

Life Skills

As do earlier prevention programs, “Life Skills” programs in operation today also are based on the social learning theory. This theory promotes opportunities for processing life experiences, structuring experiences, and actively gaining experiences (Bandura, 1977 [as cited in Botvin, 1986]). The Life Skills approach is built around creating opportunities for youth to acquire skills—such as media literacy or critical thinking—that enable them to avoid manipulation by outside influences.

The idea is for young people to be able to recognize the coercive forces of social pressures, as well as organized campaigns, such as tobacco advertising, that promote behaviors known to jeopardize their health. The Life Skills approach aims to assist young people to regain control over their behavior while taking informed decisions that can lead to positive behaviors and values (e.g., deciding not to smoke). Additional Life Skills generally taught by such programs include self-awareness, stress management, assertiveness, and negotiation.

Curricula based on this theory stress experiential learning and opportunities

to practice new skills acquired during instruction. Program activities actively involve young people through work in small groups, peer facilitation, role-playing techniques, games, presentations, and other interactive events.

Aside from the actual benefits of the newly acquired Life Skills, this curricula also result in improved student/teacher relations, better academic performance, higher school attendance rates, and fewer behavioral problems in the classroom (WHO, 1998 April). Most importantly for the purposes of this discussion, the Life Skills approach, as used in the prevention of substance use, has been shown to reduce smoking initiation by between 25% and 87% at one- to six-year follow ups (Botvin, Renick, and Baker, 1983; Botvin and Eng, 1982; Botvin, G., Baker, Dusenbury, Botvin, E. and Diaz, 1995).

LIFE SKILLS TRAINING

Beginning in 1979, noted behavioral scientist and professor of psychiatry, Dr. Gilbert Botvin, published a highly effective Life Skills training program

UNICEF (1997) recognizes several levels of Life Skills:

- Basic psychological and social skills (strongly shaped by cultural and social values);
- Situation-specific skills (e.g. negotiation, assertiveness, conflict resolution);
- Applied life skills (e.g., challenging gender roles or refusing drugs).

for youth in the seventh through ninth grades. The training employs strategies that build students' abilities to refuse the offer of drugs through improved assertiveness, decision making, and critical thinking skills. Opportunities to learn and practice these "problem-specific" skills are just one aspect of a broader instructional program that teaches more general Life Skills.

Studies show that teaching and learning these skills as a generic group of "life skills" is more effective in the prevention of harmful behavior than teaching the skills as isolated solutions to specific problems such as teen pregnancy or substance abuse.

Botvin's intention in developing this program was to create a single prevention strategy that could effectively target multiple types of substance use behaviors (Botvin, G., Baker, Renick, Filazolla, and Botvin, E., 1984). His conceptual framework is based in part on Jessor's problem behavior model (1977, [as cited in Botvin, et al., 1984]), which recognizes that an interaction of social and personal factors facilitates the use of a variety of substances, including tobacco. Botvin conceptualized smoking as a socially learned behavior that results from the highly complex interaction of social and personal factors (Botvin, et al., 1984).

Through interactive modules, his program offers students opportunities to 'socially learn' skills to resist peer and media pressure to use substances like tobacco. Skills learned in the program include: assertiveness, critical thinking, decision making, and problem solving abilities. These skills boost protective factors in students, such as self-confidence, self-esteem, autonomy, and self-control (Botvin, et al., 1995).

Program materials include a teacher's manual, a student guide, and a relaxation audiocassette tape. The students are actively involved in the educational

process through a variety of experiential techniques such as discussion groups and presentations to peers.

Botvin's Life Skills Training has been implemented in different school settings, including urban schools serving a predominantly Hispanic population in New York City. The intervention has been adapted to target various populations ranging from public school students to high-risk youth incarcerated in juvenile detention centers. The program has also experimented with different program facilitators (teachers, older students, and "investigators") showing impressive results at each location and with each type of facilitator, particularly with peer facilitators (Botvin, et al., 1995).

