

The effectiveness of life skills training on happiness, mental health, and marital satisfaction in wives of Iran-Iraq war veterans

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Abstract

Background: Injury due to war or accidents causes numerous mental, physical, and social adverse effects on affected individuals and their family.

Aims: This study was conducted to determine the effectiveness of life skills training on happiness, mental health, and marital satisfaction in wives of Iran-Iraq war veterans.

Methods and Material: In this semi experimental, controlled study with pretest-post-test, 102 veterans in Shahrekord, southwest Iran were randomly assigned to two groups, intervention and control, after they filled out a written consent form. The intervention group alone received training on four domains of life skills, coping with stress, problem solving, decision-making, and communication skills, for eight weeks. Oxford Happiness Questionnaire, General Health Questionnaire (GHQ-28), and ENRICH Marital Satisfaction Scale were administered at three steps, before intervention, immediately after intervention, and six months after intervention (as follow-up). The data were analyzed by analysis of covariance in SPSS 23.

Results: The mean scores of happiness and mental health indicated a significant difference between the two groups at posttest ($P < 0.001$). But in follow-up, the difference was significant for neither of the variables ($P > 0.05$). Mean scores of marital satisfaction exhibited significant difference at both posttest ($P < 0.001$) and follow-up ($P = 0.001$) between the two groups.

Conclusion: Life skills training for veterans' wives can help them promote their mental, physical health, and marital satisfaction, but the findings on follow-up indicate that this effect is not lasting. Therefore, life skills training should be done continuously particularly to promote mental health and happiness.

Key words: Mental Health, Happiness, Life, War veterans

Introduction

World Health Organization (WHO), with UNICEF coordination, has launched Life Skills Training Program as a primary prevention and comprehensive project of health promotion in children and adolescents. WHO defines life skills as “the ability to behave adaptively and positively to be capable of coping with life necessities and challenges”. Furthermore, WHO has introduced ten skills as main life skills including decision-making, problem solving, creative thinking, critical thinking, effective communication skills, interpersonal relationships skills, self-awareness, empathy, and coping with stress and emotions (1). Chronic diseases can cause negative effects on quality of life and various aspects of health (2-9).

Making attempts to understand and assist the psychiatric victims of wars and accidents requires psychiatric and psychological interventions to promote and maintain their health (10). Studies have shown that posttraumatic stress disorder (PTSD) affects not only the patients but also their family function such as family cohesion, parents' satisfaction, relationship with spouse, spouse self-identification, and children's emotional and functional safety (11-14). The veterans of Iran-Iraq War suffer from different complications and trauma, decrease in libido, offensive disorder, conflict, and psychotic symptoms (15, 16) which can influence the happiness, mental health, and marital satisfaction in them and their families.

Happiness is a kind of feeling positive. Happiness means increase in positive feelings, high life satisfaction, and relief of negative feelings (17). Experiences of happiness depend on self-concept. People with low self-esteem and self-worth are often unhappy (18). Happiness rate is likely to increase through training in the ten life skills.

Mental health is a state of well-being in which people realize their potential, cope with routine life stresses, can function usefully and efficiently, and help community (WHO, 2005), and marital satisfaction refers to individual experiences of marriage that are only measured by response to the degree of the pleasure derived from marriage (19). Studies have indicated that dissatisfaction with married life is associated with development of depression (20, 21), and marriage compatibility is lower in the wives of the veterans with PTSD.

Moreover, marriage compatibility was considerably lower in the couples both with PTSD than those with only the veteran suffering from PTSD (22). A study has shown that the chemical veterans of the Iran-Iraq War are dependent on others, particularly their wives, and cannot do even their daily activities and hence are under stress (23).

Many studies have been conducted on the effect of life skills training on different populations with different problems indicating the efficiency of this method. The effect of life skills training on relief of stress, prevention of high risk sexual behaviors, and abuse of alcohol and substances in adolescents has been reported (24-27).

Codony et al found that life skills training for adolescents caused increase in self-confidence, life satisfaction, and improvement of problem solving (28). In a study in Mexico, life skills training for girls led to increased self-efficacy and self-esteem after training (29).

