Original Article

The effect of acquiring life skills through humor on social adjustment rate of the female students

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Abstract

BACKGROUND: Life skills have different effects on various aspects of the mental health. Social adjustment prepares adolescents for entering to the adulthood. On the other hand, humor and joking in the education is considered as a stress reducer and learning increaser. Therefore, the present study conducted aimed to determine the effect of acquiring life skills through humor on the social adjustment rate of the high school girls.

METHODS: This was a two-group semi-experimental study including three phases. The study population included 69 first year high school female students of Isfahan Department of Education district 3 who were selected in simple random sampling. First of all, the social adjustment rate was measured using California Personality Inventory. Thereafter, life skills education was conducted using humor during five sessions. Finally, a test was taken in order to assess the acquisition of the life skills in which passing score was required for re-completing the questionnaire. The data were analyzed using software SPSS₁₀ and independent and paired t-tests.

RESULTS: The findings of the study indicated that the mean score of the social adjustment statistically had a significant difference in the intervention group before and after the intervention. Furthermore, statistically, there was a significant difference between mean score of the social adjustment in the control group and test group after conducting the intervention.

CONCLUSIONS: The findings of the study indicated that life skills education has been increased through humor on the social adjustment rate of the high school girl students. Considering the efficacy of learning life skills on the social adjustment and results of the other studies which were in accordance with the present study, implementing such trainings with a new method comprehensively is recommended in the schools.

KEY WORDS: Life skills, social adjustment, humor, female adolescent girls, psychology.

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dolescence or identity infrastructure period is one of the important and vital stages of life which includes the ages between 10-19 year-old and is the bridge for transition to the independency and accountability of adolescence from the childhood dependency.^{1, 2} There is an estimation that one in every five people in the world are adolescents. In the developing countries, this age group con-

sists 85%.² In Iran, according to the latest statistics, the number of people under 18 years was reported 22, 494, 110, i.e., 32.27% of the total population of the country.³

In the studies carried out inside Iran, individual and social skills have been introduced as a factor to improve social relations.⁴ Life skills have been effective as a collection of individual and social skills which indirectly neutralize risk

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factors such as using drugs, ⁵ smoking ⁶ and sexual risk behaviors.⁷ Now, can it be useful for promoting adjustment directly by anger management, self-esteem, problem solving, communication methods and proper educational performance?

Some of the studies indicated that adolescents, due to lack of individual and social skills which hinder their adjustment with social conditions, do some actions which require exorbitant costs and great team work to be compensated. Poor social adjustment is one of the factors causing 10-20% of the psychological problems in people under 18 years.8 One of these problems is tobacco dependence; the evidence indicated that the first experience of cigarette consumption has mostly been before 18 yearold period,⁹ so that the prevalence of smoking in 15 year-old European students was approximately 24% and in Iranian students was 11.9%.10 In the study of Barikanei (2008) on 700 students with average age of 14.8 years, it was indicated that the experience of adolescents from illegal drug use in the past month were 12% cigarette smoking, 2% Hubble bubble, 2% heroin and 10% alcohol.9 In the study of Mohammadi (2008), the prevalence of alcohol consumption in females over 15 years reported around 2%.¹¹ Although the ratio and probability of female to male addiction is 1: 2 or 4, the dependence to drugs in the young women is happened earlier compared to men.12 One third of the addicted adolescents committed suicide due to the inability in problem solving.13,14 It was also indicated that committing suicide in 14 to 24 year-old females with low economic status has the highest incidence.15 According to a study in Tabriz, depression coefficient in 75.82% of the students was estimated over 15 which considered as a significant level.¹⁶

In the United States, 3/4 of the mortalities in 10-24 years old people had been due to four main reasons: accident by motorcycle, unintentional injuries, suicide and assassination in which the origin of majority of them was curiosity, lack of individual and social skills and poor social adjustment.¹⁷ The vulnerability rate in females had been more in this regard so that American Children's Protecting Society announced that from every 5 high school girls, one has experienced sex before marriage time,¹⁸ which relatively had infected about 12 million people at the age group of 15-24 years old by immunodeficiency virus and daily, 6000 new cases of this disease is emerging in this age group.¹⁹

However, according to the importance of life skills effect, the education should be in a method which causes the maximum learning in the addressed people. Humor and joking have high flexibility and ability in improving learning ability through creating a pleasant and stress free environment,²⁰ facilitating communication and creating a sense of intimacy between the individuals,^{21,22} helping to increase the duration and amount of attention particularly to the female students,²³⁻²⁵ and also making laughter and funny sense^{24,26} and establishing a positive sense in the individuals.

