 CHAPTER 5

SUMMARY AND CONCLUSION

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THE PROBLEM UNDER STUDY

The adolescent behave and thinks in various ways that may be normal or abnormal. Some of the standards for the evaluation such behaviors and thoughts can be person or society that sometimes these standards coincide each other and sometimes they have distance. Anyhow, when the personality traits and behaviors are not normal, it will create problems for individual and society.

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 populations 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.

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.

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

Life skills training 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.

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. When considering the importance and value of educating life skills and the promotion of psychological health level, the lack of this skill causes the individual to come to ineffective and incompatible manners and stresses. 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).

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.

Life skills can be defined as the ability to cope with stresses and challenges of daily life, esp. skills in communication and literacy, decision-making, occupational requirements, problem-solving, time management and planning.
Analysis of the life skills suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well-being of children and adolescents. These are listed below:

• Decision making
• Problem solving
• Creative thinking
• Critical thinking
• Effective communication
• Interpersonal relationship skills
• Self-awareness
• Empathy
• Coping with emotions and Coping with stress

STUDY VARIABLES

Life Skills

Life skill means creating suitable and effective inter-individual relations, doing social responsibilities, making proper decisions and solving conflicts and arguments without choosing actions which are harmful to themselves and others. Another definition of life skills as: “personal and social skills that children and adolescents should have learned in order to take effective and certain actions regarding other people and society (Nori, 1998).

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 (Hossieni, 1999).

**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.

Mental health has been defined variously by scholars from different cultures. Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. From a cross-cultural perspective, it is nearly impossible to define mental health comprehensively. It is, however, generally agreed that mental health is broader than a lack of mental disorders (Taremian, 1999).

Positive mental health is a necessary condition for the development of
an individual. Definite positive mental health can act as a major part of one’s life and it is a source of satisfaction and dissatisfaction.

**Self-esteem**

Self-esteem is a personal quality which appears in the individual’s views regarding himself (Coopersmith, 1967).

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." Branden (1987) defined high self-esteem as an individual's feelings or self-worth and self-respect and defined low self-esteem individuals as often seeing themselves as inadequate, deficient, or unworthy.

**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; Alberti & Emmons, 1995; Chenevert, 1994).

Assertiveness training means people how to be appropriately assertive in social situations, often included as part of health behavior modification programs in the assumption that some poor health habits such as
excessive alcohol consumption or smoking, develop in part to control
difficulties in being appropriately assertive, is highly important. Then only he
can be a success in life, in the school or the work place.

This study intends to verify whether there is any significant difference
between experimental and control group on the study variables like Mental
health, Self-esteem and Assertiveness.

Influence of socio-demographic variables also was found. The problem
for the study has been stated as “The Impact of Life Skills Training on self
– esteem, Mental Health and Assertiveness: A Study among Students of
Boosher’s High Schools in Iran.”

HYPOTHESES

The major hypotheses formulated for the investigation were:

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 Socio-demographic
   variables like age, family economic condition and different study
   variables.

5. There will be significant relationship among the different study
   variables.
METHOD

a) The Sample

The sample selected for the present study consisted of 200 male students (N=200) of the first grade of high schools of Boosher city in Iran. The subject were selected randomly and divided in to two groups, experimental and control groups (100 each). The experimental group alone underwent the intervention programme Life Skills Training (LST).

b) Tools

The tools used for collecting data were:

- Personal Data Sheet (prepared by the investigator was used to gather personal information regarding each subject).
- Mental Health Questionnaire (Goldberg, 1979) was used to measure mental health status of the students.
- Self-esteem Questionnaire (Coopersmith, 1967) was used to assess the level of self-esteem.
- Assertiveness Questionnaire (Herzberger & Shan, 1984) was used to measure Assertiveness.

c) Procedure

The sample selected for the present study consisted of 200 male students (N=200) of first grade of high schools of Boosher city. Subject were selected randomly and divided in to two groups, experimental (N=100) and control groups (N=100). After that the researcher administered Mental Health Questionnaire,
Self-esteem and Assertiveness questionnaire to Experimental and Control groups (N=200).

After the pre-test, Life Skills Training (LST) was given to the experimental group alone for 24 sessions including 48 hours during 3 months.

Post-test was administered after 2 weeks from Life Skills Training (LST). Again, Mental Health Questionnaire, Self-esteem and Assertiveness questionnaire was given to participants of both experimental and control groups (N=200). Later, a master chart was prepared taking into consideration both pre and post test scores, and fed to the computer for further computations.

