

Effect of Life Skill Training on Self -Esteem of High School Students in Iran

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Abstract

The present study was an attempt to study effect of life skill training on self -esteem of high school students in Iran. For this purpose initially five high schools were selected randomly. Then from each school 30 students were selected whom the authorities of schools felt had some problems. Thereafter, self-esteem questionnaires were administered to all these 150 female students. Finally, 60 students were selected 12 from each school that was having low self-esteem, Therefore, total sample of the present study comprised sixty (60) female students. Then, they were assigned randomly to experimental and control groups. Each group had 30 subjects the experimental group was given Life skill training for 10 days, while the control group was not given such training. The Self-esteem of the experimental group were measured before and after Life skill training, while the Self-esteem, of the control group were measured twice but without Life Skill training. Self –esteem was measured by using Coppersmith’s self-esteem inventory (1981). It was found that there was a significant difference between pre and post condition on all the dimensions of self-esteem, i.e., General, Social, School academic and Home parent self-esteem. On all the dimensions, subjects of the experimental group scored higher in post condition than pre condition. In other words, life skill training was effective in increasing self-esteem.

Keywords: Life Skill Training - Self -Esteem

Introduction

Initiatives to develop and implement life skills education in schools have been undertaken in many countries around the world. The need for life skills education is highlighted, directly and indirectly in the convention of the rights of the child and a number of international recommendations. Life skills education is aimed at facilitating the development of psychosocial skills that are required to deal with the demands and challenges of everyday life. It includes the application of life skills in the context of specific risk situations and in situations where children and adolescents need to be empowered to promote and protect their rights. Following the study of many different life skills programmes, the WHO Department of Mental Health identified five basic areas of life skills that are relevant across cultures:

- Decision-making and problem-solving
- Creative thinking and critical thinking
- Communication and interpersonal skills
- Self-awareness and empathy
- Coping with emotions and coping with stress

In Mexico, it was the prevention of adolescent pregnancy. In the United Kingdom, an important life skills initiative was set up to contribute to child abuse prevention, and in the USA there are numerous life skills programmes for the prevention of substance abuse and violence. In South Africa and Colombia an important stimulus for life skills education has been the desire to create a curriculum for education for life, called “Life Orientation” education in South Africa and “Integral Education” in Colombia. There are many initiatives of this nature in which, in addition to primary prevention objectives, life skills education has been developed to promote the positive socialization of children.

Many countries are now considering the development of life skills education in response to the need to reform traditional education systems, which appear to be out of step with the realities of modern social and economic life. Problems such as violence in schools and student drop-out are crippling the ability of school systems to achieve their academic goals. Furthermore, in addition to its wide-ranging applications in primary prevention and the advantages that it can bring for education systems, life skills education lays the foundation for learning skills that are in great demand in today’s job markets.

Adolescence is a period of experimenting, experiencing and expanding. Adolescents need help and guidance indecision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions. The rebelliousness and dislike for parental intrusion usually keeps parents at bay because teenagers do not relish the idea of help and guidance from parents. However, this may not always be so. Beneath frequent violent outbursts, sudden mood swings and related interpersonal problems of an adolescent, there may be a person crying out for professional help. All adolescents need support and guidance. When parents find it difficult to handle signs of trouble, professional help should be sought at the earliest.

Self-Esteem

Self-esteem is a widely used concept both in popular language and in psychology. It refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself (Blascovich & Tomaka, 1991). The most broad and frequently cited definition of self-esteem within psychology is Rosenberg's (1965), who described it as a favorable or unfavorable attitude toward the self (p. 15).

Self-esteem, the judgment we make about our own worth and the feelings associated with those judgments. According to Morris Rosenberg (1979) “A person with high self-esteem is fundamentally satisfied with the type of the person he is, yet he, may acknowledge his faults while hoping to overcome them”. High self-esteem implies a realistic evaluation of the self’s characteristics and competencies, coupled with an attitude of self-acceptance and self-respect.

According to Coppersmith (1967) self-esteem is defined as “the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy”. He also said that self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds towards himself. These personal evaluations will be based on the values of the social groups, and the society. When one of the personal characteristics that makes up our self-ideal, fails to match that corresponding quality, which we, through society's eyes have place? In our ideal-self, there is a fall in self-esteem.

Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioral aspects as well as evaluative or affective ones (Blascovich & Tomaka, 1991). While the construct is most often used to refer to a global sense of self-worth, narrower concepts such as self-confidence or body-esteem are used to

imply a sense of self-esteem in more specific domains. It is also widely assumed that self-esteem functions as a trait, that is, it is stable across time within individuals. Self-esteem is an extremely popular construct within psychology, and has been related to virtually every other psychological concept or domain, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attribution bias), and clinical concepts (e.g., anxiety and depression). While some researchers have been particularly concerned with understanding the nuances of the self-esteem construct, others have focused on the adaptive and self-protective functions of self-esteem.