The soldiers with PTSD have been reported to be involved in family aggression more frequently than those without PTSD (30). The studies have shown that the families of the war-afflicted people suffer from many problems requiring therapeutic interventions. Accordingly, a significant decrease in severe psychiatric disorders was seen in the war-afflicted families following psychological training (31). The studies of the people injured due to war or trauma (psychiatric and physical injuries) and their families have indicated that it causes not only psychological, physical, and social impacts on the injured people but also affects their family members, particularly wives, indirectly, and is associated with many adverse effects in different domains, including marital, family, and interpersonal, as well as psychiatric disorders, depression, and anxiety. Previous studies have mainly described the problems in these families and less frequently investigated the educative and therapeutic interventions.

The training on managing anger and stress, decision making, problem solving, and communication skills delivered to the relatives of this subpopulation of the community is likely to contribute to both prevention and resolution of the current problems.

Therefore, the present study was conducted to investigate and follow up the effect of life skills training on happiness, mental health, and marital satisfaction in the veterans' wives in southwest Iran. The findings of this study can help plan for mental health promotion in the veterans' wives to resolve the marital and familial problems and increase the rate of life satisfaction in these families.

Materials and Methods

In this controlled, quasi-experimental study with pretest and posttest, the study population consisted of the wives of all veterans with 25-70% physical and psychiatric injuries due to war in Shahrekord, southwest Iran. Sampling was random and convenience. Because the participants were selected from the Martyrs Foundation, primary sampling was convenience. Then, as the list of veterans with 25-70% injuries was provided, 102 veterans were selected according to convenience sampling and then their wives were enrolled in the study. Regarding first type error=0.05, power=0.80, happiness mean score of 13.20 in a previous study (32), and 87.2 difference in effect size (delta=2.87), 48 people were assigned to each group. To further the rigor of the study and deal with possible attrition, 51 people were included in each group and totally 102 people were investigated. The participants were randomly assigned to two 51- people groups, case and control. The research protocol was registered as 89-5-10 by the ethics committee of the university.

The participants in the intervention group attended eight sessions of life skills training on four domains, stress management, problem solving, decision making, and communication skills. The control group underwent no treatment.

The protocol of life skills training

The intervention group received life skills training on four domains consisting of stress management, problem solving, decision making, and communication skills within eight sessions, and the control group underwent no intervention. To increase the efficiency of training, the intervention group was subdivided into three groups of 17 each and the training was conducted within one 2-hour session per week separately for each subgroup.

In each of these sessions, a skill was discussed and the homework, including special forms appropriate for the session content, was developed prior to that session and assigned to be done at home, in addition to the assignments within sessions. This training was conducted by a trained and experienced clinical psychologist. At the beginning of any session, the previous session was examined and assessed and then the new subject was introduced. The subjects for stress management were an introduction to stress, positive and negative stress, stress impacts and consequences (physiological, psychological, and behavioural), different methods of coping with the problems specific to the veterans' families, and assigning homework.

For problem solving skill, the sessions included introduction to problem, steps of problem solving, the ways of gathering data to arrive at solutions, detecting different solutions in coping with life problems and adopting the best one, the ways of clear thinking and problem solving in critical conditions, regulation and control and precision, reconciliation to resolve conflicts, the effect of problem solving on solving the daily problems of the veterans' families, and assigning homework.

For decision making skill, the sessions included the introduction to decision making, the significance of decision making in life, steps of decision making, gathering data as much as possible in decision making, decision making precisely based on the situations, planning for life, acceptance of decision making consequences, and assigning homework.

For communication skills, the sessions included the introduction to communication, definition of communication and associated factors, the process of establishing communication, being a good listener and the required skills for listening efficiently, verbal and nonverbal communication (features), effective methods of communicating with others, assertiveness, understanding others' feelings, respect for others' ideas, the methods of saying no to insensible requests, and assigning homework.

The study was conducted at three steps, i.e. pretest, posttest after two months of life skills training, and follow-

up (six months after the last intervention). The two groups were assessed at each step of the study by administration of the research instruments. Follow-up was considered to assess the stability of the training in the intervention group.

