



Korean Society of
Nursing Science

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com



Research Article

Adolescent Obesity Management Educational Program in Middle and High School Teachers in South Korea

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ARTICLE INFO

Article history:

Received 10 January 2017

Received in revised form

10 March 2017

Accepted 27 March 2017

Keywords:

adolescent
behavior control
intention
knowledge
obesity

SUMMARY

Purpose: This study aimed to examine the effects of an adolescent obesity management educational program (AOME) on middle and high school teachers.

Methods: A quasiexperimental, pretest post-test design was performed to test primary variables, including adolescent obesity management knowledge, attitudes, perceived behavioral control, and behavioral intention based on the concepts presented in the Theory of Planned Behavior.

Results: A total of 61 teachers participated. The experimental group ($n = 30$) received 15 hours of AOME, whereas the control group ($n = 31$) did not receive any. The experimental group showed significant improvement in knowledge ($t = 2.53, d = .65, p = .014$) and attitude ($t = 2.77, d = .71, p = .008$) toward adolescent obesity management compared to the control group. However, there were no significant differences in perceived behavioral control or behavioral intention between the groups.

Conclusions: AOME may be utilized as an effective obesity management program for adolescent students in schools.

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Introduction

During the past few decades, obesity has become a major health problem globally. To reduce its incidence, a “war on obesity” has been declared in some countries [1]. However, despite governmental efforts, the obese population is significantly increasing. Further, children and adolescents are not an exception to this trend. To outline the scope and severity of the problem, it has been reported that more than 42 million adolescents are either overweight or obese worldwide [2]. In South Korea, a web-based survey of youth risk behaviors [3] found that 10.9% of adolescents were obese. Specifically, Gangwon province accounted for the highest level of obesity, at a rate of 12.4% [3].

A major issue associated with childhood obesity is that it may lead to metabolic disease and a dangerous constellation of cardiac risk factors in later adult life [4]. Metabolic disease induces higher rates of cardiovascular disease, stroke, and type 2 diabetes mellitus [4,5]. Thus, management of obesity at an early age may be a key

component against obesity related adulthood diseases [6]. Adolescent obesity also affects physical, psychological, and social problems [4,5,7]. Obese adolescents may possess a negative body image, which can lead to lower self-esteem [1,7] that could cause these individuals to display depressed and even nervous behaviors when referring to their obesity issue [7,8]. In addition, obesity in adolescents may result in other negative consequences, such as distant peer relationships and passive participation in school activities [7,9]. Therefore, the management of obesity for adolescent students is essential for promoting overall health.

School-based health education has been widely implemented and is considered fundamental for promoting the health of students [8]. In Korea, adolescents typically spend the majority of their time at school [9]. As such, school is considered the optimal place to teach obesity management. Most children acquire knowledge and attitudes involving issues related to health in school [10]. School is an important environment for the prevention of risky health behaviors and improvement of overall health promotion behavior [11]. Howard-Drake and Halliday [12] have insisted that school is a crucial setting for the implementation of obesity prevention programs. Thus, school-based obesity management programs are an important part of child and adolescent health promotion [13].

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<http://dx.doi.org/10.1016/j.anr.2017.03.006>

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As a role model of adolescent students, teachers may have a powerful impact on the behavior influencing attitudes of students [11,14]. Regarding obesity management, teachers can provide direct or indirect messages about body weight and shape, eating behavior, and physical exercise [11]. Therefore, obesity management programs initiated by teachers may result in positive outcomes for adolescent students. Adolescent obesity is an important health problem of concern, not only for school nurses, but also for other teachers. Currently, the Ministry of Education in Korea [15] encourages teachers to participate in obesity management educational programs.

However, unlike health professionals, some teachers are unprepared for performing such a role in the management of obesity programs, and may have difficulties in managing the problems of obese students [12,16]. To increase the ability of the teachers to manage adolescent obesity, more specialized obesity management educational programs are urgently needed [12].

Few studies have focused on obesity management programs for educators in South Korea, and these studies have been limited to school nurses and nutritionists in elementary schools [16,17]. Although studies from other countries have suggested that obesity educational programs for teachers are an important factor in obesity management of children and adolescents [6,11,12,14], to date, no studies exist examining obesity management educational programs targeting teachers of adolescents in Korea.