Self-esteem has been related both to socioeconomic status and to various aspects of health and health-related behavior, as has a related construct, self-efficacy. Self-efficacy, a term associated with the work of Bandura, refers to an individual's sense of competence or ability in general or in particular domains. Research on both constructs as they relate to SES and to health are reviewed below.

Rationale for the study

The World Health Organization considers “adolescence” to be the period between 10 and 19 years of age (World Health Organization, 1998). For the purpose of this paper adolescents and young people are used interchangeably. The beginning of adolescence is marked by puberty, an increase in biological events leading to an adult sized body and sexual maturation (Berk, 2007).

It is also a period of “storm and stress” for many adolescents. Though, biological forces play a significant role in the physical changes that take place during the transition period from a child to an adult, a combination of biological, psychological and social forces influence an adolescent's development. It is a time young people drift away and distance themselves from parents. Spending more time with peers and conforming to the ideas and judgments of their peers are common during this period. This transition is so crucial that adolescents face problems in certain areas of life such as parent child conflicts, risky behaviours and mood changes. If these issues are not resolved the individual suffers role diffusion or negative identity, which results in mismatched abilities and desires, direction lessens and unpreparedness for the psychological challenges of adulthood (Berk, 2007).

These internal stresses and social expectations lead to moments of uncertainty, self doubts and disappointment in the adolescent. It is in these situations that young people takes risks and involve themselves in risk taking behaviours. For these reasons, life skills education is important to help young people cope with challenges that they face in their day-to-day lives.

The current researcher has had ten years experience as a teacher and ten years as an educational administrator. From the experience, he has developed a concern to help the young people of Iran deal with their problems. For this reason, investigator is interested to explore how life skills education can mitigate the “storm and stress” experienced by so many adolescents. His goal has been to shed light on how life skills training can help the adolescent resist peer pressure and the risk behaviors of criminal activities, drug addictions, and the problems associated with low self-esteem. Therefore, researcher has attempted to study Effect of Life Skill Training on Self -Esteem of High School Students in Iran.

Review of Literature

Nair (2005) found that adolescence is a period of experimenting, experiencing and expanding. Adolescents need help and guidance in decision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions. The rebelliousness and dislike for parental intrusion usually keeps parents at bay because

teenagers do not relish the idea of help and guidance from parents. However, this may not always be so. Beneath frequent violent outbursts, sudden mood swings and related interpersonal problems of an adolescent, there may be a person crying out for professional help. All adolescents need support and guidance as life skill trainings. When parents find it difficult to handle signs of trouble, professional help should be sought at the earliest. Extra care is needed while offering help to adolescents problems because it is not easy for teenagers to accept the fact that they need help. Attempts should be made to understand the adolescent, and to safeguard, protect and guide him/her. The Family Life & Life Skills Education Programme is a good support system for adolescents at the community level.

Losel and Beelmann (2004) tested the effects of child skills training in preventing antisocial behavior in adolescent. This article reported a meta-analysis on social skills training as a measure for preventing antisocial behavior in children and youth. From 851 documents, 84 reports containing 135 comparisons between treated and untreated youngsters ($N = 16,723$) fulfilled stepwise eligibility criteria (e.g., randomized control-group design, focus on prevention). Despite a wide range of positive and negative effect sizes, the majority confirmed the benefits of treatment. The best estimated mean effects were $d = .38$ (post intervention) and $.28$ (follow-up). Effects were smaller on antisocial behavior than on related social and cognitive measures. Studies with large samples produced lower effect sizes than those with smaller samples. Programs targeting at-risk groups had better effects than universal programs. Modes of treatment did not differ significantly; however, cognitive-behavioral programs had the strongest impact on antisocial behavior in adolescent. More well-controlled studies with large samples, hard outcome criteria, and long follow-up periods are needed, particularly outside the United States.

Weitlauf, Smith and Cervone (2000) studied the effects of coping-skills training Concern for personal safety. Developing competencies in physical self-defense may empower females to engage more freely in daily activities with less fear. This study assessed the effects of physical self-defense training on multiple aspects of females, perceived self-efficacy and other self-reported personality characteristics. Training powerfully increased task-specific (self-defense) efficacy beliefs as well as physical and global efficacy beliefs. Training increased self-reported assertiveness and post-training decreases in hostility and aggression were found on several of the subscales of The Aggression Questionnaire . Buss indicates that training did not have an aggression-disinhibiting effect. In the experimental condition, most of the effects were maintained (and some delayed effects appeared at follow-up).

