

School-based health promotion: Substance abuse and sexual behavior

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Abstract

As the limitations of curative medicine have become increasingly apparent and epidemiologic studies have established the linkage between lifestyle and disease, health promotion interventions have been developed to address public health problems in a proactive manner. The school has become a natural locus of health promotion efforts. School-based health promotion efforts have utilized several different strategies including information dissemination efforts, fear-arousal tactics, modifying normative expectations, and both problem-specific and generic skills training approaches. This paper focuses on two health areas that include several major public health problems and which have received considerable attention during the past decade: substance abuse (cigarette smoking, alcohol abuse, and illicit drug abuse) and sexual behavior (AIDS, sexually transmitted diseases, and unwanted pregnancy). School-based health promotion approaches to these problems have evolved in a largely separate yet parallel manner. These problems appear to have strikingly similar etiologies and may be prevented using similar intervention strategies. Information dissemination approaches have been consistently found to be of limited effectiveness. Interventions targeting social and psychological factors are the most promising. Research concerning sexual behavior has generally lagged behind that of substance abuse prevention. It is argued that careful consideration should be given to the application of strategies found effective in preventing substance abuse to the prevention of AIDS, STDs, and unwanted pregnancy.

Key words: Health promotion, Substance abuse, Sexual behavior, Adolescent health

Recognition of the link between health behavior and health status has contributed to the development of new approaches to school-based health promotion. The emphasis of school-based health promotion programs until relatively recently has been on the provision of factual information about the human body as well as specific health problems, conditions, disorders, or diseases. The type of health education programs provided by most schools represents a patchwork of general health information and material concerning a number of specific health problems regarded by society as being of sufficient importance that they deserved special attention in the school curriculum. Some of these programs

are provided by health professionals, others are provided by educators.

Despite their traditional educational mission, schools have been asked to assume responsibility for a variety of social and health problems. Many states mandate that schools provide their students with programs in health education and/or tobacco, alcohol, and drug education as well as teenage pregnancy and AIDS education. Although there has been considerable debate about whether schools should provide programs dealing with health and social problems, particularly at a time when there is renewed concern about academic standards, the simple truth is that schools offer the most efficient access to large numbers of children and adolescents. Moreover, many educators are gradually recognizing that problems such as drug abuse are a significant barrier to the achievement of educational objectives. The United States Department of Education, for example, has included

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“drug-free schools” as one of its goals for improving the quality of education in this country.

The present paper is not intended to be a comprehensive overview of the broad area of school-based health promotion or school health education. Instead, the focus will be on efforts to address several major public health problems through interventions that target children and adolescents and were designed to be implemented in school settings. The specific health problems covered relate to two general types of behavior: substance abuse and sexual behavior. More specifically, this article discusses recent health promotion efforts targeting tobacco, alcohol, and illicit drug abuse as well as AIDS, teenage pregnancy, and sexually transmitted diseases (STDs). The paper begins with a general discussion of school-based programs within the larger context of health promotion.

Health Promotion and the Role of Schools

To understand the role that schools can play in promoting health among children and adolescents, it is important to first clarify the meaning of health promotion as an intervention modality. The term health promotion has its origins in a generalized epidemiological model first proposed by Leavell and Clark (1969), who defined it as a prepathogenic level of intervention designed to enhance the general health and well-being of the individual. This approach was consistent with a subsequent formulation by the World Health Organization (1977), which redefined health as “a state of complete physical, mental, or social well being, and not merely the absence of disease or infirmity.” Although the Leavell and Clark model viewed health promotion as an initial phase of primary prevention, it clearly distinguished it from prevention, in that no disease agent, process, or health risk was specifically targeted for reduction through intervention. Rather than merely the reduction of health risks, the primary goal of health promotion was seen as improved performance in all aspects of human functioning.

The definition most often used today was first developed by the U.S. Office of Health Information, Health Promotion, Physical Fitness, and Sports Medicine, which included under the rubric of health promotion “any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health” (Green, 1979). The unique contribution made by these efforts to define health promotion amounted to an entirely new way of viewing the determinants of health and the locus of responsibility for one’s own health.

The health promotion movement has clearly identified three categories of health determinants: heredity, environment, and behavior. The health status of individuals at any particular point in their life can be defined, therefore, as their genetic predisposition to health or illness as modified by both the environment within which they live and their

personal behavior. By elevating personal behavior to the status of a primary health determinant, individuals were made to bear a portion of the responsibility for their own health—a concept that had been missing from the orientation prevalent in this country prior to the 1960s.

This orientation, which is frequently referred to as the medical model of health and illness (Taylor, 1981), saw the treatment of disease as the single focus of physicians and the health care establishment. Because healthcare providers were essentially uninvolved in disease prevention or the promotion of health, individuals typically considered their health as something that could be taken for granted until illness was experienced. Changing one’s behavior or lifestyle as a step toward avoiding illness or improving general well being was entirely missing from this approach.

As this newer understanding of the limits of curative medicine has grown, intervention programs have developed that have begun to address the problems of public health in a systematic way. These interventions have been grounded in a number of different but interrelated theoretical perspectives each of which is discussed here in turn.

Determinants of Health Behavior

To affect behaviors that are related to health, interventions must have an understanding of those factors that influence or determine those behaviors. Although no single theory has been accepted as a universal explanatory model of health behavior, the general principles of social cognitive theory (Bandura, 1986) have gained broad acceptance. In simple terms, this broad model proposes that behavior is the product of transactions between an individual and the reinforcement—both rewards and punishments—that are experienced in the environment.

Learning the relationships or contingencies between personal behavioral choices and these sources of reinforcement is often mediated by cognitive processes. Through these processes, observed events are assimilated into general expectations about the consequences of different actions in different circumstances. Environmental variables create contextual circumstances that may influence these psychological processes, thereby modifying the assimilation process and expectations in future situations. These circumstances can affect behavior directly through mechanisms that could be conceptualized as a system of opportunities and constraints. An environment that provides adolescents with easy access to alcohol and other drugs promotes substance abuse, whereas one that controls access introduces an element of constraint.

The environment can also affect behavior indirectly by influencing the intervening psychological factors that are known to be related to behavior. A prime example of this type of environmental influence is product advertising through the mass media, which can influence norms, attitudes, and beliefs and which can, in turn, have an impact on behavior. A parent who smokes is another example of an

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