

Special Article

Health Promotion using Life Skills Education Approach for Adolescents in Schools – Development of a Model

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ABSTRACT

Development of a model school mental health program using the Life Skills Education methodology and psychosocial competence of the adolescents as the goal is described.

Key Words: Adolescents, psychosocial competence, life skills, empowerment, school mental health, secondary schools

INTRODUCTION

School Mental Health Program is a very important and integral part of the educational system. The beneficiary being the child, the educational set up in collaboration with the mental health personnel often provides this service. In India, there is no separate comprehensive policy document dealing with child mental health. The needs of the child are covered in 3 major documents of National Health Policy,¹ National Policy on Education,² and National Mental Health Program for India.³ Conceptually all the 3 policies stress the need to develop comprehensive child mental health services and program at various levels.⁴ However in practice development of child mental health services generally and specifically in the educational system has been very sparse and restricted to individual work by child mental health professionals especially in and around metropolitan cities. It is often restricted to sensitization of the teachers in child/adolescent developmental, developmental delays, learning problems, scholastic issues, and emotional and behavioural disorders. This is done during the pre-service and in-service training of the teachers at a very basic level. Counselling services for students with persistent emotional issues and a referral system is set up in a few clinics mainly in cities. Dr. M. Kapur has comprehensively described the School Mental Health Work in India, the rudimentary nature of it and the need to have integrated school mental health program nationwide.^{5,6}

Currently, India's education system stresses acquisition of information, knowledge and technical skills rather than psychosocial competence or realization of one's potentials. It is achievement oriented rather than child oriented. It does not address the needs of all the children who in spite of various levels of scholastic competence are capable of learning and need to develop those skills, and become empowered to live effectively in this world. This is despite the fact that the educational philosophy in ancient India was one of Guru-Chela/Shisya Parampara and stressed on the teacher being responsible both for literacy/knowledge and personality development of the ward.

This empowerment is essential in today's context as India is poised for rapid globalization and urbanization with a breaking up of joint families and the traditional support systems.^{7,8} Children and adolescents have to increasingly contend with academic stress, violence and bullying, sexual permissiveness, easy access to drugs of abuse, crowding, poor infrastructure, and social divide in this rapidly changing social scene. An empowered child

has the competence to cope with the challenges of life using the available resources even amidst such adversities.

There needs to be a review and reorganization of the education of the children and adolescents in India, both in terms of content and location to enable the adolescent to be empowered. Methods to improve the psychosocial competence and resilience, health promotional activities and a development-oriented approach need to be incorporated in the school syllabi and stressed as much as the three 'R's. Life Skills Education (LSE) is one such program.⁹⁻¹¹

LIFE SKILLS

Life Skills (LS) are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands, challenges and stress of everyday life.¹² Childhood and adolescence are the developmental periods during which one acquires these skills through various methods and people. The life skills of individuals depend upon their temperament and environment and the implicit emphasis placed on their uptake (imparted/learnt). If life skills are taught explicitly and in a structured manner in schools, they would empower children and adolescents and help in addressing the quality of the tomorrow's adults.

Life Skills Education

Life Skills Education (LSE) is a novel promotional program that teaches generic life skills through participatory learning methods of games, debates, role-plays, and group discussion. Conceptual understanding and practicing of the skills occurs through experiential learning in a non-threatening setting. Such initiatives provide the adolescent with a wide range of alternative and creative ways of solving problems. Repeated practice of these skills leads to a certain mastery and application of such skills to real life situation helps in gaining control over the situation. It is a promotional program, which improves positive health and self-esteem. Our country places a premium on values. LSE empowers the youth to choose appropriate values and behaviour which are ingredients of positive health.

Life Skills Education and Schools

In India, education has become institutionalized. Schools are the single most important and recognized forum to reach out to the young population, thus programs for children and adolescents should be incorporated into the educational system to be feasible, effective and cost-effective.

The generic Life Skills, which need to be taught at the schools level especially to adolescents, are:

- Critical thinking and creative thinking
- Decision making and problem solving
- Communication skills and interpersonal relations skills
- Coping with emotions and stress
- Self-awareness and empathy

Life Skills Training

In a country like ours, where resources and trained professionals are limited, it is practical to involve and work with the teachers. Training the Teachers (Training the Trainers)

is a method that is likely to ensure coverage, continuity and cost-effectiveness. This approach ensures reproducibility of the program within the existing infrastructure at no extra cost.

Experience of working with secondary school teachers has shown that teachers can be trained to impart LSE effectively. It is observed that there is a significant change in the attitudinal approach of the teachers who are trained in LSE. They are more receptive to the problems of the adolescents and there is an improvement in the relationship between teachers and the taught.