The entire procedure consisted of 3 phases: Pre test, Life Skills Training (LST) Intervention and Post test.

**Material for Life Skills Training (LST) were as follows (Appendix I):**

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Coping with emotions and Coping with stress
d) Statistical Techniques

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

Analysis of Variance

Analysis of Variance compares the variance between the different groups with the variability within each of the groups and the results of their differences have been indicated by F-ratio. One-way ANOVA was used for this study.

$t$-test

$t$-test is used when there is a need to study the difference in the means of two groups. In the present study the t-test were mainly used to find out whether there is any significant difference between the study group and control group.

Correlation

Correlation analysis is the statistical technique used to study the relationship between two variables. It tells to what extent the dependent variable is affected by the independent variable. Correlation analysis was used in the study to find out the relationship between the study variables among the samples.

MAJOR FINDINGS

The findings of the present study are listed below:

1. There is significant difference between the Experimental and Control groups on the variable Mental health.
2. There is significant difference between the Experimental and Control groups on the subscale Physical symptoms of mental health.

3. There is significant difference between the Experimental and Control groups on the subscale Anxiety and insomnia of mental health.

4. There is significant difference between the Experimental and Control groups on the subscale Social dysfunctions of mental health.

5. There is significant difference between the Experimental and Control groups on the subscale Depression of mental health.

6. There is significant difference between the Experimental and Control groups on the variable Self-esteem.

7. There is significant difference between the Experimental and Control groups on the variable Assertiveness.

8. There is significant difference between pre-test and post test for the experimental group on the variable Mental health.

9. There is significant difference between pre-test and post test for the experimental group on the subscale Physical symptoms of mental health.

10. There is significant difference between pre-test and post test for the experimental group on the subscale Anxiety and insomnia of mental health.
11. There is significant difference between pre-test and post test for the experimental group on the subscale Social dysfunctions of mental health.

12. There is significant difference between pre-test and post test for the experimental group on the subscale Depression of mental health.

13. There is significant difference between pre-test and post test for the experimental group on the variable Self-esteem.

14. There is significant difference between pre-test and post test for the experimental group on the variable Assertiveness.

15. There is no significant difference between pre-test and post test for the control group on the variable Mental health.

16. There is no significant difference between pre-test and post test for the control group on the subscale Physical symptoms of mental health.

17. There is no significant difference between pre-test and post test for the control group on the subscale Anxiety and insomnia of mental health.

18. There is no significant difference between pre-test and post test for the control group on the subscale Social dysfunctions of mental health.

19. There is no significant difference between pre-test and post test for the control group on the subscale Depression of mental health.
20. There is no significant difference between pre-test and post test for the control group on the variable Self-esteem.

21. There is no significant difference between pre-test and post test for the control group on the variable Assertiveness.

22. There is no significant difference between pre-test and post test for the control group on the variable Mental health.

23. There is no significant age difference for the experimental group on Mental health.

24. There is no significant age difference among the experimental group on the subscale Physical symptoms of mental health.

25. There is no significant age difference among the experimental group on the subscale Anxiety and insomnia of mental health.

26. There is no significant age difference for the experimental group on the subscale Social dysfunctions of mental health.

27. There is no significant age difference for the experimental group on the subscale Depression of mental health.

28. There is no significant age difference for the experimental group on the Self-esteem.
29. There is no significant age difference for the experimental group on the Assertiveness.

30. There is no significant area difference for the experimental group on the Mental health.

31. There is no significant area difference for the experimental group on the subscale Physical symptoms of mental health.

32. There is no significant area difference for the experimental group on the subscale Anxiety and insomnia of mental health.

33. There is no significant area difference for the experimental group on the subscale Social dysfunctions of mental health.

34. There is no significant area difference for the experimental group on the subscale Depression of mental health.

35. There is no significant area difference for the experimental group on the Self-esteem.

36. There is no significant area difference for the experimental group on the Assertiveness.

37. There is no significant difference between the variables Family economic condition and Mental health for the experimental group.
38. There is no significant difference between the variables Family economic condition and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

39. There is no significant difference between the variables Family economic condition and Self-esteem for the experimental group.

40. There is no significant difference between the variables Family economic condition and Assertiveness for the experimental group.

41. There is no significant difference between the variables type of Management of Schools and Mental health for the experimental group.

