challenges (Dahaghin, Atefvahid & Nejatfarid, 2014). These skills include several basic and fundamental skills, i.e. an ability to make right decisions and solve problems, an ability to think creatively, an ability to establish effective interpersonal relationships, an ability to develop self-awareness, an ability to empathize with others, and an ability to effectively deal with emotions and stressors (King, Kingsnorth, McPherson, Jones-Galley, Pinto et al, 2016).

No studies have directly addressed the effectiveness of life skills on resilience; however, the following related studies which have shown the effect of life skills training can be mentioned. For instance, McClay et al (2015) found that depression scores obtained by teenagers were significantly and diversely related to scores of life skills and

all psychological factors, except for recreational activities. A study carried out by Assadi Gandomani, Nasiri Varg, and Nesayan (2017) indicated that life skills training affected mean scores of adaptation and resilience among adolescents with physical disabilities in the posttest. Furthermore, studies that examined the effect of life skills on health have mainly been limited to the effects of these skills on mental health. As an instance, a study conducted by Sadr Mohammadi, Kalantari, and Molavi (2011) demonstrated that life skills training can be effective in increasing levels of happiness and life satisfaction (subjective well-being) among female teenagers. In the same line, results of a study carried out by Kahnooji and Rashidinejad (2017) showed that life skills training significantly affected mental health among female children living in family-like centers.

Considering the sufficient evidence regarding the effectiveness of psychological trainings, including life skills training, and with regard to reductions in levels of quality of life, social well-being, and resilience among families and their children, it can be said that training parents and their children to successfully use such skills can be regarded as a step towards preventing mental and social harms, developing mental health, and increasing resilience; therefore, the current study was conducted with the aim of achieving this goal. Accordingly, the present study sought to answer the following research question:

Does World Health Organization-based life skills training affect resilience and social health among sixth-grade elementary school students?

Methods

This was an applicable study, in terms of its objective, and it was a quasi-experimental study followed by a pretest-posttest design with a control group regarding its research method. The current study had a statistical population including all sixth-grade male elementary school students in Zahedan in the academic year 2017-2018. To collect data, 30 people was selected using available sampling method and randomly divided into experimental and control groups. Inclusion criteria for students in this study were no history of hospitalization in psychiatric hospitals based on counseling records, no record of psychiatric illness and diagnosis of other disorders, no treatment or other effective methods and willingness to participate in research based on diagnosis in interview. Exclusion criteria were non-participation in nine training sessions and absence in training sessions. Data measurement tools were the following questionnaires.

1. The Connor and Davidson Resilience Scale (CD-RTS9): This is a scale that measures resilience on a five-point Likert-type scale ranging from zero (always wrong) to four (always true). Scores on this scale are in the range of 0 to 100. Results of preliminary studies conducted on normal and patient samples aimed at examining its psychometric properties supported the reliability and validity of the scale (Van der Meer, Te Brake, Bakker, Van der Aa, Dashtgard et al, 2018). In Iran, Mohammadi standardized this scale. To determine the scale's validity, initially, correlations of the items, except for item 3, with the scale's total score were assessed and the following correlations, i.e. 0.41 and

0.64, were reported. To determine the reliability of the Connor and Davidson Resilience Scale, a Cronbach's alpha method was used and the reliability coefficient was 0.89 (Bitarafan, Kazemi & Yousefi Afrashte, 2018). In the present study, using the Cronbach's alpha method, the reliability of this scale was 0.91.

2. The Social Health Inventory: This inventory was designed by Keyes and Shapiro (2004). It includes 20 items and examines 5 subscales, i.e. social actualization (items 1-4), social coherence (items 5-7), social integration (items 8-10), social acceptance (items 11-15), and social contribution (items 16-20). Each item is scored based on a 5-point Likert-type scale ranging from very high (5) to very low (1). Scores on all the items are added together to achieve a total score on a subject's level of social health. The highest score on this inventory is 100. Babapour Kheiroddin, Toosi, and Hekmati (2010) examined the reliability of this inventory using an internal consistency method. Moreover, using a Cronbach's alpha method, the reliability of the mentioned inventory was 0.78. In this study, using a Cronbach's alpha method, its reliability was 0.76.

