

Peer-Based Life Skills Approach to Substance Use Prevention: The Philippine Experience

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Abstract

This research examines the Philippine experience in utilizing a peer-based life skills approach to substance use prevention. Recognizing the need to achieve the sustainable development goal on ensuring healthy lives and promoting healthy well-being for all at all ages, this intervention addresses the need to develop the students' life skills and practical competencies. Given the strategic position of peers in shaping an adolescent's health behavior,

the program capacitated 15 youth facilitators in three public schools in Metro Manila who met the following criteria: role model, 12-15 years old, with charismatic personality, has good communication skills, willing to devote time for the training and teaching peers, and committed to helping others. The peer facilitators underwent a 4-day training and 2-day booster session on building self-esteem, personal skills, decision-making, communication, assertion, refusal, group facilitation, social and presentation skills. The skills inventory revealed that the trained peer facilitators have improved their life skills after taking part in the program. Moreover, after passing the readiness assessment, they in turn capacitated 15 of their peers per school, and a booster session was conducted to sustain positive health outcomes.

Using participant observation, key informant interviews, and focus group discussions, the study revealed that the peer approach was effective in developing knowledge and life skills of junior students. It was also evident that prevention messages embedded in these life skills were more valued as young people apply them in their everyday life. It improved their relationships not only with their peers, but also with their parents and teachers.

This study recommends that parents be targeted substance use prevention and that schools engage student leaders and other stakeholders for program sustainability.

Key words: *peer-based program, life skills, youth development, substance use prevention*

Introduction

This paper provides an overview of a peer-based program on substance use prevention in the Philippines. The Personal and Social Skills Training for High School Students programme was supported by the United Nations Office on Drugs and Crime (UNODC) Drug Abuse Prevention Center Grant and was conducted through the Association of Southeast Asian Nations (ASEAN) Training Center for Preventive Drug Education based in the University of the Philippines. The program was implemented over an 8-month period and involved three public high schools in Metro Manila.

The program was a local response aimed at promoting achievement of the sustainable development goal on ensuring healthy lives and promoting healthy well-being for all at all ages. It addressed the need to develop students' life skills and practical competencies for wellness. It sought to answer the following questions: (1) How can a peer-based program be utilized to enhance students' life skills? (2) Why is a peer-based approach important in substance use prevention?

Due to the strategic position of the peers in shaping Filipino adolescents' health behavior, this program capacitated a core group of fifteen (15) peer facilitators on life skills who in turn, trained forty-five (45) of their peers to enhance their skills to live healthy and drug-free lives. It is important to point out that this paper is limited to the qualitative

findings that emanated from the youth program. It is hoped that by sharing this Philippine experience on implementing a peer-based life skills program, this paper can provide a model for utilizing trained peers for substance use prevention.

The Science Behind Prevention

The past four decades have provided a fertile ground for the development of Prevention Science as a field that brings together theory, research, and practice. The Society for Prevention Research (2011) espoused that Prevention Science involves the study of human development and social ecology as well as the identification of factors and processes that lead to positive and negative health behaviors and outcomes. Thus, its ultimate aim is to improve public health through several strategies such as identifying malleable risk and protective factors which served as a basis for this intervention.

Several prevention principles that guided this study were:

1. Developmental Focus

Considering that adolescence is a particularly challenging stage in the course of life, this intervention specifically targeted adolescents to assist them in their transition. The use of trained peers also addressed the need of young people to be with peers who can connect with them in various ways.

2. Transactional Ecology

This intervention maximized the transactional process among adolescents and utilized the peer dynamics to prevent antisocial behaviors.

3. Human Motivation and Change Processes

This intervention enhanced protective factors by developing adolescents' life skills and strengthening their intrinsic motivation to learn and practice adaptive behaviors and social competencies.

4. Ethical Practices

Before implementing the program, informed consent was sought from the participants along with parental consent. In addition, the trained peers

were advised to live up to the values of beneficence, non-maleficence, and responsibility, and to establish trust and respect among their peer students.

The updated edition of the International Standards for Drug Use Prevention (UNODC, 2018) identifies prevention education based on social competence and influence as one of the interventions that yield positive outcomes for early adolescence. It also points out that peers are reported to be effective in delivering programs for all substances. Among the characteristics which were identified by experts to be related to positive outcomes which guided this program included the use of interactive activities, trained peers as facilitators, and inclusion of a booster session as a program component.

