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RESEARCH ARTICLE

THE EFFECTIVENESS OF LIFE SKILLS TRAINING ON MENTAL HEALTH, POSITIVE THINKING AND MARITAL ADJUSTMENT OF MARRIED WOMEN IN MOBILIZATION BASES OF KARAJ CITY

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ABSTRACT

The purpose of this study was to examine the effectiveness of life skill training on mental health, positive thinking and marital adjustment of married women in mobilization bases of Karaj city. The study was an experimental one with pre-test-posttest control group design. The data were collected by running the General Health Questionnaire (Goldberg and Hiller, 1979), Munch's scale of happiness (Kuzma and Stones, 2000) and marital adjustment scale (Spanir, 1976) on 265 women who were selected through random clustering method. Out of 265 women, 138 persons were at a lower level at the same time in terms of the mentioned variables. Then, 80 participants were selected through simple random sampling technique and assigned into experimental and control group randomly. Experimental group was subjected to life skills training in 10 sessions including 3 skills of self-awareness, effective communication, and problem-solving. At the end of training, a posttest was conducted on two groups, and the number of participants was 60 after falling and dropping. Data were analyzed using multivariate analysis of covariance. Results showed that the effect of life skill training on the combined dependent variable and also dependent variables was significant independently. The findings indicated the improvement of mental health, positive thinking, and marital adjustment of married women due to the impact of skill life training. Effect size analysis showed that skill life training affected positive thinking more.

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INTRODUCTION

A family is an institution which interacts with a larger population. On the other hand, it is associated with the persons directly. The importance of this institution is in such a way that some people consider it as one of the fundamental elements of the society, and they think that having a healthy society depends on achieving a healthy family (Bernstein and Bernstein, 2001, quoted by Afzaligoruouh, 2004). One the most important factors affecting the survival, viability, and growth of the family is the healthy relationship based on the understanding and adjustment between its members, especially between the couples (Sinha and Mokerji, 1999). Marital adjustment is the most infrastructural base and the firmness of the marital life, and... Moreover, it is a process which is formed during matrimonial life, as understanding the tastes, personality and behavior and the formation of effective communication between couples need some time (Yusef zadeh et al., 2013). In the recent decades, researchers studied marital adjustment with different aspects of human life extensively.

For instance, by reviewing the marital adjustment studies from 1920s to 1970s, Spanir and Kouli (1976) found that this phenomenon is a dynamic process that may be evaluated at any point in time on a continuum from completely adjustable to unadjustable. Therefore, marital adjustment is a multidimensional concept having more objective features in comparison with marital satisfaction (Broman, 2005). Marital satisfaction refers to the objective feelings consisting of happiness, satisfaction and pleasure experienced by the wife or the husband, when you consider all the aspects marriage (Ellis, 1989, quoted by Hamid, et al., 2012). Having marital discord in the couple's relationship causes problems in the family performance, playing parental role falsely and life dissatisfaction, also causing difficulty in social relationships, tendency to social and moral deviations and decline of cultural values among the couples (Sinha and Mokerji, 1990; Guttmann, 1993; Durana, 1997). Along with the marital adjustment, among the factors that affect matrimonial relations and optimal performance of the family is positive thinking and mental health. Different studies showed that there is a significant relation among mental health, positive thinking, and marital adjustment (Banaceian and Kazemian, 2007; Levinson, 1993) in such a way that matrimonial contradiction affects

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mental health and the couples' point of view about their interpersonal and intrapersonal relations of the common life (Ellison, Walker, Gallon and Marakouardet, 2010). Health is the result of interaction between inner factors and outer factors (social, biological, and psychological factors). Social factors, especially family has a significant and effective role in mental health of the people (Markus and McKeeb, 2001). The role of the family in keeping the health and strengthening of the social relations was mentioned in many researches (Sentrak, 2005).

Studies showed that promoting life skills such as problem-solving, effective communication and self-awareness skills is very effective in improving matrimonial life. Problem-solving, effective communication and self-awareness skills help individuals to deal effectively with the struggles and successes of life. These skills enable people to act positively in relation to the other people, society, culture, and the environment and to provide their own mental health (Kelinkeh, 2005). The impact of life skill training on promoting self-esteem, social adjustment, interpersonal communication, increasing problem-solving skill and coping strategies, and increasing mental health has been approved (Rosenberg, 1990; Ellis, *et al.*, 1991; Gilbert and Orlik, Spouark and shour, McNeil, *et al.*, 1990; quoted by Sepah Mansour, 2007). Life skills lead to the healthy behavior motivation. In addition, it is effective in the sense of oneself and of others, and perception of others from him. Furthermore, life skills lead to the increase of self-esteem. There are many studies indicating the positive effect of life skills on the increase of marital adjustment, mental health, and positive thinking. In a study, Yalikh and Karahan (2007) examined couples' relation program. The result of their study showed that communication skill training program had a positive effect on the marital adjustment, also it led to the long-term behavioral reform of the couples. Arita (2008) showed in a study that the destructive and inefficient methods of dealing with conflict and contradiction can be changed in a more efficient manner through providing new training opportunities for the couples.

