The period of adolescence is a transitional development stage. It is the transitional period between childhood and adulthood. It is characterized by lot of changes in physical, biological, psychological, cognitive, and social roles and encompasses two transitional periods i.e., the transition of childhood to early adolescence and the transition to adulthood from late adolescence. So during this developmental period, there are significant changes in the type and frequency of the health and psychological problems.

Adolescence is a period of mental and psychological adjustment. The individual is no longer a child and also not an adult. The sense of integration and internalizing of self-identity is one of the developmental changes during this period. It is also a time of exploring new ideas, interests and influence which mould their thought, ideas, beliefs, behaviour and actions. The behaviour during this period may range from exploring sexual relationships to alcohol, tobacco and substance used. The health and its development can be affected if there is inadequate access of information and service and lack of supportive initiatives as well. Therefore, the support and understanding from the parents play a crucial and vital role in enabling them to meet the challenges during this phase. The curiosity, sex, energy, relationship, peer pressure, pressure to perform and conform, opportunity, threat and adult concerns/cares towards the adolescence period also influence their health and its growth. According to Regional Advisers, South-East Asia Region, WHO, some of the major health issues are nutrition, reproductive health, problem originating in childhood which affect adolescent health, problem originating in adolescence and having lifelong health consequences, STD/HIV-AIDS, gender, smoking/alcohol/substance use, behaviour.

The issues and the concern related to sexual and reproductive health of adolescents has reached an alarming stage. Sexually transmitted disease, unwanted and unsafe pregnancies, and unsafe abortions have become the main issues of sexual and reproductive health of adolescents. The increase in adolescent pregnancy and childbearing has resulted due to continuing prevalence of premarital sexual activity and the low usage of contraceptive. These lead to a significant effect on maternal and
child health. Some of the main factors which influence adolescent’s health and development are
gender roles, power inequality, culture, social class, peer pressure and access to information. The
lack of sexual and reproductive health information, lack of skills in negotiating sexual relationship,
inaccessibility of youth-friendly sexual and reproductive health services and peer pressure lead to
risky sexual and reproductive health risk behaviour. Moreover, especially in India, the sex education
cannot be imparted in schools due to religious and cultural constraints.

The problems of childhood and adolescent obesity are also another aspect of adolescent health.
Overweight and obese adolescents are at higher risk of becoming overweight adults, who are bound
to experience serious long-term morbidity, including coronary heart disease, diabetes and hypertensions,
etc. The lack of physical activity at home and other places results in increased obesity and mortality
from cardiovascular diseases, which are becoming important causes of premature death in the
Southeast Asia region. The sedentary life style with prolonged sitting and little physical exercise,
compounded further by unhealthy eating habits, may also lead to an increase in the prevalence of
obesity among the adolescents.

**BIO PSYCHOSOCIAL MODEL**

Engel (1977) strongly believe that in order to understand and respond adequately to the suffering
of a patient, the clinicians must attend not only the biological but also necessary to analyse both the
psychological and the social dimension of the illness. Engel (1977) argued that a true scientific model
for the treatment of diseases needs to involve the psychological and the environmental context in
which disease occurs. He criticized the dualistic nature of biomedical model and proposed a model
against the biomedical model which came to be known as Bio Psychosocial model. The term Bio
Psychosocial can be elaborated as ‘Bio’ – change in the tissues, processes or biochemicals within the
individual, ‘Psycho’- the personal growth and development and ‘social’- the current situation. According
to Irwin and colleagues (1986-1991), the biological factors consist of those risk taking and negative/
positive behaviour which include gender, genetic predisposition and hormonal influences; psychological
factors include sensation-seeking, perception, depression, emotion and low self-esteem; and the
social factors include maladaptive parenting styles, parenting modelling, peer behaviours, social role
and social-economic status.

According to this model, in order to understand the illness, the physiological aberrations, life
experiences, and current social situation or environment has to be taken into account. This model
views illness as a result of interacting mechanisms at the cellular, tissue, organs, interpersonal,
psychological as well as the environment and social levels. According to Engel, psychological well-
being plays an important role in the dynamic balance between health and diseases.