Hypotheses

Regarding the above-mentioned purposes, the following questions were raised:

H1: There is a significant differences between before and after life skill training on various dimensions of self-esteem, namely, (a) total self-esteem, (b) general self-esteem, (c) social self-esteem, (d) school academic self-esteem, (e) home parents of the experimental group but not of the control group.

H2: There is a significant differences between experimental group and control group after training on various dimensions of self-esteem, namely, (a) total self-esteem, (b) general self-esteem, (c) social self-esteem, (d) school academic self-esteem, (e) home parents self-esteem.

Methodology

Sample and design

First, five high schools were selected randomly. Then, from each school, 30 students, who had some problems according to the authorities of schools, were selected. In the next stage, self-esteem,

empathy and mental health questionnaires were administered to all these 150 female students. Finally, 60 students, 12 from each school having low self-esteem, were selected. Therefore, total sample of the present study comprised sixty female students. Finally, they were assigned randomly to experimental and control groups. Each group had 30 subjects.

Instruments

Self-esteem questionnaire : Self –esteem was measured by using Coppersmith’s self-esteem inventory (1981). This inventory consists of 58 items that constitute the lie scale, which is a measure of the student’s defensiveness.

Procedure

After assigning the participants into one experimental and control group. Each group had 30 subjects. The experimental group was given Life skill training for 10 days, while the control group was not given such training. Self-esteem of experimental group was measured before and after Life skill training while self-esteem of control groups were measured twice but without Life Skill training.

Results and Discussion

The following tables indicate the obtained results from this study:

Table 1. Comparison between pre and post condition on different dimensions of Self-esteem of experimental group.

Variable	Condition	N	Mean	SD	t	Sig. (2-tailed)
Self-esteem	Pre	30	21.8667	4.61432	2.96	0.01
	Post	30	40.9333	3.24763		
General self	Pre	30	3.6243	1.19222	15.825	0.01
	Post	30	7.0103	.58152		
Social self	Pre	30	4.0000	1.46217	6.774	0.01
	Post	30	6.3000	1.39333		
School academic	Pre	30	2.9333	1.61743	8.790	0.01
	Post	30	5.8333	1.51050		
Home parent	Pre	30	4.0000	1.72207	6.242	0.01
	Post	30	6.2333	.93526		

Table 1 shows that there was a significant difference at 0.01 levels between pre and post condition on all the dimensions of self-esteem, i.e., General, Social, School academic and Home

parent. On all the dimensions, subjects scored higher in post condition than pre condition of experimental group.

Table 2. Comparison between Experimental and Control group on total Self-esteem (Post).

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	2335.062	1	2335.062	83.349	0.01	.598
Error	1568.870	56	28.016			

According to table 2, the rate of ETA coefficient was .598. It means that life skills training was 59% effective in increasing the self-esteem.

Thus, Life skill training was effective in increasing the self-esteem of adolescents. This is because 24 hours of life skills training was given by the researcher in self-awareness, setting goals and decision making. The results of these studies clearly illustrate the positive effect of life skills training on adolescents and importance of self-esteem as an important personality variable that needs to be strengthened as it is directly related to negative behaviors. If adolescents develop some life skills, then positive feelings of self worth will follow or if such youth have positive feelings of self-worth, they will be more likely to develop and practice new life skills. It could be said that Group learning provides opportunity for social skills by encouraging social interaction and thus promotes self-esteem in the subjects.

Table 3. Comparison between Experimental and Control group on general Self-esteem (Post)

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	70.412	1	70.412	60.006	0.01	.517
Error	65.711	56	1.173			

The above table shows that the rate of ETA coefficient was .517, it means that life skills training was 51 % effective in increasing the general self. General self-esteem is one type of the self-esteem that refers to a general sense of pride in oneself. Self-awareness life skill training was given by the researcher for eight hours and this is responsible for the improvement of the experimental group. Other researchers have found similar success with life skills training's impact on general self-esteem (Botvin, & Kantor, 2000). The Life Skills Training Elementary School Program is a comprehensive, dynamic, and developmentally appropriate substance abuse and violence prevention program designed for upper elementary school students. This highly effective curriculum has been proven to help increase self-esteem, develop healthy attitudes, and improve their knowledge of essential life skills – all of which promote healthy and positive personal development.

As it is clear from table 4, the rate of ETA coefficient was .169, it means that life skills training was 16% effective in increasing the social self.

