

The World Health Organization's

INFORMATION SERIES ON SCHOOL HEALTH DOCUMENT 9

Skills for Health

Skills-based health education including life skills:
An important component of a
Child-Friendly/Health-Promoting School

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The principles and policies of each of the above agencies are governed by the relevant decisions of its governing body and each agency implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.

1.2. WHY WAS THIS DOCUMENT PREPARED?

This document, along with a complementary Briefing Package, can be used to orient education and health workers to improve health among youth through skills-based health education, including life skills. It is offered by UNICEF, WHO, the World Bank and UNFPA and complements other documents available from their Web sites:

<http://www.unicef.org/programme/lifeskills/>,

<http://www.who.int/school-youth-health/>,

<http://www.schoolsandhealth.org>, <http://www.unfpa.org>.

The supporting agencies, *UNICEF, WHO, the World Bank and UNFPA*, worked together to prepare this document to encourage more schools and communities to use skills-based health education, including life skills, as the method for improving health and education. Together, these agencies are dedicated to fostering effective school health programmes that implement skills-based health education along with school health policies, a healthy and supportive environment, and health services together in all schools.

The commitment to skills-based health education as an important foundation for every child is shared across the supporting agencies. They and their FRESH partners agree that skills-based health education is an essential component of a cost-effective school health programme.

FRESH supports Education for All (EFA) which originated in Jomtien, Thailand, where world leaders gathered in March 1990 for the first EFA World Conference to launch a renewed worldwide initiative to meet the basic learning needs of all children, youth and adults. This commitment was renewed during the World Education Forum in Senegal, Dakar, in April 2000. The resulting Dakar Framework for Action (2000) refers to life skills in goal 3 ("ensuring that the learning needs of all young services; policies and codes of conduct that enhance physical, psychosocial, and emotional health of teachers and learners; and education content and practices that lead to the knowledge, attitudes, values, and life skills students need to develop and maintain self-esteem, good health, and personal safety. FRESH people and adults are met through equitable access to appropriate learning and life skills programmes") and goal 6 ("improving all aspects of the quality of education, and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills") and in strategy 8. As depicted in Figure 1, strategy 8 of the Dakar Framework calls for countries to create safe, healthy, inclusive, and equitably resourced educational environments. Such learning environments embody the four core components of FRESH. The Dakar Framework for Action (2000) describes these components as follows: adequate water and sanitation; access to or linkages with health and nutrition is further supported by Health-Promoting Schools and Child-Friendly Schools and their respective networks worldwide. Section 5.2.2. in Chapter 5 describes Health-Promoting Schools; Child Friendly Schools are further described in Section 5.2.3.

1.3. FOR WHOM WAS THIS DOCUMENT PREPARED?

This document was prepared for people who are interested in advocating for, initiating, and strengthening skills-based health education, including life skills, as their approach to health education.

(a) **Government policy- and decision-makers**, programme planners, and coordinators at local, district, provincial, and national levels, especially those in ministries of education, health, population, religion, women, youth, community, and social welfare.

(b) **Members of non-governmental institutions** and other organisations who are responsible for planning and implementing programmes described in this document, including programme staff and consultants of national and international health, education, and development agencies interested in promoting health through schools.

(c) **Community leaders and other community members** such as local residents, religious leaders, media representatives, health care providers, social workers, mental health counsellors, development assistants, and members of organised groups such as youth groups and women's groups interested in improving health, education, and well-being in schools and communities.

(d) **Members of the school community**, including teachers and their representative organisations, counsellors, students, administrators, staff, parents, and school-based service workers.

1.4. WHAT ARE SKILLS-BASED HEALTH EDUCATION AND LIFE SKILLS?

Skills-based health education is an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and *especially skills*, using a variety of learning experiences, with an emphasis on participatory methods.

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition). In particular, life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner. Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding environment to make it conducive to health.

Health is a state of complete physical, mental, and social well-being (WHO definition).