Considering that the researcher had many experiences in dealing with adolescents and he also had passed such a period, he found that teenagers showed lower acceptance and recall to the conventional and normal learning along with advices. Considering that several studies have been conducted in relation with life skills education, ²⁷⁻²⁹ in the present study, life skills education had used a new method, i.e., humor. This study aimed to compare adjustment mean scores before and after the intervention in intervention and control groups.

Methods

This was a two-group semi-experimental method with two control and intervention groups and three phases of before, during and after the intervention which was done in May and June 2009. The study population included all the first year public high school female students of Isfahan Department of Education district 3. All the required and necessary licenses including School of Nursing and Midwifery, Deputy Research of Isfahan University of Medical Sciences, Department of Isfahan Education and Isfahan Education District 3 were received before sampling and starting the study. The study

samples included 69 students who were selected in simple random sampling, i.e., out of five education districts, district three and then in this district two schools were selected by sortition, and again, randomly one school was selected as the control group and the other selected as the intervention group. Two classes with 56 students randomly selected from the intervention group from whom 48 students entered the study. In the control group school also, a 40-student class was selected from whom 29 students entered the study. The inclusion criteria included: 14-16 year-old girls who were studying at the first grade of public high school and lived with both parents, their parents -in addition to themselves- were tended to participate in the study. The exclusion criteria also included: failed in the past year exams, the imprisonment of the parents, death of close relatives and friends, severe personal injury of themselves or their close relatives, suffering from the mental disorders, using psychoactive drugs and changing living place.

In order to match the control and intervention groups, independent t-test was used for the parental age, previous grade-point average (GPA), age difference with the previous child and the number of the family members, and chi-square test for parental occupation and Mann Whitney test was used for variables of parental education level, family income and birth rank.

Data collection tools included a two-part questionnaire. The first part consisted of personal and family information which had 11 questions about age, educational status, occupation, economic status of the parents, previous GPA, birth rank, age difference with the previous child, the first menarche and the number of the family members. The second part was the California Social Adjustment Questionnaire (CPT).^{30, 31} This questionnaire is part of 9-16 years old form of the personality assessment which had been developed in 1939 and revised in 1953. This test is used for assessing various life adjustments with two poles of personal adjustment and social adjustment that here the social adjustment has only been used. Ninety

questions about social adjustment repeatedly have been used in the studies of inside and outside Iran. The responses were in "yes" or "no" question choices. In the present study, the total score which was obtained in response to the questionnaire was used as the total score of social adjustment in analyzing the results. Validity coefficient for social adjustment estimated as 78.80 and validity of the social adjustment also was depending upon content validity and construction method.³¹

The intervention method in the present study included a seven-session course of social skills using humor. Due to high frequency of the questions, two sessions (at the beginning and the end of the sessions) were considered for completing the questionnaire. In the pre-test, both groups were given encoded questionnaires. In the intervention phase, educational classes (such as discussions of life skills, selfesteem, problem solving, emotional control and communication with others) held for the intervention group for three weeks from May to June 2009 during five sessions twice a week. In this study, training method conducted in humorous subjects through caricature, telling humorous tales, stories and jokes. During the training performance, the required feedbacks were received by both the learners and someone who had MSc in psychiatric nursing. In the post-test phase, a 15-question test was taken from the intervention group in which 8 students obtained scores less than 10 in the test and were excluded from the study. Thereafter, the other participants in the intervention group and the participants of the control group again filled in the CPT Questionnaire. Finally, the tutorial booklets were prepared and were given to both groups.

