

# **Innovative Methods of Life skill training Program**

Invited lecture for International LSE conference

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## **Introduction <sup>1</sup>**

Psychosocial competence is a person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well being and to show this in adaptive and positive behavior while interacting with others.

When health problems are related to behavior, as is the case in adolescent age group, health promotion can be achieved by enhancing the adolescent's coping resources. In school-based programmes for adolescents, the teaching of life skills in a supportive learning environment can do this. Life skills are essentially those abilities that help promote mental well being and competence in young people as they face the realities of life

Several definitions of life skills are available. Life skills have been defined by the World Health Organization (WHO) as "*the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life*". UNICEF defines life skills-based education as basically being a behavior change or behavior development approach designed to address a balance of three areas: *knowledge, attitude and skills*. The UNICEF definition is based on research evidence that shifts in risk behavior are unlikely if knowledge, attitudinal and skills based competency is not addressed.

LIFE SKILLS EDUCATION (LSE) training programs are designed to reduce levels of risk factors in adolescents and young people. Some of the goals of this program are to improve academic performance and improve motivation and foster discipline ; enhance self awareness and self esteem that reduces high risk behavior, learning to cope up with mental stress and emotions and promoting mental health .The goal of LSE program is to provide developmentally appropriate opportunities for adolescents and young people to experience and practice life skills to inculcate them into day to day practice so that it lasts with them for their life time time.

AACCI is newly formed NGO in Mumbai working for the holistic health of children and adolescents through parents and teachers who are the main pillars of their well being It plans to create awareness and education on various issues through Interactive workshops with children and teens and also with parents and teachers in schools ,colleges and the community in various parts of the country .The core group consists of doctors from various specialties ( physicians, teen age specialists, pediatricians, Psychiatrist , Gynecologists ) health professionals like clinical psychologists, counsellars, ,educationist and teachers, parents ,sports specialists, family lawyers

In the first two years the focus will be on two aspects

**1 Life skills education ( LSE) programs in junior colleges of Mumbai and other parts of India** The workshops will not be held just as one time events but will be followed by capacity building and training of some teachers as Master Trainers and some students as Peer educators who can then continue to hold these workshops as ongoing projects in their institution over next many years ,

**2 Life style disease prevention** India has a rising incidence of obesity diabetes hypertension heart problems, strokes and Mental stress related diseases., not only in adults but also in adolescents and children Obesity in children and adolescents is going as high as 20 -29 % in some metro cities Fortunately all this is PREVENTABLE by simple measure of altering our bad life style. Indians needs to be extra careful as we have genetic predisposition to these diseases called “ the metabolic syndrome “This is aggravated by unhealthy lifestyle that track through childhood into adolescence to adulthood. As adults it is our moral responsibility to educate ourselves about life style diseases and the interventions to prevent them ,not only to remain healthy ourselves , but by adapting this into our homes and our life we can protect our future generations. This should be taken up as a mission

AACCI also will undertake Research to see the impact of these workshops and interventions suggested by following up the participants

*The core group of AACCI consists of doctors from various specialties: Adult Physicians, Teenage Specialists .pediatricians, Psychiatrists, Clinical Psychologists and Counselors ,educationists, teachers parents , sports experts and lawyers*

**Background of LSE program for junior college students :** Life skill education programs have been conducted from 2001 to date by Dr Jitender Nagpal Project Director of Expressions India in various schools in Delhi with a very well established Peer Educator Program .A lot of work has been done and data generated in these *programs*.<sup>1</sup> Dr Jitendra Nagpal, Project Director ,*Expressions India* has been conducting LSE programs for children in many schools of Delhi since 2001 . This group has a excellent experience of peer educators for LSE in schools .*Expressions India* was also the agency that created the training modules and is in charge of advocacy for the principals and training of the teachers for conducting the Government of India’s Adolescent Education Program AEP that is running in many states all over India since last two years. The author has been working in the core group of *Expressions India* since 2002.

