

# Life Skills Approaches to Improving Youth's Sexual and Reproductive Health\*

Research demonstrates that possessing life skills may be critical to young people's ability to positively adapt to and deal with the demands and challenges of life. Some programs effectively teach and promote life skills. This paper briefly reviews some of these programs and presents lessons learned from the life skills approach to HIV prevention education. These lessons are also applicable to a wide range of sexual and reproductive health programs for youth.

**What are Life Skills?** Life skills are behaviors that enable individuals to adapt to and deal effectively with the demands and challenges of life. There are many such skills, but core life skills include the ability to:

- Make decisions, solve problems, and think critically and creatively
- Clarify and analyze values
- Communicate, including listen, build empathy, be assertive, and negotiate
- Cope with emotions and stress
- Feel empathy with others and be self-aware.<sup>1</sup>

A review by UNICEF found that approaches relying on life skills have been effective in educating youth about health-related issues—such as alcohol, tobacco, and other drug use; nutrition; pregnancy prevention; and preventing HIV/AIDS and other sexually transmitted infections (STIs). Life skills education programs can also be effective in preventing school dropout and violence among young people. Finally, these programs can lay the foundation for skills demanded in today's job market.<sup>1</sup>

**What is the Life Skills Education Approach?** The life skills approach is an interactive, educational methodology that not only focuses on transmitting knowledge but also aims at shaping attitudes and developing interpersonal skills. The main goal of the life skills approach is to enhance young people's ability to take responsibility for making healthier choices, resisting negative pressures, and avoiding risk behaviors. Teaching methods are youth-centered, gender-sensitive, interactive, and participatory. The most common teaching methods include working in groups, brainstorming, role-playing, story telling, debating, and participating in discussions and audiovisual activities.

**Are Life Skills Education Programs Effective in Improving Young Adults' Sexual and Reproductive Health?** Over the years, life skills education programs that include sexual and reproductive health information have proven to be effective in delaying the onset of sexual intercourse and, among sexually experienced youth, in increasing the use of condoms and decreasing the number of sexual partners. Evaluation shows that life skills programs can contribute to the reproductive and sexual health of young people around the world. Some programs that have been proven effective or that have shown promise for improving youth's reproductive and sexual health are highlighted here.

## *Better Life Options Program (BLP) - India*

In 1987, the Centre for Development and Population Activities (CEDPA) initiated a comprehensive, life skills development program entitled *Better Life Options (BLP)* to empower out-of-school young women, ages 12 to 20 in developing countries. *BLP*'s components include:

- Referring young women to age-appropriate reproductive health services
- Building individual skills through education (both formal and non-formal and including reproductive health education)

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\* The terms "youth," "young adult," and "young people" are used interchangeably in this paper, referring to people between the ages of 10 and 24.

- Promoting young women’s livelihood through vocational training, recreation, etc.
- Mobilizing and empowering individuals, families, and communities in order to reach, influence, and involve everyone to become a part of the solution.

In a recent assessment of CEDPA/India’s *BLP* in one peri-urban and two rural areas, evaluators surveyed 1,693 married and unmarried young women between the ages of 16 and 25, including 858 non-participating controls and 835 *BLP* alumnae who completed the program between 1996 and 1999. The study found significant outcome differences between controls and alumnae in terms of educational attainment, vocational skills, economic empowerment, autonomy, and self-confidence. With regard to reproductive health, married alumnae<sup>+</sup> were more likely than controls to have married at age 18 or older and to have participated in selecting their husband. Alumnae showed increased knowledge of contraception and reported increased use of contraceptives and communication about family planning with the husband. In particular, alumnae reported more use of birth control pills and condoms than did controls. Child survival and health-seeking behavior rates were also higher among married alumnae than among married controls. Finally, evaluators analyzed HIV/AIDS awareness separately for married and unmarried young women. *BLP* alumnae, married and unmarried, were significantly more aware than controls of HIV and effective ways of preventing HIV infection.<sup>2</sup>

### ***AIDS Action Programme for Schools - Zimbabwe***

Zimbabwe launched its *AIDS Action Programme for Schools* in 1991 through a partnership between UNICEF and the Zimbabwean Ministry of Education and Culture. Explicitly focusing on behavior change, the program provided information about sexually transmitted infections (STI) and HIV/AIDS and also built life skills to enable youth to make better decisions.