The data were analyzed using software SPSS₁₀. In this study, the independent and dependent variables were life skills and social adjustment, respectively. In order to determine individual and family characteristics of the study subjects, central and dispersion indices were used including frequency distribution and mean; for reviewing the results of the intervention

Table 1. Determining the mean scores of the individual and family characteristics					
Variables	Intervention	Control			
Menarche age	12.92 ± 0.15	12.58 ± 0.17			
GPD	18.01 ± 0.26	17.54 ± 0.34			
Age difference with previous child	4.45 ± 0.58	5.45 ± 0.56			
Family size	5 ± 9.4	5 ± 0.2			
Father's age	45.9 ± 0.93	64.41 ± 1.24			
Mother's age	39.5 ± 0.75	40.27 ± 0.99			

Table 2. Determination and comparison of mean score of the social adjustment in the intervention and control groups before and after the intervention

		Control n = 29		Intervention n = 40	
		Pretest	Post-test	Pretest	Post-test
Adjustment scor	e	66.08 ± 1.897	65.862 ± 2.042	66.027 ± 1.519	73.361 ± 1.514
Paired t-test	t	0.16		3.37	
	р	0.86		0.002	

in the intervention group, paired t-test was used; for comparing the results between the two groups, independent t-test was applied and for comparing the two groups in terms of individual-family characteristics, chi-square, Mann Whitney and independent t tests were used.

Results

To conduct this study, sixty nine 14-16 year old female students were investigated. In order to represent the obtained results and access to the objectives, the data were shown as mean and frequency distribution.

The study results for individual and family characteristics of the study subjects are shown in table 1. The frequency distribution of the variables indicated that the educational level of the majority of the fathers (72.5%) and mothers (60.9%) were high school graduates or had associated degrees. The majority of the fathers were self-employed (44.9%). The majority of the study subjects were the last born child (47.8%). The two groups statistically had no significant difference with each other. There was no significant difference between the two groups in the following variables: the number of family members and educational levels of the parents.

As shown in table 2, the mean score of social adjustment in the control and intervention groups at the beginning and before intervention was 66 ± 1.5 and 66 ± 1.9 , respectively. The

results indicated that although the selected groups of the study belonged to two different parts of the residential areas in the Isfahan Education District 3, but they had no significant difference in terms of mean score of social adjustment and were identical and matched in this regard. The results showed that statistically, there was a significant difference between the mean score of social adjustment of the intervention group before and after the intervention (p = 0.002) whereas in the control group, the mean score of social adjustment had no significant difference before and after the study. Then, the obtained means from the control and intervention groups were compared to each other; the results indicated that statistically, there was a significant difference between the mean score of social adjustment before and after the intervention in the control and intervention groups (p = 0.03).

Discussion

The results of the present study indicated a significant difference between mean scores of social adjustment before and after the intervention, i.e., life skills education through humor increased the mean score of social adjustment. According to the some studies, it was indicated that adolescents have deficiencies in social and individual skills. Following the deficiency in the skills, the poor social adjustment would occur which result in addiction, illicit sex, criminal

actions and psychological and mental problems. Life skills training which include a set of individual, social, cognitive and coping skills could have different effects on various aspects of the mental health.³² In this study, it was tried to promote and developed social adjustment -as a primary prevention- through acquiring life skills with new educational method in female students. The researcher's observations and results indicated that acquiring life skills could indirectly help in promotion of positive adjustment through anger management, self esteem, problem solving, communication methods and increasing the information on application of life skills.

In the study of Attarei et al titled "studying the effect of social skills training on individualsocial adjustment of offenders teenagers", the social skills were subgroups of the life skills and it was indicated that these skills could also affect on the adjustment of penitentiary resident boys similar to the student girls in the public high school,³² which was in accordance with the present study. ³³

In the study of Samarei and Lalei (2005) titled "studying the efficacy of life skills training on family stress and social acceptance" it was shown that life skills education reduced the stress of the family and increased the social acceptance. This indicated the indirect effect of life skills on the social adjustment.⁴

The study findings of Haghighei et al (2006) also confirmed the effects of life skills education on mental health and self esteem of first year high school female students.³⁴

The case which was considerable in many studies of life skills in adolescents was the use of training method. Training methods used in previous studies had been lecture and group discussion; these methods have more capability in training the adults. While humor, particularly in adolescents, can lead to increase in memory, learning, getting involved in the discussion and reducing the tension.^{22,23} In the present study, humor has been used by emphasizing the acquisition. As Holt et al in his study results showed the importance of leadership method in education of the life skills in adolescents, the results also showed the learning rate of 83.4%.²⁸ In researchers' point of view, the trainer's manner and the method of managing the class through humor had a significant role in raising the learning rate.

