

**Effects of Skill Development Training on Mental Health and Well-Being among Women
Residing in Kalohi, Tharparkar**

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Abstract



The current research aimed to find out the effects of skill development training on mental well-being and mental health among women of Kalohi, Tharparkar. This particular area was selected because the people were deprived of basic necessities of their lives such as employment and shelter. 120 females belonging to the age range 14 to 25 years were recruited for the purpose of data collection through purposive sampling. The study was quantitative in nature. The participants were assessed through objective tests for mental health and well-being along with a qualitative interview for skill training assessment. Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007) and Mental Health Screening Form-III (Carroll & McGinley, 2001) were used to assess well-being and mental health respectively. The Sindhi version of the scales was used for the convenience of the participants. Participants were divided into control (non-targeted) and experimental (targeted) groups through fishbowl technique. Pre-testing and post-testing on both groups were conducted to check the authenticity and effectiveness of the training. The results revealed that skill development training proved to be effective as mental health and well-being were significantly increased in the targeted group as shown in the post-testing. This study pointed out the necessity of self-helping tactics which aid individuals to fulfil their daily requirements and earn a livelihood.

Keywords: Skill Development, Mental well-being, Mental Health, Kalohi, Pre-testing, Post-Testing, Effective Training.

Introduction

This study focuses on the effect of skill development on mental health and well-being among women residing in Tharparkar. Academic education teaches knowledge but skill learning can lead to experience, practical problem-solving skills, and a stable career. Skill development is necessary not only for economic gain but also to boost self-esteem and enhance mental health in women (Ostmeier & Strobel, 2022).

A life skill can be social, emotional, physical, and cognitive which allows an individual to strive and achieve his goals in life. Institutes are more focused on developing cognitive skills but in order to get an employment in developing countries, physical skills hold greater importance. These skills are proved to be a great source of enhancing mental health (González-Pérez & Ramírez-Montoya, 2022).

Females are considered the house's primary caretakers which not only holds them back from developing or utilizing job skills. Not only does this stop them from contributing to the household economy but also suppresses their chances of boosting self-esteem and enhancing psychological well-being. This study has particularly focused on the skill development among females so that they can self-sufficient and their mental health is not at stake (Jabeen et al., 2020).

Skill Development Training

Skill development is broadly defined as something we do instead of something we speak or talk about. It's a more practical form of knowledge and expertise that is shown physically rather than relying on theoretical knowledge (Dagar, 2021).

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Skill development is categorized into three major skills i.e. cognitive, social, and vocational or job skills. In Pakistan, these skills are taught by different institutions. Cognitive and social skills can be learned through academic institutes but physical skills are developed under specific vocational organizations such as vocational training centers etc. (Rahman & Bockarie, 2021).

Skill development incorporates numerous dynamic features such as recognizing one's skill shortcomings and developing those skills to accomplish their aims in life. It basically refers to an organized and persistent effort towards refining one's capability to execute practical life activities such as job, employment, etc. (Sotiriadou et al., 2019).

Studies focused on the role of experience in skill development and emphasized the importance of practical knowledge instead of relying on observational learning. According to him, the most fundamental part of attaining knowledge is by practicing it (Tribolet et al., 2021).

Mental Health

Mental health is a construct with diverse core domains such as attitude towards mental health, emotional regulation, self-esteem, quality of life, physical and psychological health, cognitive skills, social skills, and quality of life (Fusar-Poli et al., 2020).

Mental health is also associated with the removal of pathological symptoms and the absence of mental disorders. By preventing the mental disorder, good mental health is ensured because prevention leads to a reduction of psychological symptoms, and ultimately the risk of developing the disorder is decreased (Valkenburg et al., 2022).

Mental health is defined as a state in which the person apprehends his maximum potential, is capable of coping with stress, can function efficiently and productively, and can contribute to his society in a productive manner (World Health Organization, 2004).

Well-Being

Well-being is a broad term that contains satisfaction with overall life circumstances, contentment, and the evaluative judgment of the environment. It is different from mood or emotion that is temporary. It can be developed by practicing certain meaningful things (Staniewski & Awruk, 2022).

Psychological well-being is fostered by developing these six aspects in life i.e. autonomy, environmental mastery, self-acceptance, personal growth, purpose in life, and positive relationships. This well-being is devised from living a meaningful life rather than solely relying on sensations of pleasure (Clausen et al., 2021).

Other theorists have a similar construct for mental well-being but the slight difference is that competence, autonomy, and relatedness to the surrounding define the well-being of an individual. If these three concepts are developed, the well-being of an individual is ensured (Fino & Sun, 2022).

