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The effect of training life skills on mental health of mothers having exceptional children

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ABSTRACT

This research attempts to study the effect of training life skills on mental health of mothers who have exceptional children. A pre-test, post-test, with control and experimental groups were designed. The sample comprised 30 mothers having one exceptional child and divided equally into two groups. The experimental group received training life skills including self awareness, problem solving, stress coping, and communicative skill for 12 sessions. The research instruments were general health questionnaires. The data analyzed using ANCOVA test. The results showed training life skills had statistically positive effect on increasing mental health ($F=15/2$, $df=1/27$; $p=0/005$) of experimental group. Meanwhile the results showed that training life skills had positive effect on decreasing anxiety ($F=39/2$, $df=1/27$; $p=0/01$) and depression ($F=7/96$, $df=1/27$; $p=0/005$).

Key words: Training Life Skills, Mental Health, Exceptional Children.

INTRODUCTION

With the birth of an exceptional child parents experience different and complex feelings such as being shocked, denial, depression and anxiety which result in calm, polish and family mental health menace. Most of these signs last more than two months and sometimes the father and mother which have severe signs need more time to adaptation and expectation of present situation. Some of the mothers for the reason that mental pressure decreases their tolerance and threatens their mental health and self-esteem use narcotic substances or alcohol to be released from stress and depression. So, their matrimony problems increase and sometimes result in divorce and separation and also, other children may be forgotten in these families. This group of families, because of the feeling of shame or sin may limit their relations with other people and resign from social activities and daily entertainments in the society. Parents may blame themselves or each other by reason of child situations which cause affectionate problems between them (Bakhshizadeh, 2009).

Presence of an exceptional and infirm child can create irreparable damages and effects on mental health state, but for decreasing these damages and effects it is needed to train some skills for those mothers. Important purposes of adults training especially mothers can be expanding their abilities for solving personal and social problems and also preparing them with necessary skills to make a living.

Training life skills influences individuals understanding from their sufficiency, self-confidence and self-esteem promotion and also has an important role in mental health. With promotion the level of mental health the individual motivation in taking care of him/ herself and others increases and this prevents their many mental disorders and problems. In fact, life skills are trainings for living better and lessening life problems, taking pleasure from life and providing self physical and mental health. Life skills are received as effective, useful and important things because they enable individual to change his/her potential abilities to real and identical abilities with increasing the

knowledge and change of attitude. Also, it helps the person to benefit from individuality forces for the sake of happiness (Koohestani & Mirzamani, 2006).

Haldy and Hanzlik (1990) claimed that, the mothers of children who are affected by down symptoms are under more pressure compared to those mothers who have healthy children and when these children become adolescent their mothers feel more debility in front of them. Irma (1998) selected the individuals which were exposed to more stresses and instructed them with problem solving and social skills and also stress management that resulted in decreasing their stress, anxiety and wanting help from others. It also resulted in increasing their decisiveness. In Errecart and Ross (2002) experimental study, they placed 2530 girl and boy students at two experimental and control groups equally and randomly. The experimental group received instructions about communication, taking a decision and problem solving skills. The results showed excessive reduction of depression and anxiety and also improvement of general health situation at experimental group. But it doesn't have any significant effect on physical and social performance aspects. Vertiainen (2004) has performed such program on 4523 girl and boy students in Finland and obtained similar results.

Many investigations have been done in western cultures about the reactions of mothers who have a child with mental handicap. These mothers are at the risk of high mental pressure, powerless family relations and less health. The nurses of these children are in the better place compared to their mothers. Three different cultures of Irish, Taiwanese and Jordanian have been studied and compared with the aim of investigating counter-relation between three indicators (index) which include mother health, exploring the strategies of mothers tolerance and informal and professional supports of them and also exploring the variables which have negative effect on mother health. In addition, those mothers explained in an interview that, how the child affect their life and tolerance about this problem. In these three countries children's mothers have experienced powerless mental health and higher stress. The main factor of these problems was behavioral problems of their child (Mc Conkey, Truesdale- Kennedy, Chang, Jarrah & Shukri , 2008).

MATERIALS AND METHODS

Participants:

The participants in this study included 30 mothers having one exceptional child in Rehabilitation center of Tabriz. The sample was selected out of a population of 85 mothers by accessible method. Then the 30 mothers were randomly assigned as experimental and control groups (each group with 15 persons). Before beginning the life skills training, all of them participated at the pre-test. The training points presented each session for experimental group included four life skills such as self-awareness (self- consciousness), problem-solving, confronting with stress and communication skill at 12 sessions for one hour. After 12 sessions both groups took the post-test. The analysis of Covariance (ANCOVA) was employed to compare the data obtained from two groups; performance on the post-test to estimate their improvement from the pre-test to the post-test.

