

Contributions of life skills training programs for realizing the rights of children for healthy development¹

Belay Tefera, Addis Ababa University and Seleshi Tadesse,
Ministry of Youth and Sports, Addis Ababa, Ethiopia

ABSTRACT

The purpose of this study was to assess the extent to which life skills training programs would assist in meeting children's right for healthy development by building personal, interpersonal, and social skills of young persons aged 10 to 24 years. A sample of 192 trained young persons were sampled to rate the perceived benefits of the training programs using a five point Likert-type rating scale. Data were also drawn through key informant interviewing of program coordinators and FGD with peer educators. It was found out that there are similarities and variations in the life skills training programs offered to participants across organizations. However, findings indicated that the life skills training programs were rated to make very good (significant) contributions in building the three groups of skills. Although training in social skills appears somehow less emphasized, participants' ratings indicated that the training had helped improving their social skills as well. This would suggest that there could be a strong skill transfer from one level to another. It is recommended that these findings need to be triangulated with skill performance measures and using a control group for better generalization.

Key words: Life skills, training, young persons, adolescence, youth, personal skills, interpersonal skills, social skills, child rights.

INTRODUCTION

According to Article 13 (The Right to Education) of the International Covenant on Economic, Social and Cultural Rights (UN CESCR, 1999), education is considered both as a human right in itself and an indispensable means of realizing other human rights. As a right in itself, it is highlighted, directly and indirectly, in a number of other international declarations (some of which Ethiopia have already ratified as a UN Member State) including, for example, the "International Convention on Population and Development", "Education for All", "Focusing Resources on Effective School Health (FRESH) that highlighted skills-based health education, and the "UN Convention on the Rights of the Child. More importantly, the UN Convention on the Rights of the Child upholds, among others, that children (up to age 18) have the right to appropriate information and opportunities to develop their skills in accordance with their evolving capacities. Rather more recently, the "UN General Assembly Special Session on HIV/AIDS" had also agreed to ensure that by 2005 at least 90%, and, by 2010, at least 95% of young men and women aged 15-24 years have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Moreover, the Dakar Framework for Action of the Dakar World Education Forum has also recently approved the learning outcomes of life skills education as part of the indicators of Education for Sustainable development.

¹ Belay Tefera, Addis Ababa University and Seleshi Tadesse, Ministry of Youth and Sports, Addis Ababa, Ethiopia.

In its Article 29, the UN CRC (1989) also clearly articulates that the member states shall work to the (a) development of the child's personality, talents and mental and physical abilities to their fullest potential; (b) development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations; (c) development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; (d) preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin. These provisions are all inherent in the goals, contents, and approaches of life skills training programs for young persons.

As an empowerment right, life skills education is the primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities. It has a vital role in empowering women, safeguarding children from exploitative and hazardous labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and controlling population growth (UN CESC, 1999).

This being the case, we would note that the latter phase of childhood (i.e. adolescence), also considered as a stage of transformation from childhood to adulthood (Lerner, 2009), appears to commonly provide opportunities, pose new challenges, and, therefore, needs to be properly managed, guided, and supported (Belay & Sintayehu, 2011) towards health developmental outcomes. Extensive review of research literature on young people in Ethiopia has also consistently shown that young people are exposed to a number of risk factors, challenges and concerns² that predispose them to a host of undesirable developmental outcomes³ (Belay & Yekoyealem, 2016; Belay, 2010; MoYCS, 2008) and yet there are inadequacies of services, opportunities, and support (Belay & Yekoyealem, 2016). It was also reported that although Ethiopian young people retained potentials and played significant roles structuring the course of Ethiopian history across time (Bahiru, 2002; Belay & Yekoyealem, 2016), there has never been time in history where they were provided with developmentally appropriate, self-initiated, and genuinely guided engagements in political discourse, social participation, and development endeavors.

²Major concerns involve lack of provisions for basic needs, services, and opportunities, unemployment leading to internal and external migration and vulnerability to street life that deprive opportunities for learning foundational and developmental skills from primary agents of socialization, socio-cultural and child rearing malpractices, the prevalent traditional gender roles and the traditional masculinity ideology that promotes violence particularly against girls, and lack of access to developmentally appropriate civic (social, cultural, political) engagements and related other problems.

³Such undesirable developmental outcomes are lack of necessary skills and a host of problems including substance abuse (smoking, drug use, alcohol), crime and antisocial acts, sex-related problems (early sexual exposure and HIV/AIDS, teenage pregnancy and motherhood and abortion), emotional and mental problems (attempted suicide, anxiety and mental distress), school and home disciplinary problems, and college adjustment difficulties.

Government and non-government agents have in fact been working in more recent years to address these concerns of young persons beginning from policy formulation to implementation of programs: Health Policy (MoH, 1993) and Policy on HIV/AIDS (MoH, 1998) with the National Reproductive Health Strategy (MoH, 2006), Youth Policy (MoYCS, 2004) with its Implementation Manual (MoYCS, 2005), Development Package for Urban (MoYCS, 2006a) and rural (MoYCS, 2006b) Youth are just few examples. Providing entrepreneurship training and microfinance services, reproductive health and HIV/AIDS-related services and education, various NGO-initiated psychosocial support services for abused children, institutionalizing orphaned children...can be cited as support services widely practiced in different parts of Ethiopia⁴. Such efforts are, however, limited thematically (mainly focus on problems- abuse, HIV/AIDS, poverty...), spatially (mainly target the urban youth), temporally (short-lived), and demographically (center on girls, on young persons from lower SES, and/ or on the youngest of the young population) (Belay, 2016; MoYCS, 2008). Because the focus in some cases is mainly on problems than building strengths, it is tantamount to treating the symptoms than causes, or prescribing cures than preventions, and, hence, are not sustainable and cost-effective in many ways (Belay, 2016). Hence, new approaches were introduced to improve adolescent health concerns mainly as a tool to mitigating the expansion of HIV/AIDS. One such program that was initially introduced as a tool to curbing the expansion of HIV/AIDS was Life Skills training program (Daba, 2007; Daba & Mabala, 2007; MoYCS, 2008). UNICEF- Ethiopia in collaboration with HAPCO began implementing a training program and promoting life skills/peer education for young people since 2002 as one of its major strategy for youth-development and HIV/AIDS prevention in the country (Daba & Mabala, 2007). There are lots of organizations today in Addis Aababa alone offering different kinds of life skills programs each with its own life skills framework (goals, approaches, categories, contents) of implementation. Cognizant of the need to formulate a national framework to standardize, coordinate and create collaboration among these various implementing partners, the then Ministry of Youth, Culture and Sport (MoYCS, 2008) has designed a national life skills program framework of implementation.

Life skills is generally a comprehensive (Maria, 2005), completely interactive (PAHO, 2001), gender and youth-friendly (MoYCS, 2008) behavior change approach that attempts to scaffold the holistic development of young persons (MoYCS, 2008). It also refers to a mix of knowledge, behavior, attitudes, values and know-how for doing something, or reaching an aim (Madhu, 1996, P.3), adaptive and behavioral competencies that enable individuals deal effectively with the demands and challenges of everyday life (WHO, 2001, P.8), an ability necessary to apply conceptual thinking and reflection in concrete situations (Dohmen in Madhu, 1996), and capacity for effective interaction with the environment that provides an appropriate motivational attitude and psychological prerequisites for successful performance (Dohmen in Madhu, 1996, p.3); such as problem solving capacities, self-confidence and skills for critical

⁴These services, opportunities, and support are more or less similar to such other programs as the "Friends for Life" (Barrett & Turner, 2001; Barrett, 2005), the "I Can Problem Solve" Interpersonal Cognitive Problem Solving" (Shure & Spivack, 1980; Shure, 2000), and "The Pyramid Club" (Pyramid, 2007; Ohl et al, 2008) that tended to follow the traditional treatment models with a focus on reducing negative problems rather than on building positive emotions or on helping children with problem behaviors.

thinking. Hence, encompasses personal, interpersonal and social competencies and attitudes that young people develop to function effectively in everyday life and contribute positively to the development of others (MoYCS, 2008).