Methods of data collection:

The data were gathered by three questionnaires as follows:

1. Oxford Happiness Questionnaire

This questionnaire, developed by Argyle et al, consists of 29 four-choice items. Each item is aimed to judge the happiness level of respondents. Argyle et al (1989) reported the reliability of this questionnaire 0.90 by Cronbach's alpha and 0.78 by test-retest with a seven-week interval (33). This questionnaire was translated into Persian by Alipoor and Noorbala and its reliability has been reported 0.98 by Cronbach's alpha, 0.92 by split-half reliability, and 0.79 by test-retest with a three-week interval. Furthermore, the face validity of the questionnaire has already been confirmed (34).

2. General Health Questionnaire-28

This 28-item questionnaire investigates the illness, medical diseases, and general and mental health within the past month with minimal and maximal score of 0 and 56, respectively. This questionnaire was developed by Goldberg in 1972 and has been translated into 38 languages and is being administered in 70 countries. Its subscales are physical symptoms, anxiety symptoms and sleep disorder, social functioning, and depression symptoms. High reliability and reliability have been reported for different versions of this questionnaire (35-37). Williams et al in a study in England reported the reliability of this questionnaire as approximately 80% (37). Furthermore, its reliability has been confirmed for an Iranian population with Cronbach's alpha 0.97 (38).

3. ENRICH Marital Satisfaction Scale:

The original version of this scale consists of 115 items and 12 subscales. Given the large number of the scale's items and the participants' tiredness, a shortened, 47-item version of the original scale was developed. The subscales of this scale were personality issues, marital relationship, resolution of conflict, financial management, leisure activities, sexual intercourse, marriage and children, relatives and friends, and religious orientation. The replies to the scale's items were scored by a five-point Likert scale consisting of severely dissatisfied, moderately dissatisfied, very satisfied, and extraordinarily satisfied. The reliability and validity of this Scale have already been confirmed (39).

The demographic data of the participants (marital status, education level, age, place of residence, occupation, disability percentage of the veterans, and disability type) were recorded in a separate checklist. To study the association of happiness in the veterans wives, the mean (SD) scores of the two groups at three steps of the study were compared and the effect of difference on happiness was investigated in the intervention group by analysis of covariance. The data were analyzed by SPSSv23.

Results

The mean age of the participants was 40.61 ± 5.49 years. 97.06% of the participants had at least elementary education. The highest frequency of education level was obtained for guidance education completion. 63.7% of the participants were living in cities and the rest in villages. 90.2% were housewives and only 9.8% were employed (mainly civil servants). Regarding the types of veterans' injuries, 26.5% were neurologically injured, 18.6% were injured by chemical weapons, 22.5% were physically injured, and 32.4% had combined injury. 85% of the veterans were 25-40% disabled (Table 1).

Table 1: The types of the injuries of participants' spouses

Type of injury	Neurological	Chemical	Physical	Combined
Statistical index				
Frequency	27	19	23	33
Percentage	26.5	18.6	22.5	32.4

Table 2 shows both frequency and percentage of injuries of the participants' spouses. As shown, the percentage of the injuries of most participants' spouses was 40% and the percentage of the least number of participants' injuries was 45%-55%.

Table 2: The frequency and percentage of injuries of the participants' spouses

Percentage of injury	25	30	35	40	45	50	55	60
Statistical index								
Frequency	24	11	21	31	2	2	5	6
Percentage	23.5	10.8	20.6	30.4	2	2	4.9	5.9

The mean score of happiness in the intervention group (49.39) increased more markedly than the control group (36.98) at follow-up (Table 3). Furthermore, Table 4 indicates a significant difference was seen in happiness mean scores between the two groups at posttest so that the mean difference was not significant after controlling for pretest scores as covariate.

