

INTRODUCTION



Life skills education school handbook

Prevention of noncommunicable diseases

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World Health
Organization

INTRODUCTION



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Prevention of noncommunicable diseases

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INTRODUCTION

School health programmes have been demonstrated to be the most cost-effective way to influence health behaviours in young people (1–4). The purpose of this two-part handbook is to support schools as they seek to implement interventions aimed at reducing the main modifiable risk behaviours for noncommunicable diseases (NCDs) (5,6). The background provided in this *Introduction handbook* and the approaches and advice outlined in the *Practical application handbook* focuses on providing young people with the knowledge, attitudes, beliefs and life skills necessary for making informed decisions, and creating a healthy school environment that can reduce the risk of NCDs (7).

In essence, the over-arching key messages of the handbook are as follows:

- NCDs are a global health concern, with more than 36 million people worldwide dying from NCDs each year.
- Most NCD-related deaths are preventable.
- The primary and secondary school education system is a prime location for NCD prevention given that a large portion of a child's day is spent in these settings.
- Life skills learning at school creates an opportunity to introduce key components of a healthy lifestyle to young people from an early age.
- Comprehensive school-based physical activity programmes should be implemented to provide numerous opportunities for physical activity, such as structured physical education classes, physical activity breaks, and 'walk/bicycle to school' initiatives.
- Schools provide students with opportunities to consume an array of foods and beverages throughout the day and should, therefore, provide nutritious food choice options, allowing students to learn about and practice healthy eating behaviours.
- Schools can also encourage family involvement and support in leading a healthy lifestyle, as an individual's lifestyle behaviours are likely to mirror those of the people they live and/or closely associate with.



Global health literacy: a background

Health literacy is considered by the World Health Organization (WHO) to be one of the pillars of health promotion and a critical determinant of health for people's empowerment (8). In 2016, educational settings were highlighted during the Ninth Global Conference on Health Promotion as important settings for investing in the development of health literacy for young people, through life skills-based school curricula (8). The *Shanghai Declaration* that was endorsed by conference delegates was part of a global determination and commitment to focus on the United Nations 2030 Agenda for Sustainable Development (9).

One of the targets of the UN Sustainable Development Goals (SDGs) by 2030 is to provide students with all the knowledge and skills necessary for their own sustainable development (10). Utilizing school health education to promote health literacy can be challenging, but is a basic pre-requisite for students' empowerment and to enable them to adopt healthy lifestyles over their lifetimes (8).



THE CONTEXT



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1 Noncommunicable diseases

What are noncommunicable diseases?

Noncommunicable diseases (NCDs) are conditions that are not passed from person-to-person, and are characterized by long duration and slow progression. There are four main types of NCDs: cardiovascular diseases (e.g. heart attack and stroke); chronic respiratory diseases (e.g. chronic obstructive pulmonary disease and asthma); diabetes; and cancers (11):



NCDs kill >36 million people each year, equivalent to 71% of all deaths globally.



Each year, **15 million people between the ages of 30 and 69 years** die from an NCD; over **85%** of these 'premature' deaths occur in low- and middle-income countries.



Cardiovascular diseases account for most NCD deaths 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9 million), and diabetes (1.6 million).



These four groups of diseases account for **over 80%** of all premature NCD deaths.



Tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets all increase the risk of developing, and dying from, an NCD.

NCDs among young people

Adolescence is defined by WHO as the period of life between 10 and 19 years of age (12). It is considered to be a critical developmental phase with a significant prospect for health promotion interventions that can potentially address health problems originating in childhood, and prevent those that might occur later in life (3,5,6,12,13). Investing in adolescent health can bring about substantial health, economic and social benefits, particularly for low- and middle-income countries, where more than two thirds of adolescent deaths occur (6).

There are four main modifiable risk behaviours that contribute to most of the global burden of NCDs: **unhealthy diet, physical inactivity, tobacco** and **alcohol use** (5,6,14). Recent research has highlighted the prevalence of these amongst adolescents:

- Obesity rates among young people have risen tenfold in four decades (15).
- Most adolescents (**80%**) are insufficiently physically active (9).
- **60–90%** of young people have oral health problems, particularly in disadvantaged communities (16).
- Tobacco and alcohol use starts in adolescence (13,16).
- **10%** of all 13–15-year olds worldwide are smokers (17).
- **25%** of the same age group report having had an alcoholic drink within the past month in many countries (18).
- Substance use-related death in youth is mostly caused by alcohol (13).

A fifth modifiable risk factor, especially relevant to children and the school setting, is **hygiene**. (19). Hygiene is particularly relevant to oral health and NCDs, and is included in this handbook along with the other four main risk factors.



