CHAPTER 1

INTRODUCTION

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"You shall love your neighbor as yourself."

Imagine what life on earth would be like if every individual followed this commandment. The inhabitants of the earth would care about each other. Everyone would cooperate with each other for the common good of humanity. The crime rate, in turn, would go down and world peace would prevail.

Subjective education is related to learning and refers to awareness, views, skills and also their application for improvement of their lives and helps to make others life better. Profiting from a higher level of education all over the world is usually followed by enjoyment of better occupations and also a healthier life. Besides, education provides the possibility of more welfare of the family and society. In one of the resolutions of the World Health Organization and in the Ottawa Charter which were published in 1986 concerning the subject of health promotion, this point has been considered and emphasized that education is a necessary perquisite for health and it will be created by people and their surroundings. Health ensures the access of all society members to welfare by taking care of themselves and others and by making people able to make decision have control on their life situations and provision of necessities for a social life (Khalesi & Alikhani, 2003).

Recently in a survey of behavioral disorders and social deviations, psychologists have concluded that many of the disorders and disabilities of individuals are due to lack of self-control and self-esteem, inability to confront difficult situations and lack of preparedness to solve life’s problems. Therefore,
preparing individuals, especially the young generation, to confront severe situations seems to be a vital task.

Along with this, psychologists have started the education of life skills all over the world at school level in order to prevent psychological diseases and social abnormalities, by support of national and international organizations.

Approximately, in all countries school is a place where students, teachers and school workers spend many hours their lives. During this period programs of education and health can have more effect because students are in their dynamic period of life i.e., childhood and adolescence.

In addition to academic activities schools have in providing resources for the development of student’s psychological health which can be obtained through life skill education. So, schools should emphasize on the provisions and maintenance of their psychological health and take necessary action in order to fulfill the above objectives, rather than only concentrating on increase of educational functions of students. If this objective is fulfilled many educational problems will decrease by themselves.

The major psychological problems among the adolescents are aggression, destructive tendencies, suicide, alcoholism and drug abuse, violence, inability to maintain healthy relations with others, lack of self-esteem, emotional instability, inability to take decisions and solve problems effectively.

The adolescent age is considered an important and remarkable stage of psycho-social development of an individual. In this period it is important to have emotional balance understanding of their self-value, self-conscious (knowing talents, abilities and interests), selection of actual aims of life, emotional independence, making healthy relationships with others, achieving necessary
social skills of making friends, knowing healthy and effective life styles etc. Therefore, helping adolescence in the growth and development of necessary skills for effective life, creation or increase of self-confidence in confronting problems, solving them, to have successful compatibility with social environment and effective and constructive life in society seems crucial (Shoari, 1998).

Psychological capacity is a key expression in the discussion of life skills and it means the ability of an individual in confronting the expectations and difficulties of daily life. Being in psychological capacity provides the individual with the possibility to save his life in a suitable psychological level and flourish this capacity in a compatible, effective and positive manner. The role of psychological capacity in promotion of health is important from the following aspects: physical, psychological and social. The increase of the individual’s compatibility, power and their psychological and social abilities are vital and important in educational-remedial programs of the adolescent which would be possible by educating them the life skills. Educating the life skills is one of the factors of psychological health development and the achievement of such skills would lead to individual, social, cultural and political evolutions (Taremian & Mahjuie, 1999).

According to the researches, factors like self-esteem, skills among individuals, having a suitable relation, determining the goals, decision making skills, problem solving, skills determination and detection of individual values have important roles in the prevention of different kinds of behavioral problems and psychological disorders of adolescence and increase their psychological health. Education of such skills to children and adolescents brings up the sense of qualification, capacity of being effective, ability to deal with defeating problems objective and rational approaches to the problem (Taremian, 1999).
Sudden and vast alterations which happen in the physical, psychological and social aspects of adolescent life create a critical stage which would bring some problems and conflicts accordingly. Thus, considering the importance of adolescent period, basic and scientific cognition of this stage is considered as a very important and vital task to prevent psycho-social and problems by presenting the adolescent with the necessary cautions and information and achievement of necessary skills. One of the preventive programs in this field which has been considered at international level is education of life skills to adolescents. Respecting the importance of the case, the World Health Organization (WHO) has prepared a program under the name of Education of Life Skills in order to increase the psychological health level and prevention of psycho-social damages which was presented in UNICEF in 1993. Since then, this program was studied in many countries (Nori, 1998).

