Research Paper

The Effectiveness of Teaching Life Skills to Street Children for Improving Their Life Skills and Its Quality

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Abstract
So far, the living conditions of street children have been studied in some researches, but there are few studies on the effect of education on the living conditions of these children. The aim of this study was to determine the effectiveness of teaching life skills to street children for improving their life skills and its quality. This is a quasi-experimental study that was conducted with a pre-test-post-test research design with a control group. The statistical population of the present study included all 8-12-year-old street boys living in one of the centers affiliated with the Welfare Organization. The number of samples studied in this study was 30 people who were randomly assigned in experimental and control groups. In order to collect data, a quality of life inventory and a life skills questionnaire were used. Then, 10 sessions of 3-hour life skills training were held weekly for the experimental group. The obtained data were analyzed using multivariate analysis of covariance. Data analysis showed that there was a significant difference between the post-test mean of the experimental group and the control group. In a way, the life skills training had an effect on improving the life skills and quality of life of the street children .The findings of the present study indicate the effectiveness of life skills training of the street children on improving their life skills and its quality. Therefore, providing life skills training programs can be used as a valid, effective and efficient strategy.

Keywords: Life Skills; Quality of Life; Working Children; Street Children

1. Introduction

One of the problems of the developing societies is the phenomenon of child labor, which is the problem that most countries in the world are struggling with. The onset and spread of this problem should be attributed to the poverty of the economic and social system and the policies governing society. Although the exact statistics on the number of such children are not available, the existence of more than one hundred million street children in the world clarifies the need for a serious plan [1].

Working and street children are people under the age of 18 who have to work or live on the streets to survive. These children are forced to work in order to earn money to help support the family or to support themselves and their livelihood [2]. What generally sets a street child apart from other children is that, for whatever reason, he or she spends more time on the streets of large, modern cities, which is an unsafe and stressful environment for children, than in the family or in school [3]. Numerous problems such as low self-esteem, social isolation, lack of understanding and controlling the environmental conditions are some of the problems that these children are involved in. Anxiety, mood, physical and social disorders are also common in working children [4].

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Work is a necessity for the adults, but for the children and the adolescents who have not been developed enough; it provides the basis for retardation in many dimensions of development. Some aspects of a child's development that may be compromised as a result of his or her work include: 1) physical development in which the child's general health is threatened; 2) cognitive development, such as the necessary knowledge for life; 3) emotional development, such as adequate self-esteem; 4) Social and moral development, such as a correct understanding of the situation and the establishment of an appropriate human relationship [13].

Street children face many problems. Studies of the living and working conditions of street children have found that street children are exposed to adverse physical, mental, sexual and social health consequences due to their working and living conditions on the streets [7]. Street children are a particularly vulnerable population. The abandonment of children and adolescents in the streets, parks, squares and other places has negative effects on society in many dimensions. Among these effects are the following: The cluttered and dirty appearance and the torn clothes that these children wear to attract the pity of the people of the society (because people do not help the clean and tidy people) create an ugly social image. [8].

Some experts on urban economics estimate the number of working children in Iran between 3 and 7 million. While this number is estimated at 20,000 for Tehran, but since most working children do not have any registration, accurate statistics in this area cannot be provided [9].

In addition to economic and social factors, another factor that causes the phenomenon of street children is the family factor. Children grow up in the loving arms of the family and the society and alongside the family and the social customs; therefore, their destiny is determined more by the family and the social customs than by the rules and the regulations [10]. This group of children is more exposed to urban vulnerability than other groups due to their special characteristics such as lack of ability and the social skills necessary to deal properly with the social environment, dependence on adults and parents and going through their developmental stages [11].

It is necessary to teach the working children about the social skills, how and with what quality they should be presented in the community and how to display appropriate and acceptable behaviors. Acquisition of social skills is the main axis of social development, formation of social relations, quality of social interactions, social adjustment and even mental health [12].