Experience suggests that teachers need support in the form of syllabus, resource materials and training to be able to promote life skills among the adolescents. Hence it was planned to develop a Model for imparting LSE to the adolescents in schools through their teachers.

DEVELOPMENT OF A LIFE SKILLS EDUCATION MODEL FOR INDIA

The present project 'Health Promotion using Life Skills Approach for Adolescents in Secondary Schools' was initiated with the funding from Child and Adolescent Health & Development Unit of the World Health Organization – South East Asia Region Office (WHO-SEARO), New Delhi in November 2001. The project was designed using the life skills as a means to an end – Health. The aims of the project were to develop a model of health (physical, emotional and social health) promotion using life skills approach for adolescents in secondary schools using teachers as facilitators; and to develop resource material (modules) for the teachers. Towards these ends, we also intended to test out the model by training teachers in the use of the modules.

Needs Assessment through Focus Group Discussions

We conducted focus group discussions to assess the needs of and to involve end-users and care providers as partners in project planning. Focus group discussions were held on the health and mental needs of the adolescents with students, parents, and teachers, governmental and non-governmental personnel who are involved in health promotion of adolescents. Simultaneously, discussions with the Department of Public Instruction and Department of Scientific Education, Research and Training were initiated towards the conceptual aspects of Life Skills Education in secondary schools.

Five focus group discussions were held with:

- Students (13-16 years) from 4 schools (2 from Bangalore and 2 from the rural areas of Anekal and Elandur). Twenty students (9 boys and 11 girls) participated.
- Parents of the students who participated in the focus groups (one parent was invited, so there were more mothers than fathers as the discussion was held on a working day).
- Nongovernmental organizations (NGOs) with experience in health promotion and life skills training among children and adolescents (7 NGOs).
- Policy makers and professionals –from the Department of Health and Department of Education

The agenda of all the 5 groups was to understand the perspective of that group on adolescent development, needs and concerns of the growing adolescent, skills and competence development in adolescence, life skills in adolescents and the logistics of promoting it – 'who', 'what', 'where' and 'how.' Each focus group discussion lasted for 2-3 hours and was recorded.

The discussions varied in each focus group, in particular the needs and concerns of the adolescents were perceived very differently and opinions on life skills education and who

ought to be conducting it also varied. For example, adolescents discussed about emotional issues in school, like feeling angry and depressed if faced with less marks, jealousy towards those with better performance, disappointment over teachers revealing information regarding the problems and issues that they had disclosed in confidence, attraction to the opposite sex, and peer pressure. Their parents focused on studying well and paying respect to the elders. Teachers focused on academic performance. NGOs were able to identify more needs of the adolescents. Policy makers' predominant focus was on reproductive health of the female adolescents (Table 1). Also, there were differences in opinion about who should be addressing the needs of the adolescents and the methodology to do it including training and resource materials. Issues related to overall approach, monitoring and evaluation were discussed mainly by the policy makers and teachers.

Table1: Compilation of the needs and concerns of the adolescents as perceived by focus group discussion

Physical Health	Psychological Health	Social Health
Nutrition	Responsibility	Gender issues
Hygiene	Accountability	Dowry problems
Safety	Discipline	Violence
Reproductive health	Drug abuse – tobacco, alcohol, solvents	Female foeticide
HIV/ AIDS	Stress management	Social discrimination - caste, race, widowhood, religion
Teenage pregnancy	Time management	Pollution
Menstrual issues	Handling criticism	Corruption
First aid	Facing failure – love, exams, loss of job	
	Peer pressure	
	Suicide	

Preparation of the Resource Materials

The core group discussed the identified needs and concerns at length. The issues were grouped into major themes – Motivation, Discipline, Sexuality, Relationships, Empathy, Nutrition, Infectious Diseases etc. The following process evolved during the development of the modules – weekly meetings of the core group, discussions, and review of activities by independent professionals. Concepts under each major theme were discussed and grouped. We reviewed various other resource materials available on these themes. Activities were planned with teachers as facilitators and coordinators. Student participation was targeted as the key element (even for classes that were expected to have more than 50 students at a given point of time). All aspects of Health were included – physical, psychological and social to make the LSE a comprehensive health promotion vehicle. Cultural sensitivity was maintained.

Various activities were initially written for the various themes, e.g. the theme 'Motivation' covered various activities, which focused on preventing dropping out of school, developing proper study habits and making career choices. Many of these activities had been successfully employed by the coordinators in LSE classes earlier. Each planned activity was assessed for its format, clarity (of communication), and feasibility (of conduction in a classroom situation). Activities (total=65) were sub-grouped into separate modules for 8th, 9th, and 10th standards (25, 25 and 15, respectively) based on needs of the students in each class and the complexity of the task requirement.

