

Female Adolescents and Life Skills based on the Social Cognitive Theory: A Qualitative Study

Mohamadreza Miri¹, *Fatemeh Baghernezhad Hesary², Mohammad Ali Morowatisharifabad³, Golam Reza Sharifzade⁴, Reza Dastjerdi⁵

¹PhD in Health Education and Health promotion, Professor, Department of Public Health, Birjand University of Medical Sciences, Birjand, Iran. ²PhD Candidate in Health Education and Health Promotion, International Campus, Shahid Sadoughi University of Medical Sciences, Yazd, Iran. ³Professor, PhD in Health Education and Health Promotion, Aging Health Department, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran. ⁴MSc in Epidemiology, Department of Epidemiology, Social Determinants of Health Research Center, Birjand University of Medical Sciences, Birjand, Iran. ⁵PhD in Psychology, Assistant professor, Faculty of Para Medicine, Birjand University of Medical Sciences, Birjand, Iran.

Abstract

Background: Adolescence is one of the most important periods of life for all people. This is a transition period from childhood to adulthood, through which individuals should learn to make the right decisions and apply the life skills. This study aimed to explain the life skills' experiences of 12-14 year-old female adolescents.

Materials and Methods: In this qualitative content analysis study, adolescent girls aged 12-14 years were selected by the purposeful sampling method. The data were collected using individual interviews and focus group discussions. The recorded audio files were transcribed. Then, the information was compared and merged with the available literature in the field. A classification matrix was created according to the constructs of the social cognitive theory (SCT). Categories were derived from the constructs of SCT and themes were extracted from the analysis and interpretation of data.

Results: The main extracted themes consisted of the environmental, behavioral, and personal factors. The theme of environmental factors included two categories of interpersonal relationships and influential role models as well as access to resources and facilities. The theme of behavioral factors included the categories of skills and the personal factors' theme contained the categories of personality traits, attitudes, perceived self-efficacy, knowledge, and outcome expectations.

Conclusion: The use of life skills by adolescents is influenced by personal, environmental, and behavioral factors. Therefore, appropriate conditions should be provided for the adolescents to use the life skills. These conditions include acquisition of knowledge and skills, perception of positive outcome expectancies, existence of influential role models, existence of supportive systems, access to facilities, and positive attitudes.

Key Words: Adolescents, Life skills, Puberty, Qualitative research.

*Please cite this article as: Miri M, Baghernezhad Hesary F, Morowatisharifabad MA, Sharifzade GR, Dastjerdi R. Female Adolescents and Life Skills based on the Social Cognitive Theory: A Qualitative Study. Int J Pediatr 2019; 7(8): 9841-51. DOI: **10.22038/ijp.2019.38629.3306**

*Corresponding Author:

Fatemeh Baghernezhad Hesary, PhD Candidate in Health Education and Health Promotion, International Campus, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

Email: ftbagher@gmail.com

Received date Feb23, 2016; Accepted date: Mar 22, 2016

1- INTRODUCTION

In all societies, adolescence is the era of evolution, maturity, and transition from less developed cognitive skills and childhood emotional experiences towards the fully developed cognitive skills and balanced adult emotional experiences. The World Health Organization (WHO) defined adolescence as the period between 10-19 years of age (1). There is a global agreement on the three characteristics of adolescents' evolution: 1. Start of puberty, 2. Emergence of more advanced cognitive abilities, and 3. Transition to new roles.

All adolescents in all communities enter these three stages (1). The members of this age group are often healthy, but the rates of deaths and diseases are still significant among them. Alcohol consumption, tobacco use, drug abuse, lack of physical activity, violence, as well as nutritional and mental health problems are among the challenges of adolescence (2). Depression is the main cause of disease and disability in adolescents and suicide is the third leading cause of death among them. Across the globe, 10-20 percent of children and adolescents experience mental disorders and half of the mental diseases begin at the age of 14 years (2).

