

Conceptual Model on Participatory Adolescent Strategic Health Action (PASHA)

A.P. Shetty^{1*}, R. Prakash², M.N. Nagendra Prakash³

¹Department of Child Health (Paediatric) Nursing, Yenepoya Nursing College, Yenepoya University, Deralakatte, Mangalore, Karnataka, India.

²Department of Medical Surgical Nursing, PAL Nursing College, Nainital, Uttarkhand, India.

³Department of Sociology, PAL Nursing College, Uttarkhand, India.

Abstract

Research in adolescent preventive health is an urgent need. To develop a strategic approach a comprehensive model of adolescent lifestyle practices and health status is required. A wide ranging model on Participatory adolescent strategic health action (PASHA) delineates the importance of assessing the lifestyle of adolescents to determine the health status. The model focuses on lifestyle modification in order to improve the health status of the adolescents. The concepts sketch the importance of healthy lifestyle leading to reduced health risk. The model will smooth the progress of research on adolescent for the promotion of healthy lifestyles practices.

Keywords: adolescents, lifestyle, health status, self-direction, self-efficacy

*Corresponding Author

E-mail: asha02shetty@gmail.com

INTRODUCTION

Research on “adolescent health” has become a pressing need in today's world as the current socio-economic-political scenario has evidently jeopardized people's lifestyle in general, leading to various health problems.

It is presumed that modification of lifestyle practices in adolescents would help to develop healthy lifestyle practices in adulthood. To develop a strategic approach to behavior modification of adolescents, a comprehensive model of adolescent lifestyle practices and health status is required, based on which preventive health action can be implemented. Moreover, unavailability of comprehensive models on adolescent health has led to lack research in this area. With this view, the researchers proposed Participatory Adolescent Strategic Health Action (PASHA) model.

Major interdisciplinary conceptual models utilized in studying risk and vulnerability in adolescents contain commonalities including the incorporation of three major components (risk and protective factors, risk behavior, and health outcomes), suggest a linear relationship among the components, and propose that risk and protective factors can have an indirect or direct effect on health risk behavior.^[1] The framework on PASHA was outlined keeping in view of the magnitude of lifestyle affecting health problems of adolescents and the effect it will have on future adults. Further, PASHA for the lifestyle modification of adolescents would help them to modify the unhealthy lifestyles, and thus improve the health status and quality of life.

The Participatory Adolescent Strategic Health Action or PASHA would help adolescents in goal setting for modifying

lifestyle to promote health. Lifestyle modification is a challenging task, and is possible by bringing accountability in adolescents for lifestyle modification. It is a collaborative process in which adolescents choose a lifestyle change goal and when it is initiated in school that provides an environment for peer support.

Researcher is of the opinion that, whether the adolescents are exposed to health risk or not, this age of adolescents is ideal to motivate them into healthy lifestyles as such if they have not developed unhealthy lifestyle it becomes easy to protect them. This is very important from the point that it is the ideal period to protect the adolescents from falling prey or developing any unhealthy lifestyles. Hence, an appropriate intervention such as PASHA for lifestyle modification will definitely help in promotion of health status of adolescents as future adults.

Researcher is also of the view that if the application of the model promote healthy lifestyles among adolescents, it will help in developing the curriculum involving the practical aspects in health education which is essential for preventive health of the adolescents. Thus, the model is intended to have long run effect to protect the adolescents from health risk, thus improve the lifestyles and health status of adolescents.

CONCEPTUAL FRAMEWORK

Research in adolescent preventive health is an urgent need. The modification of lifestyle in adolescents will help to develop healthy lifestyles in adulthood. Hence the researcher proposed PASHA model.

The framework based on PASHA approach constitutes two phases.

Phase I

Assessment of Lifestyle and Health Status of Adolescents and Socio-Demographic Variables Influencing Them

The model indicates that the adolescents lifestyles tend to vary based on the influence of socio-demographic variables as well as their health awareness. The socio-demographic variables included in the study are age; gender; type of family; number of siblings; birth order; socio-economic status; and place of residence while attending school.

The lifestyles assessed in this study included dietary habits; physical activity; personal hygiene; sleeping habits; leisure activity; television viewing habits; psychosocial activity and addictive habits.

Influence of socio-demographic variables will either increase or decrease health risk based on the lifestyle practices. If the adolescent engages in healthy lifestyle he or she reduces the chances for health risk. On the other hand adolescent's engagement in moderate or poor lifestyle will increase the chance for health risk.