Life skills consist of a set of abilities that provide the basis for adaptation and positive and useful behavior. These abilities enable the individual to take on the responsibilities of his or her social role and to deal effectively with daily wants, expectations, and problems, especially in interpersonal relationships, without harming himself or herself and others. These skills help people act positively and protect both themselves and the society from psychological and social harms, and improve the level of mental health of themselves and the society [13]. Life skills are practical skills that arise from the knowledge and inclination of individuals that provide the necessary coping tools to become more empowered in everyday life and provide the basis for improving their quality of life and make people more self-efficient and more satisfied with their lives. [14].

Like all the children around the world, street children have beautiful dreams and wishes about their lives, and they all need a quiet, desirable, high quality, and hassle-free life, and they deserve that kind of life. One of the necessities in relation to this problem is to take measures in relation to the education of these children. Teaching children the life skills provides an opportunity for the children to develop some of the psychosocial skills and helps them make healthy decisions and behaviors in their daily lives.

2. Materials and Methods

This was a quasi-experimental study with a pre-test-post-test design and a control group with random assignment and the statistical population of all working and street children (8-12 years old) living in one of the centers affiliated with the Welfare Organization. Thirty individuals were randomly selected and 15 were replaced randomly in each group.

The criteria for entering the sample group included the boys between the ages of 8 and 12, who were studying at the time or at least had one other training course. An exclusion criterion was the absence of more than two sessions during treatment sessions. After obtaining permission from Welfare Organization of Tehran, Iran, and coordination with the officials, an introductory meeting was held with the street children. Then the pre-test was conducted and one week later the treatment intervention began for the experimental group. The sessions lasted 90 minutes for two and a half months (one session per week). The post-test was performed one week after the intervention. Research data were analyzed using multivariate analysis of covariance.

Table 1. Content of the life skills training sessions

Session	Title	Purposes
First	Who am I and what can I do?	* Familiarity with other participants * Feeling comfortable as a group member * Examining different emotions, behaviors and beliefs in people and recognizing these characteristics in themselves * Awareness of the positive and negative characteristics in themselves * Understand some of the characteristics that can be changed in a person * Identify potential abilities and skills
Second	What are my personal, family and social values?	* Self-awareness skills * Understand the meaning of values * Determining individual, family, religious and cultural values * Searching and understanding the origin of values * Understanding which value is most important to the individual. * Exploring the relationship between your own values and those of others * The ability to accept different values in other people
Third	How do I communicate with others?	* Self-confidence skills * Recognizing the components of communication * Investigate how communication affects our feelings and relationships with family and friends at school or at work. * Recognizing barriers and facilities in establishing effective communication * Practicing appropriate communication skills * Defining, presenting sample, and practicing assertive behavior
Fourth	How is my relationship with others?	* Anger control skills *Learning behaviors that strengthen or destroy a relationship. Understanding the nature of family relationships and what affects them. * Recognize the qualities that lead to friendship and define it. * Exploring community relationships and identifying those relationships that serves as role models.
Fifth	What does society mean to me?	* Defining the community and recognizing the people who make up the community. * Exploring the positive and negative elements of society * Recognizing the rights and responsibilities arising from a person's membership in society * Emphasis on the importance of individual rights Understanding how societies change and how people adapt to these changes * Finding ways to positively change society * Familiarity with the plans of people in the community, their responsibilities and relationships with each other
Sixth	What are my goals?	* Decision-making and problem-solving skills * Understanding what goals are and why goal setting is important in life * Setting short-term and long-term goals * Learning and practicing the goal setting method and planning to achieve it by exploring personal and professional life goals * Understanding the importance of graduation in planning and life goals
Seventh	How can I make good decisions?	* Recognizing different methods of decision making and reviewing the results * Learning how to make effective decisions, and the consequences of a choice * Practicing making difficult decisions * Practicing predicting the consequences of different decisions * Practicing resisting pressure to change a good decision
Eighth	Can I avoid violence?	* Understanding when, where, and why violence occurs * Awareness of the relationship between anger and violence * Preventing violent behavior after feeling angry * Recognizing appropriate reactions to anger * Learning to talk about compromise in conflict situations * Exploring different strategies to avoid violence and violent conflict
Ninth	How can I take care of my health?	* Defining health and what makes you healthy * Recognizing the dangers that detrimental to personal health * An overview of the factors affecting a diet and health practices to control body weight * Getting accurate information about cigarettes, alcohol and other drugs and the effect of these substances on health * Practicing decision-making and assertive skills with respect to the role of these skills in avoiding alcohol and drug use. * Awareness of the roots of stress and learning ways to control and overcome it * Recognizing the symptoms of depression and suicide, and practicing responding appropriately to the behavior of a depressed friend
Tenth	How can I be more creative?	*Definition of creativity and creative thinking methods * practicing the creative ways of thinking