The needs of today's life, the rapid socio-cultural changes, changes in the family structure, the widespread and complex networks of human communications, and their diversity have resulted in people being faced with many challenges and stress. In order to cope with these problems effectively, people need to acquire psychosocial skills. Lack of emotional, psychological, and social abilities makes people vulnerable to the problems and poses a variety of mental, social, and behavioral disorders (3). In 1999, the WHO defined life skills as the personal, social, cognitive, and emotional characteristics required to meet the needs and aspirations of life (4). Life skills contribute to the development of

motivations, attitudes, and skills to reach success (5). Many studies illustrated the beneficial effects of life skills' training on mental health promotion and suicide reduction among young people (6), stress management, time management, and promotion of self-esteem (5), increase of social trust (7), decrease of depression and anxiety, improvement of social function (8), promotion of emotional health, self-esteem, and resilience (9), and development of self-efficacy (10). Adolescence, as one of the most important periods of life, is considered as a critical period because major physiological, cognitive, and psychological changes happen through it. Successful completion of this period guarantees a healthier future for people. To hit this target, appropriate decision-making and life skills are vital.

Considering the potential of qualitative research in deep understanding of a phenomenon, this study aimed to investigate the experiences of female adolescents with regard to life skills. Furthermore, the achieved findings can be applied to design and appropriate strategies can be implemented in order to solve the adolescents' problems in application of life skills and to improve their knowledge, attitude, and skills.

2- MATERIALS AND METHODS

2-1. Study design

This research was conducted using the qualitative content analysis method in 2018. Considering that social cognitive theory (SCT) is a theory that applies to adolescents, their lifestyles, and their protective factors (1), the directed content analysis method was used to identify and understand the different dimensions of the issue. The text content was analyzed using the concepts of SCT. Later, the contents of the texts were determined, the semantic units were created, and the collected information was categorized (11).

2-2. Participants

The aim of a qualitative research was to gain a deep understanding of the phenomenon under study (12). Therefore, the participants of this study were selected from the informants. Participants included female high school students in the age range of 12-14 years in Birjand city, South Khorasan, Iran. Participants were selected with different economic and social status, and from two different regions of Birjand. The purposeful sampling method was applied to select the participants and the required data were collected by conducting eight semi-structured interviews and group-focused discussions with 12 individuals. The data saturation was achieved after 12 interviews when no new code was found.

2-3. Ethical considerations

The study was approved by the Ethics Committee of Shahid Sadoughi University of Medical Sciences (IR.SSU.SPH.REC.1397.37). Moreover, in order to enter the schools and collect the data, the necessary permissions were obtained. According to the viewpoints of the schools' managers and teachers, the teenagers who had more information were selected. The researcher introduced herself and explained the study goals. Then, the participants were ensured about the confidentiality of the information and were asked to sign the informed consent forms. They were also allowed to withdraw from the study at any time.

2-4. Data collection

The required data were collected according to the guides' questions on life skills experience based on SCT. At the beginning of the interview, informed consent forms were received from the participants and they were provided with the study objectives. Interviews and group discussions were held at the school, so that the participants could feel more

comfortable. The interviews were recorded with interviewees' agreement. Next, we listened to the recorded contents several times and transcribed the information. At the beginning of the group discussion, the researcher explained the rules and participated in the discussions as a facilitator in order to create a positive interactive atmosphere throughout the discussion. In this regard, the students expressed their ideas freely and comfortably for two hours. The individual interviews, which lasted between 30 minutes and one hour, continued until the data saturation was achieved. Interviews and group discussions focused on general questions such as the following:

1. Have you ever had the experience of using one of the life skills? Please describe it in detail.
2. What was your feeling when you used the skill?
3. What factors led you to use that skill?
4. What are the effective factors in learning and using life skills?

Along with the respondents' answers, the researcher asked some follow-up questions to collect more information and clarify the ideas. The interview ended when the participants described their experiences and all the required details were determined. The interviews and group discussions continued until no new information was achieved and data were saturated.

2-5. Study Trustworthiness

Regarding the credibility of the study, it should be mentioned that the researcher had a prolonged engagement and persistent observation in the subject; the study lasted from April to June 2018. The researcher established a friendly relationship with the participants, so that they could easily express their experiences. Another way to increase the credibility of data was

application of peer debriefing method. In this regard, the supervisor and advisor of the study supervised the process of data collection and analysis and provided the necessary instructions in this regard. To improve the scientific accuracy and validity of data, member checking was applied. Furthermore, the triangulation method was used. In order to collect the data, individual interview and group discussion methods were conducted. To ensure the reliability of data, the interviews were transcribed and coded. Later, three participants were asked to review the codes derived from their interviews and give feedback to the researcher. Furthermore, the codes and themes were re-evaluated by two researchers outside the research team.