Health risk would directly influence the health status of adolescents. The health status of adolescents in this framework is identified based on health status indicators consisting components of physical health, mental health, social health, sexual health and spiritual health status. Based on these indicators adolescents' health status scores were categorized as having good health status, moderate health status and poor health status.

Lifestyle scores were categorized into healthy, indicating that the lifestyle activities were in consonant with preventive health, 'moderately healthy lifestyle' indicating that the lifestyle activities were in inadequate consonant with preventive health and 'poor lifestyle' indicating health risk.

As depicted in the model those adolescents with 'poor' and 'moderate' in health status score and lifestyle score were enlisted for phase II of the framework.

Phase II

Enlisting the Subjects for Modification of Lifestyle Through Experiential Learning

In this phase enlisted adolescents will be involved in Participatory Adolescent Strategic Health Action (PASHA) through goal setting to modify the lifestyle behavior. The concepts provided by Kolb's^[2] and Bandura^[3] on learning style, formed the basis of this model.

According to Kolb, "learning is the process whereby knowledge is created through the transformation of experience". The theory represents a cyclical model of learning, consisting of 4 stages as shown in innermost circle of the model in Figure 1. One may start at any stage, but must follow each other in a sequence: Concrete experience (or "DO"); Reflective observation (or "OBSERVE"); Abstract conceptualization (or "THINK"); and Active experimentation (or "PLAN").

Researcher decided to use group directedness as a source of conditioning lifestyle modification. If the adolescent behavior is group directed it is possible to make adolescents comply with group norms. Group directedness is derived from concept of self-directed behavior used by Pareekh^[4] in assessing behavior in relation to success. Self-directedness^[4] is defined as 'the orientation of taking personal responsibility, in influencing most method significant to one self (personal internal control)'. Group directedness is defined as high collective internality. A group directed person will follow group norms and work with his or her team to influence situations.

As depicted in the model the middle circle, reflects the goal setting, to make the adolescents self-aware of their health status. Goal setting^[5] is a collaborative process in which patients choose a behavior change goal. It is a mechanism to

develop self-directed behavior among adolescents as it helps them to decide and plan for an action thus making themselves "self-responsible" for their own health. It means that adolescent has to be "self-responsible" for lifestyle modification and environment can only facilitate the awareness for preventive action.

Due to collective influence of group the adolescents will decide to follow the decisions of the group and tune his/her choices to comply with group choice. Therefore, if an adolescent has to adopt modified lifestyle only by improved health awareness it is difficult to bring about lifestyle modification. Therefore, along with improved health awareness it is necessary to develop collective health awareness and to help the team of adolescents to take collective decision in modifying lifestyle.

The implementation of planned action represents the self-directed preventive health action behavior of the adolescents. Without the component of self-directedness, adolescent does not get involved in implementing planned action. The presence of the component of self-directed behavior in adolescents makes them partake actively in the participatory adolescent strategic health action for lifestyle modification. When the self-directedness is high adolescent involves in taking action, if the self-directedness is low one may not take necessary step for implementation of planned action. Self-directed adolescent will exercise his or her choices in most situations.

Therefore once the adolescent gets oriented to group directedness, the adolescent also will make self-choice influenced by collective choice. Therefore it was proposed to make use of this approach to modify the lifestyle among adolescents. Thus, the group directed