Thus, this model recognised that the biological, psychological and the social factors are interactive
and play important role in disease, illness and health. According to Engel (1997), health is not simply
the absence of disease, but is instead a state of functioning and well-being that encompasses both
physical and mental aspects of health. World Health Organisation (1946) reflected this theory in its
definition of health where it was considered to be a state of complete physical, mental, and social
well-being, and not merely the absence of disease or infirmity.

Physical health status may influence psychological factor, such as due to fever one can have
depression or upset and because of this the behaviour may change or lead to the change in the social
Life Skills as an Innovative Approach in Dealing with Bio Psychosocial Issues...

role. The psychological factors may also influence the biological as well as the social factors, such as when a person is in a depressed state, it may cause headache and this can lead to a change in his behaviour or attitude towards other. Also the social factors influence both the psychological as well as the biological factors, such as the conflict with the family or in a relationship influence the psychological factors, resulted in depression and this influence the physical factors.

The current prominent causes of death in many countries are heart disease and cancer. These two diseases are multi-factorial in etiologic (i.e., origin and causes) and treatment. The physiological, psychological and behavioural factors may equally influence these diseases. The risk of having a heart attack may increase due to a sedentary life styles and health endangering behaviours, such as, smoke. Till now there is no single pill and no simple surgery for heart attack. The individual’s participation in medication and changing one’s life style into positive and improving well-being is necessary in all types of treatment for heart attack. So, the chance of suffering a heart attack can be decreased by quitting smoking and not living a sedentary life style. But such type of preventive behaviour require psychological commitment and modification in the beliefs, values and attitude. Moreover, the heart attack may have a psychological impact such as arousal due to fear or stress. So the heart disease requires a significant degree of all the factors of biological, psychological adaptation. Like heart attack, all the chronic diseases need to consider the biological, psychological and social factors in the process of prevention or treatment.

**BIO-PSYCHOSOCIAL PERSPECTIVE TO ADOLESCENT DEVELOPMENT**

During the period of adolescence (10-19 years), the individual experiences rapid development, acquires new capacities and is faced with many new situations. New situations not only give opportunities for progress and development but also risks to health and well-being. One of the most growing public health concerns is the adolescent health. The duration of adolescent is the time of self-discovery and self-exploration. They undergo a lot of changes through biological, physical, psychological, social and economics. The WHO defines the adolescence as a transitional period in which individuals reach sexual maturity and shift from puberty to maturity.

According to Irwin and Orr (1991), many researchers are beginning to recognise that well-being, health, and illness of adolescence are multidimensional in nature, i.e., not only the mind and body, but also the environment, culture and economy has an impact. So the Bio Psychosocial model of health challenges the medical practitioners in treating and diagnosing and treating an illness by taking into consideration all the aspects of individual functioning. In treating the illness of adolescent, the medical practitioners have to be encouraged to focus on the multiple causes of illness which are interactive with each other and the diagnosis should be based on all factors, i.e., biological, social, and psychological.

Thus, by evaluating all the factors contributing to both illness and patienthood, rather than giving primacy to biomedical model, it would be possible to explain why some individuals experience as ‘illness’ conditions which others regard merely as ‘problems of living’, be they emotional reactions to life circumstances or somatic symptoms (Engle, 1977).

According to Irwin and colleagues (1986-1990), biological factors which influence the risk taking or negative behaviours among adolescents include gender, genetic predisposition and hormonal
Biopsychosocial Issues in Positive Health

influences. Psychological factors include sensation seeking, risk perception, depression, and low self-esteem while socio-environmental factors include maladaptive parenting styles, parenting model, peer behaviours and social economic status. Adolescent vulnerability to risk taking behaviours may increase as a consequence of situational factors, such as, family disruption, school transitions, substance used, and peer initiation of risk taking behaviours.

Thus, in order to understand the well-being and the illness/problems of adolescent, there is a need to understand the relation among biological, psychological and social factors. This indicates that both endogenous as well as exogenous factors need to be integrated in determining the causes of the problem or illness of adolescence. The Bio Psychosocial model provides a dynamics integration between endogenous and exogenous factors which can be conceptualize in two ways. The first one is by focusing on the factors affecting the adolescent behaviour and the second one is by determining how these behaviours interacts with the environment to result in well-being or illness. Thus, illness or risk behaviours of adolescents can be prevented by changing in their habits and behaviour prior to the beginning of illness. By changing the negative habits and behaviour of the adolescent, some of the risk behaviours and the consequential illness can be prevented.