For many decades, instruction about health and healthy behaviours has been described as "health education." Within that broad term, health education takes many forms. Health education has been defined as "any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health" (Green et al., 1980). At school, it is a planned, sequential curriculum for children and young people, presented by trained facilitators, to promote the development of health knowledge, *health-related skills*, and positive attitudes toward health and well-being. Typically, health education targets a broad range of content areas, such as emotional and mental health; nutrition; alcohol, tobacco, and other drug use; reproductive and sexual health; injuries; and other topics, with human rights and gender fairness as important cross-cutting or underpinning principles. Skill development has always been included in health education. Psychosocial and interpersonal skills are central, and include communication, decision-making and problem-solving, coping and self-management, and the avoidance of health-compromising behaviours. The attention to knowledge, attitudes, and skills *together* (with an emphasis

on skills) is an important feature that distinguishes skills-based education from other ways of educating about health issues.

As health education and life skills have evolved during the past decade, there is growing recognition of and evidence for the role of psychosocial and interpersonal skills in the development of young people, from their earliest years through childhood, adolescence, and into young adulthood. These skills have an effect on the ability of young people to protect themselves from health threats, build competencies to adopt positive behaviours, and foster healthy relationships. Life skills have been tied to specific health choices, such as choosing not to use tobacco, eating a healthy diet, or making safer and informed choices about relationships. Different life skills are emphasised depending on the purpose and topic. For instance, critical thinking and decision-making skills are important for analysing and resisting peer and media influences to use tobacco; interpersonal communication skills are needed to negotiate alternatives to risky sexual behaviour. Young people can also acquire advocacy skills with which they can influence the broader policies and environments that affect their health, including efforts to create tobacco- and weapon-free zones, the addition of safe water and latrines to school grounds, or access to reproductive and sexual health services including availability of condoms for the prevention of HIV.

Skills-based health education is placed in a variety of ways in the school curriculum. Sometimes it is a core subject within the broader curriculum. Sometimes it is placed in the context of related health and social issues, within a carrier subject such as science. Or it may be offered as an extracurricular programme (see Section 5.3). Regardless of its placement, teachers and school personnel from a wide range of subjects and activities need to be involved in skills-based health education in order to reinforce learning across the broader school environment.

A note about life skills-based education and livelihood skills

The term **life skills-based education** is often used almost interchangeably with skills-based health education. The difference between the two approaches lies only in the content or topics that are covered. Skills-based health education focuses on “health.” Life skills-based education may focus on peace education, human rights, citizenship education, and other social issues as well as health. Both approaches address real-life applications of essential knowledge, attitudes, and skills, and both employ interactive teaching and learning methods.

The term **livelihood skills** refers to capabilities, resources, and opportunities for pursuing individual and household economic goals (Population Council, Kenya); in other words, income generation. Livelihood skills include technical and vocational abilities (carpentry, sewing, computer programming, etc.); skills for seeking jobs, such as interviewing strategies; and business management, entrepreneurial, and money management skills. Though livelihood skills are critical to survival, health, and development, the focus of this document lies elsewhere.

1.5. WHAT IS THE FOCUS OF THIS DOCUMENT?

The focus of this document is skills-based health education for teaching children and adolescents how to adopt or strengthen healthy lifestyles. It is concerned with the knowledge, attitudes, skills, and support that they need to act in healthy ways, develop healthy relationships, seek services, and create healthy environments.