Pediatric Quality of Life (PedsQL): This questionnaire is designed to assess the quality of life of children aged 8 to 12 and has 23 questions. The questionnaire options are scored on a Likert scale and from never (score 0) to always (score 4). Finally, a general score and four subscales are obtained from this questionnaire, which are: physical functioning subscale, emotional functioning subscale, social functioning subscale and school functioning subscale. Also, two general subscales of mental health and physical health and a total score can be calculated for this questionnaire.

In the study by Varni, Seid and Kurtin (2001), the validity and reliability of this instrument in the United States were examined, and Cronbach's alpha was determined 0.88 for the children version and 0.90 for the parents' version [15]. In their research, Mohammadian et al. (2014) calculated the content validity as 0.84 for the whole instrument and 0.80 for subscales of physical functioning, 0.86 for emotional functioning, 0.83 for social functioning and 0.88 for school functioning [16]. The results of factor analysis also confirmed the existence of total score and four subscales. All items of the questionnaire had a factor load above 0.40. Cronbach's alpha was calculated 0.82 for the total score and 0.65 between 0.77 for the subscales.

Life Skill Inventory: The 20-question form of the Life Skills Inventory includes 3 subscales of decision making, problem solving and creative thinking. The life skills questionnaire options have the Likert scale from strongly agree (5) to strongly disagree (1). The higher the score on this test, the stronger is the life skills. In the study of Saatchi et al. (2010), in order to measure the validity of the questionnaire, after preliminary implementation on 30 of the research samples, a coefficient of 0.97 was calculated as the validity coefficient using Cronbach's alpha [17].

Life Skills Training Protocol: Life skills program training sessions prepared by UNICEF International Fund for Children and Adolescents and based on the protocol of the Life Skills Books Collection [18] were held in 10 sessions of 3-hour.

Table 2. Descriptive indicators of the scores of the control and experimental group participants in the quality of life variable (child form)

Variable	Test	Group	Mean	Standard deviation
Physical functioning	Pre-test	Control	54.37	22.65
		Experimental	82.93	17.57
	Post-test	Control	65.21	23.38
		Experimental	92.90	8.14
Emotional functioning	Pre-test	Control	44	24.29
		Experimental	56.67	22.96
	Post-test	Control	54.67	23.79
		Experimental	83	20.94
Social functioning	Pre-test	Control	51	20.63
		Experimental	75.67	16.78
	Post-test	Control	71	24.65
		Experimental	90.67	14.86
School functioning	Pre-test	Control	66.33	19.04
		Experimental	80	16.90
	Post-test	Control	69.33	16.89
		Experimental	89.67	14.07
Psychological health	Pre-test	Control	31.55	12.09
		Experimental	67.47	19.05
	Post-test	Control	39.60	14.20
		Experimental	85.95	17.05
General subscale of physical functioning	Pre-test	Control	54.37	22.65
		Experimental	82.73	17.41
	Post-test	Control	65.21	23.38
		Experimental	92.77	8.24
Total score	Pre-test	Control	53.68	17.11
		Experimental	75.19	12.24
	Post-test	Control	59.80	20.41
		Experimental	89.35	11.44

3. Results

In the experimental group, 23.33% of the subjects in terms of age were 9 to 11 years (the highest number) and 3.34% were less than 9 years (the lowest number). In the control group, 23.33% of the subjects in terms of age were under 9 years old and 9 to 11 years old (the highest number) and 3.34% were over 11 years old (the lowest number).