Life skills programs can have these profiles if it retains cultural and contextual relevance (GCE report cited in Anna Maria, 2005; UNICEF, 2012), bring in and win the support of children, parents, teachers, religious leaders and civil society groups in the planning and implementation of activities (Debbi, 1999), remove policy barriers and change service provider's prejudices (Debbi, 1999), and develop programs in line with other policy and budgetary processes (GCE report cited in Maria, 2005). The teaching- learning activities should ensure sequence and relevance to age, gender, sexual experience and culture of the participants (Ceciia, 2002), gear towards the identified or main goals or key behaviors (Ceciia, 2002), provide accurate, clear and complete information (Delors et al cited in Maria, 2005), employ methods that give children opportunities to observe, verbalize, interact, and learn from each other (GCE report cited in Anna Maria, 2005), encourage learning with each other using a range of participatory learning methods and partnership with stakeholders (Ceciia, 2002), community mobilization/sensitization activities, through a dialogue about the purpose, content, and appropriate implementation of life skills to encourages and to share knowledge and participate as well as builds local support for the program (UNAIDS, 2002, p.18), allocate enough time to developing the related physical and mental skills (cited in Maria, 2005), and delivered through well trained personnel (Ceciia, 2002). On the other hand, there are barriers that undermine the effectiveness of even the best life skills programs. Globally, life skills education has a tendency to be squeezed out in the context of teacher shortages, overcrowded curricula, limited teaching material, and the focus on traditional examinations, of which life skills education is rarely a part and limited support and professional development structures for LST teachers (Wood et al., 2012). Furthermore, content and delivery of life skills education is often restricted in its capacity to move beyond knowledge and into the development of psychosocial skills, attitudes and behaviors (Wood et al., 2012). Lack of adequate resources, low commitment to the prevention program by teachers or administrators, poor teacher training or preparation, low teacher morale or teacher "burnout," poor classroom discipline, and insufficient time are the other possible groups of barriers to the provision of quality life skills programs (Gilbert, 2006).

In Sub-Saharan Africa, lack of understanding about the relevance of the topic and how to address it, reluctance among teachers, parents, and other community leaders to discuss sexuality with young people, teachers not accustomed to interacting with students in the "participatory" methods that these programs require, gender inequities that leave young people, especially girls, vulnerable to HIV infection not yet confronted (UNAIDS, 2002; Sahara, 2005)⁵. While there have been various attempts to impart life skills to children and young people in Eastern and

⁵For example, evaluation of life skills and HIV/AIDS education program in secondary schools in South Africa in Gauteng province has shown that the program was not implemented as planned in schools due to organizational problems in the schools, lack of commitment of the teachers and the principal, non-trusting relationships between teachers and learners, lack of resources and conflicting goals in the educational system (Sahara, 2005).

Southern African Region, there is no to date consensus on the definition, scope and methods for its inclusion in the school curriculum that could be attributed for the irregular implementation of life skills programs. Many countries in the region are just beginning to explore the concept of life skills and how to advocate for it to be accepted and adopted into the education system working together with governments and non-governmental organizations (Debbi, 1999). The existing few Life Skills programs that target children and young people in sub-Saharan Africa have limited information about HIV/AIDS, have large class sizes to work effectively in small groups, have single-sex health education classes lack cooperation between the stakeholders to the effective utilization of the available human and financial resources, and hence minimally meet the criteria for effective life skills education programs (UNAIDS, 2003).

Research works related to life skill programs implementation in Ethiopia were limited. Some of the assessments (Daba & Mabala; 2007; MoYS; 2008; UNFPA,2010; UNICEF, 2012; Belay and Sentayehu, 2008) has suggested mixed messages: a glim of hope as well grim of concerns. Preliminary (Daba, 2007; Daba & Mabala; 2007) and rapid assessments (MoYCS, 2008) have shown that there is always something to be salvaged from life skills training for young people no matter how it is organized. On the other hand, it was found that the programs mainly focused on building specific skills (mainly dealing with HIV/AIDS) rather than promoting an overall life skill development, lack continuity and quality (Daba & Mabala, 2007), most of the programs lacked strategic perspectives, highly focused on activities being carried out rather than intended outcomes, lacked coordination and joint venture among stakeholders. These assessment studies have also focused on specific issues, examining implementation pactices and concerns. Other recent studies conducted by UNFPA (2010) on the Ethiopian young adults in seven regions and UNCIIEF's (2012) evaluation of the UNICEF/MoWCYA adolescent/youth development program in Ethiopia focused on the current practical content areas of life skill trainings provided and on the type of trainings take by the young adults. These and related others research assessments have generally contributed a lot understanding the situation of life skills in Ethiopia. However, there have been little efforts made to examine the impacts of the life skills training on the behaviors and perceptions of the young people. Hence, little is known if these programs have helped in bringing the required behavioral changes. The present research attempts to fill in this gap. It attempts to examine how far the life skills trainings provided to young people in Addis Ababa have contributed in building the envisaged personal, interpersonal, and social skills in the National Framework (MoYS, 2008).

METHODS

Design: This study employs a mixed research design in which participants are expected to share their experiences of life skills training programs (qualitative design) as well as situate themselves within the framework of the given structured measures (quantitative design).

Data sources: The life skills training program is being implemented all over Ethiopia. However, Addis Ababa City was selected because many of the organizations that are involved in the implementation of the programs are based in Addis Ababa. The organizations involved in the provision of life skills programs that were selected as data sources included German Foundation for World Population, Addis Ababa Youth Association, Family Guidance

Association Ethiopia, Save Your Generation Ethiopia, and Addis Ababa University. Project sites of these organizations that are found in four sub cities (Yeka, Bole, Gulele, and Kolfe) were selected as target areas for sampling participants (see Table 1).

Table 1: Distribution of participants by organizations

Organizations	Number of sites selected	Number of trainees
German Foundation for World Population	2 Clubs	31
Addis Ababa Youth Association		14
Family Guidance Association Ethiopia	3branches	37
Save Your Generation Ethiopia	3schools	46
Addis Ababa University	2 Campuses	64
Total		192

Program coordinators from eight organizations (key informants), peer educators (focus group discussants) and trainees were data sources. As regards the trainees, those who attended and completed life skills training programs were randomly selected from the list available in these organizations as potential participants. But, the final decision was made on accessibility of the trainees and their willingness to involve in the study after they were accessed. Accordingly, a total of 192 participants were identified to constitute the sample.

As indicated in Table 2, the mean age of these participants (19.85) classifies them into the period of youth as per the definition in the youth policy (MoYCS, 2004), and a little more of the participants (55%) were females. The majority of the participants (82.3%) had attended school from primary to post-secondary level; about 46.9% being in post-secondary education. Since almost all of them were in school, they were active in school settings and clubs activities. Only about 4.7% had never been in school and the training in life skills could be the first opportunity seized.

Table 2: Background characteristics of participants

Variables	Categories	Frequency	Percent
Sex	Male	83	43.2
	Female	105	54.7
Educational attendance	Attending school	158	82.3
	Never been in school	9	4.7
Educational Level, if attending	Read and write	17	8.9
	Primary school	5	2.6
	Secondary school	71	37.0
	Diploma	32	16.7
	First degree	51	26.6
	Attending second degree	7	3.6
	Minimum score	15	=

Age	Maximum score	30	=
	Mean	19.85	=
Months passed since the last training was attended	Minimum score	1.00	=
	Maximum score	48.00	=
	Mean	10.06	=

There are differences among participants in terms time spent after attending the last training. This difference ranged from a minimum of 1 to a maximum of 48 months; the mean average of time spent after receiving the last life skills training being nearly 10 months.

Tools

The objective of this research is to assess the impact of life skills program interventions offered to young persons in Addis Ababa so far. However, there are various programs provided by different organizations and, hence, we need first and foremost to identify and describe these intervention practices before attempting to assess their impacts. Hence, manual assessment checklist, key informant interviews, and questionnaire are employed for collecting data for this first purpose. Proceeding to the major task of examining the impacts of the training programs on participating young persons, questionnaire and FGD were used to generate these impact assessment data.

Manual assessment checklist was the first tool that was used to document the nature of the training programs that were designed to be offered. Four widely used manuals were selected out of a total of 13 for this purpose: The national life skills training framework (MoYCS, 2008) and its manual (MoYCS, 2010), AAIL Life Skills Handbook (AAIL, 2008), HAPCO (HAPCO, 2006), and DSW manual (DSW, 2006). Attempts were made to check the goals, life skills categories, contents, resources, selection procedures, pre-training orientation, training methods, and schedules in these manuals with the ultimate purpose of identifying commonalities and sketch out the general picture of the life skills programs provided to young children in Addis Ababa.

Key informant interview guide was used to gather primary data regarding the design, implementation, and contributions of life skills training programs from key informants who were eight program coordinators of the organizations conducting these training programs.

Questionnaire was the other important tool used to generate data from former trainees of life skills training program attendants. It had three parts: Part I (socio-demographic characteristics of trainees), Part II (items presented in semi-structured format to get data from participants about implementation of the manual during training), and Part III (contributions of the training programs). The third part consisted of rating type items that were organized around three major components that were borrowed from the national life skills training framework (MoYCS, 2008) and its manual (MoCYS, 2010): Personal, interpersonal and social skills. Personal skills refer to skills that help young people to effectively manage the present self (e.g. problem solving skills, decision making skills, risk reduction skills etc.). Interpersonal skills refer to the skill that helps the young people to live with other individuals (e.g. resisting negative peer

pressure skills, negotiation skills, help giving skills etc.). And, social skills refers to skills that help the young people practice cooperation, teamwork and responsibly taking (e.g. recognizing risks and opportunities skills, building social support skills, environmental protection skills etc.).

