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The effects of a life skills-based intervention on emotional health, self-esteem and coping mechanisms in Malaysian institutionalised adolescents: Protocol of a multi-centre randomized controlled trial



Marjan Mohammadzadeh^a, Hamidin Awang^{b,*}, Hayati K.S.^a, Suriani Ismail^a

^a Department of Community Health, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Malaysia

^b Department of Psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 UPM, Serdang, Selangor, Malaysia

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ABSTRACT

The aim of the current study was to determine if a life skills-based intervention programme could improve the emotional health, self-esteem and coping skills of Malaysian institutionalised adolescents. This study was a randomized controlled trial with pre-, post- and four-month follow-up tests comprising intervention and control groups which were randomly selected to receive the intervention programme (life skills education) or the placebo education programme (COMBI programme). Overall, 271 adolescents, who experienced a mild to extra severe score in one of the objectives of the DASS21 questionnaire were selected to participate in the study. The findings of this study can be the starting point of continuous, systematic life skills education for Malaysian children and adolescents, and can be used by researchers and educational planners across the country.

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1. Background

The number of institutionalised children has increased since the start of the present century, and it is estimated that more than 500,000 children live in orphanages and foster care. In many cases, the care and support provided by institutions basically focuses on biological needs such as nutrition, primary health care and basic education, and not psychological and behavioural health issues (Lynch, 2007).

Generally, institutionalised children and adolescents are at a greater increased risk of serious psychological problems in their lifetime (Margoob et al., 2006) and exhibit various psychological, emotional and behavioural problems such as coping and adjustment problems, aggression, personality problems, low self-esteem, depression and stress (Kaur & Rani, 2015).

Abbreviations: LSE, life skills education; RCT, randomized controlled trial; COMBI, communication for behavioral impact – program in Dengue prevention; DASS, the Depression Anxiety Stress Scales; RSES, Rosenberg self-esteem scale; UN, United Nations; UNICEF, The United Nations Children's Fund; NGO, Non-Governmental Organization; WHO, World Health Organization; SPSS, statistical package for the social sciences; ANOVA, analysis of variance; CVI, Content Validity Index.

* Corresponding author.

E-mail addresses: scarlet.458@gmail.com (M. Mohammadzadeh), Hamidinresearch@gmail.com (H. Awang), hayatik@upm.edu.my (H. K.S.), si_suriani@upm.edu.my (S. Ismail).

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Therefore, institutionalised children are up to seven times more likely to show emotional and behavioural problems than other children in their same age group and socio-economic background (Gavița, David, Bujoreanu, Tiba, & Ionuțiu, 2012).

In Malaysia, according to statistics from the United Nations (UN), more than 400,000 children were considered orphans in 2015, and this number is rising dramatically (Lakshiny, 2015). According to OrphanCARE, an NGO that specializes in finding homes for abandoned children, the majority of orphanages in Malaysia are not registered to any formal organization, and there are no detailed statistics on the exact number of homes and children residing in them (Lakshiny, 2015).

Furthermore, as adoption is not yet available, possible or even permitted in many countries, including Malaysia, institutional care such as orphanages and foster care are still the main options for those who are not fortunate enough to have parents to live with (Polihronakis, 2008). Only a few studies have examined the psychological and behavioural well-being of institutionalised children and adolescents or have conducted educational interventions in Malaysia. Therefore, information in this area is very limited. One of the few studies on Malaysian institutionalised adolescents includes a local study of three orphanages in Kelantan, which reported alarming figures of 3.9%, 18.9% and 27.8% of orphans who reported severe, moderate and mild levels of depression, respectively, indicating a high percentage of depression among institutionalised adolescents in Malaysia (Ramli, Yahaya, & Lazin, 2010).

2. Intervention program

Considering the several mental and behavioural health issues among adolescents living in orphanages that require serious attention, early detection of mental health challenges is important and can minimize these problems in adulthood. A host of prevention and intervention programmes have been developed to help institutionalised children enhance their mental health. Life skills education (LSE) is one of them and refers to a large group of emotional, social and interpersonal skills that help individuals decide wisely, communicate effectively, improve their personal management skills and have healthy and fruitful lives (Mohammadzadeh, Awang, & Tajik, 2017; Vaidya, 2014).

According to the World Health Organization (WHO), life skills are “abilities for adaptive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO, 1997). Children who are dispossessed of life skills face a variety of personal and interpersonal problems. A lack of life skills is conducive to emotional and behavioural difficulties and strained relationships. This condition also has a negative effect on which methods are used in challenging situations in daily life (Gerami, Ahmadi, Safat, & Farsi, 2015). To be successful through life’s challenges, it is obvious that children and adolescents living in orphanages or any other type of institution need additional continuous, systematic life skills-based education.

Life skills education is also very new to Malaysia, and there is practically no systematic life skills training for children and adolescents living in orphanages or even in schools.

The lack of life skills-based education places Malaysian adolescents at a higher risk of mental and behavioural problems such as depression, substance abuse, juvenile delinquency and bullying. The absence of appropriate information and skills to cope with the unique life changes during the period of adolescence can also cause many physical, mental and behavioural difficulties among Malaysian adolescents (Kuldas, Hashim, & Ismail, 2015). Therefore, it is necessary to recognize the types of problems that Malaysian adolescents are faced with and then equip them with sufficient coping skills to address these problems (Baharudin, Krauss, Yacoob, & Pei, 2011). Undoubtedly, the need for life skills education for vulnerable Malaysian adolescents, including institutionalised adolescents, is much higher than that of their average peers (UNICEF, 2012).

Based on the researchers’ knowledge, this was the first time that LSE was academically implemented in Malaysia. Because of the importance and magnitude of the problems of children and adolescents in orphanages, the findings of this research and the educational model in the intervention programme are intended to help policymakers, practitioners in the health field, caregivers in orphanages and teachers pay special attention to life skills education in order to promote healthier youth and communities in the present and future.

3. Theoretical framework

According to UNICEF, life skills education is a structured evidence based programme that is designed or implemented to enhance mental health and positive and adaptive behaviors among the target population (UNICEF, 2005). Some of the health theories employed in life skills education studies and interventions include: Social Learning Theory, Problem-Behavior Theory, Theory of Planned Behavior, Social Influence Theory and Stress-Coping Theory (Glanz, Rimer, & Viswanath, 2008). With regard to the study objectives, the conceptual framework of the current study explains the foundation of the devolvement of the LSE programme that originated from the Stress-Coping Theory by Lazarus in 1966 (Lazarus & Folkman, 1984).

The intervention programme helps participants to learn and practice life skills to find alternative coping methods and use them to improve their mental health as well as the ability to cope more effectively with life’s situations. In the current study, it is supposed that the primary appraisals (such as critical and creative thinking to analyze the situation, awareness, risk evaluation and evaluation of harmful behaviour) could be triggered by individual and social stressors. This activates the secondary appraisal process to assess what are the best reactions and strategies (such as self-esteem and self-efficacy, problem solving, decision making and controlling the emotions) for effective action about the situation. The intervention programme helps participants to learn and practice these abilities and skills.

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