Jalali and Jalalvand (2006) studied the impact of skill life training on marital adjustment of the couples, and they concluded that 70 percent of increase in adjustment scores of the couples resulted from the effect of skill life training. Yarmohammadi, BonakdarHashemi, and Asgari (2011), in their study entitled "the effect of emotional intelligence and skill life training on marital adjustment" concluded that skill life training and emotional intelligence had a significant effect on marital adjustment. Mehrabizadeh Honarmand, Hussein Pour and Mehdi Zadeh (2010) in a study concluded that skill life training with and without controlling the length of marriage increased marital adjustment of married women in the experimental group in comparison with the control group. Rahimian Bouger, *et al.* (2013) concluded that skill life training as an effective strategy could be used to promote general health. Also, studies done by Vikold, *et al.* (2006) and Totel (2006) indicated that improvement of life skills created a responsibility to health, appropriate health decisions and generally following a healthy lifestyle among the learners. Metani, Mousavi Zadeh, and Yaqub Pour in a study entitled "the impact of life skill training on mental health" concluded that life skill training caused an increase in metal health of the

experimental group. Furthermore, in the studies on positive thinking, Salmanian, *et al.* (2014) investigated the effectiveness of life skill training classes on the increase of happiness, self-esteem of disabled couples of war with 27 to 75 percent disability in Minoudasht City. They found that life skill training classes improved happiness, and self-esteem of the wives of the disabled husbands. Schechtman and Mira (2005) examined the impact of life skill training on promoting teachers' self-esteem and understanding from the work environment, and they found that this kind of training improved understanding from the work environment and promoted teachers' self-esteem. Wichroski (2000) showed in a study that life skill training increased self-esteem, resilience in facing with problems and promoted positive attitudes to the sense of self-adequacy. So, based on the researches, it can be generally said that life skill training could be effective in the prevention of mental illness and behavioral problems. Hence, the main purpose of the current study is to investigate the effect of life skill training on mental health, positive thinking, and marital adjustment of married women in mobilization bases of Karaj city. So, the four following research hypotheses were formed.

- Life skill training affects on the improvement of women's mental health, positive thinking, and marital adjustment.
- Life skill training leads to an increase of mental health among the married women.
- Life skill training leads to an increase of positive thinking among the married women.
- Life skill training leads to an increase of marital adjustment among the married women.

Population, Sample, and Sampling Method

The population of this study concludes all the married women who join to the mobilization bases of Karaj city as a member and were active in the mobilization bases of Karaj. They were totally 2200 women. In order to select the sample of the study, first 8 mobilization bases (n=850) were selected randomly among different mobilization bases of Karaj city. Then, according to the sampling table of Morgan and Kerejcie (1970), 265 participants were selected for screening. Moreover, after explaining the purpose of the study and gaining informed consent, General Health Questionnaire of Goldberg and Hiller, Marital adjustment questionnaire of Spanier, and Positive Thinking Questionnaire of Monish were given to the participants to fill in. Out of 265 subjects, 138 persons were at a low level at the same time in terms of mental health, marital adjustment, and positive thinking. So 80 persons were selected randomly among them, and they were randomly assigned in two groups of experimental group (n=40) and control group (n=40).

The experimental group was exposed to the life skill training consisting of self-awareness, problem-solving, and effective communication skills in group in ten sessions, but the control group didn't receive any treatment. Totally 80 persons were participated in the main study that 60 subjects (30 persons in the control group and 30 persons in the experimental group) remained for the final analysis after dropping and falling at different stages.

MATERIALS AND METHODS

The current study was an experimental study with pretest-posttest and follow-up with the control group design during which 80 participants were assigned in the control group and experimental group (40 persons in each group). It was tried in this study that the length of the marriage of the sample was 5 years, and they should have at least one child. It was also tried that they were selected similarly in terms of aged, length of marriage, education, and socio-economic class as much as possible. The experimental group participated in the life skill training program (self-awareness, effective communication, and problem-solving) in 10 sessions in 120 minutes (one session per week), however, the control group didn't receive any treatment. At the end of training, both groups were taken a posttest.