Inclusion criteria were not having a history of an admission to a psychiatric hospital considered based on what was mentioned in the subjects' counseling records, not having any psychiatric diseases or other disorders, not being under any treatments or not taking part in any other studies examining the effectiveness of other trainings, and being willing to participate in the training sessions which was recognized on an interview. Exclusion criteria of the present study were taking part in 9 training sessions and being absent from the training sessions. The students assigned to the experimental group underwent nine 60-minute sessions of the training twice a week. In total, the experimental group underwent the World Health Organization-based life skills training translated by Fata and Motabi (2006) for five weeks; however, the control group did not receive such training. Then, a posttest was carried out on both groups. A summary of the training sessions was presented in table 1.

Table 1. The summary of the World Health Organization-based life skills training sessions

Session	Title	Description of the session
1	Introduction	Becoming familiar with each other and establishing effective relationships, expressing class rules
2	Self-awareness training	Becoming aware of the role of self-awareness skills in having a healthy life, recognizing some characteristics of being self-aware of your abilities and weaknesses
3	Empathy skills training	Identifying barriers to express empathy such as advising and blaming, and getting to know empathy practices
4	Interpersonal skills training	Creating positive interpersonal relationships, getting to know various communication methods

		and styles for establishing interpersonal relationships, considering features of bad and good relations
5	Effective communication skills training	Recognizing communication practices and choosing the best practice at the right time by playing a role and taking part in group activities, and empowering students to communicate effectively
6	Coping skills training	Identifying stress, mental pressure and its types, and sources of stress and their impacts on humans and recognizing stress reduction strategies
7	Training methods of recognizing emotions and controlling anger and aggression	Understanding your own emotions, especially rage and aggression, identifying signs of anger and the role of thoughts in creating and maintaining anger, and recognizing irrational thoughts when you get angry
8	Problem-solving skills training	Getting to know problem-solving skills and the importance of applying them, identifying different stages of problem-solving, and applying the best solution
9	Decision-making skills training	Getting to know effective factors in making rational decisions, methods of developing decision-making skills, and quadruple stage

Table 1 shows the summary of the World Health Organization-based life skills training sessions. In the current study, all relevant ethical considerations, including keeping the data obtained from the questionnaires confidential, getting the informed consent from the subjects, and providing the subjects with the choice of leaving the study whenever they wanted, were observed. To analyze the obtained data, analysis of covariance was conducted using SPSS22.

Results

Table 2. Mean age of the sample

Mean	SD	Min	Max
12.28	0.90	12	13

According to Table 2, the mean age of the sample was 12.28 with a standard deviation of 0.90. The frequency, mean, and standard deviation reports were used to analysis the data in the descriptive statistics section and univariate analysis of covariance under the SPSS software was used in the inferential statistics section. Table 3 shows the descriptive statistics of the research.

Table 3. Descriptive indexes of resiliency and social health variables in the pre-test and post-test stages

Variable	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Resilience	Experimental	115.60	13.30	145.80	12.20
	Control	121.50	12.20	119.30	13.23
Social health	Experimental	58.13	17.58	60.49	19.07
	Control	62.07	19.21	62.36	19.12

As can be seen, the mean of the experimental group in the post-test stage shows an increase compared to the pre-test. Based on the results in Table 2, it can be concluded that life skills training has improved resilience and spiritual health.

Analysis of covariance was used to test the hypothesis. In analysis of covariance, it is necessary to observe some assumptions (such as normal data distribution, homogeneity of regression line slope). In this study, first these assumptions were examined and then since these assumptions (normal distribution of data by Shapiro-Wilk test: $P < 0.05$ and homogeneity of regression line slope: $P > 0.05$) were made, the analysis of covariance for comparison used.

Table 4. Results of analysis of covariance to compare resilience

Source	SS	df	F	Sig	Effect size	P
Pretest	821.61	1	10.06	0.006	0.37	0.84
Group	4744.16	1	58.10	0.001	0.57	0.99
Error	1388.08	27				
Total	362983	30				

According to the results of Table 4. It is concluded that the null hypothesis was rejected and life skills training in the participants of the experimental group had a greater effect on student productivity than the control group. The magnitude of this effect of "practical significance" was 0.57, and 57% of the total variance or individual differences in student resilience were related to life skills training.