Focus group discussions were conducted with a sample of 10 former trainees of the programs who were acting as peer educators. They talked about the role and responsibilities they discharge and the implementation and contributions of life skills training programs. It picked raised about 9 issues and took about an hour.

RESULTS

1. Blue print of the intervention

As per the data obtained from manuals assessment checklist, the questionnaire administered to participants, key informant interviews and FGDs, the basic features of the life skills training programs offered to participants in Addis Ababa are summarized below.

Manuals used: Thirteen different life skills training manuals were developed by different organizations conducting life skills training programs in Addis Ababa. Four out of these manuals were not currently in use. The majority of trainers used two or more manuals as reference during trainings. While most use the Federal HAPCO training manual, the rest few use the national life skill training manual (MoYCS, 2008) as opposed to our expectation that the latter was supposed to be widely used, “The objective of this Framework is to lay the foundation for building consensus on the conception of LST (meaning, principles, approaches...) in Ethiopia and thereby ensure standardization or uniformity of implementation across regions and settings” (p.7). The use of this national framework was not as widely as it ought to be because it was published and made available for use recently, and needs more effort popularizing it (key informants). Wider use of the HAPCO’s manual could be attributed not only to its longevity but also to the fact that most life skill training activities on HIV and AIDS have ample resource support from the fund mobilized to avert the pandemic (key informants). But, it needs to be underscored that this wider use of the Manual has meant that most life skills training were geared towards and limited the essence of the training to HIV/AIDS prevention and control.

Goals of life skills training programs: The manuals selected for this assessment have their own targeted goals that cover a wider range of objectives. However, all of them commonly indicated “risk reduction skill” though differences are there in the type of risks to be reduced. The goals of the HAPCO manual targets on HIV prevention skill; DSW on reproductive life; the AAI on skills that ensure academic survival in and reduce attrition from university, and the MoYCS emphasized on skills for survival (physical, cognitive and social) and development of young people:

- To empower young people cope with challenging situations and for HIV prevention (HAPCO)
- To produce students who would withstand all kinds of pressures that emanate from various sources and who could pursue and successfully complete their studies free from the development of any kind of risky behavior (AAI)

- To get rid of risky behaviors and wrong thoughts of the adolescents and to lead healthy reproductive life (DSW).

In fact, the goals of the national life skills training program (MoYCS, 2008) encompass all the rest in a broader range of skills that are subsumed as “four- level benefits” in one: Personal level (benefits for young persons), interpersonal level (benefits for young persons’ immediate associates or significant others- siblings, intimate friends, parents/guardians), community level (the local community/school where this program is implemented), and program level (implementation of the training program having self-serving benefits):

The primary goal is to enable young persons to manage their own development (for program attendants): Enriching the potentials and strengths they have as young persons, reducing their developmental and contextual vulnerabilities, and Improving their resiliency when predisposed to risks of one kind or another. The secondary goal of the LST program is to enable young persons influence the life of significant others (for Program attendants’ immediate associates): Acquire repertoire of skills, behaviors, and values that become exemplary in their surroundings, develop increased sensitivity, concern, ability and skills to make interventions for the same cause in their surroundings, reduce risky behaviors (violence, HIV/AIDS infection, unwise use of resources...) among persons significant, closer to program recipient young persons (siblings, parents, friends...). In a seemingly contagious (transfer) effect of the positive impacts of this program from program attendants to those around them, this program is expected to serve the tertiary goal of reducing the prevalence of risky behaviors (violence, HIV/AIDS infection, unwise use of resources...) in the local community it is conducted in. Last but important goal is that by empowering young persons, their significant others and their communities, the life skills training program also has the goal of expanding, sustaining, and eventually institutionalizing itself in the areas that are targeted for delivery in general (p.54).

Key informants also explained the objectives of the life skills training in terms of enabling the trainees to implement the skills they develop in their life and transfer the knowledge to others:

After the training, the trainees are expected to cascade through youth dialogue and discussion program and to relate the acquired skill in their own daily life as well as utilize the skill in helping and supporting their families, relatives, friends, peers and in general their communities and ultimately become a change agent and be exemplary for others beyond shaping their own behavior in leading their life (SYGE coordinator).

Those trained youth are expected to implement the skills they acquire and evaluate themselves (AAYA coordinator).

The trained youth need to be voluntarily involved in the office activities of the gender unit (AAU gender unit coordinator).

Categories: In the National Framework, the major life skills categories were organized into three levels: Personal Skills (Level I), Interpersonal Skills (Level II) and Social Skills (Level III). However, life skills categories in other manuals are focused only on the first two levels possibly expecting that they could in themselves give birth to the third one. The national framework is more inclusive and extremely relevant for young person’s growing up in Ethiopia.

Contents: Topical issues addressed in life skills training programs obviously differ depending on contexts. However, there general pattern in the application of life skills education appears to be such areas as HIV/AIDS prevention, reproductive health, early pregnancy, prevention, violence, tobacco and substance abuse is becoming increasingly widespread today (MoYS, 2008). In terms of contents, the manuals were found to address these issues. The manuals try to address HIV/AIDS, STDs, social values, solving community critical issues, addiction/substance abuse (alcohol, tobacco and chat) and its effects, and gender issues including gender-based violence. Exceptionally, the national manual tried to address many developmental needs of the youth including personal, social, health and economic problems.

Resources: Key informants and trainees described that the required resources were adequately supplied with necessary educational and training materials; the sites where the trainings took place and conditions were favorable and met the recommendation set by the national framework, “The physical environment should be one in which trainees feel at ease and that furnishings and equipment should be adult-sized and comfortable” (MoYS, 2008).

Table 3: Selection of trainees for life skills training programs

How were you considered for the training?	Selection Criteria	38	19.8
	Quota/Representation	20	10.4
	Application/ Voluntarily	114	59.4
	Other Reason	17	8.9
Reasons for your selection as a trainee	For being club leader	32	16.7
	For being a club member	106	55.2
	To be a trainer	26	13.5
	Other reasons	20	10.4
	Total	184	95.8

Selection: The national framework (MoYS, 2008) recommends that the selection procedures should be participatory and interactive. In line with this, it was found out the selection of trainees was indeed interactive, participatory (involved clubs, associations, and participating individuals), and rational as it was based on established criteria and procedures. Nonetheless, the fact that some individuals were found attending life skill trainings more than once (see Table 3) seems to indicate some possible gaps in selection process.

Different modalities were followed in selecting trainees for the life skills training programs (see Table 3): personal application (114, 59.4%), formal screening through selection criteria (38, 19.8%) and quota assigned to an area or project site (20, 10.4%). Despite the differences in modalities of admittance, the bottom line was that the ultimate decision to join the training was left to the will of the individual. Key informants contacted in the organizations to explain more about these recruitment practices:

Trainees were selected through youth centers, clubs, associations, kebeles and sometimes through application (FGAE coordinator).

Those who become aware of the training through the advertisement get registered. Then selection is made from the pool applying the selection criteria of the organization. We use

interview for screening and giving priority to the shy and economically disadvantaged (AAU Gender Unit Coordinator).

We develop the criteria and the selection carried on by the clubs and associations themselves (DSW coordinator).

The proportion of the target to be trained is set by the AAll and distributed for each campus equally and anti AIDS and gender clubs screen the trainees (AAll coordinator).

Trainees are selected through the criteria from university project youth leadership program (high school) and from economic empowerment program beneficiaries YWCA , coordinator.

We formed partners committee from the clubs, university management and student council and the criteria is set by it (SYGE coordinator).

Pre-training orientation: Responses of the participants have shown that that the training programs begin with orientation sessions that sufficiently brief them on the overall training objectives, the delivery methods, expected behaviors and roles during training (from trainees as well as trainers), and ground rules (see Table 4).

Table 4: Responses on provision of orientation services to the trainees

	Yes	No	Undecided	Missing	Total
About the training objectives 181(94.3%)	181 (94.27)	4 (2.1%)	5 (2.5%)	2	192
About the training teaching Methodology	163 (84.9%)	13 (6.8%)	8 (4.2%)	8	192
What is expected from you as a trainee during the training	169 (88%)	12 (6.3%)	4 (2.1%)	7	192
About the role of the trainer	142/74	20/10.4	19/9.9	11	192
About the ground rule or Expected behavior during the training	153 (79.7%)	18 (9.4%)	13 (6.8%)	8	192

Training delivery methods: Life skills training is expected to make use of interactive, participatory, experiential and activity-centered pedagogy (UNICEF, 2012). Accordingly, interactive teaching methodology was indicated in all the four manuals (Table 5).