Most of the epidemiological studies on the major causes of adult mortality e.g., heart disease, cancer, pulmonary disease, and stroke etc., have revealed behavioural factors are the predominant risk factors. Some of the major risk factors are smoking, alcohol use, substance abuse, dietary habits and sedentary life styles. Many researchers suggest that negative behaviours including substance use, unsafe sexual behaviours and even dieting are a part of risk taking behaviour. The false perception of physical maturity may also lead to the use of smoking, alcohol and marijuana use and unsafe sexual activity.

The parents play an influential role in the health and behaviour of a young individual, especially during the period of vulnerability. Their well-being or illness also depends on their relationships with their parents. Those adolescent who get more warmth, love and caring from their parents have better health and well-being and experience less illness as compared to adolescents who get less warmth, love or care from their parents. Parental support influences the mental health and well-being and also the behaviour.

The peer relations also influence the development of the adolescents. Adolescent tend to be in a group with similar behaviour and thought. They form a strong bond among themselves. In a peer group, certain expectations are being made from each member. So each adolescent in a peer group tends to behave or work according to the peer group. Peer pressure may lead to either positive or negative health behaviours. Due to peer pressure one can stop his or her negative behaviour and tend to develop positively. On the other hand, due to peer pressure, one can start drinking alcohol, smoking and other substance use. Sometimes, adolescents tend to segregate from the family and from the society. Further, the environment or the society in which the adolescents live also directly influence in the development of the adolescent. Each society has its own culture and climate and the behaviour of the individuals is moulded accordingly.

Psychosocial Competence

The ability of an individual to deal effectively with the demands and challenges of everyday life is known as Psychosocial Competence. It is the ability of an individual to maintain a state of mental
Life Skills as an Innovative Approach in Dealing with Bio Psychosocial Issues

well-being and to demonstrate this in an adaptive and positive behaviour while interacting with others, his/her culture and environment. It has an important role to play in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. In particular, where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution. When behaviour is implicated as the cause of health problems, psychosocial competence is more important in order to solve it.

Life Skills

According to World Health Organisation (WHO), life skills can be defined as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”. It includes the abilities necessary to apply conceptual thinking and reflection in concentrate situations. They imply capacities to be involved in effective interaction with the environment and provide an appropriate motivational attitude. They involve psychological perquisite for successful performance, such as problem solving capacities, self confidence and skills for critical thinking. The understanding of life skills from the dual angle of personal fulfilment and realisations of social responsibilities includes both empowerment and self-fulfilment, and the capacity to be a part of a heterogeneous group, striving for common goals. They can also imply success in personal and professional life. If we see from a social point of view, they can mean cohesion, happiness, well-being and good functioning of a group, as well as success in relating to other and living together.

When described in this way, life skills are innumerable and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well-being of children and adolescents. WHO has identified ten core life skills. These are as follows:

- **Self-awareness** means being aware of oneself i.e. recognition of one’s character, strengths and weaknesses, desires and dislikes.
- **Empathy** is the ability to understand the emotion/feeling of other, the ability to imagine what life is like for another person, even in a situation that one may not be familiar with.
- **Effective communication** means the skills which enable us to express to other, both verbally and non-verbally, in ways that are appropriate to one’s cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and help in a time of need.
- **Creative thinking** means thinking out of the box. It enables us to find out all the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, even if no specific problem is identified, or no decision is to be made.
- **Critical thinking** is an ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping one to recognise and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.
• **Decision making** helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have.

• **Problem solving** enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

• **Interpersonal relationship skills** help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively.

• **Coping with emotions** involves recognising emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately.

• **Coping with stress** is about recognising the sources of stress in our lives, recognising how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems.