So, the reliability of the data was confirmed. Maximum variation sampling was conducted and participants with different ages as well as economic and social status were selected to facilitate the transferability of the findings. Considering the transferability of data, the baseline characteristics of the participants such as age, gender, level of education, and parental occupation were collected. Confirmability of the data was also achieved by recording the activities over time, so that other people could track them. To ensure the consistency of the findings, raw information including the auditory files, texts, and interview questions, classification process of the findings, and analysis of the results were considered.

2-6. Data analysis

In the qualitative research, data analysis is performed simultaneously with the data collection. In directed content analysis method, the analysis begins with preparation for research. In the case that various theoretical perspectives exist on a subject, this approach should be applied. The existing views help us to define the

operational concepts (13). This operational definition provides the required categories of the research. The main categories that described the subject of this study and were extracted from the operational definition are represented in **Table.1**. In the present study, we initially transcribed the audio files of the interviews; later, these transcriptions were compared and merged with the contents available in the literature. Then, a classification matrix was created with respect to the constructs of SCT. In order to achieve the desired items and options of each category, the researchers reviewed and investigated the transcriptions carefully. Then, the important parts were broken down into semantic units and initial coding was performed based on these units.

As an example, one of the semantic units of the interviews was "*I was happy that I could solve my problem*"; so, the derived code was feeling happy. In this way, all codes were extracted from the semantic units. The data were encoded, summarized, and categorized according to the similarities and differences of the information. Later, we compared the categories and integrated the codes to form the categories. For example, codes of feeling relaxed, happiness, self-satisfaction, and self-esteem were classified in a category entitled positive emotions, which followed the category of applying life skills.

In the next stage, the category extracted from codes was classified after making revisions and comparisons. The categories were formed based on the constructs of SCT. For instance, the category of positive emotions, following the application of life skills and perceived benefits of life skills was classified under the category of outcome expectancies. Finally, we extracted more abstract categories and sub-categories.

3- RESULTS

Baseline characteristics of participants in the study are presented in **Table.1**. The contents of the interviews and group discussions included 109 initial codes, which were merged into 42 codes. Later, we extracted 15 sub-categories and eight categories from the merged codes (**Table.2**). After formation of the categories and sub-categories, three main themes of 1) personal factors, 2) behavioral factors, and 3) environmental factors were extracted.

3-1. Personal factors

The first theme extracted from the interviews and group discussions was the personal factors, which included cognitions, perceptions, emotions, and biological events (14). According to the participants, the personal factors influencing the use of life skills are categorized into five main categories.

1. Outcome expectancies

This category includes prediction of the possible outcomes derived from involvement in the desired behavior (using life skills) (14). Social Cognitive Theory shows that expectations are subjective and people's performance stems from objective facts based on their perceptions (15). Regarding this category, participants mentioned their positive emotions after using life skills. So, the perceived benefits of implementing life skills were mentioned as the outcome expectancies by participants.

- A. Positive emotions after implementing the life skills:** Adolescents experienced the feelings of relaxation, happiness, self-satisfaction, self-esteem, and self-confidence after using life skills. A participant mentioned: *"I felt good about making the right decision and solving my problem. I was comfortable and felt satisfied"* (p.2). Another teenager said: *"I was happy to solve my*

problem; I was proud of myself since I could solve my problem. I felt grown up and my confidence increased" (p.5).

- B. Perceived benefits:** It is defined as a belief in the benefits of using life skills to reduce the risk or to gain benefits (14). In this regard, four participants stated that *"implementation of life skills made them less vulnerable to harm in society"* (p.12). Participants mentioned that the benefits of using life skills included physical and mental health, academic success, success in life, social acceptance, success in coping with life problems, and appropriate communication with others. As an example, an adolescent said, *"If we use life skills, we will be recognized, mentally relaxed, and successful in our lessons"* (p.8).

2. Knowledge

Cognitive processes play an important role in the pursuit of healthy behavior. These cognitive abilities are shaped in adolescence and enable the individuals to adopt healthy behaviors and accept responsibility for their safety and health (1). Knowledge is a prerequisite for most other determinants (16). According to the findings, people are required to learn facts, acquire insight, and develop their cognitive factors with regard to the knowledge of life skills. A teenager said: *"If I know the beneficial effects of life skills and become familiar with their implications, I will surely use life skills"* (p.20).