Table 3: Statistical indexes of crude scores of happiness in participants of two groups

groups	Steps of study	Mean	Standard deviation	Standard error	Minimum	Maximum
intervention group	Pretest	34.33	12.17	1.705	33.51	35.15
	Posttest	49.39	12.69	1.759	45.85	52.83
	Follow-up	41.54	13.41	1.765	38.04	45.04
control group	Pretest	36.3	11.04	1.705	34.73	37.87
	Posttest	36.98	13.17	1.759	33.53	40.52
	Follow-up	37.96	11.61	1.765	34.46	41.46

Statistical power (0.998) indicated that the sample size was adequately large. Therefore, the difference between the two groups at posttest was confirmed and life skills training resulted in increased happiness in the veterans' wives at posttest, but no significant difference was seen in the mean scores of happiness between the two groups at follow-up, so that after controlling for pretest scores, the mean difference was not derived as significant (Table 2). Therefore, life skills training had no stable effect on happiness and the happiness rate decreased over time in the participants.

Table 4: Results of analysis of covariance for effect of life skills training on happiness in participants at posttest and follow-up

Statistical indexes Sources		F	P-value	Eta coefficient
posttest	Pretest	7.04	0.009	0.066
	Group membership	24.49	0.000	0.198
follow-up	Pretest	0.117	0.733	0.001
	Group membership	2.05	0.155	0.02

The mean score of mental health decreased markedly at follow-up in the intervention group (22.96). This means that after life skill training, mental health in the intervention group improved but did not change in the control group (37.57) (Table 5). Table 6 indicates that there is a significant difference in the mean scores of mental health between the two groups at posttest. Eta coefficient (0.635) indicated that 63% of the observed difference was explained by life skills training. Therefore, life skills training led to improvement of mental health in the veterans' wives at posttest. The mean scores of mental health were not significantly different between the two groups at follow-up (Table 7). In other words, life skills training had no stable effect on mental health in the veterans' wives and the mean score of the two groups was approximately equal six months after the last intervention.

Table 5: Statistical indexes of crude scores of mental health in the participants of two groups

groups	Steps of study	Mean	Standard deviation	Standard error	minimum	maximum
intervention group	Pretest	36.23	6.53	0.985	33.55	38.92
	Posttest	22.96	5.26	0.796	21.08	24.23
	Follow-up	34.57	6.44	0.932	32.72	36.42
control group	Pretest	35.57	5.79	0.985	32.73	38.41
	Posttest	37.57	6.31	0.796	35.99	39.15
	Follow-up	36.42	6.59	0.932	34.57	38.27

Table 6: Results of analysis of covariance for effect of life skills training on mental health in participants at posttest and follow-up

Statistical indexes Sources		F	P-value	Eta coefficient
posttest	Pretest	7.67	0.007	0.072
	Group membership	172.5	0.000	0.635
follow-up	Pretest	0.017	0.897	0.000
	Group membership	1.947	1.666	0.019

Table 7: Statistical indexes of crude scores of marital satisfaction in the participants of two groups

groups	Steps of study	Mean	Standard deviation	Standard error	Minimum	Maximum
intervention group	Pretest	135.68	25.53	3.74	132.53	138.84
	Posttest	176.77	27.66	4.05	168.73	184.81
	Follow-up	159.20	26.82	3.67	151.91	166.48
control group	Pretest	136.43	27.85	3.74	134.01	138.85
	Posttest	141.05	28.03	4.05	133.01	149.09
	Follow-up	140.70	24.49	3.67	133.41	147.98

The mean scores of marital satisfaction in the intervention group at pretest, posttest, and follow-up (135.68, 176.77, and 159.20, respectively) increased markedly compared to the control group (136.43, 141.05, and 140.70, respectively). This indicates increase in marital satisfaction in the participants (Table 7).

Table 8 indicates that a significant difference is seen in mean score of marital satisfaction between the two groups at posttest. In other words, life skills training led to increased marital satisfaction in the veterans' wives in the intervention group at posttest but this difference was not notable in the control group.

Furthermore, a significant difference in mean score of marital satisfaction was seen between the two groups at follow-up. Therefore, the significant difference in marital satisfaction between the two groups was confirmed at follow-up, and life skills training had a stable effect on marital satisfaction in the veterans' wives.