This data is presented elsewhere in this conference. The author is a active member of the Core group of expressions since 2002 . In Delhi the 11<sup>th</sup> & 12<sup>th</sup> standard classes are still in school where as in Mumbai most of these classes are in junior college .So though the age group is the same the environment

In Delhi the 11<sup>th</sup> and 12<sup>th</sup> standards are in school itself .But in many other states like Maharashtra the 11<sup>th</sup> and 12<sup>th</sup> standards are in Junior college. So though the adolescents are of the same age and in the same academic standard there is a vas difference in the problems they have to face. When continuing in the secure atmosphere of the school the main pressure is of academics if they continue for 2 more years .Where as if you enter junior college for 11<sup>th</sup> and 12<sup>th</sup> , in addition to the intense academic pressure there is a whole new world of more freedom , no uniforms ,less monitoring, more exposure to temptations. It was decided that Expressions collaborate with AACCI for doing pilot LSE workshops in Mumbai in Junior college in 2208n and after this experience also expand to work in junior colleges in cities like Pune, Nagpur and Thane in Maharashtra, Hyderabad in AP, Bangalore in Karnataka in Cochin in Kerala in ma and also After having got experience of LSE over so many years it was felt that this can be done in Mumbai and other cities also .

**Priyadarshni Academy** is a well-established NGO from Mumbai fostering the growth and development of social, cultural and educational aspects of society since its inception in the year 1985. Some of the ongoing activities of Priyadarshni Academy are Priyadarshni Academy’s

Global Awards: Educational Scholarships, Literary Awards, Vedic Research Projects, National Integration through Dance and Music, Promotion of Oriental Studies.

Mr Nanik Rupani Chairperson of Priyadarshni kindly agreed to sponsor the pilot project in Mumbai colleges in South Mumbai .This was launched by Mr. Milind Deora the young dynamic MP from South Mumbai as a “ Healthy Youth and Healthy India “ project in collaboration with KC college Mumbai in July 2008. Priyadarshni Academy also supported the development of a specially created module of life skill training program over 2 days and the first volumes of the AACCI health education series FAQs for parents part 1 and Teen Tips part 1 by the Published by Paramin printers Mumbai .

### **It was decided to impart LSE training Program in three phases**

*Phase 1* conducting a number of LSE workshops in various colleges to orient the students and teachers to the concept of life skill education

*Phase 2* a) peer educators training workshops

b)Conducting master trainer workshops for teachers

The term “peer educator” refers to true peers or near peers. A true peer is a person who is considered a member of a particular group, both by themselves and by other group members. A near peer is similar but differs in some small way, for example they may be a few years older. Peer educators may act in different roles, such as facilitators, counselors, sources of information, support workers or tutors. Teenagers are more likely to hear and personalize messages, and thus to change their attitudes and behaviors, if they believe the messenger is similar to them and faces the same concerns and pressures. Peer educators themselves benefit from programs by receiving special training in making decisions, clarifying values, and acting in accordance with those values.

*Phase 3* Making the teachers and peer educators self sufficient and start conducting LSE workshops in their colleges initially under supervision of AACCI faculty

### **METHODOLOGY <sup>1</sup>**

*Each workshop is specially designed to impart a particular skill and involves all or some of the following techniques.*

- i. Mini lectures*
- ii. Group participation & discussions*
- iii. Brainstorming*
- iv. Role play*
- v. Group tasks and activities*
- vi. Enhanced self-esteem*
- vii. Assertiveness*
- viii. Social sensitivity*
- ix. Listening and communication skills*
- x. Ability to plan and set goals*
- xi. Learning to learn*
- xii. Acquisition of knowledge related to specific contents.*

The Life Skills Training Workshops enhance cognitive behavior skills and relaxation techniques through 5—6 facilitator led sessions: <sup>1</sup>These sessions bring awareness in adolescents about their emotions and empower them to make informed choices. Through the experiential learning process youth internalize the knowledge and gain the ability to apply the skills appropriately. The workshop is designed to enable them to cope more effectively with negative emotions and stressful situations, to improve their relationships with their peers and family and to increase the proportion of positives in their lives. The information is presented in a skill learning format with the facilitator leading participants through each of several behavioral skills modeling them as necessary , and allowing time for practice and feedback. At the end of the workshop a post test questionnaire is filled up by the participants to assess the level of knowledge acquired and change in the attitude. The Peer Trainers are expected to conduct the same workshops back in their respective schools and return with a feedback on the following session. The participants are told that the workshop is designed to enable them to cope more effectively with negative emotions and stressful situations ,t o improve their relationships with their peers and family,and to increase the proportion of positives in their lives. The information is presented in a skill learning format with the facilitator leading participants through each of several behavioral skills modeling them as necessary , and allowing time for practice and feedback. At the end of every workshop the participants receive a copy of life skills manual to take home with them.

