

Life Skills Development Program to Reduce Bullying and to Promote Good Practices among Primary School Students, Samut-Sakorn Province, Thailand***

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ABSTRACT

The objectives of this study were to increase the mean scores of life skills component, to reduce bully behaviors and to increase good practices after the implementation of life skills development program in primary school children. A participatory action research (PAR) was applied among teachers and students of primary extending to secondary schools in Samut-Sakorn Province. Forty one students of grade six in the 1st School and twenty one students of grade one in 2nd school participated. The program for the 1st school consists of 10 components of life skills while in the 2nd school consists of 2 components. The program was implemented during October 2005 to May 2006. Self-administered questionnaire was used for program evaluation before and after program implementation. Statistical analysis was performed by frequency, percentage, mean, standard deviation and independent t-test. Among students in the 1st school, average scores of all 10 components of life skills were increased but only 3 components including family relationship, problem solving skill and communication skill were statistical significantly increased. While among students in the 2nd school, average scores of 2 components including self-awareness and coping with emotion skill were statistical significantly increased. The students and teachers in both schools agreed on the appropriateness and benefits of the program and it's necessity to be continued. Both students and parents reported that students reduced bully behaviors and increased their good practices. As the result of this study suggest that school is a suitable place to conduct a life skill learning process to reduce bully behaviors and to increase good practices among primary school students.

Key words: Life Skills, bully behaviors, good practices, primary school students

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Introduction

Violence against children and women is an important issue to health and human right. Impacts from both physical and psychological violence will remain to affect their whole life. Particular among the children, the impacts of violence will remain throughout their life span and will also affect to all aspects of their development until they grown up or even when they become old¹. The violence against children and women is one component of domestic violence. The domestic violence includes child abuse, spousal violence and elderly abuse. Types of family violence can be classified as physical violence, sexual violence, psychological violence and economic exploitation. Some of the violence against children and women is lead to community violence.^{2,3} Violence prevention is the process to eliminate or reduce the underlying risk factors and shore up protective factors or reduces the recurrence of further violence and its ill effects. Violence is a problem affected by multiple causes. The effective violence prevention programs should compose of multilevel of development and multi-sectoral approach among all stakeholders in the society. In addition, it should be linked to different levels of prevention. This consists of individual level, interpersonal relationship, community involvement and social structure based on an ecological model of violence to implement in order to reduce risk factors, to promote protective factors that will lead to declining of violence against children and women in society.³

Life skills are abilities for adaptive and positive behavior that enable individuals to deal with the demands and challenges of everyday life. (WHO definition) In particular, life skills are psychological competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathies with others and cope with managing their lives in a healthy and productive manner. Life skills may be directed toward personal actions or action toward others, or may be applied to actions that alter the surrounding environment to make it conducive to health. Ideally, life skills learning should occur at a younger age, before negative patterns of behavior and interaction had established. The school is an appropriate place for the introduction of life skills education. Life skills programs can be developed for all ages of children and adolescents in school. The important age range for life skills learning is 6-16 years⁴.

The objectives of this study were to compare mean scores of life skills component among students before and after program implementation, to determine the good practices and bully behaviors among students after program implementation.

Material and Methods

A participatory action research (PAR) was applied among teachers and students of primary extending to secondary school in Samut-

Sakorn Province. Forty one of grade 6 students and 3 teachers in the first school, twenty one of grade 1 students and 2 teachers in the second school participated. According to the age of the student and the readiness of the school teacher, the program for grade 6 students consists of 10 components of life skills while that of grade 1 students consist of only 2 components. The life skills development program was conducted by participatory learning approach among students and teachers during the second semester of the academic year 2005 (October 2005 - May 2006). The grade 6 students participated in 10 weeks (2 hours per week) of the learning activities. Life skills education was conducted for one component each week. The grade 1 students participated in 4 weeks (2 hours per week) of the learning activities, Life skills education was conducted for one component in two weeks. The school teachers had been trained for life skills education by researcher and participated in learning activities.

The 10 life skills components for students in the first school are (1) the attitudes towards physical and sexual violence (2) family relationship, (3) the attitude towards gender role (4) the attitude towards premarital sex (5) self esteem (6) self awareness (7) empathy (8) coping with emotion (9) problem solving skill and (10) communication skill. The 2 life skills components for students in the second school are self awareness and coping with emotion. The research instruments were used for program implementation were Malai Noi Sung, games, participatory learning action plan include scenarios, case studies and work sheet.