42. There is no significant difference between the variables type of Management of Schools and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

43. There is no significant difference between the variables type of Management of Schools and Self-esteem for the experimental group.

44. There is no significant difference between the variables type of Management of Schools and Assertiveness for the experimental group.

45. There is no significant difference between the variables Birth order and Mental health for the experimental group.
46. There is no significant difference between the variables Birth order and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

47. There is no significant difference between the variables Birth order and Self-esteem for the experimental group.

48. There is no significant difference between the variables Birth order and Assertiveness for the experimental group.

49. There is no significant difference between the variables Father’s education and Mental health for the experimental group.

50. There is no significant difference between the variables Father’s education and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

51. There is no significant difference between the variables Father’s education and Self-esteem for the experimental group.

52. There is no significant difference between the variables Father’s education and Assertiveness for the experimental group.

53. There is no significant difference between the variables Mother’s education and Mental health for the experimental group.
54. There is no significant difference between the variables Mother’s education and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

55. There is no significant difference between the variables Mother’s education and Self-esteem for the experimental group.

56. There is no significant difference between the variables Mother’s education and Assertiveness for the experimental group.

57. There is no significant difference between the variables Subject and Mental health for the experimental group.

58. There is no significant difference between the variables Subject and the subscales Physical symptoms, Anxiety and insomnia, Social dysfunctions and Depression of mental health for the experimental group.

59. There is no significant difference between the variables Subject and Self-esteem for the experimental group.

60. There is no significant difference between the variables Subject and Assertiveness for the experimental group.

61. There is no significant relationship among the subscales Physical symptoms and Anxiety and insomnia, Social dysfunctions of Mental health, Assertiveness and Self-esteem.
62. There are no significant Correlations among the subscale Physical symptoms of Mental health and variables the subscale Depression of Mental health and Mental health.

63. There is no significant Correlations among the subscale Anxiety and insomnia and variables the subscales Physical symptoms, Social dysfunctions of Mental health, Assertiveness and Self-esteem.

64. There are significant Correlations among the subscale Anxiety and insomnia of Mental health and variables the subscale Depression of Mental health and Mental health.

65. There are no significant Correlations between the subscale Social dysfunctions and variables the subscales Physical symptoms, Anxiety and insomnia, Depression of Mental health, Assertiveness and Self-esteem.

66. There are significant Correlations between the subscale Social dysfunctions of Mental health and the Mental health.

67. There are no significant Correlations between the subscale Depression of Mental health and variables the subscale Social dysfunctions of Mental health, Assertiveness and Self-esteem.

68. There are significant Correlations between the subscale Depression of mental health and variables the subscales Physical symptoms, Anxiety and insomnia of Mental health and Mental health.
69. There is no significant relationship between Assertiveness and Self-esteem.

70. There are significant Correlations among Mental health and variables Physical symptoms, Anxiety and insomnia , Social dysfunctions and Depression.

71. There are no significant Correlations between Assertiveness and other variables.

72. There are no significant Correlations between Self-esteem and other variables.

**TENABILITY OF THE HYPOTHESES**

The Hypotheses formulated for the study were tested using statistical analyses and the tenability of the hypotheses are presented below.

**Hypothesis 1:** There will be significant difference between the experimental group and control group in the effect of life skills training on mental health.

\[t\]-test was done to test this hypothesis. The results indicated that, there is significant difference between the experimental group and control group in the effect of life skills training on mental health.

**Hypothesis 2:** There will be significant difference between the experimental group and control group in the effect of life skills training on Self-esteem.

\[t\]-test was done to test this hypothesis. The results indicated that, there
is significant difference between the experimental group and control group in the effect of life skills training on Self-esteem.

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

The *t*-test was done to test this hypothesis. The results indicated that, there is significant difference between the experimental group and control group in the effect of life skills training on Assertiveness.

**Hypothesis 4:** There will be significant difference between the Socio-demographic variables like age, family economic condition and different study variables.

One-way ANOVA was done to test this hypothesis. The results indicated that, there are insignificant difference between the Socio-demographic variables and different study variables.

**Hypothesis 5:** There will be significant relationship among the different study variables.

Correlation Analysis was done to test this hypothesis. From the results it was found that:

- Physical symptoms did not indicate any significant relationship with the anxiety and insomnia, social dysfunctions, assertiveness and self-esteem.

- Physical symptoms did indicate significant correlations with variables depression and mental health.
• Anxiety and insomnia does not show any significant relationship with physical symptoms, social dysfunctions, assertiveness and self-esteem.