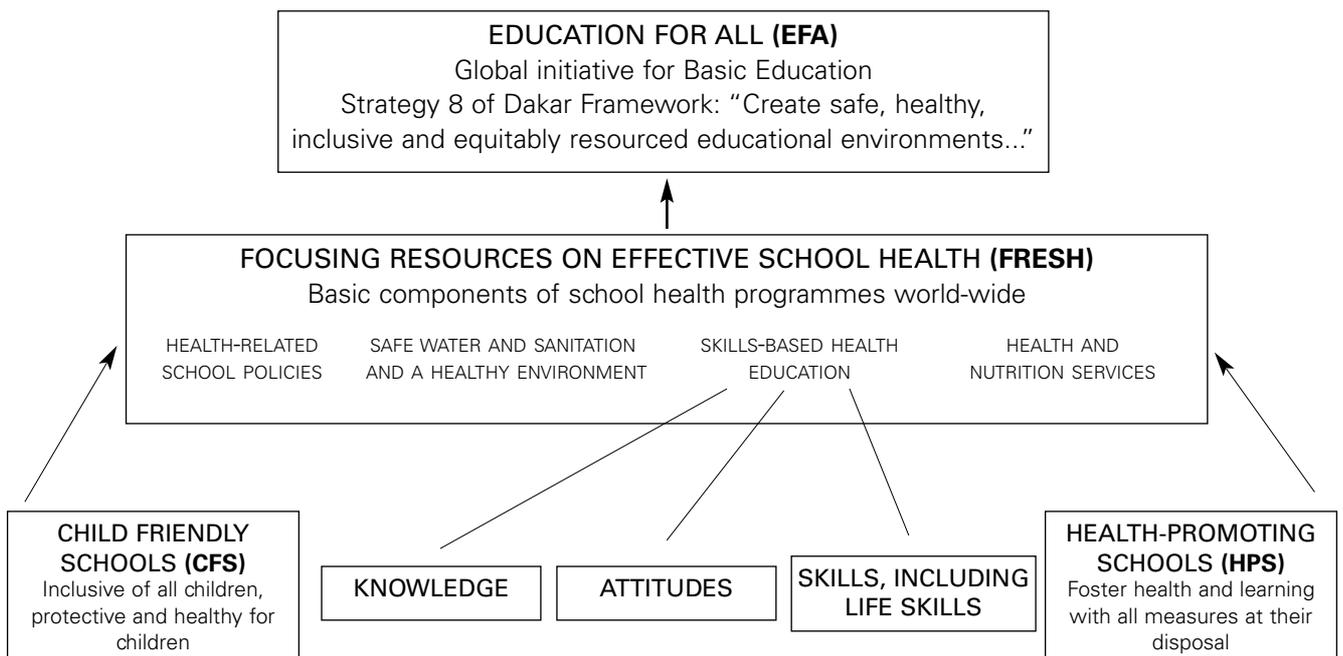
This document specifically:

- defines the term skills-based health education, including life skills;
- describes the theoretical foundation;
- reviews the educational approaches of skills-based health education;
- presents evaluation evidence and practical experiences to make the case for implementing skills-based health education as part of an effective school health programme;
- reviews criteria for effective programmes and preparation for those who deliver such programmes;
- describes available resources

School setting: Skills-based health education and life skills can and have been incorporated in many settings and for a wide range of target groups. In this document, we focus on school-based programmes. Education reform ensures a place for skills-based health education in the curriculum and in various extra-curricular efforts. Special programmes for students and parents, peer education and counselling programmes, and school/community programmes offer ways for students to apply and practise what they learn.

Student participation in active learning can strengthen student-teacher relationships, improve the classroom climate, accommodate a variety of learning styles, and provide alternative ways of learning. Skills-based health education can and should be used to address the health issues that children and young people can encounter in the school setting, including the use of alcohol, tobacco and other drugs; helminth and other worm infections; nutrition; reproductive and sexual health; and the prevention of violence and of HIV/AIDS.

Figure 1: Links between EFA, FRESH, Health-Promoting Schools (HPS), Child-Friendly Schools (CFS), Skills-Based Health Education (SBHE), Life Skills (LS)



2. UNDERSTANDING SKILLS-BASED HEALTH EDUCATION & LIFE SKILLS

Purpose: to define the content and methods of skills-based health education, with examples.

Skills-based health education is good quality education per se and good quality health education in particular. It relies on relevant and effective content *and* participatory or interactive¹ teaching and learning methods.

When planning skills-based health education, it is important to consider first the goals and objectives, then the content and methods (see Figure 2). The goals of skills-based health education describe in *general* terms a health or related social issue to be influenced in some particular way. The objectives describe in *specific* terms the behaviours or conditions (see Figures 3 and 4) that if positively influenced, will have a significant impact on the goals. Many factors influence behaviour and conditions; skills-based health education is one of them.

The content of skills-based health education is a clear delineation of specific knowledge, attitudes, and skills, including life skills, that young people will be helped to acquire so they might adopt behaviours or create the conditions described in the objectives. Once the content is delineated, methods are chosen that are most suitable to the content. For example, *lectures* are suitable methods for helping students acquire accurate knowledge; *discussions* are suitable for influencing attitudes; and *role plays* are suitable for developing skills. A wide range of teaching and learning methods can and should be used in enabling students to acquire knowledge, attitudes, and skills (see boxed example).