Table 5. Results of analysis of covariance to compare spiritual health

Source	SS	df	F	Sig	Effect size	P
Pretest	42.68	1	1.35	0.26	0.07	0.19
Group	217.51	1	6.92	0.02	0.29	0.70
Error	534.12	27				
Total	38428	30				

According to the results of Table 5, it is concluded that the null hypothesis was rejected and life skills training in the participants of the experimental group had a greater impact on the spiritual health of students than the control group. The magnitude of this effect of "practical significance" was 0.29, and 29% of the total variance or individual differences in students' spiritual health was related to life skills training.

Discussion

This study aimed to examine the effectiveness of the World Health Organization-based life skills training on resilience and social health among the sixth-grade male elementary school students. The first finding of the current study showed that the mean score of resilience obtained by the experimental group increased compared to that of the control group. Therefore, it can be said that the life skills training promoted resilience among the male students. This finding is in line with results of some previously carried out studies (11, 12, 20, and 21). Along with the mentioned finding, results of a study conducted by Michaeli Manee, Ahmadi Khouiee, and Zaree (2011) showed that the three-life skills training (i.e. stress management, self-awareness, and effective communication) was effective in increasing general health among university students. Additionally, Mohammadkhani and Hatami (2011), in their study, indicated that the life skills training affected levels of happiness, emotional adjustment, quality of life, mental health, and social relationships among university students studying at Teacher Training University.

To explain these findings, it can be said that the life skills training can increase people's awareness of their abilities so that they can look at themselves positively and are able to use their abilities to solve problems and improve various dimensions of life. This, in turn, leads to an increase in their personality, mental, and emotional qualities and a decrease in factors such as stress, anxiety, or other negative mood states and aids the individuals to resist to events. In this regard, Nasheeda, Abdullah, Krauss & Ahmed (2018) stated that the life skills training contributes to the actualization of people's knowledge and attitude towards their abilities, provides the ground for these people to adapt themselves to various environments, and helps them deal with everyday issues using methods which are acceptable to families and the society. By discussing topics that can equip people in the face of crises and acute circumstances, the life skills training can be useful in increasing people's resistance to various problems (Abbasi, Yazdkhasti, Hosseini & Darani, 2018). Another finding of the present study demonstrated that there was a significant difference between the mean scores of social health obtained by the experimental and control groups and this difference was significant in the experimental group. Therefore, it can be noted that the life skills training can increase social health among male students. This finding is consistent with results of several previously carried out studies (McPherson, Rudzik, Kingsnorth, King, Gorter et al, (2018), Moghaddasfar, Tajabadi, Vahed & Mohebbi, (2018), Sadr Mohammadi, Kalantari, and Molavi (2011), Kahnooji and Rashidinejad (2017).). McPherson and et al (2018) showed that, in general, the life skills training led to a relative improvement in mental health indicators (family stress and social acceptance) among participating groups. Moghaddasfar and et al (2018), in their study, found that the life skills training affected social adjustment among elementary students. Life skills training makes people more aware of themselves and helps them recognize their strengths and weaknesses and try to correct their weaknesses and strengthen their strengths. Making people aware of their strengths and weaknesses

aids these people to deal with their problems in a better way. Adequate and effective coping in adolescence accompanies with positive outcomes in adulthood, including fewer behavioral problems, better adaptation, and, consequently, fewer depression symptoms. Adolescents, who use proper and effective coping strategies when dealing with stressful situations, have higher mental health compared to their peers. A person's life skills create the ability needed to realistically face external conditions that can be stressful. Therefore, having an ability to cope with problems can be effective in the level of social health (Steptoe & Jackson, 2018).

Among limitations of this study, the facts that this study was cross-sectional, self-reporting measurement tools were applied, and the population of the present study was limited to one gender can be mentioned. This is why caution should be exercised when generalizing the results of this study. Furthermore, it is suggested that further studies be conducted on the opposite gender, other educational levels, and other areas in order to verify the results of the current study. Moreover, it is recommended to train life skills as a community program by applying mass media and using experts.

Conclusion

According to the findings, it can be concluded that life skills training can be applied to enhance levels of resilience and social health among students.

Disclosure Statements

There is no conflict of interest in this study.

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