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Life and Health Skills Development in School Networking: Lessons Learnt from Teachers and Nurses

Learning life skills has been recognized as important for life-long adaptation. According to the World Health Organization (WHO), life skills are those essential skills that enable individuals to deal with every life challenges and demands, resulting in positive and adaptive behaviors.¹ Life skills, therefore, consist of both psychosocial competencies and interpersonal skills. In terms of health behavior, life skills can be applied to explain the interpersonal relationship that may conducive to health as behavior would affect person's environment.² Additionally, the WHO launched the Global School Health Initiative in 1995 to improve the health of students, school personnel, families and other members of the community. In this initiative, children are expected to perform healthy behaviors. Coordinated school health education programs are interventions which essentially provide knowledge and skills for children to become healthy and productive adults^{3, 4}. However, health risk behaviors among Thai children are reported, such as: poor eating habits, game addiction, and sedentary activities.^{5,6,7} Additionally, poor hygiene is concerning among Thai school children⁸⁻¹⁰.

Children's healthy behaviors and healthy adaptation are the main thrusts of development in the Life Skill and Health Skill Training Program or LHSD under the Human Potential Development Project, Faculty of Medicine Ramathibodi Hospital, Mahidol University in Bangkok. In several research reports this Program has been shown to be effective in improving the life skills and health skills of school children aged 10-11 years old.¹¹⁻¹³ Most of the Life Skill and Health Skill Intervention focuses on adolescent health risk behavior reduction. The most famous Botvin's Life Skill programs now have been offered paid-online training for school teachers, with the use of variety learning aids and materials. Evidently, it is able to cut drug use, alcohol use, tobacco use and violence in the U.S. and South Africa¹⁴⁻¹⁶. Our Program consists of a combination of reading 14 cartoon booklets and active learning activities, such observational learning or modeling in order to encourage new behaviors and discourage unwanted behaviors. Active participation in learning process has been successfully implemented in formal and informal education.¹⁷ The students' life skill and health skill were evaluated using self-administered questionnaires. Evidently, only the experimental group who attend the program had improved their life skill and health skill significantly, but not the control group¹⁸⁻¹⁹. The Program has been disseminated to 10 elementary schools in two provinces through school networking activities, which were used to provide social support among group members to achieve common goal of the groups.

The purpose of this article is to identify lessons learnt from developing a network for LHSD experience during a series of workshop and field supervision. In particular, various strategies of implementing activities among target schools were examined.

Enabling Process: Networking

Networking was used as the essential process to empower school teachers. Through a partnership effort, the networking was performed under the collaboration between Human Potential Development Project of The Faculty of Medicine, Ramathibodi Hospital, Mahidol University and The Office of Basic Education under the Commission of Basic Education, Ministry of Education. There were seven government schools and one private

school targeted as model schools, and two school health nurses from health promoting services outside Bangkok participated in the networking.

Lessons Learnt:

All schools implemented The LHSD program as extracurricular activities and the academic team from the University helped them to embed the Program into each school's plan of activities according to that school's convenience. Eighty per cent of the schools implemented all the 14 lessons from the LHSD Program.

Strategies of the LHSD program: implementing and disseminating

It was found that participants preferred their own unique way to disseminate the LHSD program to other teachers and schools using three major methods:

1. *Facilitating.* It was revealed that school nurses, who attended the network workshop, acted as initiator and facilitator after participating in the LHSD workshop. School nurses set up a training program for other school teachers from the additional 10 schools to use LHSD program. Community participation was evident. The Program was funded by the local administration authority in their Municipality. Then, the teachers who attended the training program used the Program in their schools. Details as shown in Figure 1.

2. *Modeling.* The participants who were teachers reported to the school principals after the workshop. In turn the principals deployed a policy to all teachers to teach life skills and health skills in their schools. Later they trained other teachers how to use the Program and invited other teachers to observe. Details as shown in Figure 2.

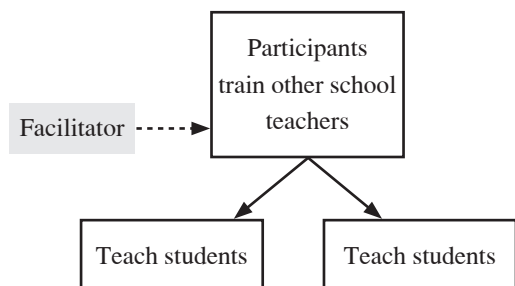


Figure 1 Facilitating pattern

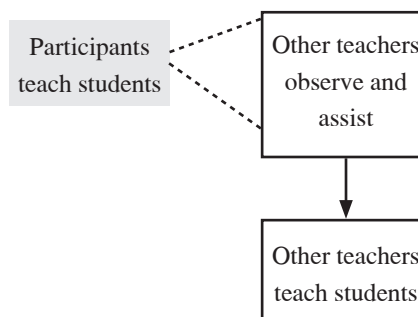


Figure 2 Modeling pattern

3. *Twinning-school.* Those additional 10 schools where teachers were trained by school nurses, twinned their school with another in close proximity. They helped each other while implementing LHSD program. They shared teaching materials and jointly taught some teaching activities. These activities help them to continue teaching LHSD Program in their schools.

Essential enabling factors

From the experience of school networking shared in the workshops and discussion, the networking pattern and learnt experiences were shared among 10 network schools. The most important enabling factors were the policy development and implementation from the school principal to establish the Program in each school. It was clear that those teachers who received support from their school principal were successful in implementing the Program. Notably, when school principals attended the LHSD workshop themselves, they started the Program shortly after the workshop. After the school administrator addressed life skill and health skill development as

school policy, the HLSD Program could be effectively implemented. Thus, further implementation should include inviting elementary school administrators to be actively involved in the HLSD network development. Additionally, a teacher's positive attitude towards teaching life skills and health skills were equally important in the success of the Program implementation.

Limitation

The most mentioned problem was the tight school schedule that allow minimal extracurricular activities. Most schools want to use their extra-time for academic purposes rather than teaching life skills and health skills. Therefore, it is important for establishing a school health policy to include life skill and health skill development in elementary school students.

A lesser concern is the availability of the cartoon booklets. All 14 books are now opened for free download at the Faculty of Medicine Ramathibodi Hospital, Mahidol University website: <http://med.mahidol.ac.th/sdmc/thaipopulation/BookDevelopThaiPopulation-th>

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