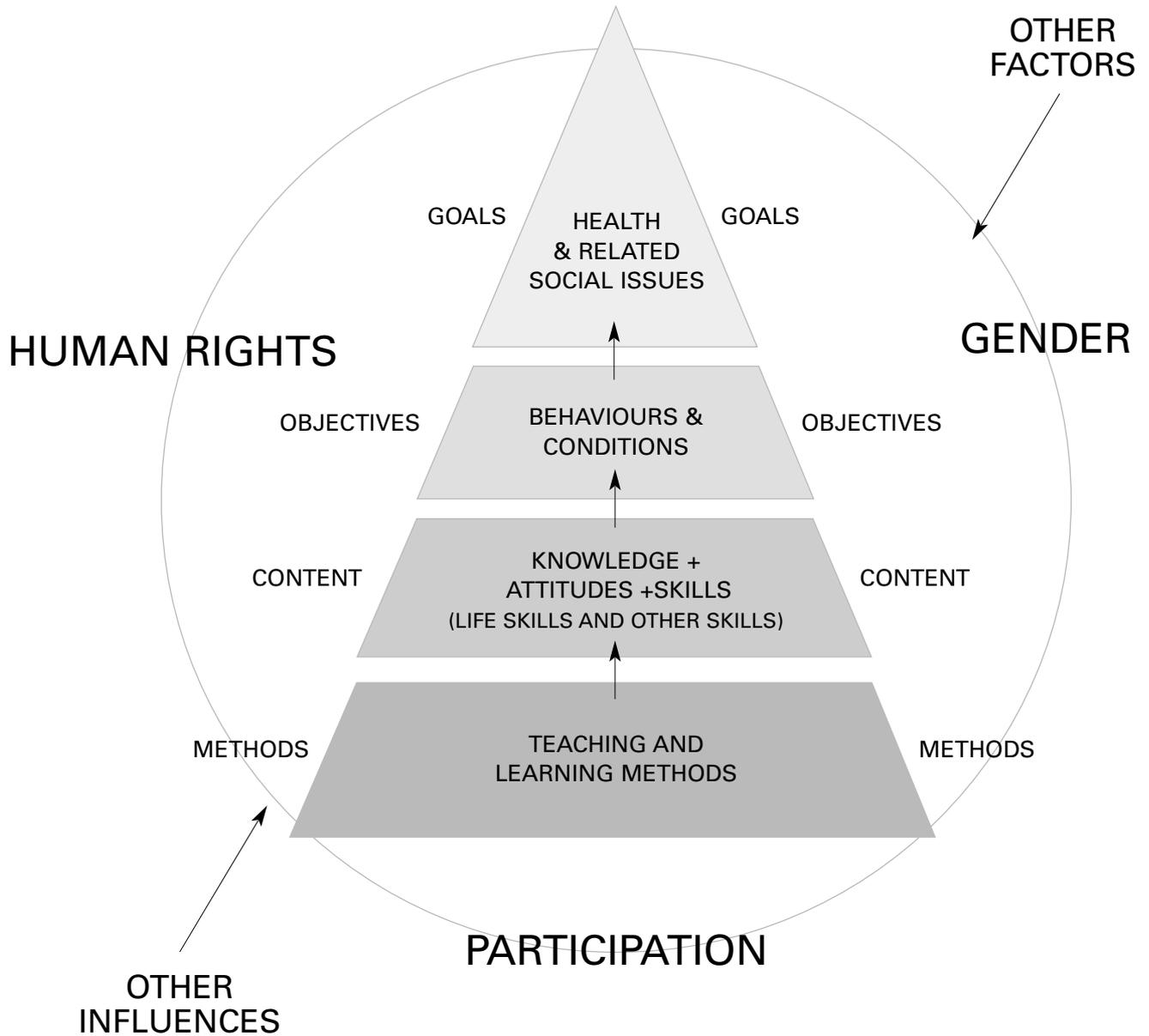
EXAMPLE

Goals and objectives determine the content and methods of skills-based health education. Let's suppose the goal is preventing health problems from the use of tobacco. Objectives for this goal might include reducing young people's use of tobacco products and changing conditions that affect tobacco use, such as the number of smoke-free environments and the cost and accessibility of cigarettes. Content might therefore address (1) knowledge of the health risks of smoking; (2) awareness of the insidious tactics employed by the tobacco industry to persuade young people to use tobacco and make them addicted; (3) attitudes that afford protection against harming one's health and the health of others; (4) critical thinking and decision-making skills to assist in choosing not to use tobacco; communication and refusal skills to withstand peer pressure; and skills to advocate for a smoke-free environment. Teaching methods for this content might include (1) a presentation that clearly and convincingly explains the harmful effects of tobacco and how companies use marketing to make tobacco use seem attractive; (2) a discussion and small group work using audio-visual materials to convey the dangers of smoking; (3) an exercise to research strategies that the tobacco industry uses to gain youth as replacement smokers; (4) role plays to practise refusal skills; and (5) a school-wide activity to gain support for a smoke-free school environment. By itself, skills-based health education has been shown to help many young people avoid health risks such as exposure to tobacco smoke. However, in many communities, social and economic policies and practices undermine the goals of skills-based health education or glorify risk-taking behaviour. National and local strategies that curtail the influence of such policies and practices are needed to achieve the full benefit of skills-based health education.

¹The words "participatory" and "interactive" are used interchangeably in this paper. They refer to teaching methods that actively engage students in the process of education.

Figure 2. Pyramid for Planning skills-based health education

PLANNING PYRAMID



2.1. CONTENT

In skills-based health education, **content** refers to the specific health knowledge and attitudes toward self and others, as well as the skills necessary to influence behaviour and conditions related to a particular health issue. Skills-based health education should enable a young person to apply knowledge and develop attitudes and skills to make positive decisions and take actions to promote and protect one’s health and the health of others.

2. UNDERSTANDING SKILLS-BASED HEALTH EDUCATION & LIFE SKILLS