In the experimental group, the highest number of subjects in terms of children's education was the

children of the second-grade elementary school, and in the control group, they were in third grade and higher in elementary school.

The statistical characteristics of the studied variables in the experimental and control groups are given in Tables 2 to 4. These results show that there is a difference between the mean of the control group and the mean of the experimental group in the dependent variable of quality of life (child and parent form) and life skills and these differences are in favor of the experimental group in both variables. Based on the information obtained from Table 2, the mean scores related to

the quality of life of the child form in the pre-test stage of the experimental group was 75.19 and the control group was 53.68, and in the post-test stage, the mean was 89.35 in the experimental group and 59.80 in the control group. Also, the results of examining the components of quality of life of the child form show that in the post-test stage, the scores of the experimental group are much higher than the pre-test stage of this group, but for these changes to be significant or not, it is necessary to perform the appropriate test in hypothesis analysis.

Table 3. Descriptive indicators of the scores of the control and experimental group participants in the quality of life variable (parent form)

Variable	Test	Group	Mean	Standard deviation
Physical functioning	Pre-test	Control	59.64	22.79
		Experimental	50.41	11.13
	Post-test	Control	50.53	16.43
		Experimental	95.59	4.74
Emotional functioning	Pre-test	Control	60.67	18.88
		Experimental	71	17.44
	Post-test	Control	55.67	18.11
		Experimental	95.33	8.95
Social functioning	Pre-test	Control	66.33	17.06
		Experimental	57.33	12.52
	Post-test	Control	58.67	9.34
		Experimental	97.33	4.58
School functioning	Pre-test	Control	68	16.67
		Experimental	58	15.09
	Post-test	Control	68.93	13.67
		Experimental	95.67	7.76
Psychological health	Pre-test	Control	45.15	9.03
		Experimental	62.88	11.94
	Post-test	Control	36.80	8.39
		Experimental	96.88	4.35
General subscale of physical functioning	Pre-test	Control	59.64	22.79
		Experimental	52.84	9.45
	Post-test	Control	51.73	13.28
		Experimental	97.61	3.22
Total score	Pre-test	Control	62.35	11.39
		Experimental	57.62	7.14
	Post-test	Control	55.27	12.95
		Experimental	96.01	5.95

Based on the information obtained from Table 3, the mean scores related to the quality of life of the parent form in the pre-test stage of the experimental group was 57.82 and the control group 62.35 and in the post-test stage, the mean was 96.01 in the experimental group and 55.27 in the control group. Also, the results of examining the quality of life components of the parent form show that in the post-test stage, the scores of the experimental group are much higher than in the pre-test stage of this group, but for these changes to be significant or not, an appropriate test should be performed in the hypothesis analysis section.

Based on the information obtained from Table 4, the mean scores related to the life skills in the pre-test stage of the experimental group was 60.40 and the control group was 51.60 and in the post-test stage, the mean were 98.80 in the experimental group and 53.33 in the control group. Also, the results of the examining the life skills components show that the scores of the experimental group are much higher in the post-test stage than the pre-test stage. Table 5 shows the results of the tests of normal distribution of the scores

Table 4. Descriptive indicators of the scores of the control and experimental group participants in the life skills variable