Therefore, regarding the relation of education of life skills with psychological health and self-esteem and the prevalence of psycho-social problems especially the phenomenon of depression and suicide in Boosher state, this research starts to investigate the question that; Does the education of life skills have positive effect on psychological health, assertiveness, self-esteem, and students decision making. In other way, can the education of life skills increase mental health, self-esteem and assertiveness.

**SIGNIFICANCE OF THE INVESTIGATION**

Recent epidemiological data indicated that 15% to 22% of children and adolescents have mental health problems severe enough to warrant treatment. However, fewer than 20% of these youth with mental health problems currently receive appropriate services. Research also indicates that 25% to 50% of the general population of adolescents engage in multiple high-risk behaviors such as
drug use, unprotected sexual intercourse, and violence (Dryfoos, 1990). Therefore, adolescents today are at high risk for emotional, behavioral, and physical health difficulties due in part to their likelihood of engaging in dangerous activities.

Studies on risk and protective factors for children and adolescents have lead mental health professionals to become interested in prevention programs. One well-studied prevention effort is life skills training. Life skills training is an effective prevention method for a range of problems with adolescents, as well as an effective intervention for adolescents experiencing a wide variety of emotional, behavioral, and physical problems.

Skills like cognition, emotions and manners are normally formed in the format of structures like; self-esteem, self-working, ability of problem solving, confrontation, self-understanding and social skills. Now, it seems that traditional organizations like family, school and other cultural institutions are not successful in creating such skills in children and adolescents. Different factors like; media, social and moral situations, social alterations, expectations and values among children and their parents have contributed much to the development of these skills. Thus, it is necessary to provide occasions for children and adolescents to learn life skills besides the acquisition of reading, writing and counting abilities.

Today, all over the world the importance of psychological health is more emphasized and vast researches have been done in this field. As a result its importance and role becomes clearer to individuals and in social life. So, WHO has suggested the phrase of “neglect is enough, take care more” in order to insist on the importance of the case (Nori, 1998).

This indicates that psychological health is a subject which should be considered worldwide. One of the issues of its importance is the prevalence of
different kinds of psychological disorders and it is quite necessary to prevent them. The major goal of developing psychological health is prevention and there are three kinds of prevention, primary prevention secondary prevention and tertiary prevention. In primary prevention the health of society is considered and all actions taken in this field are in order to prepare the individuals and society to provide good atmosphere for a healthy life in physical, psychological and social aspects. Therefore, the goal is to increase awareness and ability for proper and suitable confrontation of life events.

Life skills cause the promotion of psychosocial abilities. These abilities help the individual for effective confrontation of conflicts and stressful situations, so that he acts positively and compatible in relation with other people in society. In this way, learning and practice of life skills would cause the reinforcement or change in view, value and manner of man. Consequently, by the occurrence of positive and healthy behaviors many of the health problems are preventable.

Life Skills Training (LST) helps the promotion of psychological health of children and adolescents in different aspects of their lives and it is considered among the principle preventive programs at primary level. Health is the main section of a happy life and schools have an important role in giving awareness to adolescents regarding health problems and education of life skills to them.

Hosseini (1999) believes that education is the most important and effective period for preventive education is adolescence. For this reason, the experts of psychological health consider the preventive education among adolescents is highly important.

Today, despite deep cultural evolutions and change in life styles, many people don’t have necessary capacities of confronting life events and this matter has made them vulnerable to problems and difficulties in daily life. Many
researches show that health problems and emotional disorders have psychosocial routes. For example, the research of addiction and drug abuse have indicated that three related factors to drug abuse are; low self-esteem, disability in showing emotions and lack of relationship skills (Taremian, 1999).

Life skills are promoting psychosocial abilities and consequently they provide the psychophysical health. Education of life skills makes the individual able to flourish his knowledge, values and views, meaning that the individual knows when and how to do a task. Life skills motivate healthy behaviors and increase self-confidence. Therefore, we can say that it will lead to the increase of psychological health and it has an important role in prevention of psychological diseases and behavioral problems (Nori, 1998).

Considering the important role of education of life skills on psychological health of individuals, especially among adolescents, preventive programs at schools are necessary. This research considers the effect of education of life skills on mental health, Self-esteem and Assertiveness of adolescents. Incidentally, the results of this research can be used by The Ministry of Education, The Organization of Well-Being, The Organization of Rectification and development and other Institutes relating to education and cultivation of adolescents.

