
HEALTH PROMOTING SCHOOLS, A MULTICOMPONENT PROGRAM TO PREVENT BEHAVIORAL RISKS AMONGST ADOLESCENTS

MINISTRY OF HEALTH
Lima, PERU

EDWIN PEÑAHERRERA S, MSc

PUBLIC HEALTH /HEALTH PROMOTION CONSULTANT



Ministerio
de Salud



Ministerio
de Educación

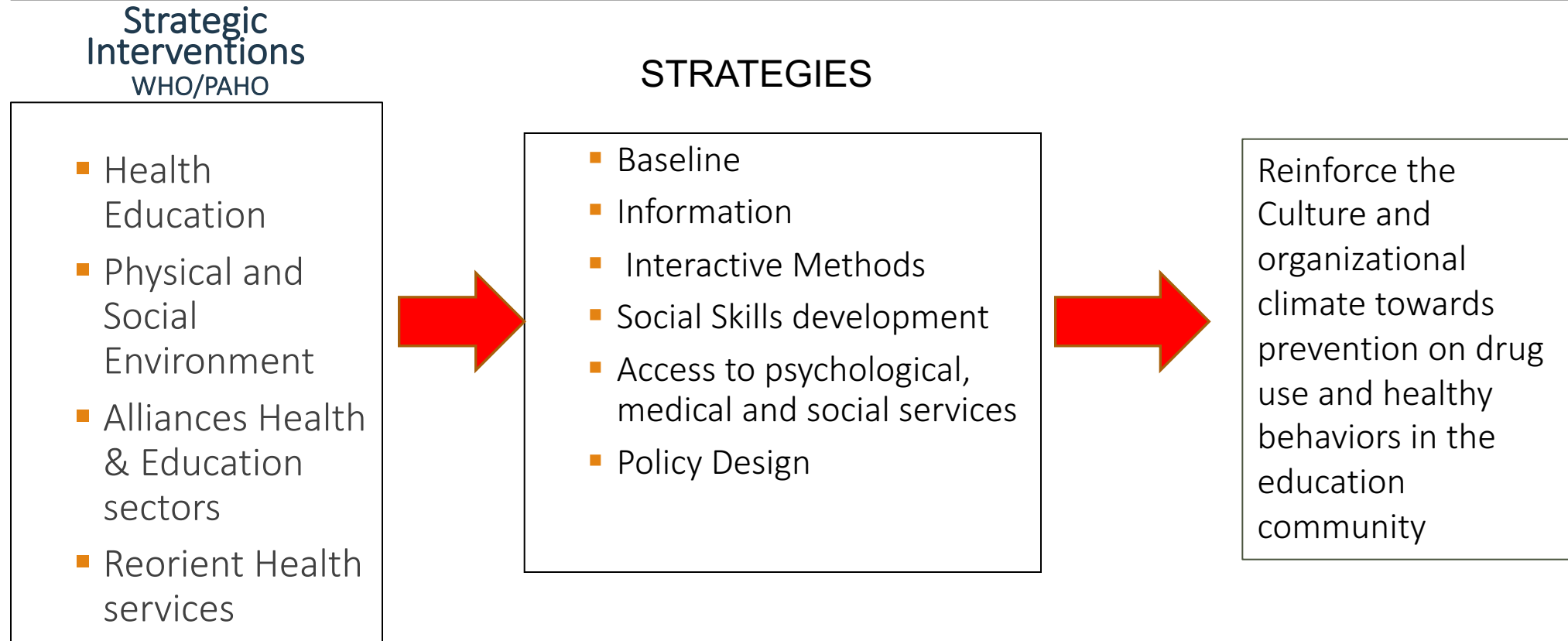


UNIVERSIDAD PERUANA
CAYETANO HEREDIA
ESCUELA DE POSGRADO



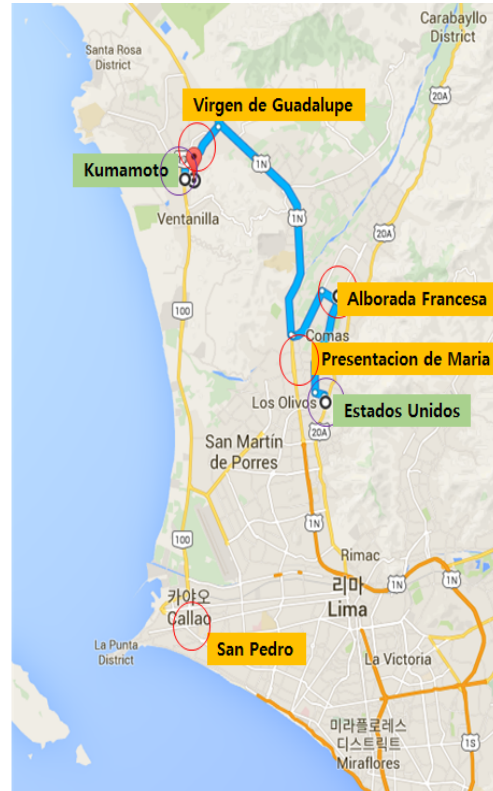
연세대학교
YONSEI UNIVERSITY

Health Promoting Schools (HPS): A multicomponent program to promote healthy lifestyles