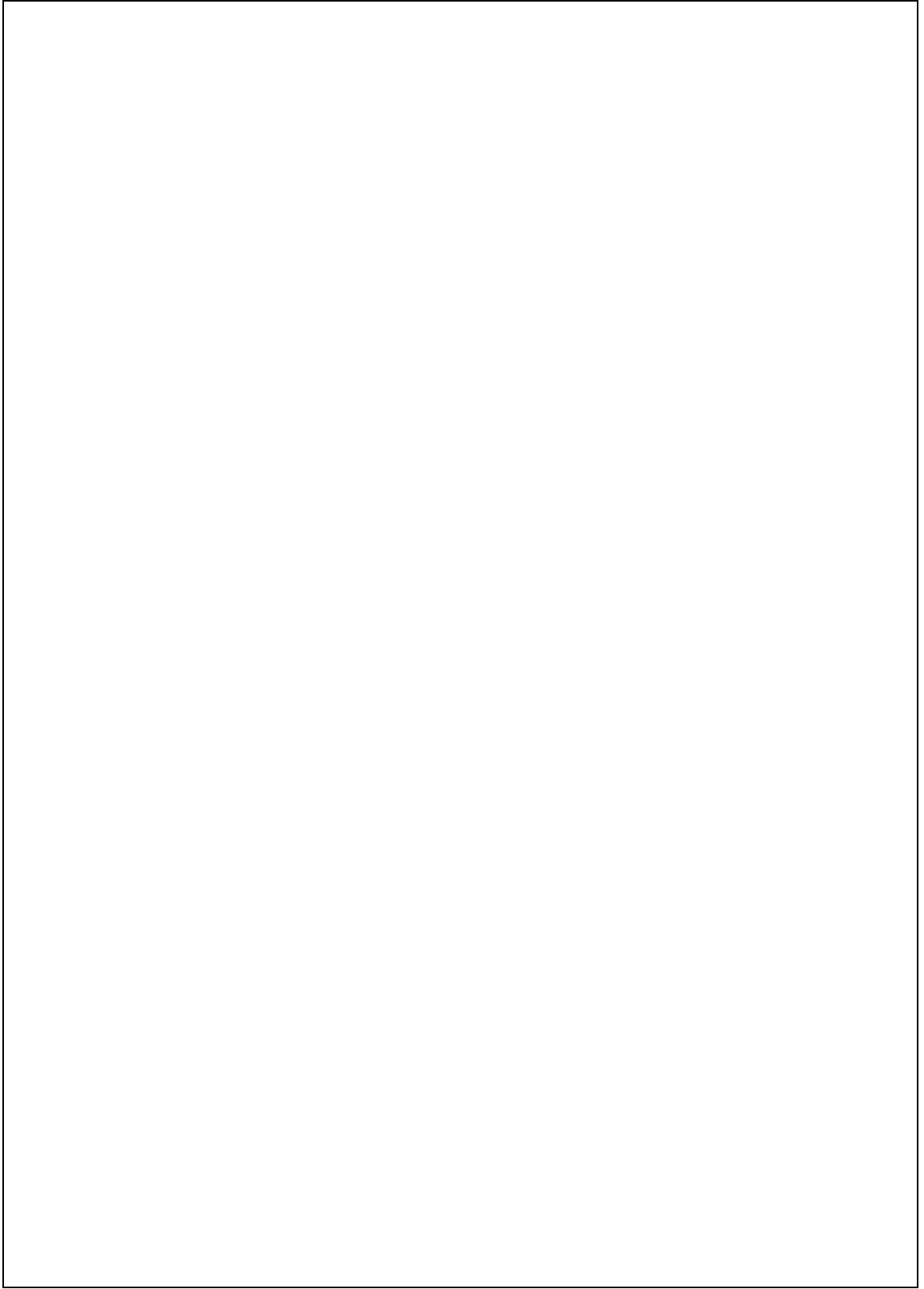
Separate workshops are held for teachers to empower them to deal constructively with growing up issues through effective communication with adolescents and reducing high risk behaviors.**The techniques followed with the participants during the training prog are:**

- discussions
- brainstorming
- games
- quiz
- collage making
- role plays
- case studies
- VIPP cards
- situational analysis
- slide shows
- film clippings
- inter school literary festival promoting adolescent mental health
- advocacy prog for institutional heads
- training prog for nodal teachers nationwide

**A database is collected through the feedback forms to evaluate the gain in knowledge, skills and attitude building.**

**The life skills training** rather than just teaching information about a drug teaches students to develop skills so they are less likely to engage in high risk behavior. **Drug reistance skills** enable adolescents and young people to recognize and challenge misconceptions about tobacco and other drug use. **Personal self management skills** teach students to examine their self image and its effects on behavior. **General social skills** teach students to communicate effectively and avoid misinterpretations . Life Skills Training teaches students that they have a choice other than

being aggressive or passive. The students enhance their refusal skills while practicing the real life situations through role plays which empowers them to say no to drugs and yet keep friends.