Literature Review

According to a study in the skill developmental area, the findings highlighted that developing life skills help the individual to foster well-being in the future and ensure good mental health in later life. The skills not only helped these people in getting a good-paying job but also the sense of autonomy helped them maximize mental well-being (Akello & Lutwama-Rukundo, 2022).

An individual becomes a productive part of society after developing a skill that provides personal benefits such as good mental health. A study concluded that people living in a country with better psychological healthcare facilities have higher well-being as compared to people belonging to a third-world country. The individual as well as global economy can be improved if people have specific job skills. This denotes a positive association between skill development and mental health (Wang, 2022).

The sense of well-being and self-worth is enhanced if a person has learned and practiced various emotional, social, and psychological skills. These skills increase self-confidence and decision-making abilities which are excellent predictors of well-being (Kumar et al., 2022).

A study was conducted during COVID-19 and the findings validated the stance that lower income or unemployment raises job stress hence decreasing mental health and well-being (Allen et al., 2021). Learning and developing necessary skills leads to competence, resulting in the fulfilment of psychological needs and boosting mental health along with ensuring well-being (Cronin et al., 2020).

It has been revealed that a sedentary lifestyle and no acquired life skills lead to chances of reduced well-being. However, increased physical activity (practicing the skills) leads to an increased flow of neurotransmitters that are associated with the enhancement of well-being, optimal functioning

and better mental health. Life skills are crucial for an individual’s good psychological health and well-being (Kamerāde et al., 2019).

Theoretical Framework of the Study

Ryff’s Theory

The developer of this theory was Carol Ryff who focused on the constituents of well-being. According to him autonomy, environmental mastery, positive relations, personal growth, self-acceptance, and meaningful life are the dimensions of psychological well-being (Ryff, 2013).

This study’s goal is relevant to the theme of this theory. When a person learns important life skills and practices them, he not only develops a sense of autonomy but also learns how to control his environment. This sense of control enhances an individual’s self-confidence and also gives him a meaning of life that he can pursue throughout his life (De-Juanas et al., 2020).

Social Cognitive Theory

This theory was proposed by Albert Bandura. This school of thought mainly revolved around the perspective that an individual learns a behavior after interacting with his environment. If the interaction is positive, then he develops healthy thought patterns resulting in healthy and constructive behaviors (Bandura, 2002).

The aim of this study was to enhance the well-being and mental health of females who suffered from a disaster. This can only be possible if they learn how to turn an unfavourable situation by adapting to the environment and developing skills that will give them hope for the new future hence ensuring positive mental health (Bandura, 2011).

Conservation of Resources Theory

Dr. Steven Hobfoll presented this theory and criticized the previous frameworks of stress. According to him, loss or gain of resources can play a crucial role in developing or coping with stress respectively. These valued resources may include money, job, knowledge, time, etc. This perspective focuses on developing new resources and maintaining existing ones in order to prevent the stress that comes from a lack of resources (Hobfoll, 1989).

The previous resources can be maintained and new resources can be gained by learning and performing the required skills. As the participants were flood victims, their previous resources were lost. In order to build new ones, they had to develop skills that will allow them to cope with the stressful event, and their well-being and mental health will be enhanced (Buchwald & Schwarzer, 2010).

PERMA model

This model was developed by Martin Seligman and had five essential elements i.e. positive emotion, engagement, relationships, meaning of life, and achievements. Psychological well-being is fostered when these five aspects are practiced by an individual (Seligman, 2018).

People who suffered from a traumatic event, need positive emotions and healthy relationships in their lives that will give them meaning to live a purposeful life and engage in healthy behaviors that ensure well-being and positive mental health (Wang & Li, 2022).

