

The Impacts of the “Immune of Life” for Teens Module Application on the Coping Behaviors and Mental Health of Early Adolescents

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This quasi-experimental research is the subsequent part of the Health Promotion for Early Adolescents Project, which focuses on the training of schoolteachers in using the module Immune of Life for Teens, which was developed in 1999, for evaluating its impact. The module consists of a manual and a VDO cassette display of a story of a teenager who has difficulty adjusting to life changes. The program aimed at improving the coping skills and psychological health or mental health of junior high school students. Schoolteachers from 13 schools participated nationwide as part of an experimental group and received training in the use of the module in their schools with students in Grades 7–9. The control group was composed of 3 schools that did not apply the module. Each school performed the pretest and posttest 1 month after the module's application. The total number of the students in the study was 1,580. There were 445 students in the control group, 474 in the experimental I group (intensive training) group, and 661 in the experimental II group (nonintensive group). The instruments used to evaluate impact were the following: (1) Young Adult Coping Orientation for Problem Experiences, which was developed by Patterson, McCubbin, and Grochowski in 1983, and the (2) Thai Mental Health Questionnaire, a 70-item self-administered questionnaire developed by Pattrayuwat in 1999 to assess mental health status. The findings reveal that both experimental groups had better coping behaviors than the control group when using pretest scores as covariates (experimental I group: $F = 9.425$, $p < .01$; experimental II group: $F = 22.446$, $p < .001$) 1 month after the module was implemented. They also show that both experimental groups had better mental health than the control group when using pretest scores as covariates (experimental I group: $F = 6.034$, $p < .05$; experimental II group: $F = 6.596$, $p < .001$) 1 month after the module was implemented. The study confirmed the impact of the Immune of Life for Teens module on better coping behaviors and better mental health status among the subjects after it was implemented by their teachers. Thus, for further use of the module, intensive training for schoolteachers is recommended for the health promotion of early adolescents.

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RECENT HEALTH PROMOTION literature advocates the selection of a high-risk target group rather than a general adolescent population, where an emphasis is placed on targeting only those children who seem to be most problem prone (Tenn & Dewis, 1996). Adolescence has been described as the first barrier to health promotion. Youth health promotion has been advanced as having immediate and long-term benefits in changing health behavior in children and adolescents; however, there has been questionable scientific evidence support in the past (Kulbok, Earls, & Montgomery, 1988).

In this light, the researchers had initiated a project focusing on the health promotion of early

adolescents to develop a research-based implementing tool for schoolteachers and school nurses to use. In 1999, a pilot test of the module Immune of Life for Teens in an adolescents' health promotion project was performed in two schools in

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Bangkok and Buriram. This project was originally funded by the World Health Organization. The result of the pilot test was encouraging such that further application of the module in other schools nationwide was suggested.

It was recognized that the health promotion behaviors of individuals and groups are mostly related to lifestyle. In Thailand, adolescents develop their health promotion behavior embedded within the Thai culture. The adolescence years are a period of transition from childhood to adulthood as there is evidence that a number of health-related behaviors developed during adolescence persist into adulthood and that many are retained as lifelong behaviors (Pender, 1996). These are the formative years when the maximum amount of physical, psychological, and behavioral changes takes place. It is also a time to prepare for undertaking greater responsibilities and to ensure all-round health development (Rafei, 1997).

The transitional crisis in adolescents occurs with the effects of various profound intrapersonal, interpersonal, and extrapersonal factors. The main causes of this crisis come from profound biologic changes in puberty that engender feelings of extreme vulnerability and sensitivity to physical appearance. Most health promotion documents refer to adolescence as the most opportune time to establish health promotion knowledge and behavior (Smith-Hendrick, 1992). Although young adolescents have an increasing potential for acquiring abstract thought, their cognition still tends to be concrete and present oriented. Although parents' modeling of health behaviors remains the largest influence, the attitudes of schoolmates and schoolteachers greatly influence adolescents' perceptions of health-promoting behaviors. The middle school years are believed to offer new and greater possibilities for poor health choices (Bright Future, 1998). Therefore, early health promotion at the middle school-age years, between Grades 7 and 9, can be a critical point for health behavior and health promotion. Health promotion for early adolescence, therefore, is essential for the subsequent years of life. The school setting has been identified as a place for interacting, learning, adopting, and adjusting health behaviors. Adolescents prefer to be more responsible for their own health with the assistance of school nurses, teachers, counselors, and significant group of peers. Thus, the health promotion for early adolescence can be developed along with the identification of health needs and intervention modules.

Adolescents are at high health risk, but the problem is well recognized. Health statistics in Thailand show that high health-risk behaviors are related to smoking and drug abuse. Half of those who smoke had started between the ages of 15 and 19 years, and 60% of drug-addicted persons were teenagers. The most frequent reasons for starting smoking were peer pressure related. According to the Division of Police Statistics (1989) and the National Accident Prevention Committee (1993), the accident mortality rate in adolescence is highest when compared with other age groups. Transportation and other causes of accidents accounted for 54% of mortality in the population aged between 15 and 19 years (The National Statistics Office, 1996, cited in Punrunothai et al., 1999).

In the past, secondary schools in Thailand had adopted a policy to provide healthy environments and health education for students; however, there were problems in managing and administering the policy. Presently, a school is a focal setting for many projects to prevent behavioral and social problems that are related to adolescent health. Examples of various sectors' approaches include the following:

1. The Life Skill Development by the Department of Mental Health of the Ministry of Public Health and the General Education Department of the Ministry of Education. Recently, the mental health department developed and distributed the life skill development manual for preventing schoolchildren's drug abuse problems to teachers in primary schools, secondary schools, and high schools (Chaninthayoudwong, 1999);
2. The Promotion of Solving Problems of AIDS, Prostitution, and Drug Abuse Project by the Academic Development Division of the Ministry of Education;
3. Prevention and Therapy for Schoolchildren with Drug Abuse Project by the Pramongkudkloa Hospital, the Thai Military; and
4. Drug Abuse Surveillance and Prevention by local police station staff.

It is evident that almost all projects are targeted to schoolchildren but were implemented by the schoolteachers. The activities in the project were not geared for adolescents. The follow-up study by the General Education Department in 1997 showed that the number of activities provided to the students in nine groups of schools in the central region was not as important as empowering the students in decision

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