Knowledge refers to a range of information and the understanding thereof. To impart this knowledge, teachers may combine instruction on facts with an explanation of how these facts relate to one another (Greene & Simons-Morton, 1984). For example, a teacher might describe how HIV infection is transmitted and then explain that engaging in sexual relations with an intravenous drug user elevates the risk of HIV infection.

Attitudes are personal biases, preferences, and subjective assessments that predispose one to act or respond in a predictable manner. Attitudes lead people to like or dislike something, or to consider things good or bad, important or unimportant, worth caring about or not worth caring about. For example, gender sensitivity, respect for others, or respecting one's body and believing that it is important to care for are attitudes that are important to preserving health and functioning well (adapted from Greene & Simons-Morton, 1984). For the purposes of this document, the domain of attitudes comprises a broad range of concepts, including values, beliefs, social norms, rights, intentions, and motivations.

Skills are grouped in this document into life skills (defined below) and other skills. In general, skills are abilities that enable people to carry out specific behaviours. The phrase **other skills** refers to practical health skills or techniques such as competencies in first aid (e.g., bandaging, resuscitation, sterilising utensils), in hygiene (e.g., hand washing, brushing teeth, preparing oral rehydration therapy), or sexual health (e.g., using condoms correctly).

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition). In particular, life skills are psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with managing their lives in a healthy and productive manner. Life skills may be directed toward personal actions or actions toward others, or may be applied to actions that alter the surrounding environment to make it conducive to health.

Various health, education, and youth organisations and adolescence researchers have defined and categorised key skills in different ways. Despite these differences, experts and practitioners agree that the term "life skills" typically includes the skills listed in the preceding definition. To these we have added advocacy skills, because they are important in personal and collective efforts to make a strong case for behaviours and conditions that are conducive to health. (For a case study on advocacy skills, see Section 2.2).

The process of categorizing various life skills may inadvertently suggest distinctions among them (see Figure 3). However, many life skills are interrelated, and several of them can be taught together in a learning activity.