Conceptual Framework of the Study

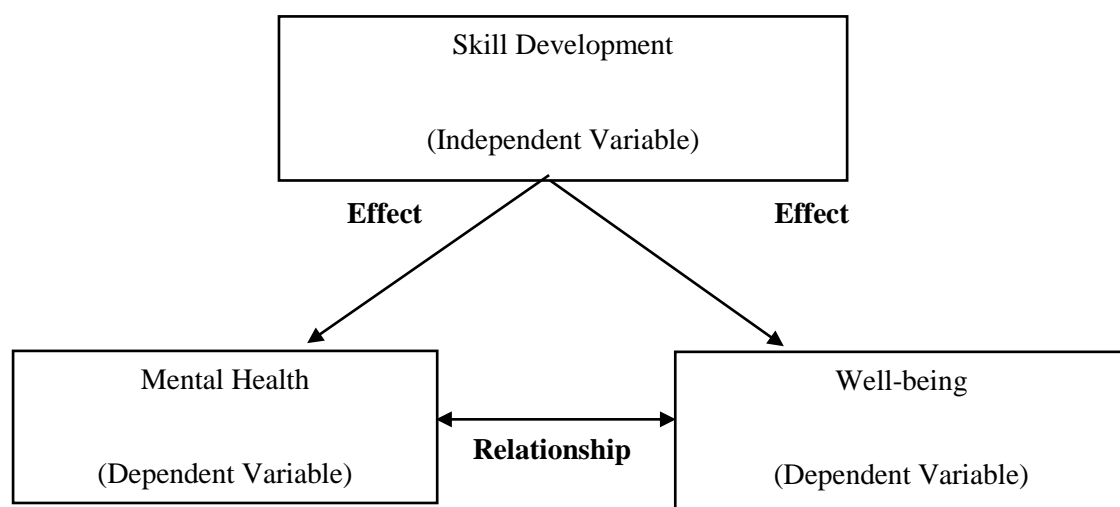


Figure 2: Conceptual Framework of the Study

Method

Objectives

- To ascertain the effect of skill development training on the level of mental health and well-being among women.
- To find out the differences in the level of mental health and well-being before and after skill development training.
- To compare the differences in the level of mental health and well-being between targeted and non-targeted groups after skill development training.

Hypotheses

1. There would be a significant difference in the level of mental health before and after the training program.
2. There would be a significant difference between the level of well-being before and after the training program.
3. There would be a significant difference in the level of mental health between targeted and non-targeted groups after skill development training.
4. There would be a significant difference in the level of well-being between targeted and non-targeted groups after skill development training.

Sample

The current study was an interventional study and used a quasi-experimental design. 120 females residing in Tharparkar were approached for the data collection using purposive sampling. The sample was further divided into experimental and control groups using the fishbowl technique. The experimental group was named as the targeted group (n = 60) whereas the control group was termed as the non-targeted group (n = 60). The sample consisted of females belonging to the age range of 14 to 25 classified as young adults (Horng et al., 2001).

The research was based on pre-testing and post-testing. The mental health and well-being of both groups were assessed using the Sindhi version of the scales mentioned below. The translation and adaptation of scales were performed by using the back-translation approach (Brislin, 1970). An interview was conducted with both groups to assess skill development training which contained open-ended questions to check the effectiveness of the vocational educational training. The testing was conducted after the training sessions.

Targeted group participants were given training regarding sewing skills over the time span of 9 weeks. The control group was provided with the recorded lectures of that training at the end of the research session. Individuals with severe medical conditions, children, and men were excluded from the study. Females residing in Kalohi were included in the research.

Instruments

Demographic Performa

It included demographic variables such as name, age, gender, marital status, education, income, and signature or thumb impression.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

This scale was developed in 1983 by Ruth Tennant and his co-workers. It contains 14 items using a 5-point Likert-type scale (none of the time, rarely, some of the time, often, all of the time). The score range is 14-70 and has no reverse-coded items, therefore giving a composite score. The Cronbach's alpha reliability of this scale was reported as 0.89 with a test re-test reliability of 0.83 (Tennant et al., 2007).

Mental Health Screening Form-III

The Mental Health Screening Form-III (MSFH-III) was developed by Carroll and McGinley in 2001. Cronbach's alpha reliability of MSFH-III was stated as 0.89. Each item is answered either "yes" or "no" hence providing a total scoring format. The maximum score on the MSFH-III is 18 (question 6 has two parts). The first four questions on the MSFH-III are general questions not specific for the diagnosis of any disorder but the rest of the questions are meant to diagnose illnesses such as PTSD, depression, eating disorders, psychosis, etc. (Carroll & McGinley, 2001).

Results**Table 1***Frequency and Percentage of the Demographic Variables of the Study (n = 120)*

S.no	Variables		f(%)
1	Study Group	Targeted	60 (50)
		Non-Targeted	60 (50)
2	Marital Status	Married	60 (50)
		Unmarried	60 (50)
3	Age	14-17	59 (49.2)
		18-21	41 (34.2)
		22-25	20 (16.7)
4	Education	Uneducated	96 (80)
		Primary	23 (19.2)
		Middle	1 (0.8)
5	Attendance	60%	49 (81.6)
		45%	8 (13.3)
		15%	3 (5)
		0 %	60 (0)

Note: f= Frequency; %= Percentage.

Table 1 illustrates the frequencies and percentages of the demographic variables of the study sample. All of the participants were females whereas half of the sample was married and the other half unmarried. 50% of the sample was recruited into the targeted group and half was categorized as the non-targeted group.