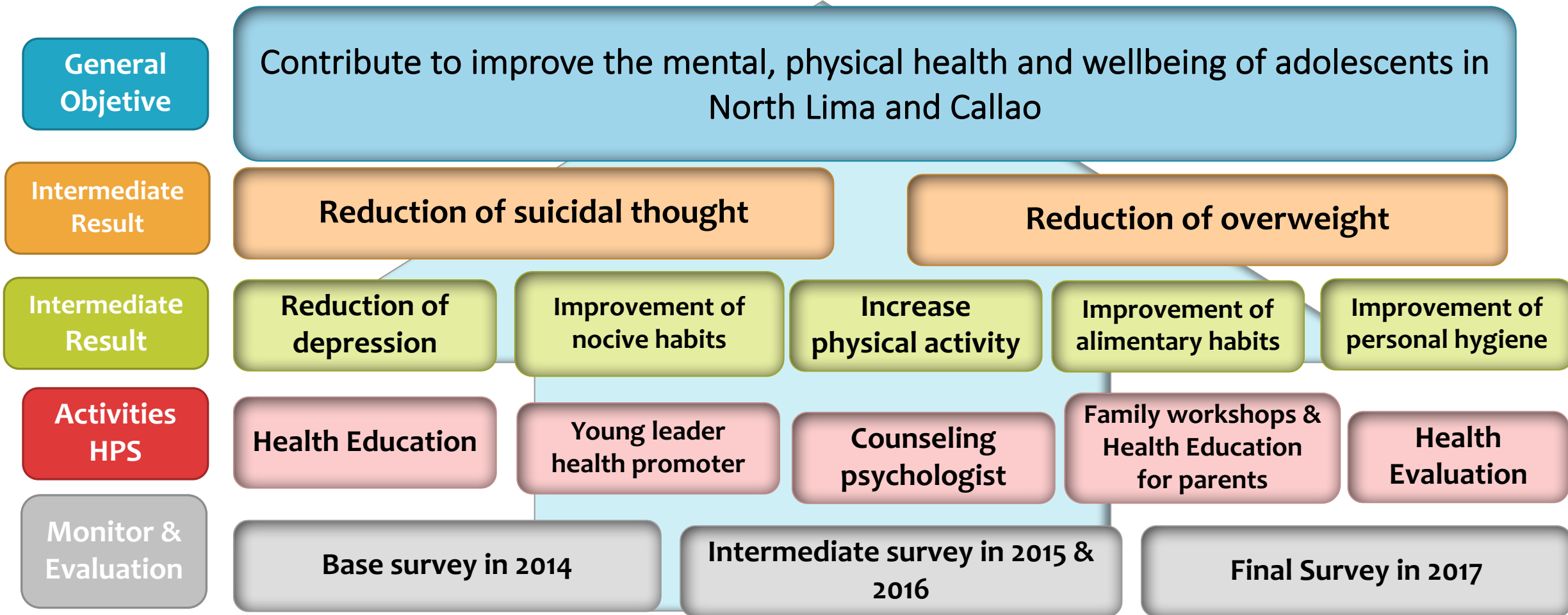
Area of study and schools

<Study areas>



Groups	Schools	Number of schools	Number of classrooms	Number of students
Population	-	10	-	14,208
Experimental Group	Presentación de María	1	19	825
	Alborada Francesa	1	18	550
	San Pedro	1	17	417
	Virgen de Guadalupe	1	10	352
	Total	4	64	2,144
Control Group	Estados Unidos	1	47	1,040
	Kumamoto	1	37	1,038
	Total	2	84	2,078