If proper obesity management education for teachers is provided in schools, it can contribute to the success of this type of program, ultimately improving the attainment of health promotion behaviors in adolescents. Therefore, this study aimed to conduct an adolescent obesity management educational program (AOMEPE) for teachers and to evaluate whether the program was effective in improving knowledge, attitude, perceived behavioral control, and behavioral intention of teachers.

Conceptual framework

The concepts presented in Icek Ajzen's Theory of Planned Behavior (TPB) [18] were used as a conceptual framework to examine the effects of AOMEPE in this study (Figure 1). This theory explains human behavior and has been widely applied in health-related fields for the purposes of health behavior modification. It states that attitudes toward behavior and perceived behavioral control influence behavioral intention and actual performed behaviors. TPB has previously been used in school-based

interventions for health behavior modification in overweight and obese adolescents [19,20].

Therefore, based on the concepts presented in this theory, we shaped a model comprising (a) knowledge, (b) attitudes, (c) perceived behavioral control, and (d) behavioral intention toward adolescent obesity management (AOM). Unlike the original TPB, we did not consider that variables such as knowledge, attitude, perceived behavioral control would affect behavioral intention. Additionally, actual behaviors were not measured in the current study, due to the short-term implementation of the AOMEPE. The current study assumed that an AOMEPE may increase AOM behaviors, which may lead to the ultimate achievement of decreasing adolescent obesity. This is why the TPB was considered a conceptual framework within the current context, rather than as a theoretical framework.

Knowledge concerns levels of understanding and deals with the amount of correct information individuals hold regarding AOM. Attitudes refer to the degree of value placed on the performance of AOM. Therefore, this definition of attitudes was utilized in the current study. Perceived behavioral control means the perception of the ease or difficulty in performing a particular behavior, and is regarded as the most important precondition for behavioral change. In the current study, perceived behavioral control may facilitate or impede implementation of AOM. This measure, in combination with behavioral intention, can be used to predict the behavior of an individual. Behavioral intention is an indication of readiness to perform a given behavior and is assumed as an immediate antecedent of behavior. Therefore, it may predict the implementation of AOM. The main focus of this study framework was to lead successful AOM implementation by teachers, in an effort to attain adolescent health promotion.

Methods

Study design

The current study was a quasiexperimental design, using a pretest/post-test nonequivalent control group, to examine the effects of AOMEPE on school teachers (Figure 2).

Setting and samples

The study was conducted in Gangwon province, South Korea, with 61 middle school and high school teachers. After approval of

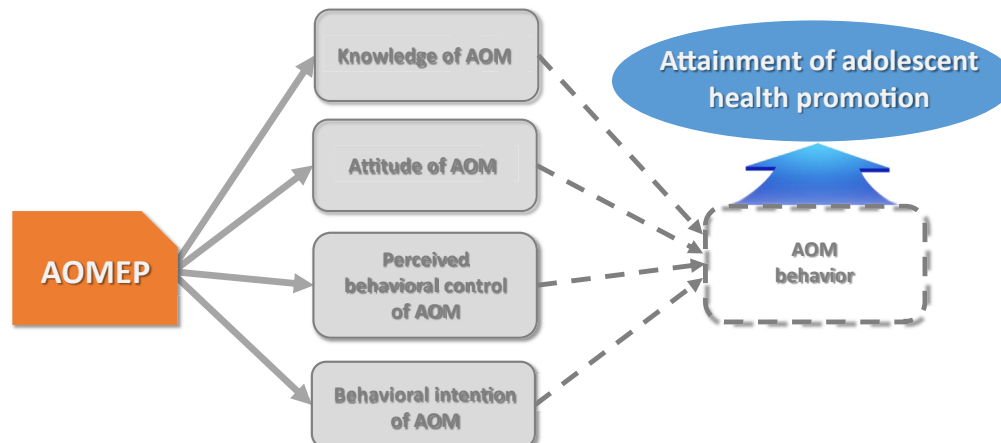


Figure 1. Conceptual framework in this study. Note. AOM = adolescent obesity management; AOMEPE = adolescent obesity management educational program.

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