

## LIFE SKILLS APPROACHES TO IMPROVE YOUNG ADULT REPRODUCTIVE HEALTH

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### THE LIFE SKILLS APPROACH AND ITS METHODS

The life skills approach is an interactive educational methodology that focuses on acquiring knowledge, attitudes and interpersonal skills. It aims to enhance young people's ability to take greater responsibility for their own lives by making healthy choices, gaining greater resistance to negative pressures, and avoiding risk behaviors.

The World Health Organization (WHO) defines life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. According to this definition, the five foundation life skills areas are:

- ▣ Decision making—problem solving
- ▣ Creative thinking—critical thinking
- ▣ Communication—interpersonal skills
- ▣ Self-awareness—empathy
- ▣ Coping with emotions—coping with stress

The teaching methods used by the life skills approach are youth-centered, interactive, and participatory and emphasize experiential learning. The following methods are commonly used: group work and discussions, brainstorming, role-playing, storytelling, debating, and conducting audio-visual activities.

The life skills approach is based on Social Learning Theory (SLT), the dominant theory on interpersonal health behavior. SLT explains human behavior in terms of a three-way, dynamic, reciprocal theory in which personal factors, environmental influences, and behavior continually interact. According to SLT, the following influence behavior change: interactions with the environment; observation; information and skills; self-efficacy; expectations; and responses to one's actions. Life skills take these factors into account by providing youth with the knowledge and skills to better understand themselves and their environment, and to take charge of their lives.

Life skills have played a key role in improving young adult reproductive health (YARH) around the world. For example, married girls who participated in Better Life Options (BLO), a comprehensive life skills development program carried out in India by the Centre for Development and Population Activities (CEDPA), based in Washington, DC, were more likely to have married at age 18 or older and to have influenced the selection of their husbands. These young women also demonstrated increased knowledge of contraceptives and HIV prevention, better communication with their spouses about family planning, and increased contraceptive use. Child survival and health-seeking behavior rates were also higher among the women who participated in the program than among those who did not.

In Zimbabwe, the AIDS Action Programme for Schools, spearheaded by UNICEF and the Zimbabwean Ministry of Education and Culture (MOEC), not only provided information about STIs/HIV/AIDS but also worked to build the life skills that enabled youth to make better decisions for themselves. A curriculum developed for training youth in the schools covered relationships, life skills, human growth and development, and health. Supplementary materials included “Bodytalk in the Age of AIDS,” a page from *The New Generation*, a free monthly newspaper for young people, and plays used in school drama competitions. The program has been successful and well documented. Baseline studies and the 1995 “Flashback and Hindsight” report on the design, implementation and evaluation of the program demonstrate its success and high level of documentation.

## LESSONS LEARNED

When developing and implementing a life skills program:

- ▣ Focus on the main goal—improving YARH. Program objectives should focus on key behaviors and conditions, such as delaying the onset of sexual activity, avoiding unprotected sex, and/or reducing the number of sexual partners.
- ▣ Involve participants, parents and the wider community in all program stages.
- ▣ Deliver programs through well-trained personnel within or attached to schools or in the community.
- ▣ Ensure sequence, progression and continuity in programs over time.

When conducting life skills training:

- ▣ Focus on the risks most likely to occur among participants and recognize what they already know, feel, and can do about them.

- ▣ Adapt program objectives, teaching methods, and materials to the age, gender, sexual experience and culture of the participants.
- ▣ Encourage learning from each other—peer-to-peer, teacher, family, and others in the community.
- ▣ Use a range of participatory learning methods that provide opportunities to use knowledge and practice skills and that have proved effective in changing sexual behaviors.
- ▣ Place sexual and reproductive health education in the context of other related health and social issues that can be useful entry points.
- ▣ Ensure messages and related processes are consistent and coherent across the school environment.
- ▣ Establish early partnerships with key ministries to secure their commitment to the program and to advocate for its inclusion into the national curricula.
- ▣ Evaluate program objectives, processes and outcomes using realistic indicators and allowing enough time for results to be observed.

## RECOMMENDED READING

Advocates for Youth. 1995. rev. “Life Planning Education: A Youth Development Program.”

Bandura, Albert. 1986. “Social Foundations of Thought and Action: A Cognitive Social Theory.” Englewood Cliffs, NJ: Prentice-Hall.

CEDPA’s *Youth Development Program*:

<http://www.cedpa.org/trainprog/youth/htm>

*Teachers Talking About Learning: Life Skills*:

<http://www.unicef.org/teachers>