*AIDS Action Programme for Schools* was a compulsory curriculum taught separately and/or integrated into other subjects. Pupils’ and teachers’ books included core and supplementary materials addressing four topics: relationships, life skills, health, and human growth and development. Supplementary materials included *Bodytalk in the Age of AIDS*, a page in *The New Generation* (a free monthly newspaper for young people), and play scripts for use in school drama competitions. The books and supplementary materials supported the main purpose of teaching HIV prevention.

Throughout different phases, the program consistently worked to meet the five UNAIDS criteria for best practices in school-based HIV/AIDS education and prevention: effectiveness, ethical soundness, relevance, efficiency, and sustainability. While *AIDS Action Programme for Schools* was institutionalized throughout the nation, maintaining high quality in the program was a constant challenge. Many teachers were trained, and many schools throughout Zimbabwe implemented the program; however, a constant need for additional training and support underscored that maintaining large initiatives requires long-term commitment and significant, continuing technical input.<sup>3</sup>

### ***Teen Outreach Program (TOP) - United States***

Originally developed in early 1980s, *TOP* is a comprehensive program aimed at fostering youth’s positive development. *TOP*’s goals and objectives are to:

- Promote healthy behavior so young adults can successfully achieve their life goals.
- Help youth acquire the skills necessary to developing and sustaining healthy, happy lives.
- Give youth a sense of purpose through authentic opportunities to contribute in meaningful ways to their communities.

*TOP* achieves these goals by interweaving three components:

- Classroom or group discussion promotes decision-making and communication skills while also addressing such issues as building relationships, resisting peer pressure, and clarifying values.
- Community service enhances youth’s sense of self-worth and enables young people to see themselves as valuable, contributing members of their communities.
- Service learning provides young people with opportunities to reflect—connecting their community service experiences to classroom learning and, ultimately, to their lives.

*TOP* can be implemented in schools or as part of a community program. Programs conduct the classroom/group discussion component once or twice per week, and *TOP* recommends a minimum of 20 hours of community service per participant, per program year. *TOP*’s 1996 curriculum, *Changing Scenes*, provides facilitators with current educational “best practices”—activities and materials that encourage hands-on learning. *Changing Scenes*’ approach is interactive, age-appropriate, affective (expressing emotion), and adaptable to a variety of group settings.

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<sup>+</sup> Only married young women were surveyed regarding reproductive health and child survival.

1996 saw the completion of a nationwide, twelve-year evaluation of *TOP* in the United States. Evaluation showed that *TOP* participants, when compared to controls, had an 11 percent lower rate of course failure, a 14 percent lower rate of school suspension, a 33 percent lower rate of pregnancy, and a 60 percent lower rate of school dropout than the comparison group.<sup>4</sup>

## Lessons Learned from Life Skills Education Approaches

UNICEF developed a comprehensive list of lessons learned from life skills education programs to prevent the spread of HIV among young people. These lessons also apply to programs that promote sexual and reproductive health among youth, including pregnancy and STI prevention. Five key areas of focus can assist planners in optimizing programs' quality and outcomes.<sup>1</sup>

### 1. Participants

- Respect youth's abilities, feelings, and beliefs. Respect and understanding will ensure that a program is acceptable to and appropriate for participants.
- Focus on risks that youth actually confront and respect youth's feelings and beliefs regarding risks. Recognize what individuals can and cannot do with respect to risks. This will help in addressing young people's motivations for behavior change.
- Ensure that the program's objectives, teaching methods, and materials are appropriate to the age, gender, sexual experience, and culture of young people and the communities in which they live.
- Encourage participants to learn from each other—peer to peer—as well as from educators, family, and community, thus integrating the knowledge and experience of everyone involved.

### 2. Content

- Emphasize information, attitudes, and skills based on their relevance for promoting healthy behaviors and for preventing risk behaviors. Health promoting behaviors include acquiring accurate information, clarifying personal values, developing peer support for safer behaviors, and using condoms correctly and consistently. Risk factors for teen pregnancy and STIs, including HIV, may include being unaware of risks, feeling or facing gender bias, holding discriminatory attitudes towards those infected with HIV and other STIs, lacking access to and/or not using condoms, having multiple sexual partners, and having sexual intercourse with casual and/or commercial partners.
- Ensure that youth understand sexual and reproductive health, the behaviors that place individuals at risk, and the social context and interrelationship of these factors. Programs should address values, attitudes, and behaviors in individuals and communities and provide basic facts about preventing pregnancy and STIs, including HIV.