The questionnaire consists of 6 parts as follows: Part 1: general characteristics of students include the information of grade level, sex, age, family type, parent's educational level, parent's occupation, and family income. Part 2: experiences of physical and sexual violence of student include 6 items of those experiences. Part 3: the life skills components include 9 items of attitude towards physical and sexual violence questionnaire, 10 items of family relationships questionnaire, 10 items of attitude towards gender role questionnaire, 10 items of attitude towards premarital sex questionnaire, 10 items of self esteem questionnaire, 8 items of self awareness questionnaire, 9 items of empathy questionnaire, 9 items of coping with emotion questionnaire, 9 items of problem solving skill questionnaire, 12 items of communication skill questionnaire. Part 4: students' perception on their good practices and bully behaviors changes after program implementation include 11 items. Part 5: Parents' perception on students' good practices and bully behaviors changes after program implementation include 7 items. Part 6: students' overall evaluation after program Implementation includes 6 items. The questionnaire validity was initially tested with 30 students who had similar characteristics to the sample group. The questionnaire reliability was calculated using Cronbach's Alpha Coefficient, which was between 0.73-0.83.

The program evaluation was done using comparative mean score of life skills components among students before and after program implementation. The school teachers have been trained for life skills education by

researcher and participated in learning activities. Both students' and parents' perception on students' behavior changes after program implementation were also reported. The overall program evaluation was done by students.

Statistical analysis was performed by frequency, percentage, standard deviation and independent t-test. The statistics significant level was $p < 0.05$. The research proposal was review and proof of ethical clearance by the Ethics committee for Human Research, Faculty of Public Health, Mahidol University, Bangkok, Thailand, and No. 36/2005.

Results

General Characteristics of Students

Students in the first school were grade 6 students. The majority of them were female, 11-12 years old. While students in the second school were grade 1 student. All of them was (aged 7-8 years old). The majority of them were male. Both schools, the majority of parent's marital status were married.

Experiences of Physical and Sexual Violence during the Past 6 Months among Students in the first school.

The majority of students experienced quarrel with friend (63.4%), followed by victim of physical violence and offender of physical violence (43.9% and 26.8% respectively). For sexual violence only four students had experiences it.

Comparison of Mean Scores of Life Skills Components.

The study results revealed that among students in the first school whom participated in 10 life skills development activities had their mean scores after implementation significantly higher than that of before the implementation of the program, regarding family relationship, problem solving skill and communication skill (p value < 0.001). Statistical significant was not found on the attitude towards physical and sexual violence, the attitude towards gender role, the attitude towards premarital sex, self esteem, self awareness, empathy and coping with emotion. (Figure 1)

While students in the second school whom participated in only 2 life skills development activities had their mean scores after implementation significantly higher than that of before the implementation of the program, regarding self awareness and coping with emotion (p value < 0.001). (Figure 2)

Perception of Students and their Parents on Students' Good Practices and Bully behaviors Changes after Program Implementation.

Students reported that after the program implementation their good practices were increased. Do housework was increased in highest percentage (92.5%), followed by concentration on their study (87.5%), responsibility on parents' assigned jobs (85%), obey parents instruction (77.5%), and helping in some community work was increased in lowest