Table 5: Life skill training methods suggested in the training manuals

Training Methods	MoYCS	HAPCO	DSW	AAll
1.lecture method	X	X	X	X
2. group discussions	X	X	X	X
3. practical skill application in the training setting		X	X	X
4. practical skill application in the school ..	X			
5. brainstorming	X	X	X	X
6. question- and- answer	X	X	X	X
7. group work	X	X	X	X
8. experience sharing	X	X	X	X
9. debates	X		X	X

10. dramatization	X		X	X
11. case discussions	X	X	X	X
12. simulation techniques	X	X	X	X
13. role playing	X	X	X	X
14. case studies-written scenarios	X	X	X	X
15. conducting audio-visual activities	X	X	X	X
16. feedback and reflections	X	X	X	X
17. consolidation and reinforcement		X	X	X
18. presenting the history of known personalities	X	X		

As regards actual use of these methods during training, it was also noted that, unlike the concern voiced in a previous local rapid assessment of life skills training practices that there was disuse of interactive methods in some project sites and this was the barrier for implementing the training program (MoYCS, 2008), it was, however, encouragingly noted in our present assessment that there was use of participatory methodology applying different interactive teaching methods (Table 6). Almost all the methods of delivery recommended in the national life skills training programs (MoYCS, 2008) were applied often to sometimes during the training programs (Table 6).

Training Methodologies	Often	Sometimes	Never	Total
1. lectures method	115(59.9%)	65(33.9%)	6(3.1%)	192
2. group discussions	116(60.4%)	67(34.9%)	6(3.1%)	192
3. practical skill application in the training centers	110(57.3%)	64(33.3%)	11(5.7%)	192
4. practical skill application on the school or the community settings	58(30.2%)	83(43.2%)	42(21.9%)	192
5. brainstorming	133(69.3%)	45(23.4%)	7(3.6%)	192
6. question- and- answer	130(67.7%)	54(28.1%)	3(1.6%)	192
7. group work	112(58.3%)	69(35.9%)	4(2.1%)	192
8. experience sharing	100(52.1%)	80(41.7%)	3(1.6%)	192

However, participants reported that the trainings failed to equip them with practical skills in school or the community settings and thereby internalize the learned skills. A notable fact in connection to this is that some peer educators were found to conduct their peer- to- peer education programs by going to areas where chat were consumed in groups ('mekamia bête') to customize their approach to the context of their target groups. Some institutions are planning to provide services in that kind of setting where young people could be available.

Table 7: Life skills training schedules practiced

Variables	Descriptive measures		
	Minimum	Maximum	Mean
Number of hours allocated for one day	<1	>4 hours	3.08
Number of days required in one training	1	10	4.06
Number of times the training was attended	1	3	2.05
Number of trainees attended the training session in one session?	10.00	155.00	35.2013

Training schedules: The training schedules put in the life skills training programs for our present participants are summarized in Table 7. Regarding the periodicity of the life skills training methods, the national training framework (MoYCS, 2008) set about 8-10 training days of about six working hours in each meeting. However, responses obtained from our present participants indicated that the time allocation varied from a minimum of 1 to a maximum of 10 days with the mean of 4 days; an average of 3 hours being allocated for each day. Even though the national framework still recommends the number of participants to be between 25-30 to ensure implementation of the interactive methodology, it was reported in our present case that some sessions had as many as 155 trainees; the mean number of participants being about 32 trainees.

Table 8: Evaluation of the Institution Life Skill Program

Trainees	Excellent	Very Good	Good	Least	Don't Know	Missing
Training objectives	90 (46.9%)	70 (36.5%)	19 (9.9%)	4 (2.1%)	5 (2.6%)	4
Implementing participatory teaching Methods	107 (55.7%)	60 (31.3%)	14 (7.3%)	1 (5%)	1 (5%)	9
Addressing the needs of trainees	85(44.3%)	60(31.3%)	24(12.5%)	10(5.2%)	3(1.5%)	10
Ensuring gender balance	128 (66.7%)	34 (17.7%)	11 (5.7%)	6 (3.1%)	4 (2.1%)	9
Teaching capacity of trainers, peer educators	106 (55.2%)	65 (33.9%)	13 (6.8%)		2 (1%)	6
Time management	83(43.2%)	66(34.4%)	24(12.5%)	9(4.7%)	2(1%)	8
Using proper educational materials	87 (45.3%)	66 (34.4%)	21 (10.9%)	7 (3.6%)	2 (1%)	9
Rating the overall life skill training provision	60 (31.3%)	112 (58.3%)	6 (3.1%)	14 (7.3%)		

Table 9: Dimensions of personal skills included in the manuals

MOYCS Training Manual	AAII Handbook	HAPCO	DSW
Problem Solving Skills	Problem Solving	Problem Solving	Problem Solving Skills
Decision Making Skill	Decision Making	Decision Making	Decision Making Skill
Critical Thinking Skills		Critical Thinking	Critical Thinking /
Self-Awareness Skills	Self-Concept	Self-Awareness	Self-Awareness
Self-Esteem Skills	Self-esteem		
Positive Thinking Skills	Positive Thinking		
Goal Setting Skills	Goal Setting Skills	Setting Goals	
Self-Controls Skills			
Risk Reduction Skills			
Stress Reduction Skills	Stress And Coping	Emotion Control	
Anxiety Management		Emotion Control	
Resources Management			
Money Management			
Time Management Skills	Time Management		

2. General evaluation of the life skills trainings attended

Trainee youth were also asked to rate the quality of the life skills training that they attended (Table 8). Their ratings lied within the range of very good to excellent (89%) for the overall of life skills training provisions as well as for the appropriateness of training objectives (84%), teaching methodologies (87%), gender balance (85%), and addressing trainees' needs (75%). Resource-wise, trainees still viewed capacities of trainers (89 %), time management (77%), and educational materials (80 %) in a strongly favorable light.

Table 10: Self-reported personal skills development

Life kills Categories	(5)	(4)	(3)	(2)	(1)	Mean	t -value	df	Sig.
Problem Solving	84	70	30	2	2	4.23	29.07	187	.000
Decision Making	73	69	41	1	4	4.12	30.29	187	.000
Critical Thinking	75	62	43	3	3	4.17	28.40	185	.000
Self-Awareness	117	32	32	3	3	4.40	23.84	186	.000
Self-Esteem	96	56	30	4		4.34	26.22	185	.000
Positive Thinking	105	53	24	3	2	4.39	25.86	186	.000
Goal Setting	65	70	45	6	5	4.07	30.34	186	.000
Self-Controls	94	53	32	4	2	4.28	25.66	184	.000
Risk Reduction	102	51	31		4	4.39	27.60	187	.000
Anger Management	59	64	41	7	16	3.78	27.47	186	.000
Stress Reduction	55	57	56	7	10	3.78	28.74	184	.000
Anxiety Management	52	64	46	11	14	3.71	27.80	186	.000
Resources Management	75	42	50	7	13	3.87	25.63	186	.000

Money Management	61	50	47	12	18	3.68	26.34	187	.000
Time Management Skills	73	56	43	5	7	4.02	26.62	183	.000
Total						4.08	29.85	183	.000

3. Acquisition of personal, interpersonal, and social skills

Personal skills development: One of the objectives of life skills training is its support for development of personal skills. These skills are needed especially for young people to cope-up with different problems encountered in life. Table 9 shows components of personal skills that are included in the national as well as the three other manuals. Although there are some slight differences in the components among the three groups, some aspects of personal skills are integrated in the manuals. In fact, a more exhaustive, inclusive and better list was provided in the national manual. Almost all components in other manuals are found in the national manual.

Table 10 presents participants' perceived ratings of personal skills developed due to the life skills training programs attended. Mean ratings of perceived skills acquired through the trainings ranged from a minimum of 3.68 to a maximum of 4.40; composite mean being 4.08 (very good). One sample mean test in Table 1 shows that almost all perceived skills were significantly higher than the expected mean rating.

Interpersonal skills development: Since the personal life of an individual encompasses other person's existence, a well build personal skill would facilitate development of interpersonal skills that allow young people to relate themselves with others in constructive ways. While Table 11 presents the list of components of interpersonal skills embedded in the manuals. As the case is in the components of personal skills, the list of interpersonal skills was varied across the four manuals; again the national manual with a more inclusive list.