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**TABLE 1**

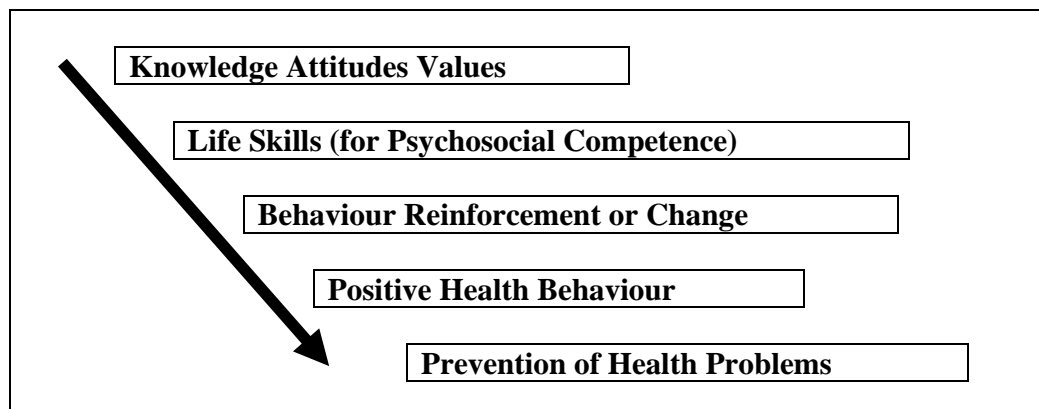


Table 1, explains how Life skills enable individuals to translate knowledge, attitudes and values into actual abilities – i.e. **what to do and how to do it**.

Life skills are abilities that enable individuals to behave in healthy ways, given the desire to do so and given the scope and opportunity to do so. They are not a panacea.

Effective acquisition and application of life skills can influence the way we feel about others, ourselves and equally will influence the way we are perceived by others. Life skills contribute to our perceptions of self-confidence and self-esteem. Life skills therefore play an important role in the promotion of mental well being. The promotion of mental well being contributes to our motivation to look after ourselves and others, the prevention of mental disorders, and the prevention of health and behaviour problems.

Life Skills can be utilized in many content areas, issues, topics or subjects such as in prevention of drug abuse, sexual violence, teenage pregnancy, HIV/AIDS/STD prevention, suicide prevention, etc. UNICEF extends its use further into consumer education, environmental education, peace education or education for development, livelihood and income generation, among others. In short, **it empowers young people to take positive actions to protect themselves and to promote health and positive social relationships.**

### **Kinds of Life Skills**

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



<ul style="list-style-type: none"> <li>▪ assessing one's own abilities and contributing to the group</li> <li>◆ <b>Advocacy Skills</b> <ul style="list-style-type: none"> <li>▪ influencing skills and persuasion</li> <li>▪ networking and motivation skills</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>◆ <b>Skills for Managing Stress</b> <ul style="list-style-type: none"> <li>▪ time management</li> <li>▪ positive thinking</li> <li>▪ relaxation techniques</li> </ul> </li> </ul>
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(Source: WHO - Information Series on School Health, Document 9 – Skills for Health)<sup>2</sup> – [This information is available on http://www.who.int/school\\_youth\\_health/media/en/](http://www.who.int/school_youth_health/media/en/)

Inevitably, cultural and social factors will determine the exact nature of life skills. E.g. eye contact may be encouraged in boys for effective communication, but not for girls in some societies. The exact content of life skill education must therefore be determined in a more local context. However, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures.

Life skills lessons are designed to allow opportunities for practice of skills in a supportive learning environment. **Lessons are both active and experiential.** In passive learning, the teacher passes on knowledge and the learner is the recipient of information. Active learning, however, engages the teacher and children in a dynamic process of learning by using methods such as brainstorming, group discussion and debates. Experiential learning is based on actual practice or what is being taught, i.e., using games and role play.

