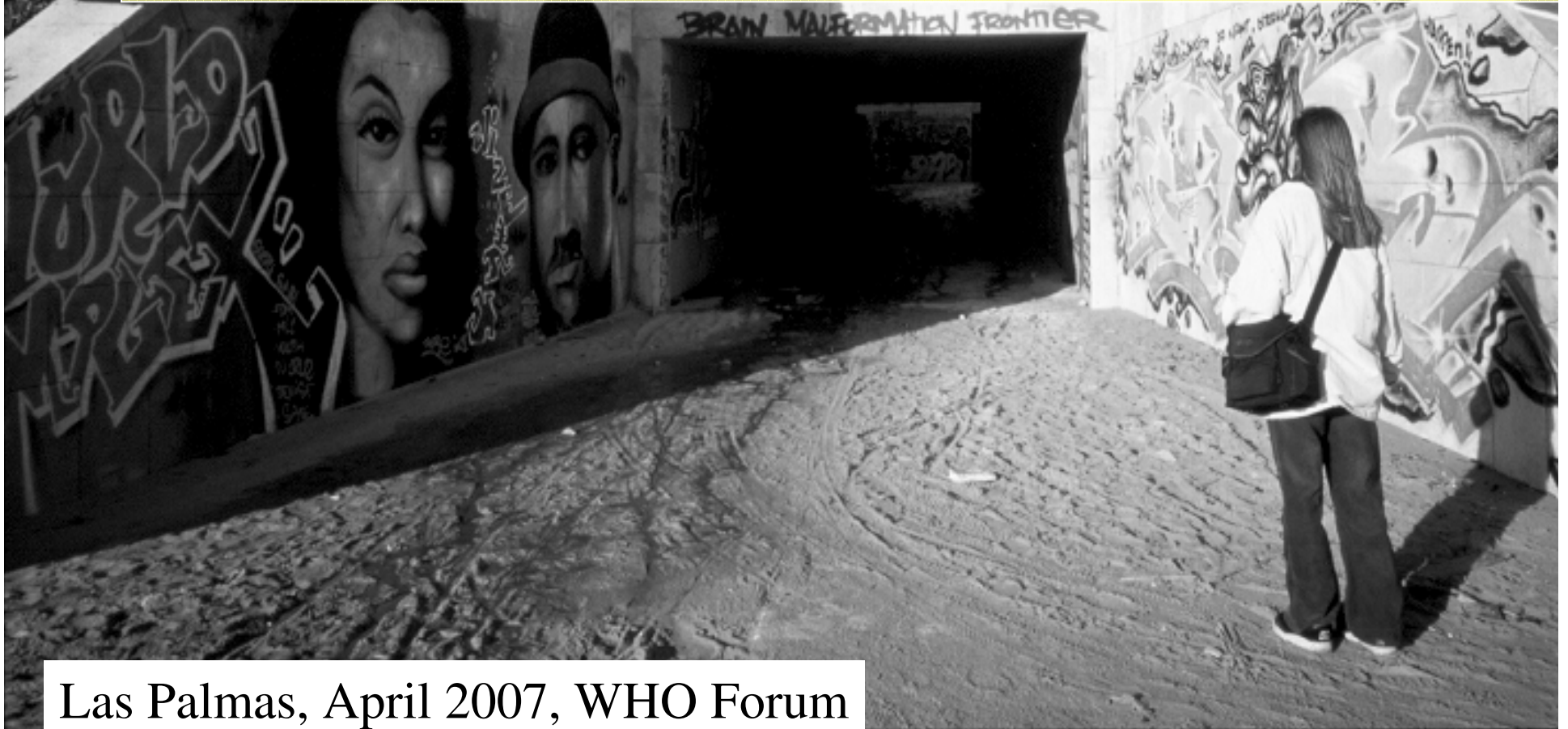


# From research to practice:

Promoting adolescents' positive health in Portuguese schools.



Las Palmas, April 2007, WHO Forum



### **Institutions associated (alphabetic order) :**

- Associação dos Diabéticos Portugueses
- CMDT/IHMT/ UNL - Min Ciência e Tecnologia
- Coordenação infecção VIH- Min Saúde
- FADEUP /UP - Min Ciência e Tecnologia
- FCM/ UNL - Min Ciência e Tecnologia
- FMH/ UTL- Min Ciência e Tecnologia
- FM /UP - Min Ciência e Tecnologia
- FM/ UL - Min Ciência e Tecnologia
- GTES/ DGIDC- Min Educação
- IDT- Min Saúde
- IDP- Cons Min



### **AVENTURA SOCIAL**

Faculdade de Motricidade Humana / UTL  
CMDT / IHMT / UNL  
Promoção da Saúde / Comportamento Social