### 3. Processes

- From the earliest stages of program development, use advocacy to influence leaders, mobilize communities, and secure the commitment of policy makers. Frequently, policy makers and other leaders lack knowledge of adolescent sexual health issues and of current rates of adolescent pregnancy, STIs, and HIV infection. Accurate, timely data can help to convince leaders of the importance of early and comprehensive sexual health education and of “scaling up” successful programs.
- Coordinate educational programs with other effective components, such as positive public health policies, youth-friendly health services, social marketing, condom and contraceptive availability, community development, and media campaigns. The determinants of sexual behavior are varied and complex, and a coordinated, multi-pronged, long-term approach is critical to promoting sexual health among youth.
- Involve students, parents, out-of-school youth, and community members in all stages of programs' design, development, implementation, and operation. Involving youth and adults will ensure that programs meet the specific needs and concerns of a community's youth in a culturally and socially appropriate way. Participation fosters a sense of ownership that, in turn, enhances sustainability.
- Ensure that programs continue in an orderly sequence and progress over time, building on earlier efforts. For example, young people need to hear messages about sexual and reproductive health from an early age. The messages should continue—regularly, in a timely fashion, and from credible sources. Education and other health promotion efforts must persist over time to ensure that successive cohorts of children and youth achieve sexually healthy adulthood—including protecting themselves from HIV, other STIs, and unintended pregnancy.

### 4. The Environment

- Provide a safe and supportive environment for all youth, including teenage parents and children and youth living with, or affected by, HIV/AIDS. These young people need the care and protection of adults they can trust. This is a role for which teachers and other adults in the community may need training and support.

- Work to meet the special needs of children and youth in unstable and crisis situations. Instability and adversity are normal conditions for many young people, and their vulnerability to sexual health risks can increase significantly during crises.

## 5. The Outcomes

- Consider the full range of available strategies that may contribute to the main goal. Conduct research to identify credible sources and pertinent data, choose the most effective and relevant strategies, and adapt effective programs whenever possible.
- Evaluate program objectives, processes, and outcomes using realistic, relevant indicators. Allow enough time for results to be accurately observed. Choose appropriate monitoring and evaluation processes that will assess knowledge, attitudes, skills, and behaviors.
- Focus on the main goal(s)—promoting sexual health by increasing youth’s ability to avoid and/or reduce sexual risk behaviors. Program objectives should focus on key behaviors and the conditions that are linked to achieving the main goal. Such objectives might include:
  - Increasing self-esteem
  - Promoting a more positive and hopeful view of the future, such as by providing employment training or encouraging microenterprise
  - Increasing youth’s ability to resist pressure
  - Encouraging sexually inexperienced youth to delay the onset of sexual intercourse
  - Encouraging sexually experienced youth to decrease the incidence of unprotected sexual intercourse and to reduce the number of sexual partners.

For more information, see the Web sites listed in the *References* below.

## References

- <sup>1</sup> UNICEF. *Skills-Based Health Education to Prevent HIV/AIDS*. New York: UNICEF, [2000?]. For more information, visit [www.unicef.org/programme/lifeskills/](http://www.unicef.org/programme/lifeskills/).
- <sup>2</sup> Centre for Development & Population Activities (CEDPA). *Adolescent Girls in India Choose a Better Future: An Impact Assessment*. Washington, DC: CEDPA, 2001. For more information on *Better Life Options Program*, visit [www.cedpa.org/trainprog/youth.html](http://www.cedpa.org/trainprog/youth.html).
- <sup>3</sup> United Nations Joint Programme on HIV/AIDS (UNAIDS). *UNAIDS Best Practices in School AIDS Education, the Zimbabwe Case Study*. New York: UNAIDS, 2000. For more information on UNAIDS’ criteria for best practices, visit [www.unaids.org/bestpractices/collection/subject/children/index.html](http://www.unaids.org/bestpractices/collection/subject/children/index.html). For more information on AIDS Action Programme for Schools, visit [www.unicef.org/programme/lifeskills/focus/field.html](http://www.unicef.org/programme/lifeskills/focus/field.html).
- <sup>4</sup> Philliber Research Associates. *Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach*. Accord, NY: The Associates, 1997. For more information on TOP, visit [www.cornerstone.to/program.html](http://www.cornerstone.to/program.html).