3. Perceived self-efficacy

It is defined as the individuals' confidence to behave and overcome the obstacles during the behavior (14). Self – efficacy is specific to both the behavior and the situation (17). Perceived self-efficacy has a pivotal role. The role of models, ability to cope with barriers, and observational learning were pointed out in learning and implementing of life skills. An adolescent

indicated that *"Although my friends mock me, I still use life skills"* (p.10). Another teenager stated: *"When a father controls his anger or a mother controls her own stress, children also learn"* (p.9).

4. Attitude

It includes the arbitrary or non-arbitrary evaluative reactions or tendencies. Attitudes are also known as the beliefs and feelings (18). Attitudes include beliefs, self-assessment and motivation for action (16). The attitudes of adolescents, parents, and teachers are among the most conducive factors in learning and applying the life skills. An adolescent said: *"If application of life skills is important for my parents, it will be important for me and I will use them"* (p.12).

5. Personality traits

Personality traits are factors that affect a person's health behavior. Human behavior is the result of current perception of the environmental, intellectual and physical capacities (15). In this regard, two teenagers stated that *"shyness prevented them from using the Refusal skills"* (p.15). One of the participants said: *"Despite having an exam and not having time, I was too embarrassed to tell our neighbor that I could not take care of her child"* (p.8).

3-2. Behavioral factors

The second theme was the behavioral factors. Individuals need some skills to choose the right healthy behaviors, plan to change a behavior, and remove the obstacles to make these changes. Based on SCT, human behavior is a function of behavioral, personal, and environmental factors and the dynamic interactions among these three factors lead to a behavior (19). Individuals must have the skills to do the behavior (16). The participants indicated that providing the necessary information, training, skills for implementation of the life skills and

having goals, planning, actual practicing are effective in utilizing life skills. For instance, one teenager stated: *"I need to remember what to do to use life skills"* and *"In order to be able to apply life skills in our lives, we must have actual practice"* (p.10).

3-3. Environmental factors

The third theme is the environmental factors affecting the use of life skills. The term environment refers to all factors that can be effective on behavior, but to the external agent as an individual (16). According to the participants, the environmental factors influencing the use of life skills are categorized into two main categories:

1. Interpersonal influencers

In this regard, the participants mentioned the supportive role of family, friends, and teachers in learning and implementing life skills as well as the social pressures and expectations in learning and applying the life skills. One of the participants said: *"If my friends remind me of the skills, I can use them better"* (p.18).

Social pressures and expectations were mentioned as other effective issues in learning and applying the life skills according to some participants. An adolescent stated that *"I said No to my friend because I knew my family was expecting me to behave well and to preserve the honor of myself and my family"* (p.3).

2. Accessibility

Another environmental factor extracted from the SCT themes was accessibility, which included two subcategories of A) resources and facilities as well as B) educational programs. An adolescent said: *"Having access to facilities such as films is useful in learning and applying the life skills"* (p.15).

Table-1: Frequency distribution of baseline characteristic of participants.

Participant , Number	Age, Year	Mother's Education	Father's Education	Mother's Occupation	Father's Occupation
PN1	12	Under diploma	Under diploma	Housewives	Unemployed
PN2	12	Diploma	Under diploma	Housewives	Worker
PN3	13	Under diploma	Diploma	Housewives	Worker
PN4	12	Academic	Diploma	Employee	Employee
PN5	12	Diploma	Under diploma	Housewives	Self-employed
PN6	13	Academic	Academic	Employee	Self-employed
PN7	14	Under diploma	Under diploma	Housewives	Self-employed
PN8	13	Academic	Academic	Employee	Employee
PN9	14	Diploma	Under diploma	Housewives	Worker
PN10	13	Academic	Diploma	Employee	Employee
PN11	14	Under diploma	Academic	Housewives	Self-employed
PN12	13	Academic	Academic	Employee	Self-employed
PN13	14	Academic	Academic	Employee	Worker
PN14	12	Diploma	Under diploma	Housewives	Self-employed
PN15	14	Academic	Academic	Employee	Employee
PN16	14	Academic	Under diploma	Housewives	Self-employed
PN17	13	Diploma	Under diploma	Housewives	Self-employed
PN18	14	Academic	Diploma	Employed	Self-employed
PN19	13	Under diploma	Under diploma	Housewives	Worker
PN20	12	Diploma	Academic	Housewives	Employee

Table-2: Summary of Extracted Themes Categories and Sub-categories.