• Anxiety and insomnia have significant correlations with variables depression and mental health.

• Social dysfunctions does not show any significant relationship with physical symptoms, anxiety and insomnia, depression, assertiveness and self-esteem.

• Social dysfunctions has significant correlations with variable mental health.

• Depression does not show any significant relationship with social dysfunctions, assertiveness and self-esteem.

• Depression has significant correlations with variables anxiety and insomnia, physical symptoms, and mental health.

• Mental health does not show any significant relationship with assertiveness and self-esteem.

• Mental health has significant correlations with variables physical symptoms, anxiety and insomnia, social dysfunctions and depression.
• Assertiveness does not show any significant relationship with other variables.

• Self-esteem does not show any significant relationship with other variables.

IMPLICATIONS OF THE STUDY

The present research has focused on the impact of Life Skills Training on Self-esteem, Mental health and Assertiveness. Some of the important implications are noted below:

• The findings of the study is of use to the health professionals in the sense that they can apply them for improving the physical health, mental health and prevention of mental illness of their students.

• The study is helpful for Psychologists and teachers to help their students and reduce the incidence of drop-out. Adolescents are at increasingly high risk for many emotional, behavioral, and physical problems due to many different factors. Mental health professionals are more often turning to more developmentally-based risk and protective factors to explain adolescents' risk, rather than to the more traditional pathology-based model. This focus on risk and protective factors has led to increased interest in prevention. The goal of prevention is to increase the protective factors and decrease risk factors before problems develop. Life skills’ training is one area of prevention.

• The results obtained in the present study supports that Life Skills Training increase students’ Self-esteem, Mental health and Assertiveness.
Students who enjoy high Self-esteem, Mental health and Assertiveness seem to be less critical of themselves, are more able to withstand social and personal pressures, and are better able to act on their own beliefs and values.

- Another implication is that Life Skills Training program should be started earlier in the school year and continued for a longer period of time in order to produce more valid results.

- The study is beneficial for counselors to guide their students in developing good Mental health and Self-esteem, so that it may improve their quality of life, reduce their depression, anxiety, stress and stress related problems.

- Another important implication is that, the results of the study could be highly fruitful for understand the benefits of Life Skills Training. Since the stress and strains are increasing day by day in the present world and cannot be eliminated from our daily life, one’s response to stress by certain methods like Life Skills Training are worthwhile.

- The most important implication of the present study is the need to enlighten the students’ psychological, social, physical and emotional well-being by providing them with proper insight and training in Life skills. The results of this study will help the students to be aware of their problems.
Another important implication of the present study is that Life Skills Training will help the Students to learn problem-solving skills. Life skills were found to be positively associated with Self-esteem, Mental health and Assertiveness. The positive association between life skills and Self-esteem, Mental health and Assertiveness can be explained by the fact that people with good life skills appear to appraise their life experiences as being less stressful in contrast to people with poor life skills.

LIMITATIONS OF THE STUDY

The researcher has taken great effort to make this study as much precise and objective as possible. Still certain unavoidable mistakes must have occurred. The limitations of the study are given below:

- The first limitation of this research is the fact that the population under study totalled 200 students in both the experimental and control groups. Although the sample size was adequate, repeating this study with a larger sample size may strengthen the findings.

- The present study was confined to only one district of Iran and could not be extended to other districts. This study would be more effective if the subjects could have been selected from different districts also.

- The present study had to be limited to less number of variables.
• Time factor is another important limitation of the present study. The study made use of 3 months’ period for the intervention program.

• Generalization of the findings is limited by the fact that a single-gender sample was studied.

The present study with all its limitations is expected to open up new avenues for further research in this area.

**SUGGESTIONS FOR FURTHER RESEARCH**

There are several potential avenues for future research on this topic. The present study offers certain suggestions, which can be considered by prospective researchers while conducting any related studies in future. They are:

• Further studies can be conducted by using other relevant variables like attitude, locus of control, self-confidence, adjustment and different types of personality variables, etc. to find out the impact of life skills training on personality variables.

• The present study may redesign with different sample, covering other districts in Iran or a wider geographical area so that results may be more generalizable.
• This study indicates that life skills training is effective on self-esteem, mental health and assertiveness. Additional research is needed to validate the findings of the study.

• Further research should be focused on the other age groups such as children and adults.

• Further research also needs to be conducted on different cultures from different states.