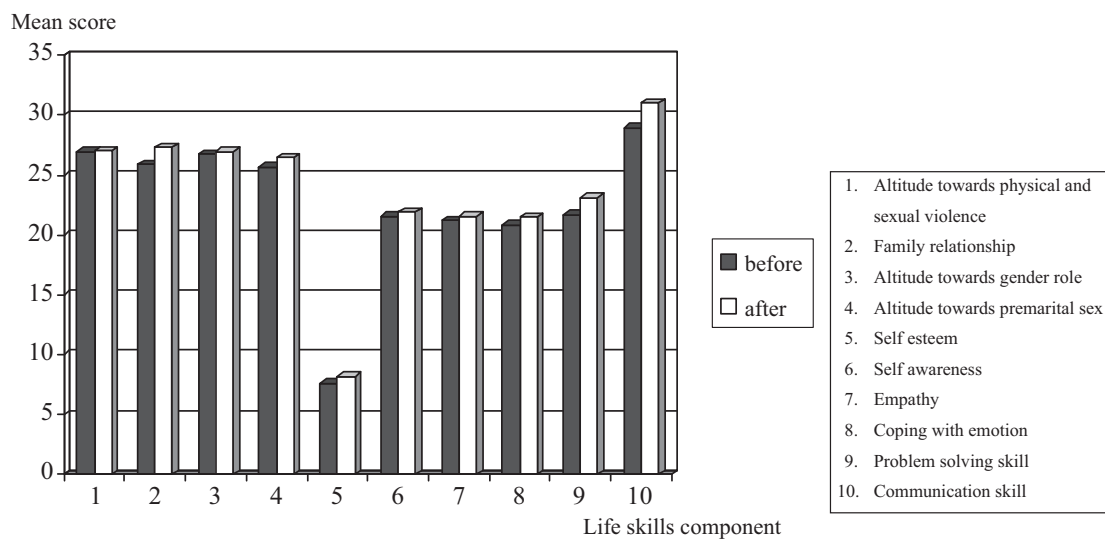


Figure 1 Comparison of Mean Scores of 10 Life Skills Components of Students in the 1st School

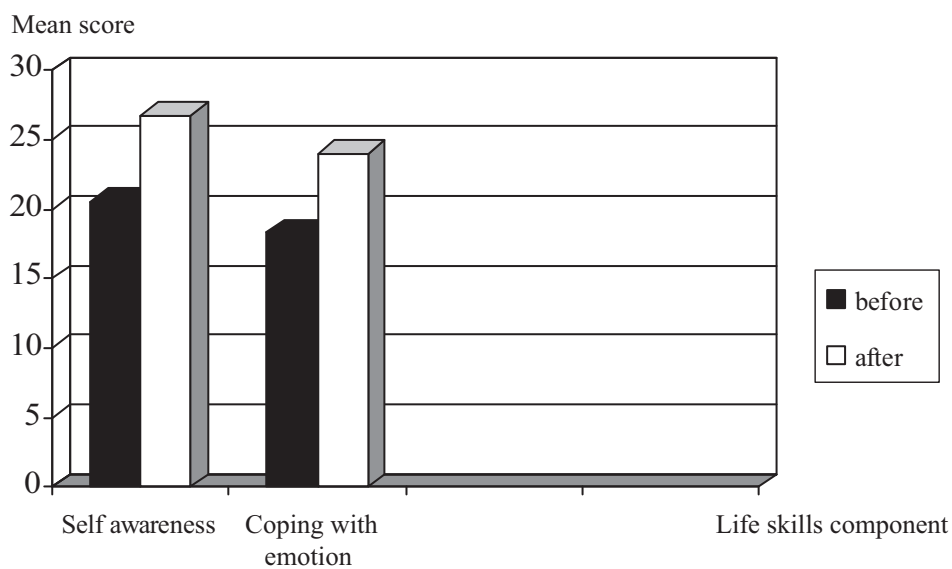


Figure 2 Comparison of Mean Scores of 2 Life Skills Components of Students in the 2nd School

percentage (12.5%). Moreover, their bully behaviors were also decreased. Physical abuse and quarrel with friends were decreased in more than half of the students (67.5% and 57.5% respectively). (Figure 3)

Parents also reported students' good practices and bully behaviors changes corresponded to the student's perception as increasing students' good practices and decreasing of bully behaviors. Obey parents' instruction was increased in highest percentage (75.6%), followed by helping in housework (70.7%), concentration on their study (63.4%) responsibility on job assigned and honesty/ telling the truth (both 61%). And helping to do

some community work was increased in lowest percentage (24.4%). (Figure 4)

Students' Overall Evaluation after Program Implementation.

The overall program evaluation was conducted among the students in the first school only.