## **AUTHORS:**

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- **BARROS**, Henrique, MD; PhD; Epidemiologist;
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- **GASPAR**, Tania, MPH; Health Psychologist;
- **GASPAR DE MATOS**, Margarida, PhD; Health Psychologist; \*
- **GOULÃO**, João, MD; Physician;
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- **SAMPAIO**, Daniel, PhD; MD; Psychiatrist;
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\*Leading and corresponding author; FMH/ UTL; CMDT/UNL and GTES/ME

## Positive health during adolescence?

***No Chance*** (Lou Reed – Magic & Loss, 1991)

***«It must be nice to be steady, it must be nice to be firm***

***I must be nice, never to move off the mark***

***It must be nice to be dependable and never let anyone down***

***It must be nice to be all the things I am not»***

## **Social adventure**

1987- 2007

**What can be done to  
promote adolescents  
positive health?**

## **Social adventure**

**1987- 2007**

**Nothing !**

## **Social adventure**

**1987- 2007**

**Whatever!**

## Social adventure

1987- 2007

### Interventions :

- 1- Based on the “**state of the art**”
- 2- Based on “**evaluated studies**”

## Social adventure

1987- 2007

### Interventions :

- 1- Based on the “**state of the art**”
- 2- Based on “evaluated studies”

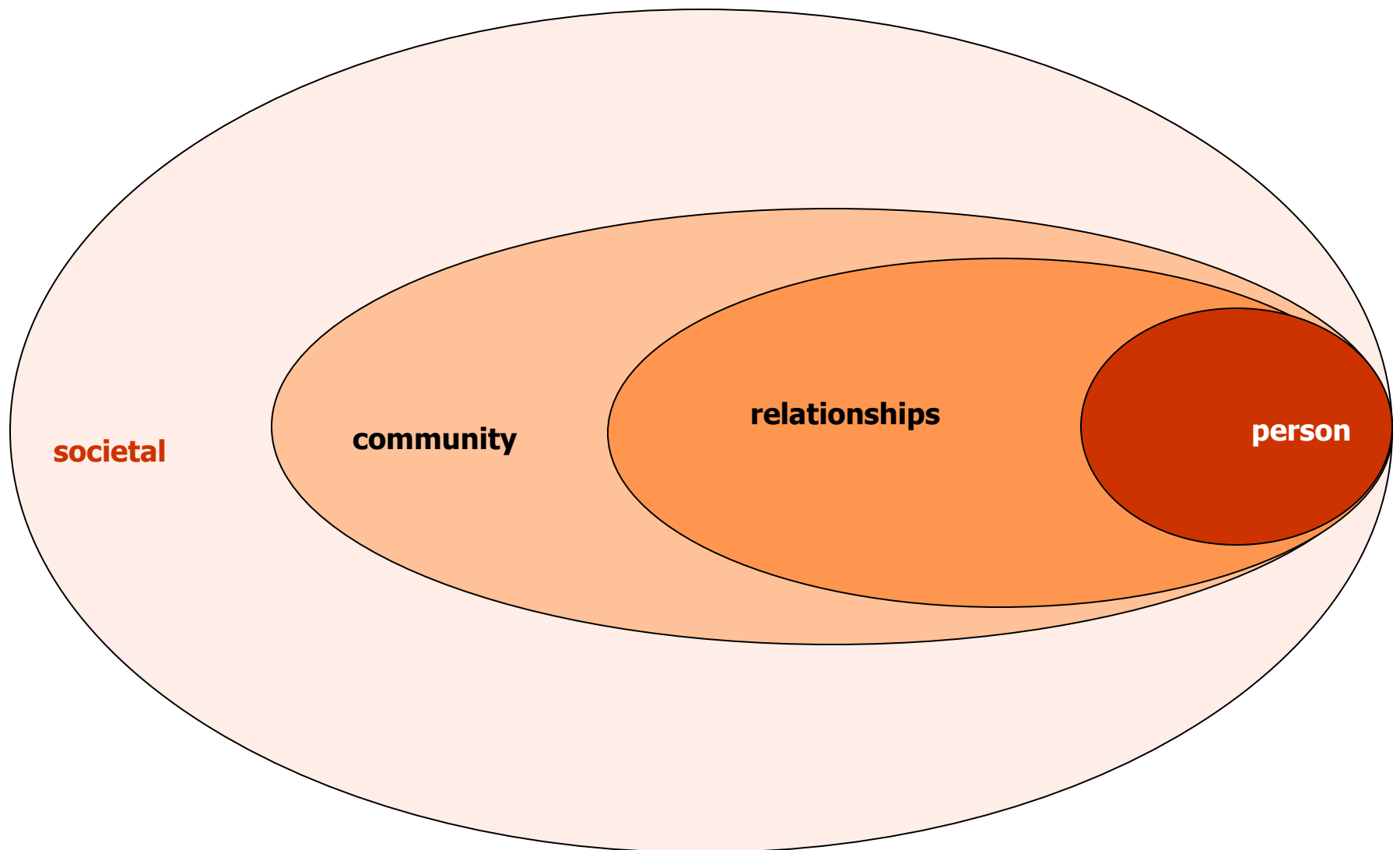
**HBSC- "Health behaviour in school aged children"  
A WHO collaborative study" (1-4)**