Table 11: Dimensions of interpersonal skills included in the manuals

MOYCS National Life Skills Training Manual	AAII Life Skills Handbook(AAU)	HAPCO	DSW
Assertiveness Skills	Assertiveness, Peer Resistance Skills	Psychological Pressure Resisting Skill	
Resisting Negative Peer Pressure	Coping With Peer Pressure	Resisting Peer Pressure	Resisting Peer Pressure
Communication Skills	Interpersonal/ Communication Skills	Communication skills	Communication skills
Negotiation Skills		Negotiation Skills	
Conflict Resolution Skills	Conflict And Its Resolution	Conflict Management Skill	
Help Giving Skills			
Help Seeking Skills		Help Seeking Skills	
Team Work Skills	Working in Team		
Tolerance Skills			

Table 12 presents the summary of ratings on these interpersonal skills. The ratings generally ranged between a minimum of 3.71 to a maximum of 4.34; with the overall mean rating being 4.1 (i.e. close to very good). All the perceived ratings were significantly higher than the expected mean ratings. The implication is that the life skills training programs attended were perceived to make a very good contribution in the acquisition of the various interpersonal skills.

Table 12: Self-reported interpersonal skills development

Skills	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Least (1)	Mean	t	df	Sig.
1. Assertiveness Skills	101	45	33	5	3	4.28	24.36	186	.000
2. Resisting Negative Peer Pressure	109	48	21	2	8	4.34	24.69	187	.000
3. Communication Skills	104	45	31	4	4	4.30	24.56	187	.000
4. Negotiation Skills	71	63	40	5	9	3.99	27.21	187	.000
5. Conflict Resolution Skills	88	60	29	3	8	4.18	26.17	187	.000
6. Help Giving Skills	69	68	38	2	10	4.01	28.66	186	.000
7. Help Seeking Skills	51	62	47	13	12	3.71	27.38	184	.000
8. Team Work Skills	82	50	35	6	12	3.96	24.61	184	.000
9. Tolerance Skills	99	49	28	2	7	4.27	25.24	184	.000
Total						4.10	27.12	184	.000

Social skills development: A person with healthy intrapersonal and interpersonal skills is still likely to develop group and societal skills that would help the individual effectively stand for the bigger communal, societal and environmental cause.

Table 13: self-reported social skills development

Items	5)	(4)	(3)	(2)	(1)	Mean	t	df	Sig.
1. Recognizing risks and opportunities	57	69	47	6	7	3.9	29.02	185	.000
2. Preventive skills	79	53	42	4	7	4.1	26.37	184	.000
3. Building social support skills	66	62	37	8	13	3.9	26.15	185	.000
4. Mediation skills	57	42	43	17	20	3.5	25.59	183	.000
5. Advocacy skills	56	48	40	25	16	3.6	24.93	184	.000
6. Culture preservation skills	95	40	29	9	12	4.1	22.31	184	.000
7. Skills for helping people with Special	73	56	33	10	14	3.9	24.59	185	.000
8. Environmental protection	62	56	34	18	14	3.8	24.37	183	.000

Skills									
Total						3.8	26.10	183	.000

These skills empower young persons develop competencies for civic (social, culture and environment) responsibilities that are necessary for collective and shared activities. To this end the national manual has suggested eight components but these components were not included in the other manuals. Table 13 presents perceived self-ratings of young persons regarding acquisition of the various social skills as a result of participation in the life skills training programs. As it can be referred to this table, the ratings ranged from 3.75 to 4.09 with a total mean rating of 3.83 (very close to very good).

Table 14: The benefits acquired through life skill training

Personal skills									
Benefits:	(5)	(4)	(3)	(2)	(1)	Mean	t-value	df	Sig.
1. stop addiction habit	92	30	47	8	15	4.00	21.44	144	.000
2. improve self-concept	137	28	15	8	4	4.90	24.16	176	.000
3. live purposeful life	136	31	15	4	6	4.90	26.91	176	.000
4. decision making skill	134	34	16	6	2	4.96	26.16	175	.000
5. control my emotion	135	31	15	7	4	4.90	24.96	176	.000
Interpersonal skills									
6. interpersonal skills	130	31	17	8	6	4.87	23.97	74	.000
7. get good friend	140	26	9	9	8	4.71	23.64	182	.000
8. negotiation skill	112	49	17	8	6	4.76	25.46	174	.000
9. stop quarrel/ violence	100	43	16	4	29	4.33	26.04	175	.000
10. resist peer pressure	136	37	13	4	2	4.93	28.63	178	.000
Social skills									
11. influence others	83	83	16	6	4	4.63	30.74	175	.000
12. resolve conflicts	84	67	22	7	12	4.62	27.54	169	.000
13. be exemplary to others	98	58	13	11	12	4.47	25.60	178	.000
14. understand differences	115	58	11	3	5	4.73	30.27	180	.000
15. transfer my knowledge	113	48	15	10	6	4.70	24.70	176	.000
16. mobilize support	82	64	18	11	17	4.39	26.43	173	.000
17. take responsibility	144	25	15	4	4	4.98	27.34	176	.000

4. Perceived benefits acquired through life skills training

Participants were presented with more concrete and specific questions about perceived benefits of the life skills training programs attended so that they would understand skills in clearer terms. The summary of these ratings are presented in Table 14. As indicated in this table, in almost over 70 % of the items ratings were above very good or very close to excellent suggesting that specific ratings even promise better learning.

5. Other perceived changes connected to training attended

Participants were also asked in more specific terms about changes noted through the life skills programs. As indicated in Table 14, they talked about reduced engagement in conflicts with others (36%) and HIV/AIDS (47%), skills acquired for community participation (81%) and improved learning competencies (88%) including note taking (83%), study (74%), exam taking (71%), classroom learning (77%) skills and being programmed (68%).

Table 14: Self-reported specific changes noted through the life skills programs

Reported changes		Frequency	Percent
Risks reduced	Conflict with others	69	35.9
	HIV/AIDS	91	47.4
	Other	21	10.9
Acquired skills and abilities involved in community works		157	81.8%
Improved learning competencies		168	87.5%
Kinds of learning competencies improved	Note taking	159	82.8%
	Study skills	142	74.0%
	Exam taking	137	71.4%
	Attending learning attentively	148	77.1%
	Guided by daily programs	130	67.7%

Respondents were also asked to share experiences regarding the contributions of life skills training. They expressed that practical changes were observed among the trainees who went through life skills training programs.

They indicated that young people who were shy in the classrooms begun sharing their stories freely, developed self-confidence and decision making skills. It was also said that a certain HIV positive girl, who never shared her status with her boyfriend, approached one of the facilitators and shared information that referred her to counseling and testing service at FGAE. She also decided to take HIV test again with her boyfriend and then they started to plan their future accordingly. Another youth, who had a girlfriend in the Middle East, has decided, after participating in a life skills training, to take a blood test and learned that he was HIV positive. They were planning so that she could come back home and get married. During the FGDs, the peer educators convinced him to disclose his status with his girlfriend before taking any further action. Similarly, through the regular intervention a number of participants decided to make volunteer HIV/AIDS counseling and testing.

Key informants also indicated positive impacts in the life of the youth particularly in enabling them to understand, discover and develop their potentials, overcome challenges and lead their life properly. They also reported of becoming assertive, developed leadership skills, communicative abilities, abilities to make decision, solve problems and engage in different

activities. As one coordinator mentioned, “significant number of trainees have joined universities. Consequently, they became agents of facilitation for the establishment and strengthening of RH clubs in universities”.

During FGDs, the extent of life skills peer education program relevance was raised for addressing the needs of adolescents and youth. Accordingly, the participants recognized that the strategies were designed considering the context of their targets and were very attractive. In the words of one key informant, “It brings a paradigm shift in their life” (YWCA Coordinator). One FGD participant also stated, “While working on life skill development, we were raising different social issues which were considered sensitive and evoke negative emotions that disrupt discussions. This time peer educators inject the message on the importance and relevance of the different life skills in relation to the issues. We believe that the life skill training is relevant to many of the problems of the youth”.

Key informants reported that life skills training would help in utilization of trained youths as resource person to share and provide information for their friends and peers particularly related with the school environment would save the organization the cost to rollout training continuously. In the words of one key informant, “young people are the futures of the country therefore; investing and empowering them with positive behavior is mandatory and it is beyond addressing the individuals problem also of peers, neighbors, community and the nation” (MOE coordinator). AAI coordinator at AAU and a key informant agree with the above assertion. He said “Due to the LST among the university students vulnerabilities to HIV/AIDS and drug abuse are minimized. The indicators could prove the success of the program in achieving the objectives, such as the increased number of VCT clients, the declining of HIV/AIDS prevalence among higher learning institutions students before and after the training, Increased involvement of girls at club leadership level, the decreasing dropout rate among trained students and relatively better academic results compared to others because of the training on study skill.”