Instruments

General Health Questionnaire (GHQ-28)

This questionnaire was designed and developed by Goldberg and Hiller in 1979. The questions of the questionnaire were extracted based on factor analysis on the basic form of 60 points. The questionnaire consists of 28 multiple-choice questions and has four scales, each of which has 7 questions. The scales of the General Health Questionnaire include physical symptoms, anxiety and insomnia, social dysfunction and severe depression (Hooman, 1997). Goldberg, *et al.* (1972, quoted by Amiri, 2014) reported the correlation between the data collected from the implementation of GHQ-28 and SCL-90-R on 244 subjects as .78. Yaqubi (quoted by Sanagouee, *et al.*, 2011) reported that the overall reliability coefficient of the questionnaire was .91 and reliability coefficient of subtest was between .50 to .81. The validity of this scale was calculated in a study conducted by Nikoo Gofar (2009) through calculating correlation coefficient between the scores of GHQ and SCL-25-R (Najjarian and Davoodi, 2001, quoted by Nikoo Gofar, 2009) as two general sizes which was equal to $r=.39$, $p=.05$. In this study the amount of alpha Cronbach equals to .88.

Positive Thinking Questionnaire

Munch's scale was developed to measure happiness. Kuzma and Stones (2000) developed a test emphasizing on the amount and intensity of positive and negative feelings. Each of these feelings includes 2 dimensions of short-term and long-term. In general, this scale has 24 questions. The questions were scored in 3 degrees, yes (2 scores), I don't know (1 score), and no (0 score). Each of the negative and positive aspect of the state will have 5 questions, a score ranging from 0 to 10, and each of the negative and positive aspect of the vein will have 7 questions, a score ranging from 0 to 14. The total score of the scale will be calculated using a special formula according to the positive and negative aspects of the state and vein. In this test there are 24 phrases, and one raw score is obtained that is required to add the scores based on the answer key. The highest raw score is +24. The higher the raw score, the better the psychological condition. The test-retest reliability coefficient of this scale after 28 months was equal to .70 (Kuzma and Stones, quoted by Baba Pour, *et al.* 2003). In the research conducted by Baba Pour, *et al.* (2003) internal

consistency equaled to .71. In the current study the reliability coefficient of the test through using alpha Cronbach was .72.

Spanier's Marital Adjustment Scale

In order to measure marital adjustment, a scale which was developed by Spanier (1976) with 32 question, four subscales (agreement between two people, love, matrimonial satisfaction and relationship between two people) and multi-point response scale (always agree, mostly agree, some disagree, disagree often, almost always disagree Always disagree) was used. Spanier (1976) calculated the reliability of this questionnaire through alpha Cronbach ($\alpha=.96$), and used Like-Wallace's marital adjustment scale to examine the construct validity of this scale. He reported the correlation coefficient of these two scales among the married people equals to .86 and among the divorced people equals to .88. According to Hasan Shahi (2008) split-half coefficient was equal to .96 and alpha coefficient equaled to .92 (Sattari, 2008). Furthermore, Darvizeh and Kakhahi (2008) through using criterion-referenced validity obtained the validity coefficient of .94 for this questionnaire.

Findings

In the present study in order for testing the hypotheses and explaining the statistical differences between the scores of the control group and experimental group in marital adjustment, mental health, and positive thinking, an independent sample *t-test* was used to compare the control group and experimental group in the pretest, MANCOVA was also run. In this study the assumptions of this test including normal distribution of scores and homogeneity of variance are explained before analyzing the data. In order to assess the normal distribution of scores assumption, Kolmogorof-Esmirnov's test was used. The findings of this assumption about the scores of the variable are shown in Table 1.

Table 1. Results of Kolmogorov-Smirnov's test to check the normal distribution of scores

	pretest			posttest		
	Positive thinking	Marital adjustment	Mental health	Positive thinking	Marital adjustment	Mental health
Z-value	1.03	.60	1.14	.89	1.02	1.35
Sig	.230	.850	.140	.390	.240	.060

The results of the analysis in Table 1 showed that z value in pretest for mental health is $z=1.35$, $p=.39$, for marital adjustment is $z=1.02$, $p=.24$, and for positive thinking is $z=1.14$, $p=.39$. z value in the posttest for mental health variable is $z=1.14$, $p=.14$, for marital adjustment is $z=.60$, $p=.85$, and for positive thinking is $z=1.03$, $p=.23$. In all of them, $\alpha=.05$. So, the null hypothesis about the existence of normal distribution was supported. And, the hypothesis regarding lack of normality was rejected. Based on the above mentioned data, it can be said that the distribution of the variables was normal.