Preventing NCDs

Although these five causal risks are related to adolescent health behaviour, such behaviours are deeply rooted in the social and cultural structure of the communities where adolescents live and integrate (14). Hence, it is important to empower adolescents with the essential life skills that are protective of good health and reduce risk-related behaviours and in addition to provide them with a supportive healthy environment that makes the healthier choice the easier one (3).

Current literature in this area recommends that the following key messages are both taught to young people and instilled in the classroom by educators, in order to enhance education on NCD prevention (20–25).

Behavioural

- Demonstrate good hygiene practices (hand washing, tooth brushing) and encourage students to do the same.
- Encourage students to eat breakfast daily.
- Encourage students to read and understand food labels.
- Help students to identify nutritious foods that are available locally.
- Incorporate physical education classes on three or more days each week into the curriculum.
- Teach students the value and importance of fair play.
- Encourage complete abstinence from tobacco and alcohol.
- Encourage students to look for help if exposed to alcohol problems.

Attitudinal

- Encourage a sense of pride in choosing to eat meals and snacks that comply with dietary guidelines.
- Instil confidence in students to change unhealthy dietary habits.
- Promote willingness to take responsibility for own behaviour.
- Focus on positive hygiene behaviours rather than stigmatizing improper hygiene.
- Promote students to take pride in looking clean.
- Promote viewing physical activity as fun and rewarding in addition to being important for health.
- Promote a personal commitment to not use drugs/alcohol and instil confidence in personal ability to resist them.
- Encourage respecting the opinions and lives of others.
- Instil awareness of how values and attitudes influence health, particularly discrimination.

▶ READ MORE...

See the *Practical application handbook* for practical ways to implement these key messages.



2 The five risk factors

What are risk factors?

Risk factors are different types of actions or conditions that increase a person's chances of illness or injury. Common preventable risk factors underlie most NCDs, and unhealthy behaviours that begin in childhood and build up throughout the life course are linked to the prevalence of NCDs among adults (5,26). In 2015, 13 million people died prematurely – before the age of 70 – due to NCDs, even though the risk factors could have been prevented by intervening early in life (25,26).

The five main risk factors that contribute to the global burden of NCDs are:

Nutrition

According to WHO, consuming a healthy diet across the life course helps to prevent malnutrition, as well as a range of NCDs and other conditions (71). In order to follow a healthy diet and lifestyle, the amount of energy you consume (calories) should be in balance with the amount of energy you expend (physical activity). To avoid unhealthy weight gain, total fat intake should not exceed 30% of total energy intake (30,31) and sugar intake should be less than 10% of total energy intake (32). Keeping salt intake to less than 5g per day is also recommended to prevent hypertension and reduce the risk of heart disease and stroke in adults and young people (33). Enabling young people to become aware of these guidelines, through life skills education, is a crucial preventative measure against the onset of NCD-related conditions and/or concerns.

Hygiene

According to the WHO, hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases (34). Hygiene is a broad term and includes personal habit choices as well as hygiene in the home and workplace environment.

Physical activity

Physical activity is a broad term that covers all movement (35). WHO recommends (36) that children and adolescents aged 5–17 years require at least 60 minutes of moderate or vigorous physical activity daily, with physical activity of amounts greater than 60 minutes providing additional health benefits.

Smoking

WHO notes that the tobacco epidemic is one of the biggest public health threats the world has ever faced (19). They indicate that tobacco use often begins in adolescence and 10% of 13–15 year olds worldwide are smokers.