During the FGD one of the discussion points was the lessons learned/achieved from their participation in the life skill peer education program. The participants mentioned that the peer educators were well acquainted with the life skills training. They also talked about the internal satisfaction they derived from community service, despite a great deal of peer pressure in their life not to do so. They reported that they were able now to manage and deal effectively with various peer pressures, “Before the training, people can easily influence me in my decisions. But now, I can make my own decisions without others influencing me on critical matters. I do not let other decide for me anymore. Respecting others opinion and feedback, I started to make decision myself on personal issues”. They also mentioned a lot more other benefits, “We were downgraded in the community. But after the training, we developed coping skills with this problem. We were also socially accepted by our community especially by the youth population in the community since we are addressing their felt needs...” Being in the peer to peer education program as a facilitator, for example, in itself was reported to give its own satisfaction in dealing with different challenges that happen in the facilitation process, “the community members were making fun of us (mood yiyazibinal); for example, when they see us coming towards them they say ‘The HIVs came’. However, in the process we developed coping skills *with such challenges while we are doing our work.*

DISCUSSION

Ethiopia is predominantly inhabited with the population of children and young persons and hence we can't afford to marginalize the majority in every educational and development endeavors. Yet, while CRC and other laws hold that children have the rights for healthy development, extensive research findings and reviews unveil that children in Ethiopia are vulnerable in many ways (e.g. Belay, 2008; Belay & Yekoyealem, 2016; Belay, 2016; MoYCS, 2008). Previous research has shown that life skills training would help arresting many of the mishaps that young people are prone to experience transitioning to adulthood. Reviewing such studies, it was indicated that provision of life skills programs in any of its forms generally makes a number of positive contributions in the life of young persons (e.g. see reviews Belay, 2016; MoYCS, 2008, PAHO, 2001). According to PAHO (2001), for example, life skills approaches enhance cognitive, emotional and behavioral competencies that help reducing and preventing a variety of health risk behaviors and promoting healthy development and are needed for making a successful transition from childhood to adulthood specifically for children growing up in disadvantaged environments that lack opportunities to develop these skills. Communication skills, decision-making skills, critical thinking skills, and negotiation skills needed for healthy development are also skills that are valued by employees in the workplace. Debbi describes that life skills programs aim to foster positive behaviors across a range of psycho-social skills and to change behaviors learned early, which may translate into inappropriate behavior at a later stage of life. Life Skills programs promote healthy choices, informed decisions, healthy behaviors, and sensitivity to risky situations and behaviors (Debbi, 1999).

Life skills programs provide an opportunity to address other social issues that young people encounter in their daily life like sexual abuse and violence. According to a report on impact assessment of Life skill programs, it was noted that young people do not engage in sex earlier or in more frequent sexual intercourse. The information and skills acquired seemed to help them delay sexual initiation (Debbi, 1999; Siegrid, 2011), alter other HIV-related behaviors (violence and/or drug and alcohol use) positively (UNAIDS, 2003), reduce the risks of substance abuse and violence by targeting the major social and psychological factors that promote the initiation of risky behaviors (Gilbert, 2006), provide the confidence and skills necessary to successfully handle challenging situations (Gilbert, 2006). School-based tobacco prevention and control programs were found to result in fewer of those participating in the program "hung out" with smokers, whereas, those who hung out easily refused a cigarette when offered one., knowledgeable about the health effects of smoking (Zollinger et al., 2003). The study on Preventing youth violence and delinquency through a universal school-based prevention approach show result in reduction of physical aggression by 30 percent ,verbal aggression by 42 percent ,delinquency by 40 percent and fighting by 40 percent (Gilbert, 2006).

Although there are these and other abundant evidences supporting the contribution of life skills training, it was also noted that provision of such programs were trapped with a number of challenges of conceptualization, design, human and material resources, and attitudinal and cultural factors in sub- Saharan Africa that would obviously cast shadows on their effectiveness. Hence, this research attempted to examine this issue, first and foremost sketching the design and

practice of the training programs themselves and then the extent to which these training programs were instrumental promoting the survival and development of the young persons.

In fact, this study identified that although life skills training had different focus in different organizations and trapped with so many challenges (e.g. focus mainly on risk reduction of sexual RH problems rather than building all life skills competency, financial constraints, large number of trainees in one session, huge gap in life skill information and mistrust of the LST program), it has made significant contribution in the development of the trainees as expected. In terms of personal skills, most of the participants have self-reported that the life skills training contributed developing their personal skills and feel that they have acquired important skills useful for their life. Among others, self-awareness, risk reduction, positive thinking, goal setting and decision making, self-control, and anxiety management skills were the ones reported being developed. The findings of this study is in agreement with the previous UNICEF (2012) evaluation that affirmed that the life skills training sessions were effective in equipping the youth with better life skills in the areas of decision making and improving their self-esteem.

In the same way, life skills training programs have contributed building interpersonal skills that included strengthened resistance to negative peer pressure, communication, tolerance, negotiations and assertiveness skills at a much significant level. Some study reports also stated that life skill training program help adolescents to delay the initiation of sexual activity due to peer pressure. Here too, the young individuals developed how to resist negative peer pressures so as to confront challenges that had a strong influence particularly on adolescents. In fact, help seeking and help giving skills appeared a bit lower than other skills possibly because the three organizations haven't included them in their manuals and didn't provide these skills in their training program. Yet, the trainings have contributed even in building these skills mainly through transference effect from other skills. The findings also agree with UNICEF (2012) evaluation that affirmed the training sessions were effective in equipping the trainees with better life skills in the areas of assertiveness.

This study has still identified various kinds of self-reported social skills acquired including helping people with special needs, and building social support skills; though advocacy, sensitivity to risks and opportunities and mediation skills were relatively lower as they were not in the training programs of three organizations.

The assessment report of UNICEF (2012) on adolescent/youth development program in Ethiopia shows that, most of the youth surveyed expressed positive views about the capacity building efforts accomplished through the training organized for the youth in several areas. Similarly, this study also found out that the LST is effective in capacitating of young people to cope-up with different challenges of life. As UNICEF (2012) and Daba and Mabala (2007) reported, the LST have helped many youth to have proper image and knowledge of oneself, acquired skills to live with others, helped them to make effective decisions. This study also observed the LST supported young people to be capable in personal, interpersonal and social aspects of life.

The success of life skills training programs documented in this research could be explained in terms of the inherent nature of life skills itself, strengths in the design and implementation of life skills training in the targeted research area, and some possible enhancing cultural factors.

First, life skills is, to begin with is a “training” whose objectives, approaches, and implications all center on immediate application of a learned-stuff rather than an “educative” practice being focused on building cognitive knowledge with its postponed application to real life situation (Knowles, 1980).

Second, life skills training is based on a sound philosophy and principle of sustainable development that uphold the importance of inclusion and participation rather than exclusion, segregation, and discrimination; building positives, strengths, and potentials rather than focusing on weaknesses, limitations, and deficits; prevention and promotion rather than cure and treatment of problems; holistic development rather than elements and specialized parts of a whole; practical and trainee-centered teaching than theoretical and trainer-centered; helping trainees learn by doing rather than by passive listening; process rather than product-centered; teaching young people how to think rather than what to think; helping them learn by themselves rather than teaching them to learn, and using cost-effective approaches that are in-ward rather than out-ward focused; culturally relevant rather than universal, and group (including gender) sensitive (MoYCS, 2008).

Third, life skills is an approach rather than a program with clearly defined blueprint of objectives and contents to enable young persons meet their personal, interpersonal, and societal concerns. These life skills approaches significantly depart from the common school pedagogical model where the primary goal is transmittance of knowledge from the teacher to students through the lecture method. In sharp contrast with this conventional approach, LST models commonly employ what is referred to as the “interactive methodologies”. According to UNICEF ESARO (2006), these new life skills approaches are:

- Learner-centered, whereby learners are facilitated, supported, and guided so that they can learn by themselves than being taught by others, to construct meaning in their lives than to be told meanings they should draw from their own life.
- Active, whereby learners learn by doing, performance than mere instruction
- Collaborative thus making learning a social process through which learners construct meaning in dialogue with others, particularly peers
- Life Skills entail skills-building methodology that requires sufficient time to define and promote specific skills through rehearsal and action, that support and foster skills acquisition and performance through observation, practice and feedback, and ensuring skills maintenance and generalization through personal practice, self-evaluation and skill adjustment (P.5).