As it can be seen from Table 2, sig level for mental health and happiness is .58 and .10, respectively which is larger than .05,

so the hypothesis regarding homogeneity of error variance in both variables was observed. However, marital adjustment variable is not so ($p < .05$). so, based on the observation of the criterion of Covariance analysis and large amount of the sample ($n=60$), there is not any problem in running MANOVA.

Table 2. Test of homogenizing error variance through Leven's test

Variables	F ratio	Df1	Df2	sig
Mental health	.30	1	58	.58
Marital adjustment	11.74	1	55	.001
Positive thinking	2.68	1	58	.10

Table 3. Mean and standard deviation of mental health, marital adjustment, and positive thinking in pretest and posttest of the control group and experimental group

variables	Experimental group				Control group			
	pretest		posttest		Pretest		posttest	
	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD
Mental health	38.50	10.34	24.67	6.49	40.97	13.66	42.10	14.07
Marital adjustment	77.13	15	13.26	13.26	81.10	15.58	76.83	12.91
Positive thinking	10.73	5	7.47	3.97	8.87	6.19	10.50	6.48

As it can be seen from Table 3, the mean of the observed variables (mental health, marital adjustment, and positive thinking) in the experimental group was quite different in posttest in comparison with the mean of the variables in pretest. Yet, the scores of the control group in pretest and posttest didn't show such differences. Mean of the mental health in the experimental group in pretest was $\bar{x}=38.50$ and $\bar{x}=24.67$ in the posttest. It indicated that the mental health variable was better in posttest. Mean of the mental health in the control group in pretest was 40.97 and 42.10 in the posttest. About the marital adjustment, mean score of the experimental group in the pretest and posttest was $\bar{x}=77.13$ and $\bar{x}=104.30$, respectively. It showed improvement of the variable. Mean score of the control group in marital adjustment in the pretest was $\bar{x}=81.10$ and in the posttest $\bar{x}=76.83$ which indicated a little decrease. Mean of the positive thinking in the experimental group in pretest was $\bar{x}=10.73$ and $\bar{x}=7.47$ in the posttest showing a remarkable difference. But, mean score of the positive thinking of the control group in the pretest and posttest was $\bar{x}=8.87$ and $\bar{x}=10.50$, respectively showing a little decrease. In order to understand whether or not the findings are significant, analysis of the hypothesis of the study should be examined which is explained below.

Table 4. Multivariate Covariance analysis on the variables in combination

test	ration	Df of the hypothesis	Df of the error	F	sig
Wilks's Lambda	.100	3	53	145.2	.0000

Table 4 showed the effect of life skill training on the combined dependent variable. As it can be seen, the impact of life skill training on the combined dependent variable, that is, mental

health, marital adjustment, and positive thinking of the married women, was statistically significant ($F=145.2$, $p < .01$). Therefore, the first hypothesis of the study was verified.

Table 5. Results of covariance analysis of each of the outcome variables

variables	Sum of squares	df	Mean of squares	F	sig	Effect size
Mental health	3781.28	1	3781.28	121.17	.0010	.620
Error	1714.88	55	31.18			
Marital adjustment	5006.178	1	5006.178	343.24	.0010	.860
Error	8.2.170	55	14.58			
Positive thinking	12248.31	1	12248.31	158.14	.0010	.720
error	4259.86	55	77.45			

Table 5 showed significant level of the experimental group and control group in mental health ($F=121.17$, $p < .01$), positive thinking ($F=343.24$, $p < .01$), and marital adjustment ($F=158.14$, $p < .01$). It indicated that the effect of life skill training on each of the outcome or dependent variables was significant. In other words, life skill training caused an improvement in mental health, positive thinking, and marital adjustment. Effect size of life skill training on positive thinking was $ES=.86$, that is, life skill training affected positive thinking of the married women more.

DISCUSSION AND CONCLUSION

This study aimed to investigate the effect of life skill training on mental health, marital adjustment, and positive thinking of married women in mobilization bases of Karaj City. The results of the study showed that life skill training generally led to an increase in mental health, marital adjustment, and positive thinking of the experimental group that an increase in the mentioned variables in the control group (table3). So, the first hypothesis was supported.