Figure 3. Life skills for skills-based health education

| COMMUNICATION AND INTERPERSONAL SKILLS | DECISION-MAKING AND CRITICAL THINKING SKILLS | COPING AND SELF-MANAGEMENT SKILLS |
|--|---|--|
| <ul style="list-style-type: none"> • Interpersonal Communication Skills <ul style="list-style-type: none"> - verbal/nonverbal communication - active listening - expressing feelings; giving feedback (without blaming) and receiving feedback • Negotiation/Refusal Skills <ul style="list-style-type: none"> - negotiation and conflict management - assertiveness skills - refusal skills • Empathy Building <ul style="list-style-type: none"> - ability to listen, understand another's needs and circumstances, and express that understanding • Cooperation and Teamwork <ul style="list-style-type: none"> - expressing respect for others' contributions and different styles - assessing one's own abilities and contributing to the group • Advocacy Skills <ul style="list-style-type: none"> - influencing skills and persuasion - networking and motivation skills | <ul style="list-style-type: none"> • Decision-making/Problem-solving Skills <ul style="list-style-type: none"> - information-gathering skills - evaluating future consequences of present actions for self and others-determining alternative solutions to problems - analysis skills regarding the influence of values and of attitudes about self and others on motivation • Critical Thinking Skills <ul style="list-style-type: none"> - analysing peer and media influences - analysing attitudes, values, social norms, beliefs, and factors affecting them - identifying relevant information and sources of information | <ul style="list-style-type: none"> • Skills for Increasing Personal Confidence and Abilities to Assume Control, Take Responsibility, Make a Difference, or Bring About Change <ul style="list-style-type: none"> - building self-esteem/confidence - creating self-awareness skills, including awareness of rights, influences, values, attitudes, rights, strengths, and weaknesses - setting goals - self-evaluation / self-assessment/self-monitoring skills • Skills for Managing Feelings <ul style="list-style-type: none"> - managing anger - dealing with grief and anxiety - coping with loss, abuse, and trauma • Skills for Managing Stress <ul style="list-style-type: none"> - time management - positive thinking - relaxation techniques |

In efforts to achieve specific behavioural outcomes, programmes aimed at developing young people's life skills without a particular context such as a health behaviour or condition are less effective than programmes that overtly focus on applying life skills to specific health choices and behaviours (Kirby et al, 1994). To influence behaviour effectively, skills must be applied to a particular topic, such as a prevalent health issue. Not to be overlooked, however, is the importance of building life skills to equip young people in other aspects of their development as well, such as maintaining positive interpersonal relations with teachers, students, and family members.

2. UNDERSTANDING SKILLS-BASED HEALTH EDUCATION & LIFE SKILLS

Figure 4 shows how students can apply one or more life skills as they practise choosing positive behaviours and creating healthy conditions in response to various health concerns.

Figure 4. Life skills made specific to major health topics

| HEALTH TOPICS | COMMUNICATION AND INTERPERSONAL SKILLS | DECISION-MAKING AND CRITICAL THINKING SKILLS | COPING AND SELF-MANAGEMENT SKILLS |
|---|--|---|--|
| <p>ALCOHOL, TOBACCO, AND OTHER DRUGS</p> | <ul style="list-style-type: none"> • Communication Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - inform others of the negative health and social consequences and personal reasons for refraining from alcohol, tobacco, and drug use - ask parents not to smoke in the car when they ride with them • Empathy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - listen to and show understanding of the reasons a friend may choose to use drugs - suggest alternatives in an appealing and convincing manner • Advocacy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - persuade the headmaster to adopt and enforce a policy for tobacco-free schools - generate local support for tobacco-free schools and public buildings • Negotiation/Refusal Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - resist a friend's repeated request to chew or smoke tobacco, without losing face or friends • Interpersonal Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - support persons who are trying to stop using tobacco and other drugs - express constructive positive intolerance for a friend's use of substances. <i>"It is not okay for you to do that..."</i> | <ul style="list-style-type: none"> • Decision-making Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - gather information about consequences of alcohol and tobacco use - weigh the consequences against common reasons young people give for using alcohol or tobacco - identify their own reasons for not using alcohol or other drugs and explain those reasons to others - suggest a decision to drink non-alcoholic beverages at a party where alcohol is served - make and sustain a decision to stop using tobacco or other drugs and seek help to do so • Critical Thinking Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - analyse advertisements directed toward young people to use tobacco and see how they are playing upon the need to seem "cool," appeal to girls, or be attractive to boys - develop counter-messages that include the cost of buying cigarettes and how else that money could be used - assess how tobacco use takes advantage of poor people - analyse what may be driving them to use substances and aim to find a healthy alternative | <ul style="list-style-type: none"> • Skills for Managing Stress: Students can observe and practise ways to: <ul style="list-style-type: none"> - analyse what contributes to stress - reduce stress through activities such as exercise, meditation, and time management - make friends with people who provide support and relaxation |