**OBJECTIVES OF THE RESEARCH**

Three major objectives have been formulated in this study. They are:

1. To conduct a survey on the effect of life skills education on mental health of boy students in the first year of high school in Boosher.

2. To conduct a survey on the effect of life skills education on self esteem of boy students in the first year of high school in Boosher.
3. To conduct a survey on the effect of life skills education on Assertiveness of boy students in the first year of high school in Boosher.

Considering the general goal of this research the following hypotheses have been identified.

Questions Raised (Life Skills Training, Self-esteem, Mental Health and Assertiveness).

1. Is the education of life skills leading to the increase of boy students’ mental health among the experimental group in comparison with the control group?

2. Is the education of life skills leading to the increase of boy students’ Self esteem among the experimental group in comparison with the control group of boy students controlled?

3. Is the education of life skills leading to the increase of boy students’ assertiveness behavior among the experimental group in comparison with the control group?

4. Is there significant difference between the Socio-demographic variables and study variables?

5. Is there significant relationship between the study variables among the samples?

HYPOTHESES

Hypotheses formulated for the study are given below:

1. There will be significant difference between the experimental group and control group in the effect of life skills training on Mental Health.
2. There will be significant difference between the experimental group and control group in the effect of life skills training on Self-esteem.

3. There will be significant difference between the experimental group and control group in the effect of life skills training on Assertiveness.

4. There will be significant difference between the two categories of sample based on age on Mental Health.

5. There will be significant difference between the two categories of sample based on age on the subscale Physical symptoms of Mental Health.

6. There will be significant difference between the two categories of sample based on age on the subscale Anxiety and insomnia of Mental Health.

7. There will be significant difference between the two categories of sample based on age on the subscale Social dysfunction of Mental Health.

8. There will be significant difference between the two categories of sample based on age on the subscale Depression of Mental Health.

9. There will be significant difference between the two categories of sample based on age on Self-esteem.

10. There will be significant difference between the two categories of sample based on age on Assertiveness.

11. There will be significant difference between the two categories of sample based on area of residence on Mental Health.

12. There will be significant difference between the two categories of sample based on area of residence on the subscale Physical symptoms of Mental Health.
13. There will be significant difference between the two categories of sample based on area of residence on the subscale Anxiety and insomnia of Mental Health.

14. There will be significant difference between the two categories of sample based on area of residence on the subscale Social dysfunction of Mental Health.

15. There will be significant difference between the two categories of sample based on area of residence on the subscale Depression of Mental Health.

16. There will be significant difference between the two categories of sample based on area of residence on Self-esteem.

17. There will be significant difference between the two categories of sample based on area of residence on Assertiveness.

18. There will be significant difference among various categories of sample based on family economic condition on Mental Health.

19. There will be significant difference among various categories of sample based on family economic condition on the subscales of Mental Health.

20. There will be significant difference among various categories of sample based on family economic condition on Self-esteem.

21. There will be significant difference among various categories of sample based on family economic condition on Assertiveness.

22. There will be significant difference among various categories of sample based on type of management of schools on Mental Health.
23. There will be significant difference among various categories of sample based on type of management of schools on the subscales of Mental Health.

24. There will be significant difference among various categories of sample based on type of management of schools on Self-esteem.

25. There will be significant difference among various categories of sample based on type of management of schools on Assertiveness.

26. There will be significant difference among various categories of sample based on Birth order on Mental Health.

27. There will be significant difference among various categories of sample based on Birth order on the subscales of Mental Health.

28. There will be significant difference among various categories of sample based on Birth order on Self-esteem.

29. There will be significant difference among various categories of sample based on Birth order on Assertiveness.

30. There will be significant difference among various categories of sample based on Father’s education on Mental Health.

31. There will be significant difference among various categories of sample based on Father’s education on the subscales of Mental Health.

32. There will be significant difference among various categories of sample based on Father’s education on Self-esteem.

33. There will be significant difference among various categories of sample based on Father’s education on Assertiveness.
34. There will be significant difference among various categories of sample based on Mother’s education on Mental Health.

35. There will be significant difference among various categories of sample based on Mother’s education on the subscales of Mental Health.

36. There will be significant difference among various categories of sample based on Mother’s education on Self-esteem.

37. There will be significant difference among various categories of sample based on Mother’s education on Assertiveness.