Students gave their opinion towards the benefit of the program for students. The program benefits on promoting good practices and interesting issue had yielded highest mean score (both 0 = 2.95), followed by its implication (0 = 2.90), content appropriateness (0 = 2.88), usefulness (0 = 2.86), trendy issue (0 = 2.65) and

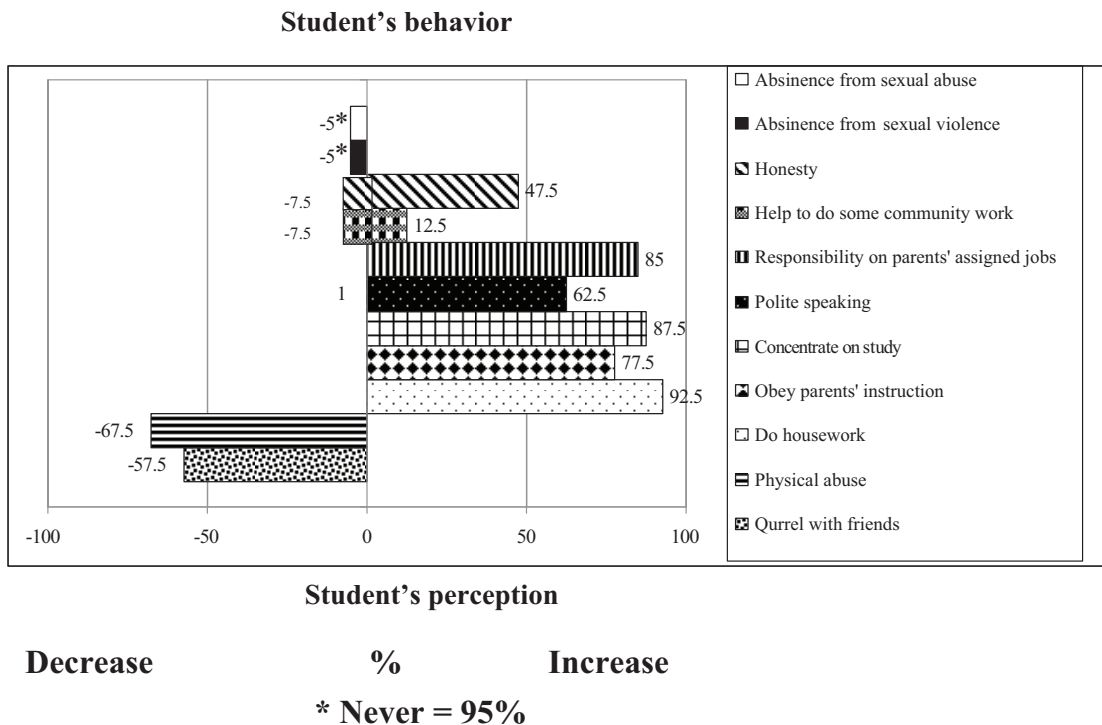


Figure 3 Students' Perception on their Good Practices and Bully Behaviors Changes after Program Implementation