Themes	Categories	Sub-categories
Personal factors	Outcome expectancies	- Positive emotions after applying life skills - Effectiveness of life skills/perceived benefits.
	Knowledge	- Effective cognitive factors in learning and applying life skills.
	Perceived self-efficacy	- The role of models in learning and applying life skills - Ability to deal with obstacles and apply skills - Observational learning.
	Attitude	- Parents and adolescents' attitudes as the enabling factors for learning and applying the life skills - Teachers should pay attention to life skills' lessons - Hardness of the life skills' lessons.
	Personal characteristics	- Feeling shy and afraid as the perceived barriers application of life skills.
Behavioral factors	Skill	- Having goals and plans for taking actions - Practice to actualize and plan for taking actions.
Environmental factors	Interpersonal influencers	- The supportive roles of family, friends, and teachers in learning and implementing the life skills - Social pressures and expectancies in learning and implementing life skills.
	Access to facilities and resources	- The role of resources and facilities in learning life skills - The role of educational programs in learning and implementing life skills.

4- DISCUSSION

This study aimed to investigate the experiences of female adolescents with regard to life skills. The results of this study showed that the three main themes of personal factors, behavioral factors, and environmental factors were effective in application of life skills. The personal theme includes outcomes' expectancies, knowledge, perceived self-efficacy, attitudes, and personality traits. Behavioral factors include targeting and planning for action as well as practicing. The environmental factors consist of the interpersonal influencers and access to services. In a study on the development of a life skills' training model in the rural communities, the researchers created a model for teaching life skills to improve communication among the participants. The process of teaching life skills was based on five components:

1) Creation of a learning model, 2) Social system, norms, and the prevailing learning atmosphere, 3) Response to the learning interaction model, 4) Supportive system, facilitators, materials, and the learning environment, and 5) The impact of concentrated learning (20).

All these cases were extracted from the data of interviews and discussions in the form of themes, categories, or sub-categories. For example, the category of learning effects in the mentioned study is similar to the outcomes' expectancies category in the current study. The supportive system, facilitators, materials, and environment are similar to the theme of environmental factors as well as the sub-categories of supportive role of family, friends, teachers and access to resources, facilities, and training programs. The social system, norms, and the ruling atmosphere are listed under the category of social pressures and expectations in the present study.

Outcome expectation: According to the adolescents, responses' expectations and perceived benefits are among the most effective factors in using the life skills, such as success in education and life, increase of self-esteem and self-confidence, physical and mental health, and effective coping with the everyday life problems. Another qualitative study showed that balance achievement, stress management, goal setting, self-confidence, as well as better control and interaction were seven main categories of the perceived effectiveness for life skills programs among young athletes (5).

The results of many studies also indicated that life skills' training for adolescents developed their motivations, attitudes, and skills for success (5), self-esteem (21); it also helped the individuals to prevent acquired immune deficiency syndrome (AIDS) (22), promote mental and physical health, reduce destructive behaviors, improve interpersonal relationships, reduce aggression and behavioral problems, and increase mental health. Furthermore, life skills can prevent a wide range of problems, such as substance abuse, pregnancy in adolescence, violence, and bullying. As a result, the life skills' programs promoted self-confidence, social development, emotional and social adaptation, intelligence (23), overall self-confidence, social self-esteem, academic self-esteem, and educational self-efficacy (7).

Considering the participants' viewpoints, knowledge was one of the factors influencing on the application of life skills. Provision of information to people can change their behavior. However, awareness does not directly lead to behavior change (16). A systematic study over the life skills pointed out that cognitive skills should also be considered in the life skills' training programs (24). **Perceived self-efficacy:** Individuals' confidence in their ability to perform a

behavior and to overcome the obstacles during that behavior (14). In the study of Kyra et al., self-efficacy was indicated as the predominant behavior predictor (25). Sahraian et al., reported that parents' training was a positive model for students at home to improve their skills. Self-experiences and observation of others' actions were also introduced as other effective strategies in promoting the self-efficacy (26).