The study results of Sedighei -which was done for studying the efficacy rate of cognitivebehavioral education of self esteem on social adjustment of high school boys-, showed that the method of cognitive-behavioral training affected only the self esteem and not the social adjustment.³⁵

Moreover, the study of Magnani titled "The impact of life skills education on adolescent sexual risk behaviors in KwaZulu-Natal, South Africa" showed that education only affected the rate of sexual risk behaviors, but had no effect on the age of starting the sexual activity, secondary refusal behavior and the behaviors of sexual partner.⁷

In the study of Rezaei titled "life skills education by group method" it was indicated that life skills education caused the decrease in stress mean scores the increase in the problem oriented approach mean score and the decrease in exciting oriented approach mean scores of the adolescents of pseudo-family centers in the intervention group compared to the control group but caused no changes in the mean scores of avoid oriented approach.³⁶

According to the results of the present and other previous studies, life skills education is a program whose benefits had been proved. In general, the findings of the present study and similar studies indicate that life skills education can promote the social adjustment of the kids and adolescents. The limitation of the present study was neglecting the individual characteristics for accepting the humor.³⁷ Therefore, it is recommended that this aspect also be taken into consideration in the future studies. The other limitation of our study was considering the low number of the samples. It seems if it was possible to select the sample randomly from various districts of Education Department, the results could have been judged better, which could reduce the generalization of the study; therefore, conducting the

study with higher sample size is recommended so that by comprehensive implementation, planning a successful future for the adolescents will be achievable. The education centers certainly would be the best incentives in order to implement such programs.

The authors declare no conflict of interest in this study.

References

- 1. Lotf Abadi H. Developmental Psychology (2): adolescence, youth, adulthood. Tehran: Organization of the study and compiling books Humanities Universities (samt); 2001. p. 11.
- 2. World Health Organization. Mental health policy and service guidance package. Philadelphia: World Health Organization; 2005.
- 3. Statistical Center of Iran [Online]. 2006; Available from: URL: www.sci.org.ir/
- **4.** Samarei AA, Lalei Faz A. Efficacy of teaching life skills on family stress and social acceptance. The Quarterly Journal of Fundamentals of Mental Health 2005; 7(25-26): 47-55.
- **5.** Botvin GJ, Griffin KW. Life skills training as a primary prevention approach for adolescent drug abuse and other problem behaviors. Int J Emerg Ment Health 2002; 4(1): 41-7.
- **6.** Hanewinkel R, Asshauer M. Fifteen-month follow-up results of a school-based life-skills approach to smoking prevention. Health Educ Res 2004; 19(2): 125-37.
- 7. Magnani R, Macintyre K, Karim AM, Brown L, Hutchinson P, Kaufman C, et al. The impact of life skills education on adolescent sexual risk behaviors in KwaZulu-Natal, South Africa. J Adolesc Health 2005; 36(4): 289-304.
- **8.** Claveirole A. Listening to young voices: challenges of research with adolescent mental health service users. J Psychiatr Ment Health Nurs 2004; 11(3): 253-60.
- **9.** Barikanei A. High risk behaviors in adolescents schools and high schools of Tehran. Journal of Psychiatry and Clinical Psychology 2008; 14(2): 192-8.
- **10.** Sharifi-Rad G, Hazavee M, Hassan Zadeh A, Danesh Amouz A. Effect of health education based on health belief model on smoking preventive actions in the first high school students. Journal of Arak University of Medical Sciences 2007; 10(1): 79-86.
- **11.** Mohammadi M. The findings and challenges ahead of drug abuse by women and girls. Journal of Addiction recognition and intervention in substance abuse 2008; (3): 35-45.
- **12.** Sobhani AR, Shojaei Tehranei H. Addiction prevention and treatment programs to combat international narcotics. United Nations. Tehran: Poursina; 2000.
- **13.** Steele RG, Roberts MC. Handbook of mental health services for children, adolescents, and families. 1st ed. Oxford: Gulf Professional Publishing, 2005. p. 185.
- 14. UNAIDS. Global Goals and Universal Access for Young People. Philadelphia: World Health Organization; 2006.
- **15.** Hajarei S, Amiri SH, Yarmohammadian A, Malek Pour M. Review the effectiveness of group problem-solving training on levels of social adaptation of women with bipolar disorder. Two Behavioral Sciences Research Journal of Isfahan 2006; 4(1-2): 52-8.
- **16.** Shahnazei M, Sadr Mehr F, Ismailei F. Depression among female students in public schools in Tabriz. Journal of Nursing and Midwifery Tabriz 2008; (9): 38-44.
- 17. Albrecht SA, Reynolds MD, Cornelius MD, Heidinger J, Armfield C. Connectedness of pregnant adolescents who smoke. J Child Adolesc Psychiatr Nurs 2002; 15(1): 16-23.
- 18. Rouh Shahbazi K. Adolescent Girls Education, Guidelines for Parents. World Health Quarterly 2006; 19(1): 30-5.
- 19. Redfield A, Franz WK. AIDS and Young People. Washington: Regnery Publishing; 1987.
- **20.** Chall JS. The Academic Achievement Challenge: What Really Works in the Classroom? New York: Guilford Press; 2002.
- **21.** Drench ME, Sharby N, Noonan AC. Psychosocial aspects of health care. 2nd ed. New Jersey: Pearson Prentice Hall; 2006. p. 37.
- 22. Kleinke CL. Coping with life challenges. 2nd ed. California: Brooks/Cole Pub; 1998. p. 71.
- **23.** Peat A. Learning: Too serious to be taken seriously using humor as a classroom tool [Online]. 2001 Jun; Available from: URL: http://www.alanpeat.com/resources/humour.html/
- **24.** Power T. Engaging student with humor, Association for psychological science [Online]. 2008; Available from: URL:http://www.psychologicalscience.org/observer/getArticle.cfm?id=1904/
- 25. Snyder CR. Coping with stress: effective people and processes. 1st ed. Oxford: Oxford University Press; 2001.
- 26. Khoushoei MS. Psychology of humor. Isfahan: Kankash, 2007. p. 66.
- 27. Khadivei R, Moezi M, Shakerei M, Borjian MT. Effect of life-skills training in suicide prevention in women Ardal city. Ilam University of Medical Sciences Journal 2005; 13(1): 13-20.