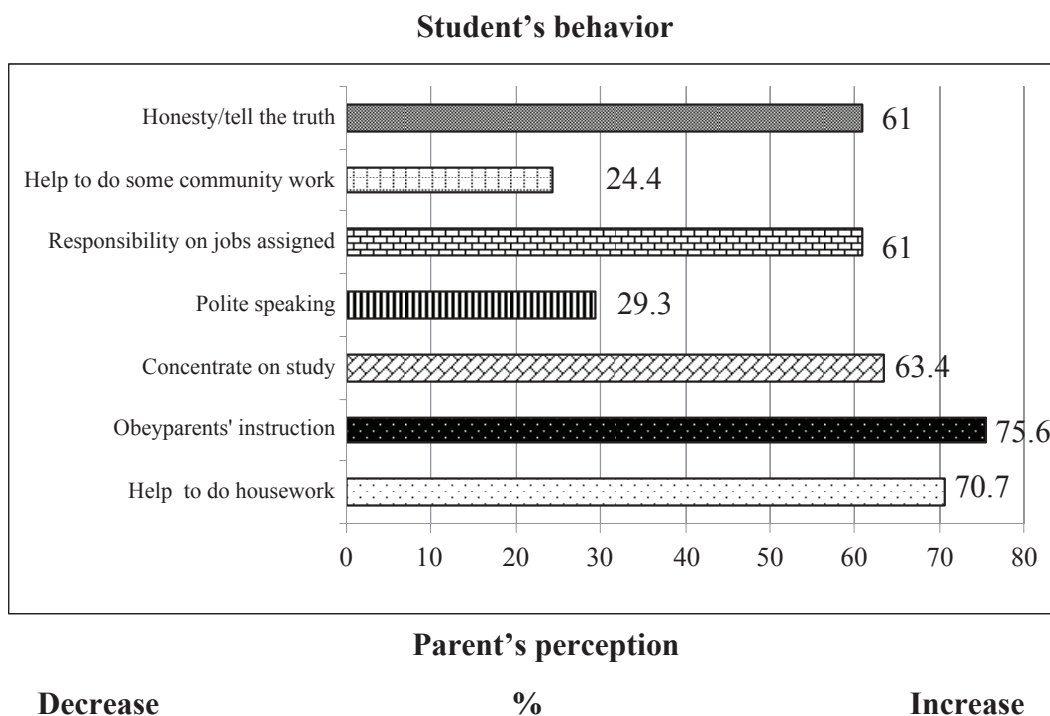


Figure 4 Parents' Perception on Students' Good Practices and Bully Behaviors Changes after Program Implementation

the lowest mean score was time appropriateness ($0 = 2.48$).

Discussion

This study demonstrates that the life skills development program is effective in promoting good practices and reducing bully behaviors among primary school students. Although there are not the entire mean score of the life skills components after the implementation of the program were significantly higher than that of before the implementation. Among students in grade 6, the mean score of family relationship, problem solving skill and communication skill after the implementation

of the program were significantly higher than that of before the implementation. While among students in grade 1, the mean score of self awareness and coping with emotion after the implementation of the program were significantly higher than that of before the implementation. Among students in grade 6, the mean score of other components that had been implemented regarding the attitude towards physical and sexual violence, the attitude towards gender role, the attitude towards premarital sex, the self esteem, the self awareness and coping with emotion, after the implementation of the program were also higher than that of before the implementation. But the

statistical significant was not found. This corresponded with Suparp J et al⁵ which found that self awareness and coping with emotion, problem solving skill, communication skill mean score after the implementation of the violence prevention program were significantly higher than that of before the implementation. But for the study of Suparp J et al was designed and implemented by the researcher. Students were participated and teachers were research assistant during the program implementation. In this study, students were actively involved in a participatory learning process. The methods that were used to facilitate this active involvement include working in small groups and pairs, brainstorming, games, scenarios, case studies, and song. Teacher also participated in this study since program planning. The input from the school and education authorities were teacher training activities, the development of teaching manual, as well as the student time allocation for the program. Moreover teachers explored with the students what their ideas or knowledge about violence, bully behaviors and good practices in which a life skill can be used. There fore, the life skills development program for students in grade 6 consists of 10 life skills components, but for students in grade 1 consists of only 2 life skills components. This life skills development program consistent with what is described in the Social Learning theory developed by Bandura (1986)⁶. Social Learning theory is one of the most popular theories addressing the primary prevention of youth violence. The enhancement of social competence of children and decrease

aggressive behaviors through the use of curriculum on empathy, anger management, and social problem solving^{6,7}. The result agreed with the study of Stewart D., et al⁸ which found that the sense of feeling connected to adult, having a sense of autonomy and self capacity are influenced by the degree to which schools support and apply a health promoting school environment. Student reported that their good practices were increased and bully practices were decreased after the program implementation corresponded to their parents' report. This finding was not congruent with the finding of Farrell A.D. and Meyer A.L.⁹ which found that the violence primary prevention program among sixth grade students did not decrease self-reported adjustment or problem behavior among children. But it did slow the rate of increase in these outcome measures for boys in the intervention group as compared to boys in the waiting list control condition. Thus, this approach holds some promise for effective implementation in the future.

In conclusion, the result of this study revealed that the school is a suitable place to conduct a life skills education for primary prevention of violence. The life skills education could be integrated into an existing school curriculum. The participatory learning process should be emphasized based on students' need. Teacher and community should be the key agents to implement under technical support from related experts. The implementation should step by step and continuously develop and expand for the whole society.

