



A HEALTH PROMOTION INTERVENTION IN
SCHOOL SETTINGS TO PROMOTE PSYCHOSOCIAL
WELLBEING AND EDUCATIONAL PERFORMANCE
OF EARLY ADOLESCENTS IN KOTMALE

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TABLE OF CONTENTS

List of Tables.....	vii
List of Figures.....	ix
List of Annexes.....	xi
List of Abbreviations	xiii
Abstract	xv
Acknowledgements.....	xviii

Chapter 01

Introduction.....	1
1.1 Background information.....	1
1.2 Importance of adolescent wellbeing.....	3
1.3 Aspects of adolescent wellbeing	4
1.3.1 Psychosocial wellbeing.....	4
1.3.2 Educational performance.....	5
1.4 Factors affecting adolescent wellbeing.....	6
1.5 Importance of school settings to promote adolescent wellbeing	8
1.6 Health promotion approach	9
1.7 Setting based health promotion approach	10
1.8 Justification.....	12
1.9 Objectives.....	14
1.9.1 General objective.....	14
1.9.2 Specific objectives.....	14

Chapter 02

Literature Review.....	15
2.1 Importance of adolescents.....	15
2.2 Aspects of adolescent wellbeing.....	17
2.2.1 Psychosocial wellbeing.....	17

2.2.2	Educational performance	19
2.3	School as key settings to promote adolescent wellbeing	20
2.4	Intervention to improve adolescent wellbeing.....	23
2.5	Setting based health promotion approach.....	25
2.6	Health promotion school concept.....	28

Chapter 03

Methodology.....		31
3.1	Summary of the study process	31
3.2	Component I – Cross –sectional study.....	32
3.2.1	Study design.....	32
3.2.2	Study setting.....	32
3.2.2.1	Socio demographic, cultural and economic situation.....	32
3.2.2.2	Educational background of the Kotmale education zone.....	32
3.2.3	Study population.....	33
3.2.4	Sampling and sample size.....	33
3.2.5	Data collection instruments.....	34
3.2.5.1	Development of the data collection instruments.....	34
3.2.5.1.1	Review of available tools.....	36
3.2.5.1.2	Developing the Focus Group Discussion (FGD) guides.....	37
3.2.5.1.3	Conducting the FGDs.....	37
3.2.5.2	Development of the Health Promotion School Assessment Tool (HPSAT).....	38
3.2.5.2.1	The initial draft of the tool –HPSAT.....	38
3.2.5.2.2	Validation of the tool by the expert panel.....	38
3.2.5.2.3	The second draft of the tool- HPSAT.....	39
3.2.5.2.4	Pre testing of the tool -HPSAT	39
3.2.5.2.5	The third draft of the tool -HPSAT.....	40
3.2.5.2.6	The final draft of the tool – HPSAT	40
3.2.6	Data collection.....	45

3.2.7	Data analysis.....	45
3.3	Component II - Experimental study.....	46
3.3.1	Pre intervention assessment –phase I.....	46
3.3.1.1	Study design	46
3.3.1.2	Study setting.....	46
3.3.1.3	Study population.....	47
3.3.1.4	Sample size and sampling technique.....	47
3.3.1.5	Expected outcomes of the study.....	48
3.3.1.6	Data collection instruments.....	49
	3.3.1.6.1 Development of the data collection instruments.....	50
3.3.1.7	Data collection.....	53
3.3.1.8	Data analysis.....	54
3.3.2	Implementation of the intervention –phase II.....	55
3.3.2.1	Intervention process.....	55
	3.3.2.1.1 Logical framework for the intervention.....	55
3.3.2.2	Activity plan of the health promotion intervention.....	76
3.2.2.3	Indicators to monitor the intervention.....	78
3.2.2.4	Data collection instruments and data collection of the intervention.....	80
3.2.2.5	Data analysis of the intervention phase.....	80
3.3.2.6	Future directions of the health promotion program.....	81
3.3.3	Post intervention assessment – phase III.....	82
3.3.3.1	Data collection instruments.....	82
3.3.3.2	Data collection.....	82
3.3.3.3	Data analysis.....	83
3.4	Measures to improve the validity of the study	86
3.4.1	The internal validity.....	86
3.4.2	The external validity.....	87
3.5	Ethical Considerations.....	87
3.5.1	Recruitment process of participants to the study.....	87
3.5.2	Administrative clearance.....	88

3.5.3	Data storage.....	89
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Chapter 04

Results.....		90
4.1	Component I - Cross-sectional Study.....	90
4.1.1	Response rate	90
4.1.2	Implementation level of the existing school health promotion program.....	91
4.1.3	Assessment of the existing school health program.....	93
4.2	Component II - Experimental study.....	95
4.2.1	Description of study participants.....	95
4.2.2	Process evaluation.....	96
4.2.2.1	Process of the intervention.....	96
4.2.2.1.1	Inputs of the students.....	97
4.2.2.1.2	Inputs of the teachers.....	98
4.2.2.1.3	Tools used in the intervention process.....	98
4.2.2.1.4	Student participation in the process.....	99
4.2.2.1.5	Addressing the determinants.....	100
4.2.2.1.6	Tools developed by the participants.....	102
4.2.2.2	Community ownership in the intervention process.....	103
4.2.2.2.1	Contribution and role of the participants.....	103
4.2.2.2.2	Outcomes of the intervention.....	104
4.2.2.3	Progress of the peer support groups	108
4.2.2.4	Observed changes in the intervention schools.....	109
4.2.3	Effectiveness of the intervention.....	112
4.2.3.1	Response rate.....	112
4.2.3.2	Socio demographic characteristics of the study participants	113
4.2.3.3	Estimates reliability of the questionnaire.....	117
4.2.3.4	Results of the factorial analysis	119
4.2.3.4.1	Factorial analysis of the pre intervention data.....	119
4.2.3.4.2	Factorial analysis of the post intervention data	121