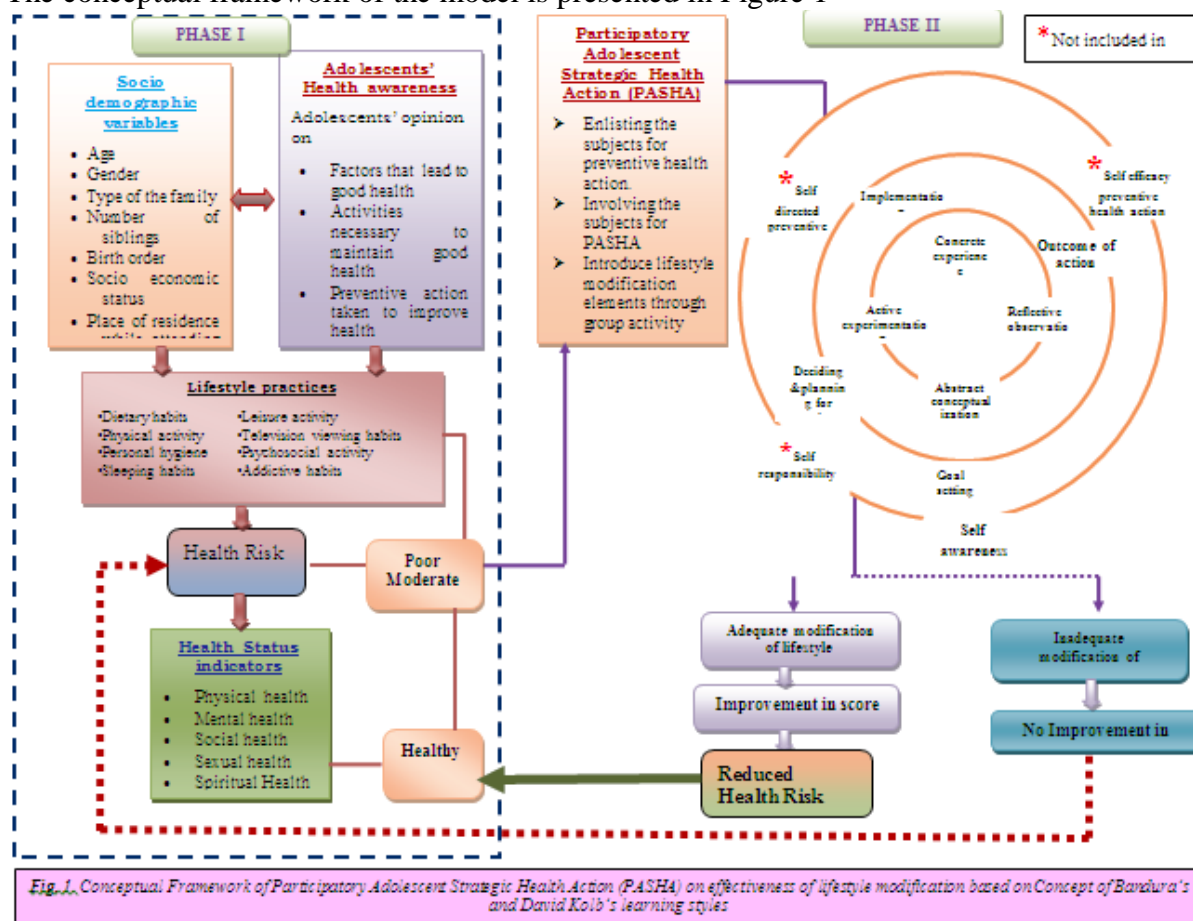
behavior can be used as a channel to influence self-directedness and through self-directedness the self-efficacy preventive health action of the adolescents in adopting healthy lifestyle was developed which is depicted in the model as outcome of action.

According to Bandura^[3] “self-efficacy” refers to the capacity of the person to implement decision taken, by making use of resources available for the fulfillment of the chosen decision. It is subjective judgment of one’s capabilities to organize and execute forces of action to attain designated goals. It is the belief about

what an adolescent can do rather than personal judgment about one’s physical or personality attributes. Self-efficacy refers to a person’s confidence that he/she can carry out a behavior necessary to reach a desired goal.^[6]

As represented in the model those adolescents with no improvement in score in repeated assessment of lifestyle and health status will exhibit inadequate modification of lifestyle thus increasing their health risk, whereas those adolescents with improved score will exhibit adequate modification of lifestyle leading to reduced health risk.

The conceptual framework of the model is presented in Figure 1



DISCUSSION

The model indicates that the lifestyles tend to vary based on the influence of socio-demographic variables as well as health awareness of adolescents. Influence of

these variables may either increase or decrease health risk which reflects the health status of the adolescents. The model depicts that selected adolescents were enlisted for lifestyle modification. The

investigator proposed team approach as a technique for lifestyle modification among adolescents.

As proposed by the researcher in assumptions the model has given enough evidence that lifestyles and health status among adolescents are modifiable. Further it is also proved that improvement in lifestyles would lead to improved health outcome. Therefore, from childhood itself preventive health lifestyle must become the part of life throughout the society. The concepts of the model are applicable to the research however model still needs to be evaluated by some more adolescent researchers as it is newly proposed one.

CONCLUSION

According to WHO^[7] up to 80–90% of non-communicable diseases can be avoided by modifying the lifestyles. Focusing attention during adolescence and on risk factors with their roots in adolescence makes sense. Preventive health action through lifestyle modification is possible when the individual electively undertakes new practices^[8]. It is recommended for further application of the model in relation to the adolescent preventive health.

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