Drawing ideas from the social constructivist perspective, these newer (life skills) approaches underscore that skills are best acquired in a collaborative process, through interactions with other people in the environment. It underscores the significance of peer collaboration as the basis for learning skills, especially in problem-solving skills. Other researchers (cited in PAHO,

2001), too, mention many benefits of using peers as educators that in a way indicate the nature and effectiveness of the interactive methodology:

- Peer educators who model examples of healthy behaviors can influence behaviors of other peers and help them avoid taking risks.
- Properly trained peer educators can remove misconceptions, shatter myths, and present information on different dimensions of life affecting young people in a way that other young people will find it pertinent.
- Many of these young people distrust adults and hence it is too difficult for adult social workers to reach them out. But peer educators are members of the communities they aim to reach; they meet these young people on their own territory, speak the same language and, most importantly, treat them with respect.
- Peer educators are more appropriate for the participatory and interactive methodology commonly employed in life skills training. Many adults will need to unlearn authoritarian and didactic approaches to learn to become effective program providers....
- Peer leader himself/herself often benefits from the position as a role model and program provider. By serving in this capacity, young people boost their self-esteem, learn valuable and marketable skills, make contacts, and perhaps take more pride in their lives and behaviors than prior to their roles as peer educators. This perspective acknowledges that the development of skills through the interaction of the individual with the social environment can influence both the trainees and the environment (peer group, classroom, youth group, etc.).

As a collaborative venture, life skills approaches allow young persons to actively involve in planning and managing their own learning actively rather than getting them done through external agents including the trainer.

As regards techniques, it appears that in a manner to replicate the natural processes by which children and young persons learn behavior, most life and social skills programs include (1) modeling, observation, and role-play in addition to plain instruction, (2) opportunities for learners to get proper feedback about their actions, and (2) verbal and nonverbal strategies of rehearsal to promote skill maintenance and generalizability. (Note here that according to the social-cognitive learning perspective, children and young learn to behave more through observation and social interaction, rather than just through verbal instruction, and, in the same way, their behavior is believed to be reinforced, modified, or changed by the consequences of their actions and the responses of others to their behaviors).

As regards procedures, life skills approaches still hold the social-learning perspective's core assumption that (contrary to the commonsensical view that ability determines belief) the beliefs we have about ourselves determine our abilities and hence skills development not only becomes a question of outward behavior, but of internal qualities (such as self-efficacy) that support those behaviors. Accordingly, life skills methodologies, usually approach skill development firstly by promoting skill concepts, followed by skill acquisition and performance, and then fostering skill maintenance or generalization (PAHO, 2001).

Fourth, the design and implementation of the life skills training programs assessed in this study could still retain certain strengths (despite concerns cited earlier) and this is particularly more apparent in the national life skills framework (MoYCS, 2008) and manual (MoYCS, 2010) that appear to be more comprehensive, contextually relevant (Belay, 2016; MoYCS, 2008). But, need for revision because those trained with fewer skills have also reported building non trained skills.

Fifth, in as much as there are harmful cultural practices, there are some culturally practiced values (such values, among others, as sharing resources, helping one another are dominant in many Ethiopian cultures) in Ethiopia that promote development of competencies that the life skills training programs purport to promote (MoYS, 2008).

Evidences suggest that the Ethiopian society is basically collectivist-oriented with interdependent life style (e.g. see Belay, 2008):

- As in other collectivist societies, group interests preside more than individual ones to an extent that the word right is not even known in the rural areas until perhaps very recently. This would require young people to develop basic skills for an interdependent life; a life skill that enables them to effectively manage life with and beyond the self
- Communities have quite different age, sex, religion... based social groupings, associations, and institutions (like Idir, Mahiber, Senbete etc) basically structured by and assuming ascribed roles, governed by informal rules, norms, beliefs, and expectations all shaped by the unwritten curriculum that seems to uphold a sense of “we-ness”. This type of group orientation may be extended in the process of life skills training
- Mediation and arbitration by a third party (elders, relatives, and friends) and accommodation are commonly employed to resolve conflicts and ensure the survival of families in the face of divorce and separation.
- Family households are composed of extended family system and large family size
- Large family is highly valued in Ethiopia possibly because there are labor divisions or age-graded responsibilities among family members and every member is expected to contribute to the household implying, then, that, as in other African cultures, interdependence, collective survival, and the values of cooperation seem to pervade cultures in Ethiopia. Some local investigations specifically indicate that dominant are among the Ethiopian cultures are such values, among others, as sharing resources, helping one another

CONCLUSIONS

The findings of the present study have generally indicated that life skills training offered to young persons in Addis Ababa promises an important source of support for transitioning into adulthood. Findings of the study indicated specifically that the training programs have significantly contributed in building personal, interpersonal, and social competencies that in fact are the requisite skills healthy development outcomes. Moreover, though the training focused on some skills deemphasized certain others, a range of skills were, however, developed possibly

because of the transference effect of the trained skills. This would also mean that we can offer the training focusing on few core skills in a more cost effective way and these few core skills need to be determined through research.

IMPLICATION:

Human Rights, theoretical, practical, and methodological issues

Some of the recommendations that are implied from the findings of this research include the following:

1. Ensure that getting this training is a child rights issue; not just a needs issue.
2. Incorporate life skills into the curriculum either as a subject or with other subjects
3. Design and offer life skills for out-of school youth in sustainable ways
4. Reorient the formal teaching learning process along with the life skills methodology to motivate and inspire students as well as teachers. According to UNICEF and National HIV/AIDS Council Secretariat, and others, introducing the interactive teaching methodology into the formal lecture-based teaching and learning process life skills training may still improve, teacher-student relationship, motivation of students to learn, teachers' job satisfaction and professional ethicality, Student dropouts and absenteeism rates, peace and stability in the school environment, and learning of and achievement in academic subjects, too (cited in Belay, 2006; MoYCS, 2008).
5. Focus on limited skills would help addressing many concerns cost-effectively.

There are, however, concerns noted in the present study that need to capture our future line of research and inquiry in the meantime.

The first one pertains to the issue of design. We would argue that development of life skills attributed in this research would also be accounted for by the positive socio-cultural factors that surround the trainees. Hence, there is a need to replicate the findings of this research employing a control group- for example, comparison of life skills trained and untrained youth. The second concern relates to the measures of life skills categories employed. Self-rating measures are used to generate data evidencing changes. Although such approaches are widely used and provide relevant indicators of change, they at the same time are prone to social desirability impacts and impression management. Hence, we suggest further research in this area to employ behavioral or performance check list that indicate actions in real life situations on top of perceptions about these actions. Sample scenarios and associated questions used for instructional purposes in MoCS (2010) and Peace Corps (2001) manuals can also be used for this purpose.

The third one is about the possible list of core life skills categories that can be included in training programs so as to bring about desired results cost effectively. In fact, divergent models and views were suggested specifying "core-elements" of a life skills category⁶. The life skills

⁶Some of these suggestions, for example, include: Cognitive skills for "learning to know", emotional skills for "learning to be", interpersonal skills for "learning to live together", and behavioral skills for "learning to do" (UNICEF UNICEF ESARO, 2006); Communication skills, decision-making skills, and relationship skills (Peace Corps,

national framework (MoYCS, 2008) has also identified a list of nine life skills categories that occur in four levels⁷. Each of these 9 categories has its own further subcategories and, hence, one can imagine how complex and impractical it could be to address all these categories in one training program of about one month duration. Yet, the findings of our present research indicated that getting training in some of these areas could effect a change in areas where training was not taken. Hence, there is a need for further research to identify a shorter list of categories that could be taken as core elements to be offered in a training and bring about optimal development in a more efficient and cost effective manner.

REFERENCES

- AAII, African Aids Initiative International (2008). Life Skills Handbook: for Youth Enrolled in Ethiopian Higher Learning Institutions. Addis Ababa.
- Anna Maria Hoffman (2005). The Capability Approach and Educational Policies and Strategies: Effective Life Skills Education for Sustainable Development. Retrieved October 23, 2013, from UNESCO: <http://www.unecedddev.coloi.iway.ch>.
- Bahru Zewdie (2002). Pioneers of change in Ethiopia: The reformist intellectuals of the early twentieth century. Oxford: James Currey Ltd.
- Barrett, P.M (2005) *Friends for Life! for youth. Participant workbook and leader's manual*. Brisbane, Australia: Australian Academic Press.

2001); Social (interpersonal), cognitive (decision making, critical thinking, self-monitoring), and emotional coping skills (PAHO, 2001); Skills related to social knowledge, perception, and emotional encoding and decoding, perspective taking, interpersonal reasoning, and interpersonal problem solving (Bierman & Montimy cited in PAHO, 2001); Decision making/problem solving, creative thinking/critical thinking, communication/ interpersonal relationships, self-awareness/ empathy, and coping with emotions/stress (WHO, 1992); Social entry skills, conversational skills, conflict-resolution and problem-solving skills, and anger-control skills (Guevremet et al., 1990); Cooperation, assertion, responsibility, empathy, and self-control skills (Gresham & Elliott, 1989); and Self-awareness (realize one's strengths and limitations) and self-acceptance; self-control (particularly delay of gratification); managing anxiety wisely (because it serves both useful and harmful purposes); and getting along with others (interpersonal skills including empathy, graciousness, and the ability to read a social situation) (Goleman, 1995).