Alcohol

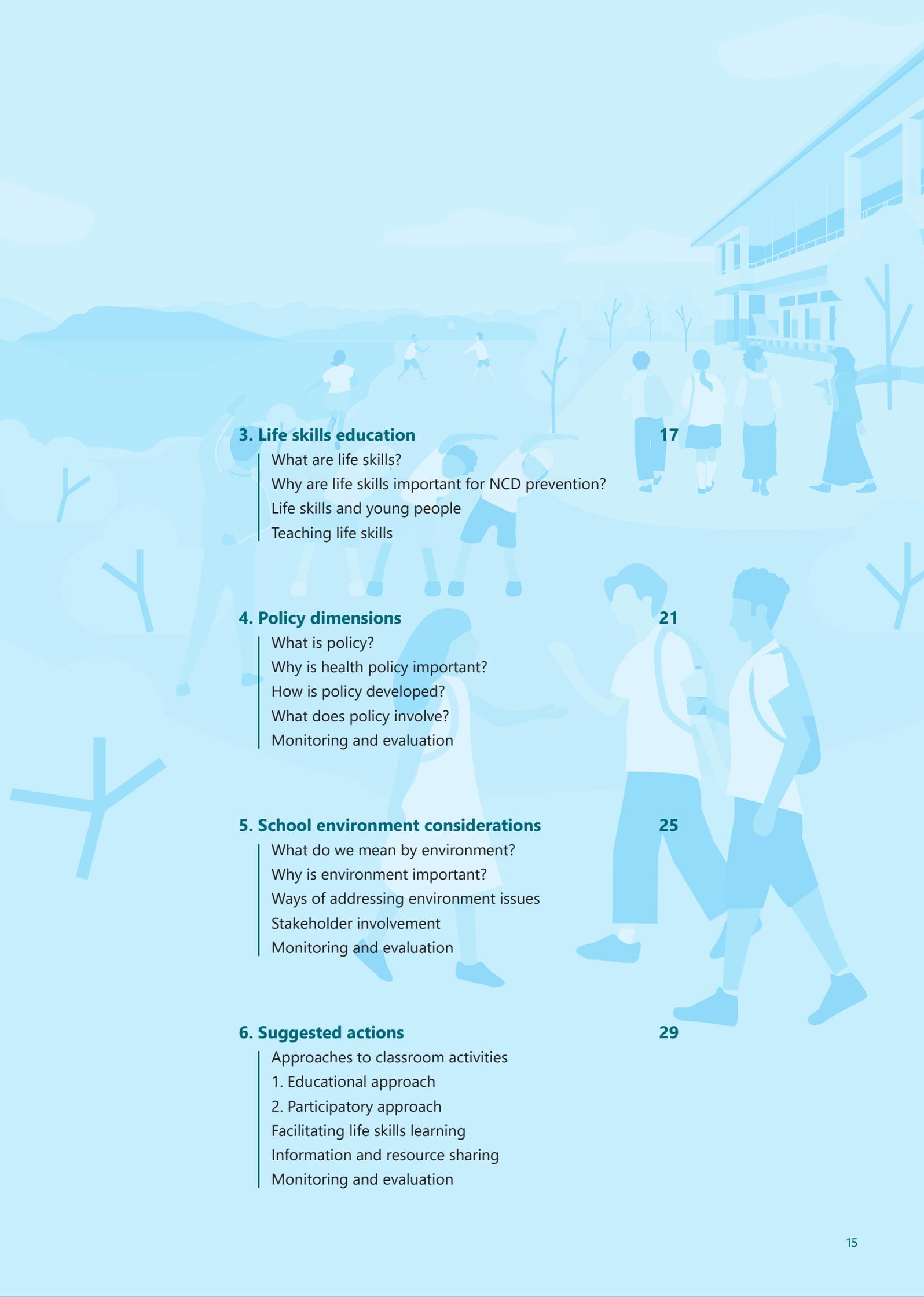
WHO states that alcohol use begins in adolescence, and 25% of 13–15 year olds report having an alcoholic drink within the past month in many countries (13, 18). Substance use-related death in youth is mostly caused by alcohol (16).

▶ READ MORE...

Advice and ideas on how to address each of these risk factors can be found the *Practical application handbook*.



APPROACHES FOR SCHOOLS



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3 Life skills education

What are life skills?

According to WHO, life skills are **“Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”** (37). In other words, life skills are skills that prepare an individual to live independently and productively within a society. Some individuals acquire life skills without even thinking about it. These skills can include knowing how to keep a job, understanding why one/others behave in a specific way, and knowing how to be a better friend. Life skills can be modelled and taught by parents and loved ones as they go about their daily routines. From this, individuals can perfect their own skills by trial and error.

For some however, life skills might not be easily understood nor observed. Some individuals might simply struggle to learn these skills or might feel as though no one was ever patient enough to guide them. In order to ensure that life skills are understood by and instilled within all young people, educators can teach life skills in the classroom, and through that help to prepare young people for success in their daily lives.

The core set of skills at the heart of skills-based initiatives that promote the health and well-being of young people include:

- (i) decision-making and problem-solving;
- (ii) critical and creative thinking;
- (iii) communication and interpersonal relationships;
- (iv) self-awareness and empathy; and
- (v) coping with stress and emotion.

▶ READ MORE...

See examples of how these skills relate to reducing NCD risk factors in the *Practical application handbook*.

The definitions for each of these core skills can be found in the table below (37,38).