Variable	Test	Group	Mean	Standard deviation
Decision making	Pre-test	Control	21.53	2.67
		Experimental	26.67	5.86
	Post-test	Control	21.20	4.79
		Experimental	38.73	2.46
Problem solving	Pre-test	Control	14.20	3.58
		Experimental	13.93	3.28
	Post-test	Control	14.87	3.11
		Experimental	28.40	2.47
Creative Thinking	Pre-test	Control	15.87	3.34
		Experimental	19.80	4.64
	Post-test	Control	16.27	4.01
		Experimental	29.67	1.29
Total score	Pre-test	Control	51.60	7.66
		Experimental	60.40	9.81
	Post-test	Control	52.33	6.52
		Experimental	98.80	4.33

Table 5. Results of Shapiro Wilk normality tests

Variable	Group	Pre-test			Post-test		
		Statistics	df	Sig.	Statistics	df	Sig.
Physical functioning	Control	0.941	15	0.39	0.902	15	0.10
	Experimental	0.80	15	0.11	0.83	15	0.08
Emotional functioning	Control	0.97	15	0.92	0.98	15	0.20
	Experimental	0.94	15	0.35	0.81	15	0.08
Social functioning	Control	0.94	15	0.43	0.89	15	0.07
	Experimental	0.95	15	0.61	0.69	15	0.08
Educational functioning	Control	0.92	15	0.21	0.91	15	0.11
	Experimental	0.91	15	0.12	0.76	15	0.081
Psychological health	Control	0.99	15	0.99	0.93	15	0.23
	Experimental	0.95	15	0.60	0.796	15	0.06
General subscale of physical functioning	Control	0.94	15	0.39	0.90	15	0.10
	Experimental	0.79	15	0.09	0.83	15	0.07
Quality	Control	0.88	15	0.06	0.95	15	0.59
	Experimental	0.96	15	0.72	0.86	15	0.12
Decision making	Control	0.90	15	0.11	0.96	15	0.72
	Experimental	0.95	15	0.66	0.62	15	0.08
Problem solving	Control	0.93	15	0.27	0.88	15	0.057
	Experimental	0.934	15	0.31	0.649	15	0.09
Creative thinking	Control	0.865	15	0.13	0.97	15	0.85
	Experimental	0.976	15	0.91	0.513	15	0.44
Skill	Control	0.82	15	0.07	0.93	15	0.32
	Experimental	0.96	15	0.75	0.620	15	0.20
Physical functioning	Control	0.88	15	0.052	0.924	15	0.218
	Experimental	0.943	15	0.428	0.826	15	0.08
Emotional functioning	Control	0.90	15	0.09	0.958	15	0.66
	Experimental	0.938	15	0.36	0.763	15	0.057
Social functioning	Control	0.97	15	0.89	0.82	15	0.07
	Experimental	0.91	15	0.14	0.758	15	0.016
Educational functioning	Control	0.936	15	0.33	0.946	15	0.46
	Experimental	0.936	15	0.337	0.826	15	0.16
Psychological health	Control	0.96	15	0.69	0.964	15	0.765
	Experimental	0.917	15	0.17	0.860	15	0.084
General subscale of physical functioning	Control	0.88	15	0.052	0.924	15	0.218
	Experimental	0.943	15	0.43	0.826	15	0.053
Quality of life (parent)	Control	0.972	15	0.88	0.919	15	0.18
	Experimental	0.942	15	0.412	0.894	15	0.08

Based on the information of the Table 5, considering that the calculated z indices are smaller than the critical z value for the two-pass tests at the confidence level of 0.05 (1.96), the distribution of quality of life and life skills scores is normal in all cases. Therefore, the initial default for parametric tests (normal distribution of data) is established.

The F-test is to examine the effects between the subjects. The results of this test showed that the means of the experimental and control groups are different in the components of quality of life of child, parent and its components (p<0.05). Therefore, it can be concluded that the groups had statistically significant differences with each other. To be more precise, there was a significant difference between the experimental and control groups in terms of quality of life by inhibiting the effect of pre-test mean. This indicates the effect of teaching life skills to working children on increasing their quality of life.