Table 8: Results of analysis of covariance for effect of life skills training on marital satisfaction in participants at posttest and follow-up

Statistical indexes		F	P-value	Eta coefficient
Sources				
posttest	Pretest	1.497	0.224	0.015
	Group membership	36.04	0.000	0.267
follow-up	Pretest	5.10	0.026	0.049
	Group membership	11.77	0.001	0.106

Discussion

Obviously, the veterans' families are affected with certain psychological and marriage incompatibility-associated problems and therefore their quality of life is affected (32). Meanwhile, veterans' wives are likely to experience greater levels of stress with mental health and life satisfaction being at higher risk than other family members (33).

These findings indicate that these problems have many negative effects on the veterans' family members particularly their wives, and life skills training can greatly enhance the methods of coping with these problems and their happiness. The present study indicated that the life skills training on four domains of coping with stress, decision making, problem solving, and interpersonal and social relationships could result in the relief of the problems in these families. More clearly, life skills training had no long-term effect on happiness in the veterans' wives. Carroll et al study demonstrated that training life skills can promote coping skills in the families of military staff to deal with adverse and unexpected circumstances (34).

Life skills training like mental health and resilience intervention for military staff's wives can reduce negative mental health symptoms, enhance resiliency, and improve coping skills (40).

Elliott et al's study found that training of problem solving as a life skill was effective in relieving depression in the family caregivers of disabled women (41).

The wives of war-afflicted people were mainly responsible for both caring for the veterans and the related problems and looking after children. This leads to heavy psychological and physical consequences in people under such circumstances. Therefore, the treatment of these people is far more complex.

Naturally, the problems in these families are much more complicated, representing that they require continuous training to cope with the problems, and no training and failure to support them leads to incidence and exacerbation of the problems.

In the present study, life skills training caused promotion of mental health in the veterans' wives. Similarly, Weines et al indicated that psychological education of Kosovo War-afflicted families suffering from severe psychiatric disorders led to remarkable relief of symptoms and improvement of mental health (31). Consistent with the present study, Layne et al reported a 58% decrease in PTSD and 20% decrease in depression after interventions (42).

However, in the present study, no significant difference was observed in the mean score of mental health between the two groups at follow-up. In other words, life skills training had no continuous and long-term effect in treating symptoms and promoting mental health in the veterans' wives, which is partially inconsistent with the study of Layne et al that reported an 81% decrease in PTSD symptoms and 61% decrease in depression symptoms four months after the last intervention (at follow-up) in war-afflicted adolescents (42). As previously argued, this inconsistency could be due to differences in the participants' experiences.

The results of marital satisfaction indicated that life skills training led to a stable increase in marital satisfaction in the veterans' wives. The findings of the present study are consistent with the study of Hojjat et al of PTSD effect on the spouses of veterans with PTSD. They conclude that education of coping with stress was effective in increasing the marital satisfaction in these women (43).

The researchers of this study argued that the symptoms of emotional indifference and anger should be especially

addressed in such people and treatment of the patients with PTSD should be based on life skills training and support for family (44).

The present study can demonstrate that the families of military staff with PTSD suffer from some problems that may be transferred even from one generation to another, including the problems related to intimacy and sociability, marriage incompatibility, adaptive communication and physical aggressiveness, disorders of interpersonal skills, and marital issues (45-47).

The life skills training used in the present study could relieve the above problems and strengthen adaptation to life circumstances, and lead to individual and interpersonal improvement and increased satisfaction with marriage and family life in these families.

Life skills training could lead to positive effects on mental and physical status and marital satisfaction in veterans' wives. The important implication of the present study was that life skills should be educated continuously for veterans and their families because the participants had recurrent symptoms and problems in the follow-up. Unfortunately, veterans' families have been recently abandoned unaided and only Counseling Center of Martyr Foundation is delivering individual and voluntary services to these families. In contrast, most of the necessary training for such families should be conducted in a group, continuously, and depending on the type of disability. This issue is more urgent for the families with veterans with more severe disability and neurological problems. Further studies are recommended to study the effect of psychological interventions on veterans' wives and other family members depending on the type of their injuries.

Conclusion

Veterans suffer from different types of handicaps and therefore their families, including wives, are variously affected. For example, the effects on the family of a veteran with PTSD may be widely different from those on the family of a veteran with a handicap from shooting. However, we decided to enroll veterans with different types of handicaps to have an adequate sample size. Consequently, the findings should be cautiously interpreted and generalized.

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