Core skills	Definition
Decision-making	Helps us to deal constructively with decisions about our lives.
Problem-solving	Enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.
Critical thinking	Our ability to analyse information and experiences in an objective manner.
Creative thinking	Contributes both to decision-making and problem-solving by enabling us to explore the available alternatives and various consequences of our actions or inaction.
Communication	Means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our culture and situations.
Interpersonal relationships	Help us to relate in positive ways with the people we interact with.
Self-awareness	Includes our recognition of ourselves, of our character, of our strengths and weaknesses, of our desires and dislikes.
Empathy	The ability to imagine what life is like for another person, even in a situation that we might not be familiar with.
Coping with stress	Recognizing the sources of stresses in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress.
Coping with emotions	Involves recognizing emotions in ourselves and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately.

Why are life skills important for NCD prevention?

- Life skills can help **address or avoid the health issues** that young people may encounter, such as the use of alcohol, tobacco, drugs – all of which have been linked to NCD development.
- Life skills enable young people to **translate knowledge, attitudes and values** into actual abilities (i.e. what to do and how to do it); enabling young people to acquire such abilities can enhance awareness of the risk factors associated with NCDs.
- Effective acquisition and application of life skills can **influence the way young people behave** towards their health, both behaviourally and attitudinally.
- Life skills **contribute to young people's perceptions** of self-efficacy, self-confidence and self-esteem and, therefore, play an important role in the ability to resist engagement in harmful behavioural habits that can contribute to the development of NCDs.
- Life skills education helps **promote the communication, decision-making, critical thinking and negotiation skills** needed for healthy development in young people and the prevention of risk-associated behaviours.
- When young people have been taught life skills, they are **more likely to adopt and sustain a healthy lifestyle** during schooling and for the rest of their lives.
- Life skills education promotes **positive social norms** that can impact the broader environment of health services for young people, schools, staff and families.

Life skills and young people

The application of life skills learning to areas such as HIV/AIDS prevention, substance use and mental health/social and emotional well-being is becoming increasingly widespread. In areas such as these, individual behaviour, social pressure, cultural norms and abusive relationships may all contribute to the health and lifestyle problems of young people. There is now increasing evidence that life skills learning can play a vital role in sustainable NCD prevention and management.

Life skills are important because they give young people more control to improve their lives. Life skills provide young people with a better understanding of themselves and others, so that they can make better choices and learn to cope with changing events in the world they inhabit. Specifically, life skills learning can help young people to become more aware of: (i) **what they are doing**; (ii) **how they are doing things**; (iii) **how they obtain information**; and (iv) **other people and how they think, feel and behave** – all of which are important for NCD prevention. Schools provide an ideal setting for equipping young people with the core life skills needed for promoting good health and preventing public health problems such as NCDs, as experiences in the school environment can be key to the development of health-related behaviours.

In addition, the school is a key setting to access a majority of young people regardless of race, ethnicity or socioeconomic status. Schools are, therefore, an effective platform for implementing comprehensive life skills learning in order to equip young people with the abilities required for NCD prevention.

Teaching life skills



Teachers are central to educational success: their knowledge and skills enable effective education, including the positive development of young people in formal and informal settings around the world. Teachers need to be supported and encouraged to teach life skills through their training and the way that schools are managed. It is important that teachers and school managers understand the importance of life skills for young people and for their futures. Teachers also need to understand how young people learn about life skills and the educational processes involved.

In order to do so, educators need to gain or develop the following skills:

- Encouraging young people to work positively together.
- Creating a trusting atmosphere where young people feel comfortable voicing their opinions and feelings.
- Helping each child feel like they are making progress.
- Acting as a guide as opposed to dominating students.
- Dealing with sensitive issues.
- Showing respect for the students and their individual self-determination.
- Talking with young people as equals and not 'at' young people as a superior.
- Encouraging respect among young people.
- Acting as a role model for healthy behaviours.
- Adopting personal and professional attitudes and practices.
- Acquiring a positive reputation as a credible and respected individual.
- Using teaching methods that help young people express themselves.
- Creating and using monitoring/evaluation tools on a regular basis.
- Creating access to resources, leadership and institutional support.

▶ READ MORE...

For more information on how teaching life skills can translate into reducing the risk factors for NCDs, please see the *Practical application handbook*.





4 Policy dimensions

What is policy?

Policy is defined as “a law, regulation, procedure or voluntary practice of governments and other institutions” (39), which provides a basis for practices and procedures. School policies are therefore standards and guidelines that control the school system (39).

Relevant school health policies provide a specific sense of direction and a means of responsibility and reliability with which to promote a clear set of school norms regarding health. They incorporate input from all relevant parts of the school community, including students, teachers, parents, staff, administrators and food service personnel (1).