Peer-Based Life Skills Program in Prevention

Many studies support the effectiveness of interventions that capitalize on the strong peer influence during adolescence. In 2003, UNODC in their Peer to Peer resource, identified Australian Youth for Youth project, Georgia Students Together Against Negative Decisions (STAND), Healthy Oakland Teens (HOT), HIV AIDS Prevention and Respect, Protect Connect, Violence Prevention as examples of programs that used peer education effectively. Moreover, UNAIDS (1999) noted that peer education is an approach, a communication channel, a methodology, a philosophy and a strategy. Thus, in various settings, it is used to effect change in knowledge, attitudes, beliefs, and behaviors among individuals. Owing to the fact that it can shape norms especially among young people, this approach has been a popular mechanism for health promotion and advocacy.

In this study, peers refer to those belonging to the same age and school sub-culture. They are junior high school students studying in urban areas and belonging to low-medium socio-economic class. This peer-based program aims to develop Filipino adolescents' life skills to counter the growing threat of substance use and it was designed to reach young people through young people. It involved high school students between the ages of 12 and 15

who receive a 25-hour life skills training to help them make informed decisions and counter negative environmental influences.

The Philippine Peer-Based Life Skills Program

As shown in Figure 1, the Philippine peer-based program has three components: utilization of trained peers in prevention; intensive training and booster sessions for peer facilitators and peer students; and opportunities to practice life skills in one's daily life. The first component highlights the immense power of trained and certified peers to influence their agetates in positive ways. The second component considers the importance of providing an intensive and systematic training with booster sessions to further enhance young people's life skills. The third component puts forward the importance of providing opportunities for practice, in both home and school environments. The dynamic interaction among these three components provided a supportive mechanism for life skills enhancement among Filipino junior high school students.

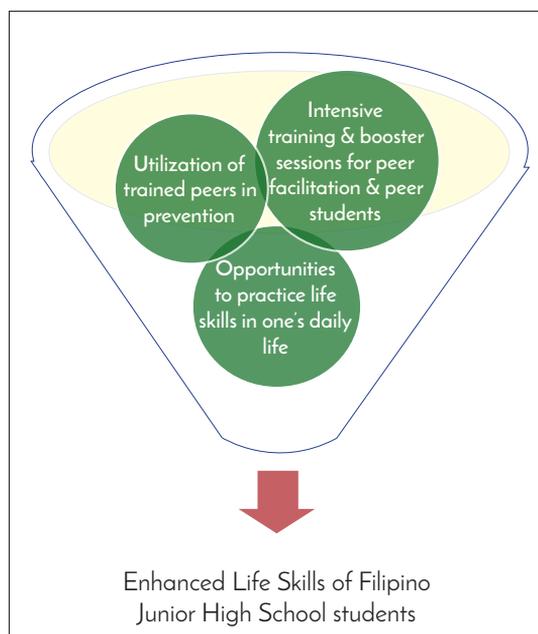


Figure1. Framework of the Philippine Peer-Based Life Skills Program

The program followed several steps. First, upon getting the UNODC Drug Abuse Prevention Center grant, the ASEAN Training Center for Preventive Drug Education (ATCPDE) coordinated with the Department of Education to identify the three schools which would take part in the program. Next, there was an orientation among school administrators. Thereafter, each of the three schools was requested to identify five students using the following criteria: 12-15 years old; role model; has charismatic personality; has good communication skills; willing to devote time to participate in the life skills training and train peers; and committed to helping others. After identifying the potential peer facilitators, there was a parents' orientation to explain to them the expected engagement of their children in the program. Parent's consent was also sought prior to student participation.

After being assured of the schools' support, the Center coordinated with the Dangerous Drugs Board (DDB) life skills training team to set the dates and program of activities. The 4-day intensive training of peer facilitators started with an overview of the country's drug situation, medical and legal implications of drug use, and risk and protective factors. Then, the DDB members who were trained on life skills by the Colombo Plan utilized a combination of activities and short lectures to teach the following life skills: building self-esteem, facilitation, communication, decision-making, assertion, and personal skills. Some of the activities were positive envelopes, touch my heart, self-esteem barometer, role playing, silent charade, mine field, and balloon stomping.

Meanwhile, the booster session focused on building relationships, refusal skills and presentation skills. The highlight was the teach-back session which assessed the readiness of the peer facilitators to deliver the program to their peers. They were evaluated based on their content knowledge, facilitation and presentation skills, time management and demeanor. All passed the evaluation and became certified peer facilitators.

The second phase was to involve 45 peer students, so each school was requested to identify 15 of their vulnerable students. To help them in the selection, a vulnerability questionnaire was developed by

the ATCPDE Drug Education Committee (DEC) members and was pilot tested in another public school in Metro Manila.

After each school identified the peer students, another parents' orientation was conducted to explain the program and seek consent for their children's participation. The 2-day training of peer students started with a training course overview then the peer-facilitated sessions on building self-esteem, communication skills, decision-making skills, and refusal skills. For the first booster session, personal, social, and assertion skills were covered while the second booster session included facilitation and presentation skills. An action planning workshop capped the training and provided the next steps forward.

