

# The effect of social skill education program on adolescents in Baghdad, Iraq: a preliminary report

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## Summary:

**Background:** In Iraq, adolescents confront challenges, external and internal factors and their life circumstances are exacerbated by threats to their physical and mental health.

**Objective:** To throw a light on training for life skills which in turn leads to promotion of adolescents physical and mental health.

**Methods:** A total of 120 adolescents participated in the study (50 of them were trained for life skills and the others act as control group) for the period April 2010 to Sept. 2011. Their age was  $19 \pm 2.4$  years with male to female ratio of 1.4:1. The program consisted of several subjects concern with physical and mental health. Positive outcomes were determined. Scores of training variables presented in mean  $\pm$  SD. Student's t test was used to examine the difference in variables between trained and untrained adolescents.

**Results:** Scores of positive outcomes (good personal hygiene, getting enough sleep, healthy weight, got exercise, social competence (adolescent shows respect, tries to resolve conflicts and concern about self-esteem), condemnation of abuse, harassment, bullying and rape, aware about sexual transmitted diseases (STDs) including acquired immunodeficiency syndrome (AIDS), intimate relationship, awareness to teen pregnancy or abortion and family planning, concern with family life (arranged marriages) and study skills (motivation, goal setting, time management, positive study attitude and empowering concentration) were significantly higher in trained than in untrained adolescents ( $p= 0.023, 0.025, 0.001, 0.04, 0.025, 0.001$  and  $0.001$ , respectively).

**Conclusion:** Life skills could be applied for promotion in mental health as well as physical health.

**Keywords:** life skills, Iraq, adolescent, physical and mental health.

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## Introduction:

Life skills (LS) are a group of psychosocial competence and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy productive manner 1.

In Iraq, children and adolescents confront numerous challenges, poverty, internal migration (external factors), emotional pain, conflict, frustration, anxiety about future, peer pressure and curiosity (host factors). Their precarious life circumstances are exacerbated by threats to their physical and mental health 2,3.

Unfortunately literature on LS in Iraq is scarce, therefore, this study was carried out to throw a light on a program for training in LS.

## Materials and methods:

A total of 120 adolescents selected from youth's centers (Al-Zaafarana in Rusafa and Al-Tahaddi in Karkh) were included in this study for the period April 2010 to Sept. 2011. Of them, 50 adolescents were trained in LS (their age was  $19 \pm 2.4$  years with male to female ratio of 1.4:1). The other 70 adolescents were not subjected for LS training and serve as control group (their age and sex were matched with trained group).

The training program duration was 30 days (12 sessions and each session 60 minutes). The program was consisting several items: value of health, dietary habits, fitness for life, social skill, management of stress, attitude toward violence and abuse, harassment and rape, sex and sexuality, reproductive health, life transition (family life and career guidance) and risk taking behavior. the positive outcomes were good personal hygiene, getting enough sleep, healthy weight, got exercise, social competence (adolescent shows respect, tries to resolve conflicts and concern about self-

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esteem), condemnation of abuse, harassment, bullying and rape, aware about sexual transmitted diseases (STDs) including acquired immunodeficiency syndrome (AIDS), intimate relationship, awareness to teen pregnancy or abortion and family planning, concern with family life (arranged marriages) and study skills (motivation, goal setting, time management, positive study attitude and empowering concentration).

The impact of training program was demonstrated as enhancing positive outcomes in the trained adolescents. An evaluation test was applied to the trained and untrained adolescents.

Scores of variables (positive outcomes) were presented in mean  $\pm$  SD. Student's t test was used to examine the differences in the scores of the positive outcomes between trained and untrained adolescents. P value of  $< 0.05$  was considered as significant.

### Results:

Score distribution of variables of LS in trained and untrained adolescents. Scores of value of health, dietary habits, fitness for life, social skills, management of stress

and attitude towards abuse, harassment, bullying and rape, and violence in trained adolescents were  $6.2 \pm 2.3$ ,  $5.1 \pm 2.5$ ,  $4.8 \pm 1.2$ ,  $7.3 \pm 3.1$ ,  $8.9 \pm 3.4$ ,  $8.7 \pm 2.7$  and  $1.9 \pm 0.5$ , respectively and in untrained adolescents were  $4.9 \pm 3.5$ ,  $3.9 \pm 2.5$ ,  $3.7 \pm 2.2$ ,  $6.1 \pm 2.7$ ,  $7.1 \pm 3.2$ ,  $6.1 \pm 3.3$ , and  $0.8 \pm 0.7$ , respectively. There were significant differences in scores of value of health, dietary habits, fitness for life, social skills, management of stress and attitude towards abuse, harassment, bullying and rape, and violence between trained and untrained adolescents ( $t= 2.5$ ,  $d.f.= 118$ ,  $p= 0.025$ ,  $t= 2.6$ ,  $d.f.= 118$ ,  $p= 0.025$ ,  $t= 3.5$ ,  $d.f.= 118$ ,  $p= 0.001$ ,  $t= 2.2$ ,  $d.f.= 118$ ,  $p= 0.04$ ,  $t= 2.9$ ,  $d.f.= 118$ ,  $p= 0.025$ ,  $t= 4.7$ ,  $d.f.= 118$ ,  $p= 0.0001$ , and  $t= 10.4$ ,  $d.f.= 118$ ,  $p= 0.001$ , respectively). Scores of sex and sexuality, reproductive health, life transition and career guidance in trained youth were  $5.2 \pm 2.7$ ,  $3.5 \pm 2.8$ ,  $3.7 \pm 1.7$ , and  $7.2 \pm 4.1$ , respectively, and in untrained youth were  $4.9 \pm 2.4$ ,  $2.7 \pm 2.4$ ,  $2.8 \pm 2.1$  and  $6.4 \pm 3.8$ , respectively. No significant differences were observed in sex and sexuality and reproductive health ( $t= 0.6$ ,  $d.f.= 118$ ,  $p= 0.1$ ,  $t= 1.6$ ,  $d.f.= 118$ ,  $p= 0.1$ ). These findings are shown in Tab.1.