Instrumentation:

General Health Questionnaire (GHQ-28) was employed to obtain the research data. This questionnaire includes 28 items and is a filtration instrument which can determine the probability of existence a mental disorder in the person. It also has four sub-scales: 1. Physical symptom, 2. Anxiety, 3. Disorder in social performance, 4. Depression. This questionnaire has been designed as multiple-choice items and the scoring is on the basis of Likert scale (0-1-2-3) (Yousefpoor, 2009).

According to Goldberg (1989) report, the meta-analysis which has been done about the reliability of GHQ-28 on the 43 studies at different places of the world indicates that GHQ-28 sensitivity average has been 0.84 (between 77- 89) and its characteristic average has been 0.82 (between 78-85). Goldberg and his colleagues have reported that the correlation between GHQ and SCL-90 on 244 participants is 0.78. In Palahang (1996) study, the stability coefficient of GHQ-28 at an interval of 10 days which has been done by test-retest and Cronbach's alpha method is 0.88. Hooman (1997) has estimated the total consistency coefficient with standard error as 5.848 and 0.83 (cited in Yousefpoor, 2009).

RESULTS

In the beginning, the descriptive statistics related to mental health variable and its dimensions for experimental and control groups at pre-test and post-test are presented in table 1.

Table 1. Descriptive statistics of mental health and its sub-scales for experimental group at pre-test and post-test

	Number	Mean	Standard deviation
Mental health at pre-test	15	31.6	7.9
Mental health at post-test	15	24.4	5.6
Physical sub-test at pre-test	15	6.67	2.50
Physical sub-test at post-test	15	5.90	2.20
Anxiety at pre-test	15	7.80	3.00
Anxiety at post-test	15	5.00	2.23
Social performance at pre-test	15	8.50	3.00
Social performance at post-test	15	7.40	2.80
Depression at pre-test	15	8.70	2.10
Depression at post-test	15	6.10	1.80

As shown in table 1, the mean score of the total mental health for experimental group at pre-test and post-test were 31.6 and 24.4 ; the mean score of physical dimension at pre-test and post-test were 6.67 and 5.9 ; the mean score of the anxiety at pre-test and post-test were 7.8 and 5 ; the mean score of the social performance at pre-test and post-test were 8.5 and 7.4 respectively. For the depression dimension the mean score at pre-test and post-test were 8.7 and 6.1 respectively.

Table 2. Descriptive statistics of mental health and its sub-scales for control group at pre-test and post-test

	Number	Mean	Standard deviation
Mental health at pre-test	15	29	6.8
Mental health at post-test	15	26.7	5.9
Physical sub-test at pre-test	15	6.33	2.64
Physical sub-test at post-test	15	5.4	2.61
Anxiety at pre-test	15	7.6	2.5
Anxiety at post-test	15	7.6	2.1
Social performance at pre-test	15	7.3	2.5
Social performance at post-test	15	6.67	3.1
Depression at pre-test	15	7.8	2.9
Depression at post-test	15	7.1	2.7

As shown in table 2, the mean score of the total mental health for control group at pre-test and post-test were 29 and 26.7 ; the mean score of physical dimension at pre-test and post-test were 6.33 and 5.4 ; the mean score of the anxiety at pre-test and post-test were 7.6 and 7.6 ; the mean score of the social performance at pre-test and post-test were 7.3 and 6.67 ; the mean score of the depression at pre-test and post-test were 7.8 and 7.1 respectively.

Hypothesis 1. Training life skills causes improvement in the mental health of exceptional children's mothers.

Table 3. The results of the ANCOVA analysis of mental health post-test after adjustment of pre-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Mental health pre-test	714	1	714	88.24	0.001
Groups	122.7	1	122.7	15.2	0.001
Error	218.5	27	8.09		
Sum	20583	30			

According to table 3, the difference between groups is significant ($F_{(1,27)}=15.2$; $p=0.001$). In other words, it can be said that training life skills has been effective on increasing mental health of the mothers.

Hypothesis 2. Training life skills causes improvement in the physical symptoms of exceptional children's mothers.

Table 4. The results of the ANCOVA analysis of physical sub-scales post-test after adjustment of pre-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Physical sub-test pre-test	91.6	1	91.6	35.4	0.001
Groups	0.4	1	0.4	0.15	0.7
Error	69.76	27	2.58		
Sum	1115	30			

As illustrated in table 4, there is no significant difference between groups ($F_{(1,27)}=0.15$; $p=0.7$). Thus, life skills training has not been effective on physical sub-scales dimension.