Processing questions are used to structure life skills lessons and to maintain student involvement and reflection on what is being taught. Three processing questions are:

- What is the lesson about?
- What have I learnt from the lesson? What thoughts and feelings did the lesson stimulate?
- What can I do with what I learned/experienced? How can I apply it to everyday life?

Given the wide ranging relevance of life skills, an optimal strategy for the introduction of life skills teaching would be to make it available to all children and adolescents in schools.<sup>3</sup>

The school is an appropriate place for the introduction of life skills education because schools have access to children and adolescents on a large scale, experienced teachers and infrastructure is in place.

The place of life skills teaching in the school curriculum can vary greatly. When the life skills programme is included as a part of the school curriculum it is referred to as **“integrated”**. Life skills can also be taught within the academic subjects, such as the teaching of communication skills in the context of language classes. Taught in this way life skill education is **“infused”** into the existing curriculum. Life skill education may also be implemented as an extra-curricular activity.

Life Skills often must be practiced over and over again before mastery is gained.

## **EVALUATION OF LIFE SKILLS PROGRAMME**

Evaluative studies of life skills programmes suggest that the methods used can help to improve teacher and pupil relationships. There are indications that life skills lessons are associated with fewer reports of classroom behaviour problems. Other positive effects include improved school attendance, less bullying, fewer referrals to specialist support services and better relationships between children and their parents.

### **Effectiveness of Life Skills Education has been studied by various researchers:**

- ◆ Magnani et al (2005)<sup>4</sup> studied the impact of life skills education on knowledge and behaviors associated with the spread of HIV/AIDS. Data from panel study of 2222 youth showed that School-based life skills education appears capable of communicating key information and helping youth develop skills relevant to reducing HIV risk.
- ◆ A meta-analysis of adolescent psychosocial smoking prevention programs by Hwang et al (2004)<sup>5</sup> examined 65 adolescent psychosocial smoking prevention programs (1978 to 1997) among students in Grades 6 to 12 in the United States. Adolescent smoking reduction rates were improved by using either cognitive behavior or life skills program modalities and/or a school-community-incorporated program setting.
- ◆ Research shows that skills-based health education promotes healthy lifestyles and reduces risk behaviours. A meta-analysis of 207 school-based drug prevention programmes grouped approaches to prevention into nine categories: knowledge only; affective only; knowledge and affective; decisions, values, and attitudes; generic skills training; social influences; comprehensive life skills; “other” programmes; and health education K-12. The study concluded that the most successful of the interactive programmes are the comprehensive life skills-based education programmes that incorporate the refusal skills offered in the social influences programmes and add skills such as assertiveness, coping, communication skills, etc. (Tobler, 1992)<sup>6</sup>.
- ◆ Australia, Chile, Norway, and Swaziland collaborated in a pilot study on the efficacy of the social influences approach in school-based alcohol education. The data show that peer-led education appears to be effective in reducing alcohol use across a variety of settings and cultures (Perry & Grant, 1991)<sup>7</sup>.
- ◆ In the United States, a study of nearly 6,000 students from 56 schools implemented a Life Skills Training (LST) programme, based on a person-environment interactive model that assumes that there are multiple pathways to tobacco, alcohol, and drug use. The results of the three-year intervention study showed that LST had a significant impact on reducing cigarette, marijuana, and alcohol use. Results of the six-year follow-up indicated that the effects of the programme lasted until the end of the twelfth grade (CDC, 1999)<sup>8</sup>.

- ♦ Kirby and DiClemente (1994)<sup>9</sup> found that negotiation skills enhance students' ability to delay sex or to use condoms. Wilson and colleagues (1992)<sup>10</sup> concluded that interactive teaching methods are "better than lectures at increasing condom use and confidence in using condoms and at reducing the number of sexual partners." Their evaluation found that female student teachers in Zimbabwe who participated in a skills-based AIDS intervention were more knowledgeable about condoms and their correct use, had a higher sense of self-efficacy, perceived fewer barriers, and reported fewer sexual partners four months after the intervention than their colleagues who participated in a lecture.

## **MAINTENANCE OF A LIFE SKILLS PROGRAMME**

Systematic review of the use of the life skills programme will be an essential part of ensuring its long term value. Even when it is in place and running well, it will continue to require ongoing assessment and revision, to ensure that the life skills programme continues to meet the needs of young people. Follow-up training sessions can help the teachers and peer trainers in the long-term use of the programme.