Health Promoting School



Health Promoting Schools Phases

Advocacy in healthy
public politics

1st Phase 2014:
Baseline. the
Action Plan
Formulation

Training to health professionals
Training to school teachers

2017
Training Program
South Korea
Final Evaluation

2nd Phase, 2015:
Implementation
& monitoring

First intermediate
evaluation

Network of HPS

HPS
Model

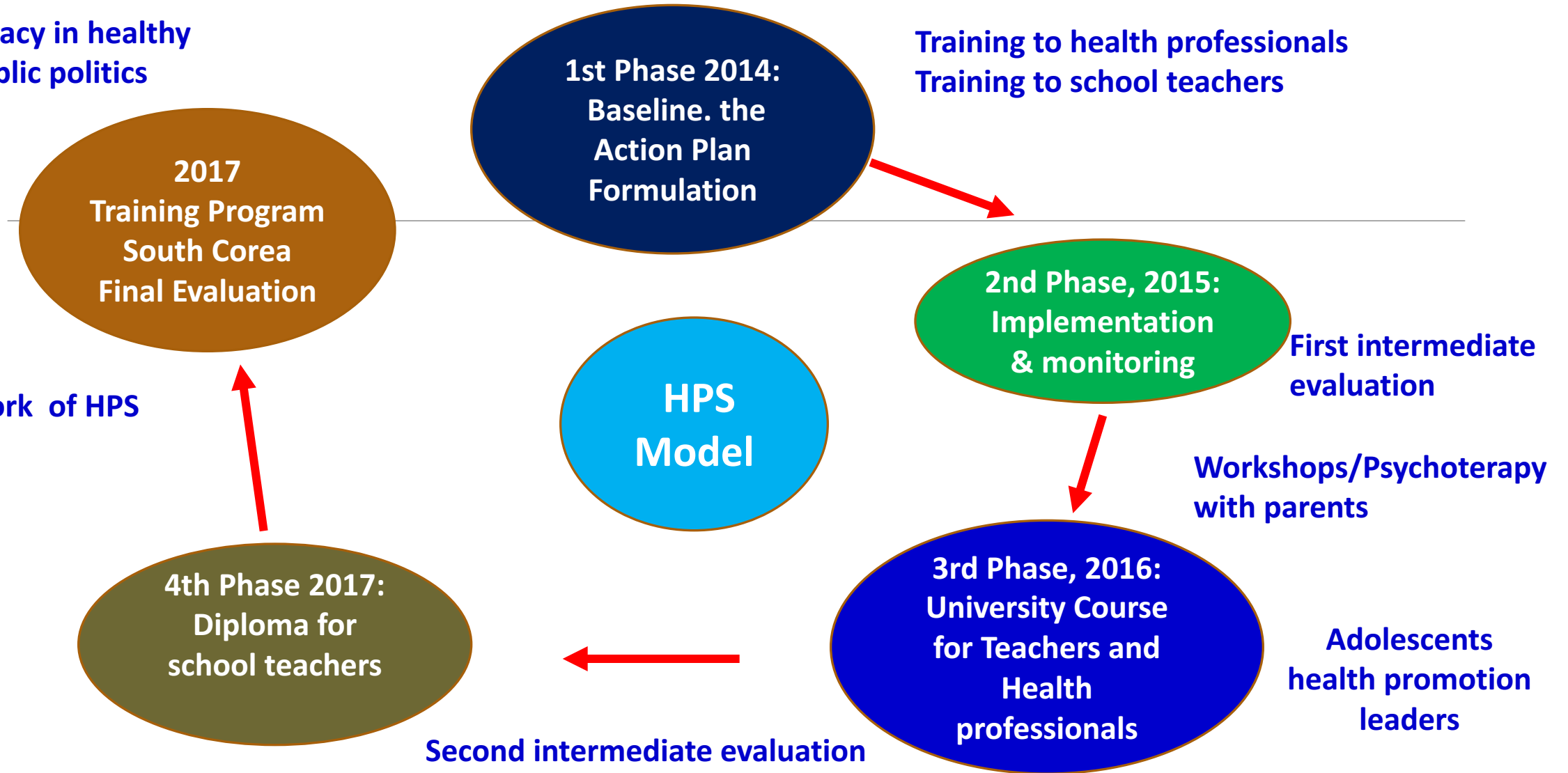
Workshops/Psychoterapy
with parents

4th Phase 2017:
Diploma for
school teachers

3rd Phase, 2016:
University Course
for Teachers and
Health
professionals

Adolescents
health promotion
leaders

Second intermediate evaluation



RESULTS



Results

Effectivity of the HPS in the Reinforcement factors

Category		Comparison between groups		
		Exp. (n=379)	Con. (n=359)	$\chi^2(p)$
Reinforcement Factors	Closest friends	≥4	288(76.0)	237(66.0)
		1-3	74(19.5)	91(25.3)
		None	17(4.5)	31(8.6)
	Understanding of parents	Always/Almosts	152(40.1)	119(33.1)
		Always	88(23.2)	117(32.6)
		Sometimes	139(36.7)	123(34.3)
		Rarely/Never		