Figure 4. Life skills made specific to major health topics (continued)

| HEALTH TOPICS | COMMUNICATION AND INTERPERSONAL SKILLS | DECISION-MAKING AND CRITICAL THINKING SKILLS | COPING AND SELF-MANAGEMENT SKILLS |
|--|--|---|--|
| HEALTHY NUTRITION | <ul style="list-style-type: none"> • Communication Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - persuade parents and friends to make healthy food and menu choices • Refusal Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - counter social pressures to adopt unhealthy eating practices • Advocacy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - present messages of healthy nutrition to others through posters, ads, performances, and presentations - gain support of influential adults such as headmasters, teachers, and local physicians to provide healthy foods in the school environment | <ul style="list-style-type: none"> • Decision-making Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - choose nutritious foods and snacks over those less nutritious - convincingly demonstrate an understanding of the consequences of unbalanced nutrition (deficiency diseases) • Critical Thinking Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - evaluate nutrition claims from advertisements and nutrition-related news stories | <ul style="list-style-type: none"> • Self-awareness and Self-management Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - recognise links between eating disorders and psychological and emotional factors - identify personal preferences among nutritious foods and snacks - develop a healthy body image |
| SEXUAL AND REPRODUCTIVE HEALTH AND HIV/AIDS PREVENTION | <ul style="list-style-type: none"> • Communication Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - effectively express a desire to not have sex - influence others to abstain from sex or practise safe sex using condoms if they cannot be influenced to abstain - demonstrate support for the prevention of discrimination related to HIV/AIDS • Advocacy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - present arguments for access to sexual and reproductive health information, services, and counselling for young people • Negotiation/Refusal Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - refuse sexual intercourse or negotiate the use of condoms | <ul style="list-style-type: none"> • Decision-making Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - seek and find reliable sources of information about human anatomy; puberty; conception and pregnancy; STIs, HIV/AIDS, and local prevalence rates; and available methods of contraception - analyse a variety of potential situations for sexual interaction and determine a variety of actions they may take and the consequences of such actions • Critical Thinking Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - analyse myths and misconceptions about HIV/AIDS, contraceptives, gender roles, and body image that are perpetuated by the media | <ul style="list-style-type: none"> • Skills for Managing Stress: Students can observe and practise ways to: <ul style="list-style-type: none"> - seek services for help with reproductive and sexual health issues, e.g., contraception, condoms to prevent HIV or unplanned pregnancy, sexual abuse, exploitation, discrimination, (gender-based) violence, or other emotional trauma • Skills for Increasing Personal Confidence and Abilities to Assume Control, Take Responsibility, Make a Difference, or Bring About Change: Students can observe and practise ways to: <ul style="list-style-type: none"> - assert personal values when encountering peer and other pressures |

Figure 4. Life skills made specific to major health topics (continued)