Table 6. Adjusted means of the quality of life (child form) post-test for control and experimental groups

The dependent variable	Group comparison	Mean difference	Standard deviation	Sig.	95% confidence interval	
					Low limit	High
Physical functioning-child	Experimental-Control	17.17	7.28	0.02	2.12	32.12
Emotional functioning-child	Experimental-Control	19.59	5.93	0.003	7.42	31.76
Social functioning-child	Experimental-Control	9.01	8.38	0.29	-8.20	26.22
Educational functioning-child	Experimental-Control	13.12	4.92	0.01	3.03	23.21
Psychological health-child	Experimental-Control	33.61	8.35	0.000	16.46	50.75
Physical health-child form	Experimental-Control	15.05	7.29	0.03	2.10	32.01
Quality of life - child form	Experimental-Control	24.12	7.48	0.003	8.77	39.48

Considering the results of analysis of covariance and statistical analysis, the test of comparison between the experimental and control groups was also calculated. The results of the above table show that the difference between the scores of the quality of life (child form) variable in the experimental group and the control was 24.12, which was also statistically confirmed (p<0.05). Also, there were significant differences between the experimental group and the control group in the quality of life component.

Table 7. Adjusted means of quality of life (parent form) post-test for control and experimental groups

The dependent variable	Group comparison	Mean difference	Standard deviation	Sig.	95% confidence interval	
					Low limit	High
Physical functioning-child	Experimental-Control	49.18	3.49	0.000	42.01	56.34
Emotional functioning-child	Experimental-Control	34.35	4.18	0.000	25.76	42.93
Social functioning-child	Experimental-Control	32.98	2.74	0.000	34.37	45.60
Educational functioning-child	Experimental-Control	30.33	3.72	0.000	22.69	37.97
Psychological health-child	Experimental-Control	57.23	3.18	0.000	50.70	63.75
Physical health-child form	Experimental-Control	47.97	3.05	0.000	41.7	54.23
Quality of life - child form	Experimental-Control	43.63	3.09	0.000	37.29	49.97

Considering the results of analysis of covariance and statistical analysis, the test of comparison between the experimental and control groups was also calculated. The results of the above table show that the difference between the scores of the quality of life (parent form) variable in the experimental group and the control was 43.63, which was also statistically confirmed (p<0.05). Also, there were significant differences between the experimental group and control group in the quality of life component.

Table 8. Adjusted means of life skills post-test for the control group and the experimental group

The dependent variable	Group comparison	Mean difference	Standard deviation	Sig.	95% confidence interval	
					Low limit	High
Problem solving	Experimental-Control	13.63	0.94	0.000	11.70	15.55
Creative thinking	Experimental-Control	13.03	1.20	0.000	10.56	15.50
Decision making	Experimental-Control	17.18	1.64	0.000	13.82	20.54
skill	Experimental-Control	42.91	2.22	0.000	38.35	47.47

Considering the results of the analysis of covariance and statistical analysis, the test of comparison between the experimental group and control group was also calculated. The results of the above table show that the difference between the scores of the life skills variable in the experimental group and the control was 42.91, which was also statistically confirmed (p <0.05).

4. Discussion and conclusion

Teaching life skills to street children improves their life skills and its components. In explaining these findings, it can be said that a person who has life skills can deal with issues more logically while feeling more satisfied with life and interpersonal interactions. Today, along with the development of civic life and the increasing industrialization of developing countries, the education of children is one of the basic tasks of formal education institutions. The set of life skills does not only think about empowering people in the present life, but also emphasizes their ability for the future life. It also focuses on the flourishing of individuals' potential abilities. As a result, it can be said that the set of life skills has preventive goals that control and manage problems, and it is as well suitable for individual and group interventions.

Children who become aware of decision-making skills identify social and personal pressures by gathering useful information, distinguish between emotional and logical decision-making, and become skilled in the logical and rational decision-making process and make appropriate decisions by managing their emotions in situations (Normal and stressful) [8]. In addition, children who acquire knowledge in interpersonal skills become aware of a variety of bold, aggressive, and passive skills and prevent interpersonal disorders and problems by recognizing emotion and behavior [10].