There was a significant difference in the number of close friends and level of understanding of the parents

Results

Effectiveness of the CPS Program in Facilitating Factors

Category		Comparison between groups			
		Exp. (n=379)	Con. (n=359)	$\chi^2(p)$	
Facilitator Factor	Obtaining information on effects of smoking	Sí	279(73.6)	237(66.0)	5.060
		No	100(26.4)	122(34.0)	(.024)
	Obtaining information about potential effects of alcohol consumption	Sí	263(69.4)	225(62.7)	3.716
		No	116(30.6)	134(37.3)	(.054)
	Obtaining information on effects of illicit drugs	Sí	355(93.7)	307(85.5)	13.264
		No	24(6.3)	52(14.5)	(<.001)
	Obtaining information about sexual behavior	Sí	347(91.6)	304(84.7)	8.385
		No	32(8.4)	55(15.3)	(.004)

Differences were found in the experience of acquiring information about smoking, drug use and sexual relations

III. Results

4. Effectiveness of the CPS Project on Behavioral Factors

Category			Comparison between groups		
Behavioral Factor	Category		Exp. (n=379)	Con. (n=359)	$\chi^2(p)$
	Tobacco use experience	No	291(76.8)	235(65.5)	11.542
		Sí	88(23.2)	124(34.5)	(.001)
	Currently smokes	No	340(89.7)	264(81.2)	10.322
		Sí	39(10.3)	61(18.8)	(.001)
	Alcohol consumption experience	No	216(57.0)	207(57.7)	.034
		Sí	163(43.0)	152(42.3)	(.854)
	Drink alcohol now	No	298(78.6)	268(74.7)	1.631
		Sí	81(21.4)	91(25.3)	(.202)
	Illicit drug experience	No	357(94.2)	318(88.6)	7.447
		Sí	22(5.8)	41(11.4)	(.006)
	Experience of sexual relations	No	325(85.8)	278(77.4)	8.528
		Sí	54(14.2)	81(22.6)	(.003)

- Significant differences were found in the experience of tobacco consumption, current tobacco consumption, drug use, and sexual relations.

CONCLUSIONS

1. There was a significant relation between the experimental group and the control group in the number of close friends and level of understanding of the parents.
2. Significant differences were found between the experimental group and the control group in the experience of tobacco consumption, current tobacco consumption, drug use, and sexual relations.
3. Significant differences were found between the experimental group and the control group in the experience of tobacco consumption, current tobacco consumption, drug use, and sexual relations.

Key players perceptions regarding the benefits of the HPS Project

INNOVATIVE ELEMENTS: TRAINING AND FOCUS ON HEALTH PROMOTION

SCHOOL DIRECTORS

- *"Now teachers work educational sessions on violence, bullying, sexuality, drug use and, it is in these sessions, where students become more confident with their tutors and they begin to talk.*
- *""This space is very important, because they find that their problems are of interest to adults""*
- (Director Colegio Alborada Francesa)

STUDENTS

The information received about healthy practices: tooth brushing, hand washing, healthy eating, personal hygiene. Training on the importance of self-esteem, self-control, emotional management, assertive communication styles to take better care of oneself and prevent risky behaviors, drug use, alcohol, unprotected sex, among others.

INNOVATIVE ELEMENTS: Multicomponent approach and psychoterapy workshops

TEACHERS

*The **approach of working with the whole educational community**, articulated to the health center, the local and regional governments.*

*Have a **comprehensive diagnosis as a baseline**: Mental health: feelings of loneliness, depression, bullying, suicidal ideas, drug use, addictions, risk behaviors in general.*

FAMILY PARENTS

*The **psychotherapeutic workshops** have been highly valued. This type of service is completely new, addresses strictly preventive issues in mental health, allowing them to address emotional aspects at personal and family level.*

INNOVATIVE ELEMENTS: Articulation between sectors and early detection

HEALTH PERSONNEL

The articulation between the health center and the educational institution improves coverage and the quality of care for the adolescent population.

It helps to identify risk factors in students who are apparently healthy. "The teenagers come because they are healthy, but in the care some pathologies are detected and they can be attended to early" (Medical, MI Santa Luzmila Health Center 2)

CONCLUSIONS OF KEY PLAYERS INTERVIEWED

1. Strategic alliances among Ministry of Health, Ministry of Education and Local government are necessary
2. A baseline of integral health is a key to engage authorities and parents.
3. Involvement of the entire education community guarantee sustainability.
4. Agreement with health services allowed early attention to adolescents at risk
5. Psychotherapy workshops with parents make them conscious about the characteristic of the adolescence and its risks.
6. Psychological counselling was highly appreciated by school students and parents.