| HEALTH TOPICS | COMMUNICATION AND INTERPERSONAL SKILLS | DECISION-MAKING AND CRITICAL THINKING SKILLS | COPING AND SELF-MANAGEMENT SKILLS |
|--|---|--|---|
| SEXUAL AND REPRODUCTIVE HEALTH AND HIV/AIDS PREVENTION | <ul style="list-style-type: none"> • Interpersonal Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - show interest and listen actively to others - be caring and compassionate, including when interacting with someone who is infected with HIV | <ul style="list-style-type: none"> - analyse social-cultural influences regarding sexual behaviours | |
| REDUCING HELMINTH (WORM) INFECTIONS | <ul style="list-style-type: none"> • Communication Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - communicate messages about worm infection to families, peers, and members of the community - encourage peers, siblings, and family members to take part in deworming activities and to avoid reinfection • Advocacy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - advocate for an environment and behaviour that are not conducive to helminth infections - share positive results of deworming activities | <ul style="list-style-type: none"> • Decision-making/problem-solving Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - identify and avoid behaviours and environmental conditions that are likely to cause infection, such as ingestion of or contact with contaminated soil, and adopt behaviours that are likely to prevent infection, such as keeping human faeces from polluting the ground or surface water - use safe water and uncontaminated food | <ul style="list-style-type: none"> • Self-Monitoring Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - engage in behaviours that are not conducive to contracting helminth and worm infections, such as avoiding contaminated water |
| VIOLENCE PREVENTION OR PEACE EDUCATION | <ul style="list-style-type: none"> • Communication Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - state their position clearly and calmly, without blaming - listen to each other's point of view - communicate positive messages - use "I" statements and not accuse others • Negotiation Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - intervene and discourage others from conflict before it escalates • Advocacy Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - get involved in community activities that promote non-violent behaviour - join, support, and inform others about non-violent activities and organisations - advocate for programmes to buy back weapons or create weapon free zones - discourage viewing violent television movies and video games | <ul style="list-style-type: none"> • Decision-making Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - understand the roles of aggressor, victim, and bystander • Critical Thinking Skills: Students can observe and practise ways to: <ul style="list-style-type: none"> - identify and avoid situations of conflict - evaluate both violent and non-violent solutions that appear to be successful as depicted in the media - analyse their own stereotypes, beliefs, and attributions that support violence - help reduce prejudice and increase tolerance for diversity | <ul style="list-style-type: none"> • Skills for Managing Stress: Students can observe and practise ways to: <ul style="list-style-type: none"> - identify and implement peaceful ways of resolving conflict - resist pressure from peers and adults to engage in violent behaviour |

Optimally, skills-based health education will be utilised across a range of content areas. Guidelines for addressing several of these content areas can be found in the WHO Information Series for School Health (see Appendix 1).

Skills-based health education and human rights

Skills-based health education supports the basic human rights included in the Convention on the Rights of the Child (CRC), especially those related to the highest attainable standard of health (Article 24) and the right to education for the development of children to their fullest potential (Articles 28 and 29). Children have universal and indivisible rights, including the right to survival; to protection from harmful influences, abuse, and exploitation; and to full participation in family, cultural, and social life. Furthermore, children have rights to information, education and services; to the highest attainable standard of physical and mental health; and to formal and non-formal education about population and health issues, including sexual and reproductive health issues (International Conference on Population and Development, 1999). States are accountable to respect, protect, and fulfil the rights of children. Education must address the best interests and ongoing development of the whole child in a non-discriminatory way and with respect for the views and participation of the child. Skills-based health education is a means to do so.

2.2. TEACHING AND LEARNING METHODS FOR SKILLS-BASED HEALTH EDUCATION

To contribute to skills-based health education goals and achieve the objectives of skill-based health education, teaching and learning methods must be relevant and effective. Effective skills-based health education replicates the natural processes by which children learn behaviour. These include modelling, observation, and social interactions. **Interactive or participatory teaching and learning methods are an essential part of skills-based health education.**

Skills are learned best when students have the opportunity to observe and actively practise them. Listening to a teacher describe skills or read or lecture about them does not necessarily enable young people to master them. Learning by doing is necessary. Teachers need to employ methods in the classroom that let young people observe the skills being practiced and then use the skills themselves. Researchers argue that if young people can practise the skills in the safety of a classroom environment, it is much more likely that they will be prepared to use them in and outside of school.

The role of the teacher in delivering skills-based health education is to facilitate participatory learning (that is, the natural process of learning) in addition to conducting lectures or employing other appropriate and efficient methods for achieving the learning objectives. Participatory learning utilises the experience, opinions, and knowledge of group members; provides a creative context for the exploration and development of possibilities and options; and affords a source of mutual comfort and security that aids the learning and decision-making process (CARICOM & UNICEF, 1999).

Social learning theory provides some of the theoretical foundation for why participatory teaching techniques work. Bandura's research shows that people learn what to do and how to act by observing others. Positive behaviours are reinforced by the positive or