

MeWeSports

Leveraging the power of sports to delay substance use initiation and promote adolescent mental health.

Brinda Singh Raikwar, Sangath, India ([Presenter](#)); Urvita Bhatia (London School of Hygiene and Tropical Medicine, UK and Sangath, India); Abhijit Nadkarni (London School of Hygiene and Tropical Medicine, UK and Sangath, India)

04. RESULTS

253M
7.3%

adolescents in India
of 13 -17 year olds estimated to experience
mental health problems

Substance-use prevention efforts often rely on information and/or fear-based approaches, while access to youth-friendly, skill-focused preventive interventions remains limited. Sport offers an engaging, experiential platform through which adolescents can practise psychosocial skills relevant to prevention. However, evidence for sports-based approaches to adolescent mental health and substance-use prevention in low-resource settings remains limited.

MeWeSports was developed to address this gap.

03. METHODS

- Mixed-methods pilots studies of MeWeSports, a universally-delivered, sports-based substance-use prevention and mental wellbeing intervention, were conducted in secondary schools in India.
 - Goa:** > 600 adolescents | 6 schools | 2 pilots periods
 - Bhubaneswar:** 500 adolescents | 7 schools | implementation and data collection ongoing
- The intervention is delivered by trained non-specialist facilitators, including Community Coaches and Youth Champions.
- Pilot focus:** acceptability, feasibility and preliminary/indicative impact.
- Data collected include **quantitative assessments, interviews and FGDs with adolescents and facilitators, field observations, attendance and implementation logs, and supervision records.**

02. THE MEWESPORTS GAME PLAN



20

Non-specialist
facilitators trained on
MeWeSports
sessions

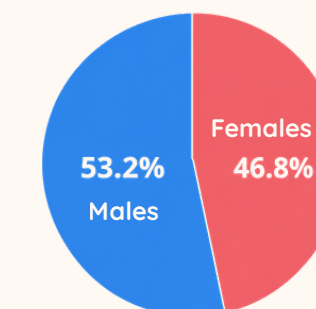
40

minutes /
session

224

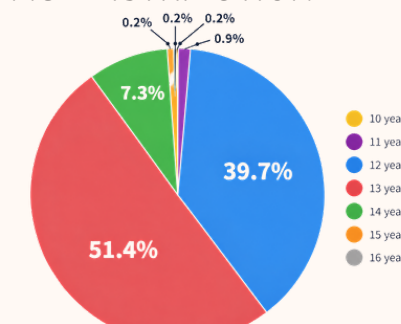
Sessions
delivered over
2-7 months

GENDER DISTRIBUTION



Near-equal representation
of boys and girls

AGE DISTRIBUTION



12.7 years - mean age

Familiar, locally played games such as **Kho-Kho and Kabaddi** appeared **particularly engaging**. Activities involving **less waiting time, active participation, cognitive challenge and healthy competition** were generally better received. More abstract psychosocial concepts often required simpler explanations, concrete examples and adaptation.

Real-world delivery required flexibility in response to **changing timetables, weather, available space and group dynamics**. This highlighted the need to allow contextual adaptation while preserving core session objectives and learning.

Early delivery experiences highlighted the **relational and emotional demands placed on non-specialist facilitators**, particularly when managing resistance and challenging group dynamics. Ongoing supervision provided opportunities for reflection, problem-solving, skills support and attention to facilitator wellbeing.

Field experiences suggested **increasing comfort with mixed-gender participation over repeated sessions**. Facilitators actively supported mixed-gender teams and more equitable participation.

Learning also travelled beyond the field. Adolescents described **applying session learning** beyond MeWeSports, including strategies related to **stress and anger management, communication, peer relationships, goal-setting and time management**.

Some adolescents described greater awareness of substance-related harms and lower curiosity and intentions to use substances.

05. RECOMMENDATIONS

- Embed substance-use prevention within engaging, developmentally appropriate platforms such as sport, complementing traditional health education approaches.
- Strengthen training and ongoing support for non-specialist providers, particularly for group management and delivery of complex psychosocial content.
- Use iterative co-production with young people and key stakeholders to optimise intervention content, delivery and contextual fit.
- Future research should evaluate effectiveness, sustainability and scalability, including integration of sports-based prevention within school and community systems.