The findings of the study are in line with the findings of the studies conducted by Khodabakhs and Mansouri (2010), Abbasi, et al. (2011), Raeesi, et al. (2012), Khanee, et al. (2014), Moot, Wichroski (1999), and Yalsin, and Karahan (2007). The test of the second hypothesis (table4) showed that the mean score of the mental health of experimental group in posttest increase remarkably than in the pretest, but mean score of the control group in both pretest and posttest didn't changed. So in indicated that life skill training could increase the amount of mental health in the experimental group. Therefore, the second hypothesis was verified. These findings were in line with the findings of Momeni Mehmoui, Teimouri, and Rahmani (2011), Estiger, et al. (2009), Fornris, et al. (2007), and Metani, et al. (2012). Najafi, et al (2012) in a study found that life skills had a significant role in prediction of mental health. Also, in another study Rahimian Bouger, et al. (2013) understood that life skill training could be used as an effective strategy for promotion of metal health. For explanation of this result, it can be said that life skills are strategies based on the behavioral change which can increase the skills of dealing with stress, self-esteem level, and an individual control in different situations. Life skill training causes individuals to understand

one self more, realize one's own strength and weak points, and act in order to correct weak points and reinforce the strength points. Raising awareness about the strengths and weaknesses causes individuals to act better when dealing with the problems so that they can decrease their stress.

According to the result of the analysis in table 5, life skill training was effective in increasing marital adjustment. In other words, life skill training could cause an increase in the amount of marital adjustment, so the third hypothesis was approved. These findings are in line with the findings of Khani, *et al.* (2014) who showed that life skill training increased life quality of the couples. The results are also consistent with the findings of Maryoulz, and Allen (1996), Scat and Karadava (2002), Abbasi, *et al.* (2011), and Atkins, *et al.* (2005) showing that life skill training could increase matrimonial satisfaction. It can be said that in different stages of individual or family life cycle, couples pay attention to the differences or to the closeness or farness, or stressful events make quite different answer in each of the couples, so preparation of training program of the mentioned skills can cause a balance in positive communication and an increase in the level of marital adjustment.

Life skill training lead to gaining experiences, problem-solving, and effective communication in women that prevent from expressing negative behaviors by women in homes. So, providing an increase in self-esteem and a decrease of harshness and rudeness. Life skill in a person creates the ability needed to face with the external situations which can be stressful; therefore, having a sense of ability and of dealing with the problems can be effective in the amount of satisfaction and happiness. It can be totally said that life skill training can increase the ability of life management, understanding of the emotions, feelings, needs of oneself and others which will increase the adjustment and satisfaction. The findings of table 6 indicated the significant effect of life skill training on positive thinking, adjustment of women, so the fourth hypothesis was supported. The findings of this study are in line with the findings of studies by Samari, Lali Faz (2005), Albertin, Cup, and Geroenold (2001); Moot, Wichroski (1999); Schejeman and Mira (2005); Wichroski (2000).

Since happiness refers to the positive emotional states (like pleasure) and to being satisfied with life in general or in many aspects, two important elements (emotional and cognitive) can be taught. Emotional dimension causes an individual having happiness to be considered as a cheerful and lively person and can communicate with others in social occasions. Moreover, cognitive dimension provides positive attitudes towards the environment, and the person sees the events of the environment optimistically. This framework seems to be moveable in the form of the mentioned skills because life skills are cognitive, emotional, and practical abilities needed for a normal felling of happiness and success. Life skill training to the individuals can be efficient for the control and change of negative or false thoughts; hence, affecting people's positive thinking. Therefore, a persons' attitude change follows an increase in self-awareness level, effective communication, and problem-solving. Based on the collected data, it can be said that the most important thing to deal with the problems is

personal and social training of life skills and methods, especially in adolescence. When an individual achieves to self-awareness towards himself and his positive and negative feelings, he can control them due to this awareness.

In addition, probably participants could achieve the mentioned skills and show adaptive responses by taking part in life skill program. It seems that training life skills to the people can be effective in control and change of negative or false thoughts, mental health, and marital adjustment. A vast literature on the area of life skills reported such results. So, life skills provide the opportunity to manipulate the variables such as mental health, marital adjustment, and happiness by affecting participants behavioral and thinking area. The most important limitation of this study is implementing this study only on the women of mobilization bases of Karaj city, so generalization was limited. Another limitation is lack of sufficient time for follow-up research, relying on self-reported data and altering the reality. So, it is suggested that to achieve more accurate results and extend it to other populations, this study can be done in other populations more accurately with the implementation of follow-up.

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