38. There will be significant difference among various categories of sample based on Subject of study on Mental Health.

39. There will be significant difference among various categories of sample based on Subject of study on the subscales of Mental Health.

40. There will be significant difference among various categories of sample based on Subject of study on Self-esteem.

41. There will be significant difference among various categories of sample based on Subject of study on Assertiveness.

42. There will be significant relationship among the different study variables.

**Dependent and Independent Variables**

In this research, education of life skills is the independent variable which affects the dependent variables mental health, Self-esteem and Assertiveness.

Age, gender & level of education are demographic variables which are used to match the two groups.
In this study, the boy students of first year at high school between 15-16 years old are selected as the sample.

Definitions of Variables

Life Skills

Life skills have been defined by WHO as the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. They represent the psycho-social skills that determine valued behavior and include reflective skills such as problem-solving and critical thinking, to personal skills such as self-awareness and to interpersonal skills. Practicing life skills leads to qualities such as self-esteem, sociability and tolerance, to action competencies to take action and generate change, and to capabilities to have the freedom to decide what to do and who to be. Life skills are thus distinctly different from physical or perceptual motor skills, such as practical or health skills, as well as from livelihood skills, such as crafts, money management and entrepreneurial skills. Health and livelihood education however, can be designed to be complementary to life skills education, and vice versa (Taremian, 1999).

Self-esteem

Roid and Fitts (1991) believed that self-esteem was a "valid index of a person's state of mental health or self-actualization." a person who has a positive and realistic self-concept would generally behave in confident, effective and healthy ways. high self-esteem individual as one who "tends to like himself or herself, feels that he or she is a person of value or worth, has self-confidence, and acts accordingly." Roid and Fitts further described a low self-esteem person as "doubtful about his or her own worth, sees himself or herself as undesirable, often feels anxious, depressed, and unhappy, and has little self-confidence."
In the present study the Self-esteem of students is measured by Self-esteem Questionnaire of Coopersmith (1976).

**Mental health**

Mental health is a concept that refers to a human individual's emotional and psychological well-being. Merriam-Webster defines mental health as "A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life" (Nastasi & DeZolt, 2006).

Mental Health is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition. It is a state of personal mental well being in which the individual feels basically satisfied with themselves and their relationships with others. Positive mental health is a necessary condition for the development of an individual.

In the present study the mental health of students is measured by Mental Health Questionnaire of Goldberg (1979).

**Assertiveness**

Assertiveness is an interpersonal expressive behavior which promotes equality in human relationships, enabling an individual to act in his or her own best interest, to stand up for himself or herself without anxiety, to express honest feelings comfortably, and to exercise his or her own rights without denying the rights of others (Alberti & Eammons, 1990a, 1990b)

In this research, the Assertiveness of students is measured by Assertiveness Questionnaire of Herzberger and Shan (1984).
In the present study the investigator tries to find out the impact of life skills training on self-esteem, mental health and assertiveness among the male students in the high schools in Iran.

METHODOLOGY IN BRIEF

The present research is an experimental research of pre-test – post-test design with experimental and control group.

A. Sample.

The sample for the study consists of 200 male students (N=200) of the first grade of high schools of Boosher city in Iran. The subject will be selected randomly and divided in two groups, experimental (N=100) and control group (N=100). The experimental group alone undergoes the intervention programme i.e., Life Skills Training (LST).

B. Tools

The tools used to collect data from the sample are given below:

1. Personal Data Sheet (prepared by the investigator was used to gather personal information regarding each subject).

2. Mental Health Questionnaire (Goldberg, 1979) was used to measure mental health of the students.

3. Self-esteem Questionnaire (Coopersmith, 1967) was used to collect self-esteem data.
4. Assertiveness Questionnaire (Herzberger &shan, 1984) was used to measure Assertiveness.

C. Statistical Techniques

In the present study, data were analyzed using the following statistical techniques:

- One-way ANOVA
- t-test
- Pearson Product moment method of Correlation

ORGANIZATION OF THE REPORT

The entire work has been organized into five chapters. Chapter I contains the introduction, need and significance of the study, statement of the problem, hypotheses, description of terms, methodology in brief and organization of the report. In the II chapter, review of literature is included.

The III chapter includes a detailed account of the sample, tools used to collect data and statistical techniques used for analysis. Chapter IV includes the statement of results, discussion and findings. The V\textsuperscript{th} chapter, i.e., the last chapter includes summary and conclusion, tenability of the hypotheses, suggestions for further research.