Attitudes: Reactions or evaluative tendencies towards a subject (27). The results of our study showed that the attitudes of adolescents, parents, and teachers were one of the most conducive factors in learning and applying life skills. The results of a study by Aishath et al. represented that successful life skills' programs addressed the emotional dimensions (24). Furthermore, researchers emphasized that the ongoing and sustainable programs should be developed through systematic planning, implementing, monitoring, and evaluating to teach skills and change attitudes. Therefore, policymakers, managers, and teachers of life skills are required to believe in the ability and value of a life-skills program.

Personality traits were also among the other effective factors in the use of life skills. Human behavior is derived from the individual's learning history, current perceptions from the environment, as well as physical and intellectual capacities (15). A study on the reduction of bullying introduced socio-cognitive theory as an important discovery in perceiving the complexity of behavior, which is supported by the relationship between the individual and the social environment. Direct interventions are required to understand the individuals' personal differences. Moreover, psychological, cognitive, and social characteristics of individuals should be considered to change and correct the

behavior effectively (28). A study was targeted at developing a model to teach life skills to rural communities; the results showed that life skills' education should be applicable, within the framework of skills training, and in line with needs (20).

The second extracted theme was behavioral factors. In line with the results of this study, Hardcastle et al., suggested that in order to improve the effectiveness of life skills' training, the program should provide practical and interactive information, so that it can improve skills in individuals (5).

Environmental factors: The third theme included the environmental factors affecting the application of life skills. In the present study, the environmental factors affecting the application of life skills included the affective interpersonal factors and access. Perception of the physical and social environment in creating or eliminating the motivation to conduct different behaviors is the key to access efficient interventions to improve the environment for supporting healthy behaviors and creates valuable opportunities for change (17).

The theory of social cognition assumes that observational learning will not change the behavior, unless the observer's environment supports the behavior (15). The participants mentioned interpersonal influencers under titles such as the supportive roles of family, friends, teachers, as well as social pressures and expectations. Reward and facilitation are two effective factors on behavior through the environment. Facilitation is defined as the creation of new resources or structures to trigger or facilitate a behavior. Behavior strengthening and encouraging is seeking to change a behavior using external control, while facilitation is a type of empowerment (15). Suminar et al., indicated that the

supportive system and facilitators, as influencing factors on life skills' education were similar to the theme of environmental factors and the sub-theme of friends and teachers' supportive role. However, the social system and the norms of the ruling atmosphere were categorized under the sub-theme of social pressures and expectations in the present study (20).

4-1. Study Limitations

The current research was a qualitative study, which included 12-14 year-old high school girls. So, generalization of the results to other adolescents should be conducted with caution. Moreover, in the case that we included other adult informants such as parents or teachers in the study, richer information would be extracted. Therefore, we recommend other researchers to carry out similar studies with other adolescents, including boys, adolescents who did not continue their education, and adults who are in contact with adolescents.

5- CONCLUSION

Implementation of life skills by adolescents is influenced by personal, environmental, and behavioral factors. In order to help adolescents to implement the life skills, we need to consider the personal and environmental factors, provide a positive behavioral pattern, and create the necessary conditions for them to strengthen their self-efficacy. Furthermore, appropriate reinforcements and rewards should be provided for the teenagers in the case of conducting the right behavior such as acquisition of knowledge and skills as well as comprehension of the positive response expectation. To hit this target, supportive systems, access to facilities, and positive attitude are required. Therefore, the above-mentioned ideas should be considered in carrying out the interventions.

6- CONFLICT OF INTEREST: None.

7- ACKNOWLEDGMENTS

This article is a part of the approved thesis by Yazd Shahid Sadoughi University of Medical Sciences with the number of 4884. The researchers express their gratitude to the School of Health, Yazd University of Medical Sciences for their valuable cooperation. Furthermore, we thank all participants of the study, the officials of the Education Organization in Birjand city, and the University professors for their sincere cooperation.