**Conceptualizing the Role of Life Skills in Health Promotion**

The ten core life skills can be grouped into 5 pairs as self-awareness-empathy, creative-critical thinking, communication-interpersonal relationships, and coping with stress and coping with emotion. These can be taught in a wide variety of both educational programme as well as non-educational programme, including promotion of mental health, prevention of substance abuse, promotion of health and reproductive health, conflict resolution and also handling peer pressure. Moreover, life skills can be taught in relation to everyday life and this can be the foundation of life skills education for the promotion of mental well-being, and healthy interaction and behaviour.

The following model shows the place of life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour; and in this way contributing to the primary prevention of health problems.

**ROLE OF LIFE SKILLS IN THE BIO PSYCHOSOCIAL HEALTH MODEL**

Life skills can be considered in context of the of Bio Psychosocial model. As the model considers all the physical, psychological and social factors and their interaction to be important contributors to
Life Skills as an Innovative Approach in Dealing with Bio Psychosocial Issues...

health, life skills can enhance health promoting behaviours. Life skills also make them understand about their bodies and the change which they are undergoing. Also they can be taught about how they are related with the environment, how they influence their environment and also how they are being influenced by the environment through life skills.

1. The coping skills, self-esteem, sense of well-being, strengthening social support as well as the balance of physical, social, emotional, spiritual and psychological levels, quality of life and feeling of satisfaction can be enhanced through life skills education.

2. Through life skills education, the risk factors of adolescent health such as anxiety, depression, stress and distress, sexual abuse, family conflict, substance abuse, suicide, and violence can be reduced or eliminated.

The Bio Psychosocial model mentions the need to look an illness/disease from the view of biological behaviour. Many of the diseases are from unhygienic, unclean environment and also from sedentary life styles. So life skills can teach the adolescent about the changes of their body, being clean and hygienic and changing their sedentary life styles into positive life styles. Moreover, the risky/negative behaviour of adolescence can be reduced or eliminating through life skills programme. Again, according to this model, not only from biological or behavioural factor, we need to view the disease or illness from the view of psychological and social factors. As the life skills are themselves psycho-social competencies, life skills education can be used in context of this model and can enhance the effectiveness of this model. Life skills education promotes mental well-being in young people and equips them to face the realities of life. By enhancing mental well-being and behavioural preparedness, life skills education equips individuals to behave in a pro-social ways and it promotes health (Birell & Orley, 1996). To achieve health giving pro-social behaviour, a life skills programme must have effect on the mental well-being and behavioural preparedness. Consequently, life skills education can be seen as empowering children and thus enabling them to take more responsibility for their actions (Orley, 1997). The United Nations Inter-Agency Meeting held at WHO, Geneva (WHO, 1999:p.4) considered life skills education crucial for:

- The promotion of healthy child and adolescent development;
- Primary prevention of some key causes of child and adolescent death, disease and disability;
- Socialization;
- Preparing young people for changing social circumstances.

Life skills education programmes have been developed by different organisations with different objectives, for example, prevention of substance abuse (Perry and Kelder, 1992), prevention of bullying and prevention of AIDS (WHO, 1994). Effective application of life skills in this model can be by influencing the way adolescent feel about others and themselves, which in turn can contribute to the adolescent’s self-confidence and self-esteem.

Thus, the life-skills approach can be successfully applied in the Bio Psychosocial model, as life skills can promote mental health and well-being. By strengthening life skills, individuals can be empowered and healthy behaviours can be inculcated in young people. Through life skills education several preventive programme have been developed, adapted and evaluated. Adolescents can establish and maintain good social relationship through the positive influence of life skills education on their
feeling of empathy and communication skills. The positive self-awareness, decision making, problem solving and coping strategies can also be developed through life skills programmes. The life skills programmes use interactive methods such as role-play, group discussion, case study, mind mapping, group work, team building games and demonstration etc. Such type of methodology encourages cooperative learning, communication skills, stress/anger management, non-violent problem solving and reinforcement strategies. Therefore, such life skills approaches help to develop the competencies and also lead to the adoption of positive behaviours that enable them to live appositive and well-being life.

Hence, life skills can help the adolescents to deal with the every situation of life in an effective manner. Moreover, through life skills strategies their negative and risk taking attitude can be modified into positive ones. By doing so, their health and well-being will be developed in a positive way. So life skills programme/education can be applied in the Bio Psychosocial model to deal with many health issues.

REFERENCES