⁷ These four levels are as follows- Level I is personal skills that include cognitive skills (critical thinking, decision making, problem solving); socio-emotional skills, and personal resources management skills. Level II is about interpersonal skills that involve communication skills (assertiveness, negotiation, conflict management skills) and interdependence skills (empathy, help-seeking, and help giving skills. Level III consists of group skills; both with-in group (team work) skills, and out-group skills. And, the final level IV is macro-level, ecosystem skills: Situation management skills, and societal skills.

- Barrett, P., & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: preliminary results from a universal school-based trial. *British Journal of Clinical Psychology*; 40:399–410.
- Belay Tefera (2008). Notions of fatherhood among Ethiopian adolescents: Nature, determinants, and effects. Delhi: Gagandeep Publications.
- Belay Tefera (2016). Life Skills Training Program for Young People: Justifications, foundations, and contents. *International Journal of School and Cognitive Psychology*. Under publication.
- Belay Tefera and Sentayehu Tadesse (2011). Baseline Survey of the Major Services of Eight Youth Centers in Addis Ababa: Final draft report of a consultancy work with Right-to-Play Addis Ababa. A Research Report Submitted to Right-to-Play, Addis Ababa
- Belay Tefera & Yekoyealem, Dessie (2016). Exploring youth development in Addis Ababa: An Alternative Strength-Based Perspective. *Ethiopian Journal of Development*. Under publication.
- Bridgewater State University. Bridgewater State University Licensure Handbook. (2002). Retrieved June 9, 2013 from www.bridgew.edu/licensurefieldplacement.
- Cecilia Moya (2002). *Life Skills Approaches to Improve Young Adult Reproductive Health*. New York
- CSA, Central Statistics Authority (2012), *Demographic and Health Survey*, Addis Ababa Ethiopia
- Cliff Meyers et al. (2005, march). *Adolescent Development: realizing their potential* . Washington, DC.
- Daba Fayissa (2007). *Best practices of life skills implementation in Ethiopia*. UNICEF assessment report, Addis Ababa.
- Daba Fayissa and Mabala, R. (2007) *Life Skills for Vulnerable Adolescents/Youth. Expanding Life Skills Education for Vulnerable Adolescents (aged 10-19years) in Ethiopia from 2007-2009.a proposal submitted to ESARO/UNICEF*. Addis Ababa.
- Debbi, G. (1999). *The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Region and the Response Education Systems to HIV/AIDS Life Skills Program*. New York.
- DSW, German Foundation for World Population (2006) *.Sexual and Reproductive Health Training Manual for Young People*. Addis Ababa Ethiopia.
- Gilbert J. Botvin (n.d.) *Preventing Adolescent Drug Abuse Through Life Skills Training: Theory, Evidence of Effectiveness, and Implementation Issues*. Retrieved October 24, 2012, from <http://www.tangelwood.net>
- Gilbert, J. B. (2006) *Preventing Youth Violence and Delinquency through A Universal School-Based Prevention Approach*. Retrieved March 5, 2013, from <http://www.middle-school>
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam.
- Gresham, F. and Elliott, S. (1989). Social skills deficits are a primary learning disability. *Journal of Learning Disabilities*, 22, 120-124.
- Guevremont, D. et al. (1990). Diagnosis and assessment of ADHD in children. *Journal of School Psychology*, 28, 51-78.
- HAPCO, ΗΙΣ/ΑΙΔΣ Πρεπειντιον ανδ Χοντρολ Οφφιχε (2006). *Life Skill Education Training Manual*. Addis Ababa Ethiopia.

- Jackson, B & Lurie S.(1998). .Adolescent Development: Challenges and Opportunities for Research, Programs, and Policies: Annual Review of Psychology, Vol. 49: 413-446.
- Knowles, M. (1980). The modern practice of adult education: From pedagogy to andagogy. Englewood Cliffs: Prentice Hall Regents.
- Lerner, R.M. (2009). The positive youth development perspective: Theoretical and empirical bases of a strengths-based approach to adolescent development. In C. R. Snyder, and S. J. Lopez (Eds.), Oxford handbook of positive psychology (pp. 149–164).Oxford University Press.
- Leena Mangrulkar, et al . (2001) Life Skills Approach to Child and Adolescent Healthy Human Development. Retrieved November 12, 2012, from <http://www.paho.org>
- Madhu, S. (1996). Understanding Life Skills. Hamburg: UNESCO Institute for Education
- MoE, Ministry of Education of the Federal Democratic Republic of Ethiopia (2013) life skill training manual for secondary school students. Un published. Addis Ababa Ethiopia.
- MoH, Ministry of Health of the Federal Democratic Republic of Ethiopia (1993). Health Policy. MoH, FDRE, Addis Ababa.
- MoH, Ministry of Health of the Federal Democratic Republic of Ethiopia (1998). Policy on HIV/AIDS of the FDRE, FDRE, Addis Ababa.
- MoH, Ministry of Health of the Federal Democratic Republic of Ethiopia (2006). National Reproductive Health Strategy. MoH, FDRE, Addis Ababa.
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2004). National Youth Policy, Addis Ababa Ethiopia.
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2005). National Youth Implementation Manual. MoYCS, FDRE, Addis Ababa.
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2006a). Development Package for Urban Youth. MoYCS, FDRE, Addis Ababa
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2006b). Development Package for Rural Youth. MoYCS, FDRE, Addis Ababa.
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2008). Draft Document of National Life Skills Framework for Young People in Ethiopia. Addis Ababa: Unpublished.
- MoYCS, Ministry of Youth, Culture and Sports of the Federal Democratic Republic of Ethiopia (2010). National Life Skills Training Manual for Young People in Ethiopia. Ministry of Youth and Sports of the Federal Democratic Republic of Ethiopia, Addis Ababa.
- Ohl, M., Mitchell, K., Cassidy, T., & Fox, P. (2008). The pyramid club primary school-based intervention: Evaluating the impact on children’s socio-emotional health. Child and Adolescent Mental Health, 13, 115–221.
- Peace Corps (2001). Life skills manual. Peace Corps Center for Field Assistance and Applied Research, Information Collection and Exchange, Publication No. M0063. Washington, D.C.
- PAHO, Pan American Health Organization (2001). Life skills approach to child and adolescent healthy human development. Pan American Health Organization, Division of health Promotion and protection.
- Pyramid (2007). Pyramid scheme club leader training manual. London: Pyramid.
- Sandra Kemp (n.d) Constructivism and Problem-Based Learning. Retrieved June 9, 2005.http://www.tp.edu.sg/pbl_sandra_joy_kemp.pdf.

- Santrock, John W. (2006) Life Span Development. New York. McGraw-Hill
- Sahara J. (2005) Life Skills Training As HIV/AIDS Preventive Strategy in Secondary schools: Evaluation of a Large-Scale Implementation Process. Retrieved November 12, 2012, from <http://www.ncbi.nlm.nih.gov>
- Siegrid, T. (2011). DSW Youth to Youth Initiative – An Assessment of Results in Ethiopia and Kenya. Heidelberg
- UNAIDS (2003). Life Skills and HIV Education Curricula in Africa: Methods and Evaluation. Retrieved April 25, 2013, from <http://www.kit.nl.net>
- UNAIDS (2002) Tips for Developing Life Skills Curricula for HIV/AIDS Prevention Among African Youth: A Synthesis of Emerging Lesson. Retrieved April 25, 2013, from <http://www.usaid.gov>
- UN CESCR, Committee on Economic, Social and Cultural Rights (1999). Implementation of the International Covenant on Economic, Social and Cultural Rights. The right to education (article 13 of the Covenant). General Comment No. 13 (Twenty-first session, 1999). Economic and Social Council, United Nations.
- UN CRC, United Nations Convention on the Rights of the Child (1989). Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989, UN, Geneva.
- UNFPA (2010) .Ethiopian Young Adult Survey A Study in Seven Regions. Addis Ababa: The Population Council.
- UNICEF (2012). Evaluation of the UNICEF/ MoWCYA Adolescent Youth Development Program In Ethiopia 2007-2012. Addis Ababa: Unpublished.
- UNICEF ESARO, Eastern and Southern Africa Regional Office (2006). Unleashing the power for change: Review and annotated bibliography of life skills materials used in Eastern and Southern Africa, UNICEF ESARO, Education Section. Nairobi.
- WHO (1993). Life skills education for children and adolescents in schools. Program on mental health, Geneva.
- WHO (2001) Skills for Health: Skills-Based Health Education Including Life Skills: An Important Component of a Child-Friendly Health-Promoting School. USA.
- Wood, J. et al (2012). Global Life Skills Education Evaluation Report. London: Education for Change Ltd.
- Zollinger, S., et al. (2003). Impact of the Life Skills Training Curriculum on Middle School Student's Tobacco use in Marion County. Journal of School Health.