Why is health policy important?

School health policies improve the quality of health in the school environment, including the physical and the psychosocial environment. The policies create opportunities to generate an empowering environment for intersectoral action by promoting friendly environments for learning, teaching and health development. School health policies offer crucial opportunities to demonstrate commitment from the whole school and they provide positive modelling occasions for the wider community. Moreover, they give clear guidelines to safe, protective and inclusive school environments, including skills-based health education, which, in itself, can help promote the overall health of young people.

School health policies are a basic pre-requisite for students’ empowerment to enable them to adopt healthy lifestyles over their lifetimes (28). They increase the opportunity that a school health programme will become a recognized part of the school ethos, while also serving as strong indicators of where health is prioritized within the whole school curriculum.

How is policy developed?

Policies are best established by maintaining partnership and collaboration between the national, regional, district and school level, where teachers, students, parents and the wider community are involved in policy development. A coordination team to guide a school’s policy development, implementation, monitoring and evaluation is required. Examining the needs of all those in the school community before developing a work plan and deciding on how progress should be measured is also important (40). The development and evolution of these policies must be performed by school authorities and should contain all the information of the school health programme.

▶ READ MORE...

See ideas of policies that address specific risk factors in the *Practical application handbook*.

What does policy involve?

Whole school policy requires consultation with students, teachers, parents and the community, and should include guidance on implementation and processes of review. It means more than just the implementation of the formal curriculum: it ensures that the lessons students learn through the informal curriculum are supported by policy and practices (41–43). The goal should be to develop educational climates and policies that support health-promoting behaviours and are responsive to the reality of students' lives (41,43).

School health policies should cover a broad spectrum of areas critical for health and development of school-aged young people. These should include the main modifiable risk behaviours that contribute to the majority of the global burden of non-communicable diseases: physical inactivity, tobacco use, alcohol consumption, diet and personal hygiene (29).^a

These causal risk behaviours are deeply rooted in the social and cultural structure of environments where individuals live and integrate (74). The provision of policies to create a supportive healthy environment is important so that individuals have the essential life skills that protect against health risk-associated behaviours. Supportive school policies provide an essential framework that guides schools in planning, implementing and evaluating efforts to promote health.

Monitoring and evaluation

The monitoring and evaluation of school health policies should focus on strengthening and expanding the existing services or procedures to cover all students, while also focusing on the development of infrastructure for the school to address health issues. An emphasis needs to be placed on the amount of collaboration between the health and education sectors, and the extent to which policy change affects the development of young people.

a More detail, plus examples of school policies, can be found at the links below:
<https://www.schoolsforhealth.org/resources/materials-and-tools/how-be-health-promoting-school>
<https://www.paho.org/hq/dmdocuments/2016/2002-FRESH-eng.pdf>
<https://www.sciencedirect.com/science/article/pii/B9780128036785003969>
<http://www.schoolsandhealth.org/health-related-school-policies>
<https://upperglanmirens.ie/school-info/school-policies/school-lunches-and-nutrition-policy/>





5 School environment considerations

What do we mean by environment?

An environment is a setting or location where people live their lives, and schools are thus one of the most important environments for young people. Schools are also the working environments of teachers and other school staff. Creating supportive environments is one of the five action areas identified by the *Ottawa Charter for Health Promotion* (44) because of the complex links between people and their environments. WHO has characterized a supportive environment as essential to improving health as it includes the physical and social aspects of where people live, work and play (44).

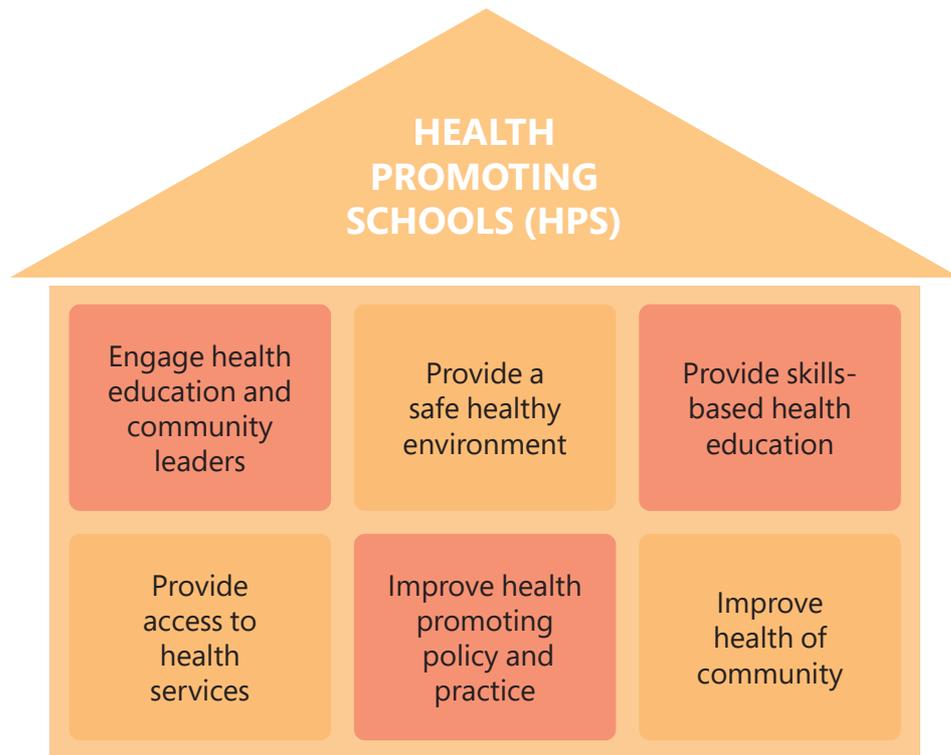
Why is environment important?