Hypothesis 3. Training life skills causes decreasing in the anxiety of exceptional children's mothers.

Table 5. The results of the ANCOVA analysis of anxiety post-test after adjustment of pre-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Anxiety pre-test	95	1	95	66.5	0.001
Groups	55.95	1	55.95	39.2	0.001
Error	38.6	27	1.43		
Sum	1375	30			

As shown in table 5, the difference between groups is significant ($F_{(1,27)}=39.2$; $p=0.001$). In other words, it can be said that training life skills has been effective on decreasing anxiety of the mothers.

Hypothesis 4. Training life skills causes improvement in the social performance of exceptional children's mothers.

Table 6. The results of the ANCOVA analysis of social performance post-test after adjustment of pre-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Social performance pre-test	106.97	1	106.97	21.56	0.001
Groups	0.09	1	0.09	0.02	0.89
Error	133.97	27	4.96		
Sum	1729	30			

According to the obtained results in table 6, there is no significant difference between groups ($F_{(1,27)}=0.02$; $p=0.89$). Thus, training life skills has not been effective on the social performance of the mothers.

Hypothesis 5. Training life skills causes decreasing in the depression of exceptional children's mothers.

Table 7. The results of the ANCOVA analysis of depression post-test after adjustment of pre-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Anxiety pre-test	88.14	1	88.14	40.67	0.001
Groups	17.25	1	17.25	7.96	0.009
Error	58.5	27	2.2		
Sum	1460	30			

As shown in table 7, the difference between groups is significant ($F_{(1,27)}=7.96$; $p=0.009$). In other words, training life skills has been effective on decreasing the depression of the mothers.

DISCUSSION AND CONCLUSION

The findings emerging from present study confirm that training life skills results in increasing mental health of exceptional children's mothers. These findings are in line with the findings of Aliloo (2004), Yadavari (2004), Yousefpoor (2009), Errecart and Ross (2002), Vertiainen (2004).

Aliloo (2004) investigated the effect of training life skills on mental health of Iranian medical students at Oloum Pezeshki University. His findings indicated that training self expressing and taking heart methods, controlling unpleasant excitements (anxiety, depression, anger) and stress resulted in significant decrease at depression and anxiety levels and also caused improvement in general health and educational performance of the students. But, it was not effective in social performance dimension and totally, experimental group had higher general health and educational performance compared to control group.

Errecart and Ross (2002) investigations also indicated that training life skills caused improvement in individuals' general health. Vertiainen (2004) has performed such program on the 4523 girl and boy students in Finland and obtained similar results. Different studies also showed that training life skills results in increasing individuals' mental health. The findings emerging from the present study indicated that training life skills has been effective in decreasing anxiety and depression of the mothers having exceptional children.

The findings emerging from Errecart and Ross (2002) showed excessive decreasing of depression and anxiety in the experimental group, but in the physical dimension and social performance there isn't any positive and significant effect of signs improvement, which is in line with the findings of second and fifth hypotheses of the present study. Also, the findings emerging from Aliloo (2004) who investigated the effect of training life skills on mental health indicated that training these skills are not effective in social performance improvement but at the other dimensions

of mental health such as anxiety and depression has a positive effect. These findings are compatible with the findings of second, third, fourth and fifth hypotheses of the present study.

Yadavari (2004) investigated the effect of training life skills on variety variables and found that training these skills caused improvement in mental health dimensions (physical, social performance, anxiety and depression). These findings are congruent with the findings of third and fifth hypotheses of the present study.

Amiri barmkoohi (1999) studied the role of training life skills on decreasing depression. In line with the findings of this study the results indicated the positive role of training life skills on decreasing depression. The findings emerging from Irma (1998) and Vertiainen (2004) studies indicated that training life skills caused improvement in anxiety and stress signs which are congruent with the findings of this study.

The results obtained from the present study showed that training life skills has been effective in increasing total mental health and also decreasing depression and anxiety of the studied exceptional children's mothers.

Limitations:

In this study the researcher investigated training only four skills of ten life skills and also it has been done on one Rehabilitation center with the mothers having an exceptional boy. So, it can not be generalized to other societies.

Suggestions:

The study could be undertaken with other Rehabilitation centers and life skills. And it could be replicated with using exceptional children's parents for identifying and presenting necessary trainings for need assessment. Also, it can be replicated with longer treatment focused on exceptional boys and girls parents to make a comparison between them.

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