8- REFERENCES

1. Breinbauer C. Youth: Choices and change: Promoting healthy behaviors in adolescents. Washington Pan American Health Org; 2005.
2. Kia S, Shabani H, Ahghar G, Modanloo M. The effect of assertiveness training on first -grade school girls self-esteem in tehran. Iranian journal of psychiatric nursing (IJPN). 2016;4(1):38-46.
3. Amin Shokravi F, Ardestani M. School hygiene and health promotion. Tehran: Sobhan; 2009. pp. 16-22.
4. Lee O, Park M, Jang K, Park Y. Life lessons after classes: investigating the influence of an after school sport program on adolescents life skills development. international journal of qualitative studies on health and well-being. 2017;12(1):130-7.
5. Hardcastle S, Tye M, Glassey R, Hagger M. Exploring the perceived effectiveness of a life skills development program for high-performance athletes. Psychology of sport and Exercise. 2015;16(3):139-49.
6. Jegannathan B, Dahlbom K, Kullgren G. Outcome of a school- based intervention to promote life - skills among young people in cambodia. Asian journal of psychiatry. 2014;9:78-84.
7. Tymes D, Outlaw K, Hamilton B. Life skills education interventions to improve social confidence , self management , and protection against drugs use in Rular

elementary school aged children. *Journal of community Health nursing*. 2016;33(1):9-11.

8. Williana C, Mcclay CA, Martinez R, Morrison j, Haig C, Jones R. On line CBT life skills programme for low mood and anxiety: study protocol for a pilot randomized controlled trials. *Trials journalBio med central*. 2016;17(220):1-7.
9. Mohammadzadeh M, Awang H, Hayati K, Ismail S. The effects of a life skills-based intervention on emotional health, self-esteem and coping mechanisms in Malaysian insitution alised adolescent. *International journal of Education research* 2017;83:32-42.
10. Hatami F, Ghahremani L, Kaveh M, Keshavarzi S. The effect of self- awareness training with painting on self- efficacy among orphaned adolescents. *Practice in clinical psychology*. 2016;4(2):89-96.
11. Burns S, Grove N. *The practice of nursing research:conduct , critique and utilization*. Tehran Andishe rafiey; 2005.
12. Adib hajbagheri M, Parvizi S, Salsali M. *Qualitative Research Methods*. Tehran: Boshra; 2010.
13. Vishnevky T, Beanlands H. qualitative research. *Nephrology Nursing journal*. 2004;31(2):234.
14. Saffari M, Shojaeizadeh D, Ghofranipour A, Pakpour A. *Health education & promotion theories, models &methods*. Tehran: Sobhan; 2013. 100-12 p.
15. Glanz K, Rimer B, Visvanat K. *Health Behavior and Health Education* Tehran: Agil; 2013.
16. Bartholomew K, parcel G. *Planning health promotion :an intervention mapping approach 3*, editor. Tehran: Safir Ardahal; 2011.
17. Nutbeam D, Harris E. *A look at Health Promotion Theories. Practical Guide to Applied Theories in Health promotion*. Tehran, Iran: Boshra; 2010.
18. Butler J. *Principles of Health education and Health promotion* Edition T, editor. Stamford: Wadsworth, Tomson learning; 2001.
19. Bandura A. Guide for constructing self- efficacy scales. *Self-efficacy beliefs of adolescents*. 2006;37(5):307-37.
20. Suminar T, Prihatin T, Syarif M. Model of learning Development on program life skills education for Rural communicationes. *International journal of Information and Education Technology* 2016;6(6):496.
21. Khaledian M, Omid M, Tavana M. The efficacy of training life skills on the student,s self -esteem *International letters of Social and Humanistic Sciences*. 2014;9:108-14.
22. Shakya V. Developing life skills education for sustainable development of students. *International journal of applied research* 2016;2(6):416-8.
23. Prajapati R, Sharma B, Sharam D. Significance of life Skills Education contemporary Issues in Education research (on line). 2017;10(1):1-6.
24. Nasheeda A, Binti Abdullah H, Eric Krauss E, Binti Ahmed N. A narrative systematic review of life skills education: effectiveness, research gaps and priorities. *International Journal of Adolescence and Youth*.2018. DOI: 10.1080/02673843.2018.1479278.
25. Kyra H, Lisam W, Ralf S. The role of self- efficacy and friend support on Adolescent vigorous physical Activity Health education & behavior 2017 44(1):175-81.
26. Sahraian M, Solhi M, Haghani. The effect of BLOOM empowerment model on life skills promotion in girl students at the third grade of high school in Jahrom. *Journal of Research & Health* 2012; 2:91-100.
27. Modeste N, Tamayose T. *Dictionary of public health promotion and education: Terms and concepts*. California: John Wiley and Sons; 2004.
28. Swearer SM, Wang C, Berry B, Myers ZR. *Reducing Bullying: Application of Social Cognitive Theory. Theory Into Practice*. 2014;53(4):271-7.