**Table 1** Distribution of scores of variables of LS in trained and untrained adolescents

| Variables of LS                                       | Trained (sample) | Untrained (control) | t test, d.f., p value                |
|---|------------------|---------------------|--------------------------------------|
|   | Mean $\pm$ SD    | Mean $\pm$ SD       |                                      |
| Value of health                                       | $6.2 \pm 2.3$    | $4.9 \pm 3.5$       | $t= 2.5$ , $d.f.= 118$ , $p= 0.025$  |
| Dietary habits  | $5.1 \pm 2.5$    | $3.9 \pm 2.5$       | $t= 2.6$ , $d.f.= 118$ , $p= 0.025$  |
| Fitness for life                                      | $4.8 \pm 1.2$    | $3.7 \pm 2.2$       | $t= 3.5$ , $d.f.= 118$ , $p= 0.001$  |
| Social skill  | $7.3 \pm 3.1$    | $6.1 \pm 2.7$       | $t= 2.2$ , $d.f.= 118$ , $p= 0.04$   |
| Management of stress                                  | $8.9 \pm 3.4$    | $7.1 \pm 3.2$       | $t= 2.9$ , $d.f.= 118$ , $p= 0.025$  |
| Attitude toward abuse, harassment, bullying, and rape | $8.7 \pm 2.7$    | $6.1 \pm 3.3$       | $t= 4.7$ , $d.f.= 118$ , $p= 0.0001$ |
| Violence  | $1.9 \pm 0.5$    | $0.8 \pm 0.7$       | $t= 10.4$ , $d.f.= 118$ , $p= 0.001$ |
| Sex and sexuality                                     | $5.2 \pm 2.7$    | $4.9 \pm 2.4$       | $t= 0.6$ , $d.f.= 118$ , $p= 0.2$    |
| Reproductive health                                   | $3.5 \pm 2.8$    | $2.7 \pm 2.4$       | $t= 1.6$ , $d.f.= 118$ , $p= 0.1$    |
| Life transition                                       | $3.7 \pm 1.7$    | $2.8 \pm 2.1$       | $t= 2.5$ , $d.f.= 118$ , $p= 0.03$   |
| Career guidance                                       | $7.2 \pm 4.1$    | $6.4 \pm 3.8$       | $t= 2.5$ , $d.f.= 118$ , $p= 0.03$   |

### Discussion:

The school mental health program (SMHP) is very important part of the educational system. In Iraq, SMHP is not recognized or initiated as a part of the health components in schools 4. In practice, only counseling services for students with emotional issues and a referral system is set up in a few clinics. LS (adaptive and positive behavior) enable adolescents to get psychosocial competence. The definition of LS is likely to differ across different societies. Up to my best knowledge, it is the first time to suggest a core of LS in

Iraq in such manner. The study revealed that score of social skill (perceived efficacy, better self-esteem, and better general adjustment) was significantly higher among the trained than untrained adolescents ( $p= 0.04$ ). This finding indicated the training program prepared the adolescent to be competent and empowered person in a changing social competition Iraq. This finding is in agreement with that of other workers 5,6. Attitudes toward abuse, harassment, bullying, rape, and violence concept, were significantly differ between trained and untrained adolescents ( $p=$

0.0001, 0.000, respectively). This result may reflect that LS promotes the mental health of the adolescents that facilitate prevention of physical and mental illness. Literature stress the role of LS education in preventing mental illnesses 6,7. No significant differences in scores of sex and sexuality and reproductive health between trained and untrained adolescents were observed ( $p = 0.2$  and  $0.1$ , respectively). This finding is inconsistent with that in other countries 5. This difference may be attributed to variations in cultures and societies. It might be attributed to variation in the contents of LS program between countries. The adolescents may face difficulties in dealing with topics like protective sex or using condom ...etc. Differences in evaluation instrument might be contribute to this difference, also. Short duration of the training program is another factor contributing for the difference. Review indicates that most preventive programs with adolescents have been addressing specific issues of substance abuse, teen pregnancy, violence, bullying ...etc 8. This study confirms that multiple outcomes have also been present.

In conclusion, LS training modified value of health, dietary habits, fitness for life social skills, attitudes toward abuse, harassment, bullying and rape, and concept of violence. LS could be applied for promotion and prevention of mental health as well as physical health.

#### **Authors contributions:**

Aysin Kamal: collection of data & study conception

Eman A. Al-Kaseer: study design and data analysis

Suhair Aljubori : drafting and manuscript

Jawad K. Al-Diwan : interpretation of data & data analysis and critical revision

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