Children learn to deal with negative events meta-cognitively and differently in innovative ways through the fluidity of thought, initiative, and creating ideas and the creative and critical thinking, which is the strongest form of thinking [21] and learn to manage the intensity, duration, and type of their emotional experiences [22].

People who learn communication skills also become aware that communication is the only means of transmitting and receiving information from others. They eliminate misunderstandings through communication [23], and with the knowledge of communication methods and skills, they establish a favorable relationship with the environment.

The findings of this part of the study are in line with the results of the research of Hashemi et al. (2011), which showed that teaching life skills to the parents of the children with leukemia, has improved the quality of life of children with leukemia after two months [20]. These methods teach people how not to engage in aggressive and violent behaviors. Numerous factors, such as social, economic, political, cultural, family, poverty, lack of guardianship or poor parenting, cause many children to be deprived of their basic rights and therefore turn to street work to meet their basic needs. Children and adolescents' working on the street creates characteristics that make them different from their peers in terms of physical, mental, emotional, social, cultural and family dimensions.

Due to the large number of children in the families of working and street children, they are often rejected by their parents and deprived of their love. Due to family poverty, their needs are ignored and they are also emotionally deprived. For this reason, the relationship between them and the family would be very cold and distant since childhood. Children express their protest against this type of insecure attachment and distant relationship with the family in the form of running away from home, school, theft, beatings and other inappropriate behaviors. They even have trouble communicating with other people in the community. By acquiring life skills, children are able to meet the expectations and the problems of everyday life. They will be able to solve their problems in efficient and effective ways. Their mental health and the quality of their life will increase. Therefore, street children need to learn life skills and benefit from them in their lives more than others.

These trainings would be more effective if it starts at an early age and if it is appropriate to the level of

mental development of their audiences' needs. Training such skills to the individuals creates a sense of adequacy, effectiveness, overcoming, and the ability to plan purposeful behavior appropriate to the problem. Numerous studies have shown that life skills have been effective in many areas.

In the present study, quality of life trainings was provided to the street children living in one of the welfare centers in a situation where children had not previously received any training about the tenfold life skills. These children lacked empathy, understanding and acceptance of others, and a sense of intimacy. They had no knowledge of their own and others' traits and characteristics. Many of them were full of anxiety, fear, anger and hatred towards family, friends, the environment and society, which made them unable to communicate properly with others, and therefore they felt very lonely. Older children resorted to aggressive and authoritarian methods to satisfy their needs and desires, and younger children lived in isolation. For this reason, an atmosphere of coercion and terror prevailed among them. They had no positive outlook on their future and in response to the question: What do you want to do in the future? Their answer was often the same jobs for which they were referred to the center, such as: garbage collection, begging, window cleaning, peddling and other false jobs that have no social value. Due to lack of knowledge and awareness of their rights and the right way of life, some of them were completely neutral and indifferent and accepted the same way of life in the center.

Findings obtained from data analysis also showed that teaching life skills to street children has improved their quality of life and their components. Therefore, it can be said that the quality of life in the experimental group is higher than the quality of life in the control group. According to the results of the present study and other related studies, to improve the quality of life of these children, it is suggested that the government institutions solve the problems of this group by dividing the tasks carefully and using all the scientific, professional, and legal and hardware capacity. On the other hand, non-governmental organizations, which are less involved in administrative systems due to their flexibility and higher operational maneuverability, should help identify, introduce and solve the problems of these children and create suitable conditions to help all members of this group through culture building among the people.

One of the limitations of this study is the low sample size and it is limited to the city of Tehran, Iran, and it is unable to compare the effectiveness of education between the two genders. It is suggested that future research be conducted on the use of this type of therapy for a larger sample of children and compare the two genders. It is necessary to consider the points such as cultural differences, the way the therapist communicates with the subjects and the degree of cooperation of the center officials with the researcher.

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