- **28.** Holt NL, Tink LN, Mandigo JL, Fox KR. Do Youth Learn Life Skills through Their Involvement in High School Sport? A Case Study. Canadian Journal of Education 2008; 31(1): 281-304.
- 29. Available from:URL: http://www.csse.ca/
- **30.** Mangrulkar L, Vince Whitman C, Posner M. Life skills approach to child and adolescent healthy human development. Washington (DC): Pan American Health Organization, 2001.
- **31.** Akhoundei A. Investigate the relationship between perceived social support with social adjustment of students in Tehran, [MSc Thesis] Tehran: Tarbiat Modares University; 1997.
- 32. Attarei YA, Shahanei Yeylaghei M, Beshlideh K, Kouchakei Ashour M. Effect of social skills training in personal adjustment - social offenders in the city Kavous dome. Journal of Psychology and Educational Sciences, Shahid Chamran University 2005; 12(3): 25-46.
- 33. Eby L, Brown NJ. Mental health nursing care. 2nd ed. New York: Pearson Prentice Hall; 2009.
- **34.** Haghighei J, Mousavei M, Mehrabei Zadeh Honarmad M, Beshlideh K. The effect of education on mental health life skills and self esteem of students the first year of high school girls. Journal of Educational Psychology, Shahid Chamran University 2006; 13(1): 61-78.
- **35.** Sedighei K. Evaluation of efficacy of cognitive -behavioral self-esteem and social adjustment of boys Nishapur in 1380, [MSc Thesis] Isfahan: Faculty of Psychology and Educational Sciences; 2001.
- **36.** Rezaei E. Effects of life skills education on stress and coping styles in adolescents with family-like center, [MSc Thesis] Isfahan: Faculty of Education and Psychology, Isfahan University; 2007.
- **37.** Rhodes J, Roffman J, Reddy R, Fredriksen K. Changes in self-esteem during the middle school years: a latent growth curve study of individual and contextual influences. Journal of School Psychology 2004; 42(3): 243-61.