Methodology

To capture peers' experiences, a qualitative research paradigm was utilized. Qualitative methods have much to offer in exploring people's feelings or asking participants to reflect on their experiences (Biggerstaff, 2012). It embraces the concept of intersubjectivity usually understood to refer to how people may agree or construct meaning: perhaps to a shared understanding, emotion, feeling, or perception of a situation, in order to interpret the social world they inhabit (Nerlich, 2004).

The researcher observed and documented the process while peers reflected on their feelings, and insights about the peer-based program and how they were able to apply the life skills that they had learnt. The observer's notes were richly supplemented by the written experiences provided by the respondents since the researcher did not observe the daily interaction of the participants which involved the application of life skills. Thus, a major limitation of the study is the assumption that what the peers recorded on their reflection journals are true and based on personal experiences.

A focus group discussion among the peer facilitators provided both a pre-training and a debriefing session. This was valuable in ensuring their readiness and in providing an avenue for processing their experiences. The post-training session followed the format, "What Went Well" and "What We

Can Do Better” in order to celebrate success and acknowledge points for improvement.

Data segments from evaluation essays, reflection journals, observation notes, and narratives from focus group discussions and key informant interviews were coded in order to develop patterns and generate themes. Issues of validity were managed through triangulation of data from various sources and through respondent validation.

Results

In answering the question, “How can a peer-based program be utilized to enhance students’ life skills?”, two themes emerged from the data.

The first concerns the structure, content, and delivery of the peer-based program. In terms of structure, both the peer facilitators and students pointed out that on top of the intensive training, the booster sessions were crucial. As one peer facilitator remarked, “This booster session is very helpful in improving each of my life skill, mostly my self-esteem.”

For the second question on the reasons why a peer-based approach was important in substance use prevention, peer students highlighted the fact that they were more at ease in discussing substance use-related matters among their peers than with adults or authority figures. Having peers who were good role models also encouraged them to follow their examples. The peer facilitators agreed, saying that they played an important role in positively influencing their peers: “*Malaki ang tulong nitong training na ito sa amin para maturuan kami na maging drug-free at makatulong na maging good influence sa kapwa namin kabataan*” (This training is a big help in teaching us to be drug-free and how to be a good influence to our fellow youth).

Discussion

In facilitating the training, it was observed that the peer facilitators practiced adaptation with fidelity. They covered the key concepts of each life skill but they used their own lingo and provided examples from the local context that their peers could relate with. For example, in discussing stress management

techniques, peer facilitators used examples such as “*dasal*” (prayer), and “*musika*” (music). These two activities are very much ingrained in the Filipino culture considering that the Philippines is the only Christian nation in Southeast Asia and many Filipinos love to sing. The concept of fun learning and the interactive nature of the training was appreciated by both the peer facilitators and students.

In relation to the application of life skills and transferring learning to other settings and contexts, both the peer facilitators and students reported positive experiences in applying these life skills in enhancing their relationships not only with their peer groups but also with their parents and teachers. One peer facilitator wrote, “I used almost all of the life skills which were taught to us: communication, decision-making, self-esteem, and coping skills. I used them in my everyday routine... My life became better than it was before.” Another remarked, “*Masasabi ko na maaapply ko lahat ng skills na ito sa kahit anong aspekto ng aking buhay*” (I can say that I will be able to apply all these skills in any aspect of my life). Interestingly, considering the country’s traditional values, it is common for Filipino adolescents to report that assertion and refusal skills are among the hardest life skills to apply.

This study validated most of the characteristics of effective programs outlined in the International Standards on Drug Use Prevention (UNODC, 2018). This included the use of structured and interactive sessions, intensive training with booster sessions, and using trained peer facilitators.

Conclusions

The study concluded that a peer-based life skills approach can be used in prevention by ensuring that it is properly structured with booster sessions and is delivered by well-trained peers. In general, the characteristics of the peer facilitators and the peer-based approach that are related to positive outcomes include ease in communication and sharing similar experiences with their peers. In addition, mentoring and guided practice are crucial in delivering a peer-based program. Thus, commitments from responsible adults must be a consideration in planning and implementing the program.

The study also concluded that it was important for peers to be given opportunities in daily life to practice these life skills. One way to enhance this is by capacity-building parents in order to help them provide a supportive home environment for their children. Additionally, there is need for schools to engage student leaders and other stakeholders in order to sustain peer-based initiatives in substance use prevention.

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Figure

Figure1. Framework of the Philippine Peer-Based Life Skills Program

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