Institute for Psychological Health (IPH)<sup>11</sup> under project "Jidnyaasaa" in collaboration with Stree Mukti Sanghatana and Mumbai Police has been involved in community mental health in Thane, Mumbai since 1990. The purpose is making the community aware of its 'Mental health needs', providing plans & solutions and involving community members in projects and activities. Team of dedicated professionals and community volunteers work hand in hand and new members from community get valuable education and training.

'Expressions' (Nagpal, Bhavé & Prasad., 2005)<sup>12</sup> is a school based project on mental health and life skills education. Started in June 1999 we have so far covered 110 schools. In 240 workshops: 10,000 children and adolescents, have been trained. Trained adolescents in turn work as peer educators for more programs with a cascade effect. Workshops are on issues of substance abuse, HIV/AIDS, anger and stress management, coping with failures etc.

## **WHO ARE PEER EDUCATORS?**

The term "peer educator" refers to true peers or near peers. A true peer is a person who is considered a member of a particular group, both by themselves and by other group members. A near peer is similar but differs in some small way, for example they may be a few years older. Peer educators may act in different roles, such as facilitators, counselors, sources of information, support workers or tutors. Teenagers are more likely to hear and personalize messages, and thus to change their attitudes and behaviors, if they believe the messenger is similar to them and faces the same concerns and pressures. Peer educators themselves benefit from programs by receiving special training in making decisions, clarifying values, and acting in accordance with those values.

A **Cascade Strategy** for disseminating the training is used. **Peer trainers** go on to train others using the same, or a similar, training schedule. Care has to be taken however, to maintain the quality of the training at all levels.

**STEP 1: Psychosocial issues** – Through focus group discussions with the counselors and teachers the key issues frequently encountered in schools were identified. They were

- Difficult family interaction
- Inadequate anger management
- Peer pressure
- Interpersonal relationships: Opposite gender interaction

**STEP 2:** The **counselor training and orientation programme** included the following steps:

- Theory of life skills
- Relevance in school setup
- Leadership training
- Anticipated difficulties
  - ◆ Cooperation of school administration
  - ◆ Resource availability
  - ◆ Continuity of the program
- Identification of the peer trainer

**STEP 3: Identification of the peer trainer:** The counselors discussed that a peer leader should be a person with the following qualities:

- Leadership quality
- Motivation
- Psychological orientation
- Peer acceptance
- Consistent school record

**Training of the peer trainer**

- Four representatives per school
- One session per month with the core team of ‘**Expressions**’ on
  - ◆ Group building and empathy
  - ◆ Family communication patterns
  - ◆ Heterosexual relationships
  - ◆ Handling emotions – anger, loss
  - ◆ Stress and coping

**STEP 4: Conduction of similar workshops in respective schools by peer trainers**

**STEP 5: Feedback session with professional resource team**

- Summary presentation of each workshop conducted at respective school
- Quality control visit by the core team
- Discussion of common difficulties encountered
- Quantitative assessment through evaluation questionnaires

**A successful life skills-based education:**

- Should not only address knowledge and attitude change but more importantly behavioural changes.
- Traditional "information-based" approaches are generally not sufficient to yield changes in attitudes and behaviours. More effective teaching and learning outcomes are likely to result from content and teaching processes which address a balance of skills, as well as information and attitudes that are relevant to the participants and issues.
- It will work best when augmented with multiple strategies or when reinforcing young people everyday.
- It will work best if combined with others such as policy development, access to appropriate health services, community development and media and so on.

Acknowledgement :adapted from chapter on life skill programs <sup>3</sup>

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<sup>9</sup> Kirby D. & DiClemente, R.J. (1994). School-based interventions to prevent unprotected sex and HIV among adolescents. in R.J. DiClemente & J.L. Peterson (Eds.), Preventing AIDS: Theories and methods of behavioural intentions, pp. 7-139. New York: Plenum Press.

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<sup>10</sup> Wilson, D., Mparadzi, A., & Lavelle, E. (1992). An experimental comparison of two AIDS preventions interventions among young Zimbabweans. *Journal of Social Psychology*, 132 (3), 415-417.

<sup>11</sup> Project "Jidnyaasaa" - [www.healthymind.org](http://www.healthymind.org)

<sup>12</sup> Nagpal Jitendra, Bhave Swati & Prasad Divya S., Parental Management Training In School Mental Health - The Indian Experience, *American Academy of Pediatrics - Section on Adolescent Health Newsletter*, Volume 29 (No. 1), Autumn 2005.