Because most young people around the world attend school, it is important that schools are healthy environments, and can directly improve young people's health and learning. The school provides an environment for formal education, skills building and also plays a role in dealing with issues such as relationship building and conflict resolution (49). Schools have the potential to improve the health and development of young people, especially in places where enrolment in schools are high.

Schools can act as examples for wider communities, such as by demonstrating respect, tolerance and equality through democracy, transparency and fairness. Those engaging in the school environment will be able to recognize and minimize health threats to make their home and community environments safer. Healthy school environments aim to encourage and develop the safe and healthy surroundings of the school. Supportive environments offer individuals protection from risk factors that can threaten health and enable them to make the healthier choice the easiest one (44).



Figure. Key features of health promoting schools



Environments have a strong influence on an individual's health and the two major environments in a healthy school are the physical and the psychosocial environment. The physical environment includes the school building, classrooms, eating facilities, water and foods provided at school. It also comprises the surroundings in which the school is located (5). The psychosocial environment relates to school ethos and culture as well as the attitudes and beliefs of the students and staff. It also includes the social and mental conditions that affect education and health (4,49).



Ways of addressing environment issues

The *Ottawa Charter* states that changing life patterns can have a significant impact on health and that work and leisure should be a source of health for people (44). Therefore, health promotion initiatives such as Health Promoting Schools seek to create environments that support healthy behaviours and promote health in the school context.

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working, and provides skills-based health education with curricula that improve students' understanding of factors that influence health and enables them to make healthy choices and adopt healthy behaviours throughout their lives (46). A supportive school environment values the importance of creating school policies such as:

- monitoring smoking and tobacco control (29);
- facilitating all stakeholders, including young people, to be involved in decision-making;
- ensuring that all young people are treated fairly, irrespective of their family backgrounds or academic skills;
- advocating to develop and implement regulations that limit the availability of fast-food outlets near schools.

It also strengthens the link between health and environmental strategies, for example implementing a walking school bus or cycling programme (47,48) and being inclusive in plans,

for example, by consulting with teachers, students, parents and the wider community to identify optimal approaches to improving health and well-being in the school (49).

Appropriate training classes for school staff (50) as well as ensuring life skills education for students are also an essential element of health promoting schools (51). The provision of training for parents, school directors and other school staff is required to develop a healthy school environment (52). Training should develop skills in the selection and use of suitable resource materials (43) and be available on an ongoing basis. Principals need to ensure that teachers have the resources and training required to support both young people and their staff colleagues (52). In their training and management, teachers should be made strongly aware of the importance of their role and should have the ability to apply the basic principles to their daily work (52).

Stakeholder involvement

Stakeholder involvement means working with people to achieve agreed goals. The complex issues surrounding the risk factors for NCDs involve a multifaceted reaction. Some of the causes are linked to factors outside the control of the school. Stakeholder participation is therefore necessary in decision-making processes, so that they can advise and agree on solutions regarding issues of concern.

Teachers do not have the ability to address all these challenges alone, so it is critical that they work with people who have the appropriate knowledge. Schools need to develop strong cross-sectoral partnership with a wide range of stakeholders as they can help address barriers that are outside of the school environment, and facilitate their control.