Table 4. Comparison between Experimental and Control group on social Self-esteem (Post)

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	27.211	1	27.211	11.355	.001	.169
Error	134.200	56	2.396			

General social skills enhance students' social competence with a variety of general skills including effective communication, overcoming shyness, learning to meet new people and developing healthy friendships. In the current research, eight hours of training was devoted to imparting these specific skills to the high school students. The goal of the life skills training was to enable participants to become pro-active in developing, maintaining, and improving upon skills that are useful for positive social interaction. Furthermore, this training sought to reduce anxiety and improve self-control through mastery of problem-solving strategies. This was achieved by helping participants develop effective interpersonal skills, appropriate work habits, and the ability to resolve conflict. Participants also quickly learnt to improve self-confidence and develop a sense of self-efficacy in daily interactions.

Table 5. Comparison between Experimental and Control group on school academic Self-esteem (Post)

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	27.035	1	27.035	9.514	0.01	.145
Error	159.140	56	2.842			

According to the above table, the rate of ETA coefficient was .145; it means that life skills training was 14% effective in increasing the school academic. These results were obtained because Life Skills Training as given by the researcher addressed such issues as talking in front of groups. Homework was given to increase the confidence of students giving them the opportunity to practice and have positive experiences doing so. Students were taught not to ignore problems, how to set goals, how to make decisions, and how to overcome problems, all important life skills for academic self-esteem. This result has been supported by various studies.

Table 6. Comparison between Experimental and Control group on home parent Self-esteem (Post).

	Sum of Squares	d	Mean Square	F	Sig.	Partial Eta Squared
Contrast	32.708	1	32.708	19.237	0.01	.256
Error	95.212	56	1.700			

Table 6 shows that the rate of ETA coefficient was .256, it means that life skills training was 25% effective in increasing the home parent. The Life Skills Training given by the researchers was very interactional in nature and family issues, conflicts, and strategies and advice for resolution and understanding were a common part of the forty hours of training. Additionally, a book on

understanding adolescents was introduced to the parents. The results of the present study demonstrate that this training was indeed effective in improving home parent self-esteem.

Conclusion

The present scenario of adolescents clearly shows that the condition of our youth has significantly deteriorated. Recent studies show that there is significant rise in the problems faced by the adolescents for example, serious emotional disturbances, sexual activity in schools, rise in AIDS cases and greater use of alcohol consumption has increased (WHO, 2001)

Apart from the above, use of heavy drugs and youth drop outs have also increased in the recent years (UNICEF, 2001). All these studies clearly illustrate the increase in aggressiveness, suicidal cases, drug use, and depressive cases among adolescents. This gives us the clear image of the struggles that adolescents go through, the problems they face. So providing an experience that would strengthen adolescent's coping abilities to counter environmental stress and disadvantages with which they sometimes have to cope with while experiencing is an essential need. One best-practice model for contributing to the healthy development of adolescents is a life skills approach.

The present study therefore has attempted to study Effect of Life Skill Training on Self – Esteem of High School Students in Iran.

It was found that there was a significant difference between pre and post condition on all the dimensions of self-esteem, i.e., General, Social, School academic and Home parent self-esteem. On all the dimensions, subjects of the experimental group scored higher in post condition than pre condition. This result has been supported by various studies (Morgan et al., 1996; Friesenhahn, 1999; Winkleby et al., 2004; Miller 1988). Friesenhahn's (1999) study confirmed that there was a significant difference in the self-esteem of adolescents after LST, along with improved ability to interact with others, ability to make their own decisions and manage their resources, and greatly improved ability to effectively work in groups to accomplish group goals.

It was found that there was a significant difference on various dimensions of self-esteem between the experimental and the control group after life skill training. This means that life skill training was effective in increasing self-esteem. Similarly, Miller (1988) demonstrated that a program to increase self-esteem significantly changed the attitudes of students regarding their alcohol and drug use. The results of these studies clearly illustrate the positive effect of life skills training on adolescents and importance of self-esteem as an important personality variable that needs to be strengthened as it is directly related to negative behaviors.

Limitations of the study

It is true that all research work has its importance and utilities. Still, due to some constraints like limited time and resources every research project can not be perfect. Therefore, the present study has its own advantages and limitations. From this point of view, some of the limitations of the present study are as follows:

- Only questionnaires were used for data collection in the present study. Richness of experience can not be captured merely on the basis of questionnaire. Some qualitative methods such as narrative analysis are useful in collecting in-depth information. Therefore, in future investigation, this should be used along with questionnaire.
- In the present study, all the participants were female. Future research should also be undertaken on males.

- In the present study, participants were taken only from Tehran city, which was not representative of Iran. Therefore, in further investigation sample from other parts of Iran should also be taken into consideration.
- In the present study, students from high schools were chosen. Further study should also include students from middle schools.
- In the present study, students from government schools were chosen. Further study should also include students from public schools also.

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