The majority of the sample belonged to the 14-17 category of the age range (49.2%) and on the other hand, the least frequent age category in the sample was 22-25 (16.7). 80% of the females were uneducated. Moreover, 60% attendance was maintained by 81.6% of the individuals, 13.3% people had 45% attendance, 3 participants had 15% attendance during the training, and the participants from the non-targeted group had 0% attendance.

Table 2*Sample Characteristics of the Variables of the Study (n = 120)*

S.no	Variables	k	M (SD)	Range		Skew	Kurt
				Actual	Pot		
1	WEMWBS-S	14	45.8 (7.9)	18-63	14-70	-.84	1.5
2	MSFH-III	18	30.1 (3.4)	0-18	0-18	.16	-.81

Note: WEMWBS-S = Sindhi version of Warwick-Edinburgh Mental Well-being Scale; k = no. of items; M (SD) = Mean (St. deviation); Pot = Potential range; Skew = Skewness; Kurt = Kurtosis.

The descriptive statistics of the scales used in the study are explained in Table 2. It contains the number of items, mean scores, standard deviations, actual ranges, potential ranges, skewness, and kurtosis. The Well-being scale had 14 items with a mean score of 45.8. The actual score range in the study lay between 18 to 63 whereas the data was normally distributed.

The mental health scale had 18 items with a mean score of 30.1. The actual score range lay between 0-18 same as the potential range. From the results, it is evident that the data shows a normal distribution as the value of skewness and kurtosis lay between +1 and -1. All of the reliabilities were acceptable.

Table 3*Cronbach's Alpha Reliabilities and Test Re-Test Reliabilities of the Study Variables (n = 120)*

Scale	Cronbach's α	Test-Retest Reliability
WEMWBS	.71	.97**
MSFH-III	.70	.83**

Note: WEMWBS = Sindhi version of Warwick-Edinburgh Mental Well-being Scale; MSFH-III= Mental Health Screening Form; α = Cronbach's Alpha Reliability.

**p < .01.

Table 3 elucidates the internal consistencies along with the test-retest reliabilities of the variables of the research. The analysis concludes that the Well-being scale has a satisfactory reliability (.71) whereas the Mental health scale also has an acceptable reliability of .70. The test-retest reliabilities were analysed after a period of two weeks hence giving excellent reliabilities as reported in the above table.

Table 4

t-Test for Mean Comparisons between Scores of Pre-test and Post-test on the Variables of the Study ($n = 120$)

Scale	Pre-test ($n = 60$)	Post-test ($n = 60$)	$t_{(118)}$	P	CI 95%		Cohen's d
	$M (SD)$	$M (SD)$			LL	UL	
MSFH-III	22.8 (3.2)	31.6 (3.3)	-14.8	.00	-9.9	-7.5	3.2
WEMWBS	23.1 (4.8)	44.4 (7.4)	-16.9	.00	-23.9	-18.8	3.4

Note: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; MSFH-III= Mental Health Screening Form; WEMWBS = Warwick-Edinburgh Mental Well-being Scale; p = Level of Significance; t = Mean Difference.

** $p < .01$, * $p < .05$.

Table 4 describes that the mean scores on the Mental Health scale increased significantly after applying the intervention. The mean score in pre-testing is 22.8 but the mean score of the post-test is 31.6. As the value of p is less than .05 so it shows that the difference is statistically significant.

Similarly, significant differences are reported in the mean scores of the Well-being scale. The mean in the pre-test is 23.1 whereas the mean of the post-test is 44.4 which shows that well-being increased significantly validated by the value of p which is smaller than 0.05.

Table 5

t-Test for Mean Comparisons of Post-test Scores across Targeted and Non-Targeted Groups on the Variables of the Study ($n = 120$)

Scale	Targeted ($n = 60$)	Non-targeted ($n = 60$)	$t_{(118)}$	P	CI 95%		Cohen's d
	$M (SD)$	$M (SD)$			LL	UL	
MSFH-III	31.6 (3.3)	23.3 (4.4)	11.5	.00	6.9	9.7	2.1
WEMWBS	44.4 (7.4)	22.5 (7.2)	16.3	.00	19.2	24.5	2.9

Note: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; MSFH-III= Mental Health Screening Form; WEMWBS = Warwick-Edinburgh Mental Well-being Scale; p = Level of Significance; t = Mean Difference.

** $p < .01$, * $p < .05$.

Table 5 highlights the differences between the scores of the targeted and the non-targeted groups across all study variables in post-testing. The results purport that the targeted group has a greater value of mean for both variables i.e. well-being and mental health. This finding is statistically significant as the p -value is less than .05.