Monitoring and evaluation

Monitoring and evaluation processes provide information about the extent to which the curriculum is being recognized, implemented and provides guidance to those involved in the development of programmes. Information gained during the evaluation can be used to make alterations and enhancements to the programme. There are two types of evaluation that are applicable to evaluating school health programmes:

- 1) **Process evaluation:** Measures how well an intervention or programme has been taken up and delivered, and identifies factors that influence the quality of implementation in the local context.
- 2) **Outcome evaluation:** Can show the benefits of a healthy school environment such as improved health, social and academic outcomes for students and improved relationships with teachers, or highlight if further intervention is needed (2).

▶ READ MORE...

Get advice on implementing these next steps from the 'Moving Forward' chapter of the *Practical application handbook*.



6 Suggested actions

Approaches to classroom activities



Life skills learning extends traditional methods of teaching about health, which tend to be knowledge-based and didactic in approach. It utilises student-centred and participatory methodologies, giving participants the opportunity to explore and acquire health-promoting knowledge, attitudes and values and to practice the life skills they need to avoid ill-health, such as the development of NCDs. However, life skills teaching also needs to provide some level of basic and accurate information for students, in order to equip them with the essential knowledge needed to assess health risks and avoid health risk-associated behaviours.

1. Educational approach

One of the most important responsibilities of a life skills educator is helping students to learn to live independently, to the best of their ability, and to learn to take good care of themselves. In order to equip students with this ability, educators should focus on one health topic at a time and a few specific behavioural goals associated with that topic. Take *nutrition* as an example. Many students will need instruction on making healthy and economical decisions about what to eat and how to prepare meals. Possible behavioural goals in a life skills class on nutrition may include:

- understanding what constitutes a healthy diet for their age group;
- developing an understanding of food groups and portions;
- learning how to plan meals for themselves (including portion sizes);
- learning how to read food labels (field trip opportunity);
- becoming aware of food safety (cross-contamination, expiration, etc.).

The educational approach to life skills learning is very important as it equips young people with the knowledge they need to prepare and protect themselves for life beyond school. It is important to remember that the knowledge and skills young people gain in school may be, in some cases, the only guidance they receive that can help them live a healthy life in the years that follow.

2. Participatory approach

Ideally, life skills educators need high quality training in participatory teaching methods, with administrative support at the school level, and ongoing support from experts to sustain the transition from traditionally didactic methods to more participatory and more effective teaching and learning methods. Whether educators have had the benefit of quality preparation in the past or not, good quality training can support the development of positive attributes and substantially improve the competencies required for life skills teaching.

▶ READ MORE...

Find example activities for these approaches in the 'Teachers: developing a lesson plan' chapter of the *Practical application handbook*.

A participative approach to life skills learning may involve presenting students with a health problem related to NCDs that does not have a single obvious solution, but instead is framed in a way that encourages students to think about diverse and viable approaches. The problem could be presented to students for group discussions (small group or partnership brainstorming) or role-playing (assigning each group member a specific role to be creatively developed/built upon). Educators should encourage students to: (i) take their time approaching the problem; (ii) think about the problem from different perspectives; (iii) talk about the problem to all group members; and (iv) test out different solutions. Discussion content beyond the small group could be fed back/acted out to others in the classroom for an enhanced level of classroom participation.



Facilitating life skills learning

It is possible to teach life skills separately or alongside literacy, vocational skills and health/hygiene education. In order for life skills education to be effective, it must include a strong support structure within the school and be led by a creative educator that encourages young people to reflect on their behaviours, consider the root causes of many health problems and develop positive health behaviours. To facilitate life skills education, schools should strive, where possible, to provide support structures within the school structure as follows:

- A clear purpose (statement of mission/procedures).
- A strong management system (contracts and job descriptions).
- Staff development opportunities (training/assessment/promotion).
- Systems to monitor and evaluate (baseline information to establish a starting point for life skills education).
- Funds to cover basic costs of programmes (life skills stationery/materials).
- Skilled educators (who adopt life skills activities for young people in their classroom).

In addition, the skilled educator needs to consider the following, before delivering life skills education:

- Identify the needs of the young people in the classroom (as time spent on specific topics may vary according to the needs of the students).
- Reach a common understanding of life skills amongst all of those involved (school staff, educators, young people, parents, community members).
- Identify life skills learning opportunities already offered to young people.
- Assess whether life skills learning can be combined with existing educational activities or whether they ought to be delivered as a standalone class/topic.
- Decide when and how often life skills learning will take place.
- Decide on the aims and objectives of the life skills education you plan to deliver.
- Plan what the sessions will contain and buy materials to support life skills learning.
- Establish ground rules before delivering a life skills session.
- Set up life skills training for other educators in the school.
- Decide how life skills learning will be monitored and evaluated.