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References

1. Volpe SJ. Effects of domestic violence on children and adolescents: An overview. Available on <http://www.aacts.org/arts/art8.html>. Access on 6/11/2002.
2. World Health Organization. World report on violence and health: summary. Geneva: WHO, 2002.
3. Sethi D, Marais S, Seedat M, Nurse J, Butchart A. Handbook for the document of interpersonal violence prevention program. Geneva: Department of Injuries and Violence Prevention, WHO, 2004.
4. Program on Mental Health. Life skills education for children and adolescents in schools. Geneva: WHO, 1997.
5. Suparp J, Pundi W, Apinuntavetch S, et al. Participatory learning physical violence prevention program among secondary school students, Muang District Samutsakorn Province. In: Pongsumlee A., ed. Preceding of the 3rd Integrated Research Network of Tachin-Maeklong River Basin Community Conference. 2005 July 12: 145-155.
6. Fields AS, MC Namara RJ. The prevention of child and adolescent violence. *Aggression and Violent Behavior* 2003; 8(1): 61-91.
7. The World Health Organization's Information Series on School Health's Document 9. Skills for Health. Geneva: WHO, 2003.
8. Stewart D, Sun J, Patterson C, Lemerle K, Hardie M. Promoting and building resilience in primary school communities: evidence form a comprehensive "health promoting school" approach. *International Journal of Mental Health Promotion* 2004; 6(3): 26-33.
9. Farrell AD, Meyer AL. The Effectiveness of a school-based curriculum for reducing violence among urban sixth-grade students. *American Journal of Public Health* 1997; 87(6): 979-984.

โครงการพัฒนาทักษะชีวิตเพื่อลดพฤติกรรมเกเร และส่งเสริมการทำความดีของเด็กนักเรียนระดับประถมศึกษา จังหวัดสมุทรสาคร***

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บทคัดย่อ

วัตถุประสงค์ของการวิจัยนี้เพื่อศึกษานักเรียนระดับประถมศึกษาที่เข้าร่วมโครงการพัฒนาทักษะชีวิต มีคะแนนเฉลี่ยขององค์ประกอบทักษะชีวิตเพิ่มขึ้น พฤติกรรมเกเรลดลง และการทำความดีเพิ่มขึ้น หลังจากเข้าร่วมโครงการพัฒนาทักษะชีวิต เป็นการวิจัยแบบมีส่วนร่วมของครูและนักเรียนในโรงเรียนขยายโอกาส การศึกษา จังหวัดสมุทรสาคร นักเรียนที่เข้าร่วมโครงการเป็นนักเรียนชั้นประถมศึกษาปีที่ 6 จำนวน 46 คน ของโรงเรียนที่ 1 และนักเรียนชั้นประถมศึกษาปีที่ 1 จำนวน 21 คน ของโรงเรียนที่ 2 โดยโรงเรียนที่ 1 ได้ดำเนินการพัฒนาทักษะชีวิต 10 องค์ประกอบ ขณะที่โรงเรียนที่ 2 ดำเนินการ 2 องค์ประกอบ ระยะเวลา ดำเนินการ เดือนตุลาคม 2548 - พฤษภาคม 2549, ประเมินโครงการ โดยใช้แบบสอบถามชนิดตอบด้วยตนเอง ก่อนและหลังการดำเนินการโครงการ การวิเคราะห์ข้อมูลโดยใช้ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบน มาตรฐานและการทดสอบที หลังการดำเนินการโครงการ นักเรียนโรงเรียนที่ 1 มีคะแนนเฉลี่ยของทักษะทั้ง 10 องค์ประกอบ เพิ่มขึ้น แต่มี 3 องค์ประกอบ ที่มีคะแนนเฉลี่ยเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติ ได้แก่ สัมพันธภาพในครอบครัว ทักษะการแก้ปัญหา และทักษะการสื่อสาร ในขณะที่นักเรียนโรงเรียนที่ 2 ทักษะชีวิตทั้ง 2 องค์ประกอบได้แก่ เจตคติต่อการตระหนักรู้ในตนเอง และทักษะการจัดการกับอารมณ์ มีคะแนนเฉลี่ยเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติ นักเรียนและครูทั้ง 2 โรงเรียนมีความเห็นเหมือนกันว่า โครงการมีความเหมาะสม มีประโยชน์ และมีความจำเป็นในการดำเนินการต่อไปในโรงเรียน นอกจากนั้นทั้งนักเรียนและผู้ปกครองได้รายงานว่า นักเรียนมีพฤติกรรมเกเรลดลงและการทำความดีเพิ่มขึ้น จากผลการศึกษาี้เสนอแนะว่า โรงเรียนเป็นสถานที่เหมาะสมในการดำเนินการโครงการพัฒนาทักษะชีวิต เพื่อลดพฤติกรรมเกเร และส่งเสริมการทำความดีของนักเรียนระดับประถมศึกษา

คำสำคัญ: ทักษะชีวิต, พฤติกรรมเกเร, การทำความดี, นักเรียนระดับประถมศึกษา

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