	4.2.3.4.3	Measure of sampling adequacy - KMO and Bartlett's test	123
4.2.3.5		Effect of Health Promotion School Program (HPSP) for psychosocial wellbeing and educational performance of early adolescents.....	123
	4.2.3.5.1	Changes of psychosocial wellbeing.....	125
	4.2.3.5.2	Changes of educational performance.....	125
	4.2.3.5.3	Changes of psychosocial wellbeing and educational performance related to the HPSP.....	126
4.2.3.6		Correlation analysis.....	127
	4.2.3.6.1	Mean and correlation of the total variables...	127
4.2.3.7		Inference obtained from multiple linear regression model	129
4.2.3.8		Secondary data of the study.....	132
	4.2.3.8.1	Changes of the school attendance.....	132
	4.2.3.8.2	Changes of the term test results.....	136
4.2.3.9		Process data support for the study.....	137
	4.2.3.9.1	Changes of the factors in related to the expected outcomes during the intervention process.....	137
4.2.4		Impact of the existing school health promotion program	140
	4.2.4.1	Implementation of health promoting school concept to the school procedure.....	140
	4.2.4.2	Health promoting school program to promote psychosocial wellbeing.....	141
	4.2.4.3	Health promoting school program to promote educational performance.....	141
	4.2.4.4	Health promoting school program to enhance physical environment.....	142
	4.2.4.5	Health promoting school program to develop and implement health policies.....	142
	4.2.4.6	Implementation of the health promotion program to the community.....	143

4.2.4.7 Overall health promoting school program.....	143
4.2.4.8 Scoring difference of students at different schools about HPSAT program at the pre intervention survey.....	144
4.2.4.9 Variation in the scoring pattern after HPSAT programme intervention.....	145

Chapter 05

Discussion	147
5.1 Summary of the results.....	147
5.2 Implementation of the study.....	148
5.3 Implications of the findings.....	158
5.4 Strengths and limitations of the study	163

Chapter 06

Conclusions and Recommendations	167
6.1 Conclusions.....	167
6.2 Recommendations	169
6.3 Lessons learned.....	170
References.....	172
Annexes.....	192

ABSTRACT

Introduction:

Adolescence is a critical developmental stage marked by complex transitions. School is an ideal setting to promote adolescent wellbeing, but empirical data on the effectiveness of school-based health promotion programs are rare. In Sri Lanka, the majority of adolescents are at schools. Hence, school setting-based health promotion programs make a profound change to enhance the wellbeing of this population by changing attitudes and practices. Also, it would be a future investment for the country.

Objectives:

This study aimed to develop and evaluate the effectiveness of a school setting-based health promotion intervention to promote psychosocial wellbeing and the educational performance of school-going early adolescents.

Methods:

This research study was conducted in two components; a cross-sectional survey conducted in all secondary schools (type 2, 1C, and 1 AB) in Kotmale educational zone with 46 students and teacher groups from each school. A newly developed and validated Health Promoting School Assessment Tool (HPSAT) was adopted to measure the existing School Health Promotion Program.

The quasi-experimental study design was used in component two, with students in grades 7, 8, and 9. Six schools were selected as study settings and three schools for the intervention group (299 students), and the other three schools as the control group (405

students). Schools were randomly chosen, based on the results of the cross-sectional study.

Participants were facilitated through continuous discussions on identifying determinants of psychosocial wellbeing, educational performance, designing, and implementing actions to address selected determinants. The progress was monitored using participatory methods.

Pre- and post-assessments were conducted to evaluate the effectiveness of the implemented intervention using qualitative (Focus Group Discussions), and quantitative assessment (Self-Administered Questionnaire, Health Promoting School Assessment Tool) methods.

Results and Discussion:

The response rate to the cross-sectional study was 100% (N=23). The cross-sectional study revealed that the current implementation status of the school health promotion program in the Kotmale educational zone was not at a satisfactory level.

The response rate was 99.2% for the pre-assessment and 99.01% for the post-assessment in the quasi-experimental study. In terms of respondents, 44.3% of respondents of the intervention group were male, and 55.7% were female, while in the control group, 52.6% of respondents were male, and 47.4% were female.

A significant mean difference was not found at the pre-intervention assessment between the intervention and control groups except for the level of happiness (under the main dependent variable of psychosocial wellbeing, $p=0.006$) and time management (under the dependent variable of educational performance, $p<0.001$).

The overall mean score of psychosocial wellbeing for the factors of level of happiness, relationship with others, and the level of self-esteem were significantly higher in the intervention group (IG) than the control group (CG) ($M_{(IG)}=67.97$, $SD=10.94$, $M_{(CG)}=59.75$, $SD=9.3$; $p<0.001$) in the post-intervention assessment.

In the post-intervention assessment, the IG had an improved mean score for the overall mean score of educational performance for the factors of attendance, punctuality, and time management, as compared to the CG ($M_{(IG)}=28.08$, $SD=5.2$, $M_{(CG)}=24.62$, $SD=4.8$; $p<0.001$).

Post data of the HPSAT revealed a significant difference between the mean scores within the intervention group (85.4; $p=0.028$) than the control group (4.3; $p=752$) for the overall school health promotion program based on the six selected criteria ($p<0.05$ at 95% level of confidence).

Conclusions:

Findings of the cross-sectional study revealed that the existing situation of the school health promotion program, according to the six main criteria of the HPSAT, was not at a satisfactory level in the Kotmale educational zone.

The developed and implemented health-promoting intervention was effective in improving both the psychosocial wellbeing and educational performance of early adolescents. This model further influenced the overall school health promotion program compared to the control group.