Information and resource sharing

It is very important to involve other teachers and school officials in your efforts to promote life skills, in order to enhance NCD prevention. If educational activities are dependent on the enthusiasm and commitment of only a few educators or an individual member of school staff, positive changes in health behaviour and health-related learning are unlikely to be sustained.

Educators can share their experiences with others through:

- documenting their personal experiences of life skills teaching (journal);
- keeping a record of lesson plans and activities;
- preserving examples of student projects;

- designing a bulletin board filled with information on life skills learning;
- displaying the bulletin board in an area most visited by school educators;
- participating in online forums (discussion rooms for teachers);
- providing advice to teachers new to life skills learning;
- becoming an accepted voice on health issues in the school;
- creating a network of health-promoting educators in the school.

Monitoring and evaluation

Monitoring and evaluation approaches are important components of young people's learning, helping to gauge success and work towards further improvements. It is important for educators to check whether they have been successful in imparting health messages and affecting behavioural change. As an educator, it is important to ask yourself: how will I know when I've been successful? For example, when teaching young people about NCDs, list the goals you want to achieve, such as: (i) all my students understand what is meant by the term NCD; (ii) all my students understand what it means to be healthy; (iii) all my students understand the link between NCDs and health, etc. You can periodically ask students such questions in class to monitor your teaching efforts in promoting good health. You can also employ a research-orientated approach to monitor whether your teaching has been a success, by collecting baseline information at the beginning of the year, through in-classroom surveys. At the end of the school year, you can conduct the survey again to make a comparison in students' learning.

GLOSSARY

Adolescence	The period of life between 10 and 19 years of age, divided into three sub-groups: early adolescence 10–12 years; mid adolescence 13–15 years and late adolescence: 16–19 years (53).
Noncommunicable diseases (NCDs)	Diseases that are not passed from person-to-person, characterized by long duration and slow progression. Also known as chronic diseases. There are four main types of NCDs: cardiovascular diseases (e.g. heart attack and stroke); chronic respiratory diseases (e.g. chronic obstructive pulmonary disease and asthma); diabetes; and cancers (71).
Risk factor	A behaviour, trait or exposure that increases the probability of developing a disease or injury (71).
Risk-associated behaviour	A behaviour with that carries a probability of harm or loss (54).
Health literacy (HL)	Knowledge, motivation and competences to access, understand, appraise, and apply health information ... to maintain or improve quality of life (55).
Functional HL	The basic reading and writing skills that are essential for dealing effectively in everyday life (56).
Interactive HL	Advanced cognitive, literacy and social skills that are necessary for extracting and applying information for active participation in everyday situations (56).
Critical HL	More advanced cognitive and social skills that enable critical analysis of information to exert greater control over life events (56).
Life skills education	Education addressing specific content to achieve given goals. The term entails teaching methods that help learners develop the required knowledge, attitudes and psychosocial life skills to inform behaviour modifications (57).
Knowledge	Understanding that allows concept synthesis and useful application of information (57).
Attitude	In the context of life skills education, attitude covers the wide range of social norms, ethics, values, culture, tradition, spirituality and perceptions about self and others (57).
Life skills	Psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (58).

Whole school approach	A comprehensive approach to improve students' health, well-being and education attainment through addressing the needs of students, their families, school staff and the community. This approach entails collaborative action by the entire school community and involves the whole physical and social school environment (59).
School health policy	Standards and guidelines that regulate the school system practices and procedures (39).
School feeding programmes	Programmes that provide breakfast, lunch or snacks at a reduced price or free in schools. They aim to improve nutrition of young people, particularly those without adequate food (7).
Breakfast clubs	Breakfast provided to young people in a school setting in the early morning before school starts. Breakfast clubs provide proper nutrition to students at the beginning of the school day, improve social connectedness between students and staff, promote awareness of healthy food and nutrition, and increase academic performance (3).
Moderate intensity physical activity	Activity that increases breathing rate slightly more than normal (e.g. jogging, cycling, dancing, yoga and low-impact aerobics) (47).
Vigorous intensity physical activity	Activity that increases breathing rate considerably more than normal (e.g. swimming, tennis, football, and high-impact aerobics) (47).
Sedentary lifestyle	Young people are considered sedentary if they are active for less than 30 minutes per day or not active at all (45).
Walking school bus	A group of young people walking to and from school, accompanied by volunteers (49).
School travel plan	A written plan of measures to improve road safety and reduce traffic around a school, based on consultations with school staff, students, their families, the community and local authorities (45).
Social influence	Peer, family, media and similar pressures affecting young people's behaviours (31, 60).
WASH	Water, sanitation and hygiene (52).

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