Discussion

The current study was conducted to examine the role of skill development on the level of well-being and mental health in the females of Tharparkar. A total of 120 participants were included using purposive sampling. The research was quantitative as well as qualitative in nature.

As the people of this area suffered from a natural disaster, their mental health along with their economy was adversely influenced. Women were specifically targeted as they are more prone to risk of developing a psychological disorder because women receive less support comparatively leading to decreased positive coping (Li & Wang, 2020).

According to the 1st hypothesis, "there would be a significant difference in the level of mental health among the targeted group before and after skill development training". This hypothesis was accepted in light of the results given in Table 4. Effective training programs help reduce the effects of trauma along with enhancing mental health (Morganstein & Ursano, 2020).

Research was performed to check the level of mental health before and after a training program. The results showed that those participants who took part in the training had better mental health after the intervention as compared to the level of mental health before giving treatment (Olasoji et al., 2019).

The 2nd hypothesis stated that there would be a significant difference in the level of well-being among the targeted group before and after skill development training. This hypothesis was also accepted and the results are shown in Table 4. Students in a study were divided into a control and experimental group and the experimental group was given counselling sessions to enhance mental well-being. The results displayed significant differences in the mental health of the experimental group before and after the intervention (Mao, 2019).

Another study was proposed that highlighted the point that resilience-building activities such as developing occupational skills, working on strengths, and coping with trauma increases functionality by boosting mental well-being (Bhadra & Dyer, 2022).

According to the 3rd, there would be a significant difference between the level of mental health among the targeted and non-targeted groups after skill development training. Table 5 shows that hypothesis was accepted as there were statistically significant differences present in the scores of post-testing. The final hypothesis stated that there would be significant difference between the level of well-being between targeted and non-targeted groups in the post-testing results. This hypothesis was also accepted as shown in table 5.

An experimental study was conducted to find out the impacts of the intervention on the targeted and the non-target groups. The results validated the findings of the present study that the targeted group shows better results on post-testing as compared to the non-targeted group (Brailovskaia et al., 2020).

Implications

This research aimed to explore the effect of skill training on women. As it was mentioned earlier that the participants were flood victims and everyone tried to help by either giving them donations or charity which made them develop learned helplessness. The researcher adopted a different way by providing a skill development training program so that the participants don't rely on helping hands.

This study pointed out the necessity of self-helping tactics which aid individuals to fulfil their daily requirements and earn a livelihood. It will also be helpful in raising awareness among non-profit organizations to change their strategies from giving donations to training life skills so that the benefit is not temporary.

The current study also highlights the importance of treating psychological issues along with physical health issues which should be prioritized among natural disaster survivors. It would be helpful in seeking the attention of the Government so that it pays special attention to developing such vocational educational training programs in deprived areas. This research will also guide social media influencers so that they can play a crucial role in encouraging effective training programs instead of just helping them with money so that people can become self-sufficient.

Conclusion

This study targeted the role of Vocational education training on the level of Mental health, and Well-being in the women of Kalohi (rural area) of Tharparkar, Pakistan. This particular area was selected because the people were deprived of basic necessities of their lives such as employment and shelter. Another important reason to conduct an experimental study was the lack of performing such studies in Pakistan.

The participants were assessed through objective tests for mental health and well-being along with a qualitative interview for skill training assessment. A total of 120 female participants were approached and divided into control (targeted) and experimental (non-targeted) groups. Results proved the hypotheses of the study that mental health and well-being were significantly enhanced after the implementation of the intervention.

Recommendations

As the sample size was small so the future researcher should conduct an interventional study on a larger sample. Future research should approach other areas of Sindh as this study was conducted on a single area of Sindh (Kalohi) which does not represent the entire Sindhi culture.

Clinical practitioners should play their role by providing therapies to people with psychological disturbances as this study highlighted mental health issues faced by those people. Government should provide funds for the initiation of more interventional programs for people who suffered from a disaster in order to make them a productive part of the national economy.

Non-profit organizations should change their methods of helping the victims in order to teach them self-sufficiency. Business investors should invest in such areas so that skilled people are not left unemployed and it would serve as a mutual benefit for both parties.

Moreover, males should also be included in other studies as this research was only limited to female participants. Probability sampling technique would be a better option for participant selection as this research selected the sample through a non-probability sampling technique.

Instead of using foreign assessment scales, more culturally relevant and suitable scales should be used especially in an area where the literacy rate is poor. This research focused only on the mental

health and well-being of the participants. It is recommended to assess other psychological variables specifically pathologies to increase the clinical utility of the study. This research emphasized the mental health of flood victims. Interventional plans for the professionals such as nurses, teachers, etc. should also be considered in future research.

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