A uniform format was developed for the activities for the convenience of the teachers: 'Objective of the activity,' 'Outcome if practiced Aactively,' 'Facilitative questions,' 'Summarizing,' and 'Reflection at home'. Each activity included step-by-step guidance for the teacher, and provided for options to improvise. How and what of the activity, and for associated discussions were spelt out. The teacher was encouraged to be a facilitator who

stressed on participation of students, and to be non-judgmental and accepting. Preparation time for each activity by the teacher before the LSE was kept to a minimum. The language of the module was kept simple, active voice was preferred. Pictures and situations when necessary were included as teaching material. It was planned that the teachers would carry out these activities over the year, once a week for one hour. Activities were arranged in an order aimed at maximizing teacher comfort – from activities detailing themes related to academics to themes related to relationships and sexuality. It was expected that the teachers would develop facilitating skills and rapport with the students after the initial sessions, so they would be able to carry out the more difficult activities towards the end of the term.

An introduction to adolescence, health in adolescents, life skills, and relevance of life skills in adolescence was developed separately and provided with the booklets.

Discussions with the Commissioner, Department of Public Instruction (DPI) were held regarding the project, life skills, and the activity manuals. Permission and assistance were sought to test the training modules, methodology and the resource materials with teachers. Two workshops were held in January 2002 and the modules were scrutinized and reviewed by about 60 teachers of secondary schools (data not presented). An independent mental health consultant familiar with the life skills concepts audited most of these sessions.

A follow-up evaluation conducted on 29 teachers (volunteers) trained in the workshops after 2 months showed that a majority had carried out various activities in the modules and had found the program feasible. Most of the teachers were able to complete the activity within an hour and reported active student participation. Most teachers were satisfied with the small group discussions and their role as facilitators, and were confident of their ability to conduct the activities and discuss life skills. They reported some procedural difficulties pertaining to space and (large) number of students; but on the whole the teachers were satisfied with their efforts and with the modules as resource material. Despite the small number of teachers who participated in the follow up, the core group perceived the model as acceptable and feasible.

Expert Opinion

The 3 resources modules were also reviewed by experts in generic or specific life skills training or child development (see acknowledgements). Comments on format included suggestions regarding tighter copy editing, inclusion of more pictures (especially in the 10th standard module) as well as replacement of possibly objectionable pictures (physical development of the adolescents). It was also suggested that the modules should be rearranged based on age groups (13-14 years, 15-16 years) rather than classes. Comments on contents were:

- Reduce the numbers of activities, and avoid overlap in themes and activities.
- Reduce information overload in fact sheets, e.g. STD.
- Reformulate objectives and outcome of the activities, to make them more clearly relevant to the activity, e.g. homosexuality.
- Edit judgmental statements, e.g. in the area of sexuality.
- Include other important themes pertaining to sexuality and the adolescents, e.g. parenthood; and other important health issues, e.g. malaria, tuberculosis.
- Highlight life skills, which are the central aspect of the program, in the discussion and summing up of activities.

Revision and Finalization of Modules

The feedback from the teachers and the professionals were discussed by the core group in brainstorming sessions. The numbers of activities were decreased to 20 for the 8th and 9th standards and 12 for the 10th standard. The modules were edited for language, grammar and uniformity. Objectives and outcome were made more specific to the activity and practice in real life. Activities related to sexuality were scrutinized and culturally inappropriate messages were edited. Pictures of adolescent boy/ girl engaged in various activities were added for breaking monotony; and modified where necessary. Some new activities pertaining to infectious diseases and sleep hygiene were added. Finally, the core group decided to include elements of monitoring of the program over the academic year (by the teachers and students) and some measures of evaluation in the modules.

SUMMARY

This article focuses on the concept of Life skills and details the development of a model programme for adolescents in schools using the available infrastructure and resources of teachers. A cascade model of training – using training of trainers (teachers as life skills educators) and the content of the training modules were finalized. The 3 modules have been finalized and printed.^{13,14} With the permission of WHO–SEARO the project has been extended to include the Kannada translation of these modules.¹⁵ The modules are also available in Gujarati and parts of it have been translated into Tamil and Khmer. The program and the modules have been shared in various forums; and the Department of Public Instruction, Karnataka has implemented this health promotion program as an ongoing project in 4 districts covering 261 secondary schools. Experts have held it as comparable to other modules used with adolescents in schools all over the world.¹⁶

The highlights of model are:

1. Comprehensive health in adolescents is the GOAL.
2. Using LIFE SKILLS as the medium.
3. Providing a structure to the program by ACTIVITIES.
4. Teachers as FACILITATORS.

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