THE WHO LIFE SKILLS INITIATIVE

The World Health Organization promotes Life Skills school-based programs as a means to develop skills among young people that lead to healthy lifestyle choices and optimum physical, social, and psychological well-being. Depending on the culture, different specific abilities are emphasized. WHO considers the following Life Skills to be the most essential (WHO, 1993):

The ability to make decisions helps students assess their options and carefully consider the different consequences that can result from their choices.

The ability to solve problems helps students find constructive solutions to their problems. This skill can significantly reduce anxiety.

The capacity to think creatively is essential to decision making and problem solving. It enables students to explore all possible alternatives together with their consequences. It helps students look beyond their personal experience.

The capacity to think critically helps students objectively analyze available information along with their own experiences. It is this ability that helps students recognize the factors that influence their behavior, such as societal values, peer influence, and influence of the mass media.

The ability to communicate effectively helps students to express their feelings, needs, and ideas to others—verbally or otherwise.

The ability to establish and maintain interpersonal relations helps students to interact positively with people whom they encounter daily, especially family members.

Knowledge of self is the capacity of students to know who they are, what they want and do not want, and what does and does not please them. It also helps students recognize stressful situations.

The capacity to feel empathy is the ability to imagine what life is like for another person in a very different situation. It helps students to understand and accept diversity, and it improves interpersonal relations between diverse individuals.

The ability to handle emotions enables students to recognize their emotions and how they influence their behavior. It is especially important to learn how to handle difficult emotions such as violence and anger, which can negatively influence health.

The ability to handle tension and stress is a simple recognition by students of the things in life causing them stress.

With the Global School Health Initiative and the Health-Promoting Schools campaign, WHO has supported Life Skills activities through workshops, the development of materials, and the consultation with governmental and non-governmental agencies interested in this approach to youth health and development (WHO, 1995 and 1998b).

LIFE SKILLS PROGRAMS IN LATIN AMERICA AND THE CARIBBEAN

Life Skills school-based programs have been implemented in several countries in the Region, including Chile, Colombia, Mexico, Peru, Venezuela, Uruguay, Brazil, Costa Rica, and the Caribbean countries (World Bank / PAHO, 1999 February).

In the Caribbean, the Caribbean Community (CARICOM) operates a Health and Family Life Education project responsible for introducing Life Skills curricula in all preschool, primary, and secondary schools in participating Caribbean countries (UNICEF, 1997). The Life Skills curricula address multiple health issues (WHO, in press). The CARICOM project is made up of partners representing UN agencies, the University of the West Indies, and ministries of education and of health.

“Life Skills” programs not only help prevent smoking among adolescents, they have the added value of improving student-teacher relations, academic performance, and school attendance rates.

In 1996 in Costa Rica, the Latin American Network of Health Promoting Schools adopted Life Skills Education as one of its priorities for improving health education in the school curriculum reforms. A workshop on life skills education conducted at the time produced excellent feedback. In 1998 in Mexico, the Latin American Network of Health Promoting Schools reinforced the commitment made two years before and another workshop was offered to participants. Materials for the workshop included a translation of the WHO documents on Life Skills.

The Ministries of Health and of Education of Colombia, with support from PAHO/WHO and other agencies, also developed a school-based Life Skills

program in response to high rates of mortality and morbidity associated with homicide and violence. The Colombian Life Skills program includes instructional materials and activities designed for grades four through nine (Bravo, Galvez, and Martinez, 1998). To date, the Life Skills program serves some eighty-five health-promoting schools in very poor urban areas in twenty Colom-

bian cities, with participants totaling around 15,000 students (WHO, 1998; World Bank / PAHO, 1999 February).

In situations such as these, where the Life Skills methodology is already being used and the infrastructure is adequate to support an expansion of the program, tobacco or substance use prevention could be easily incorporated into the Life Skills program.



Through “Life Skills” interactive training, students learn assertiveness, critical thinking, decision making, and problem solving. These skills, in turn, boost their self-confidence, self-esteem, self-control, and autonomy.