**An increased understanding of health  
behaviour, life styles and their context in young people.**

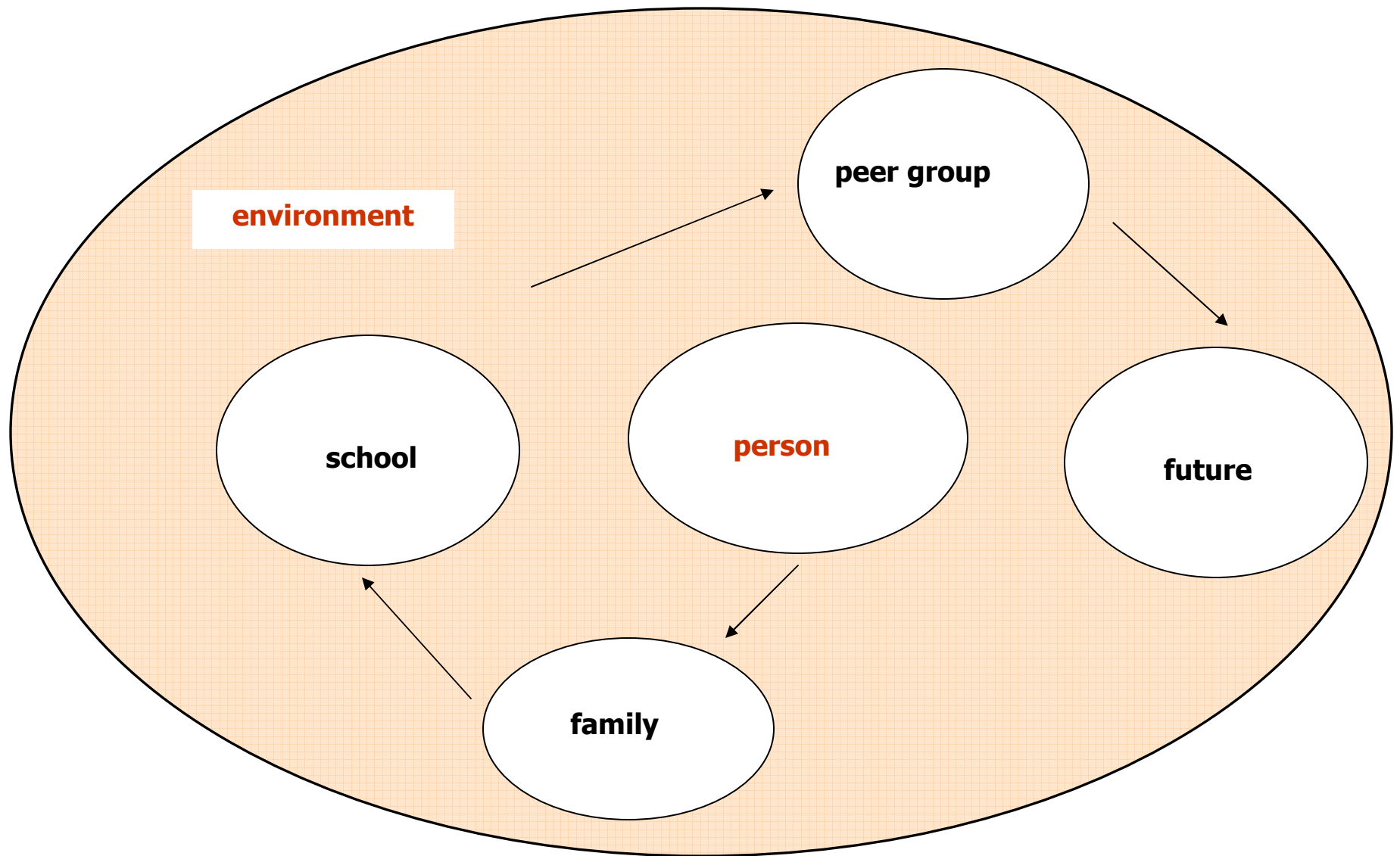
HBSC International study - Since 1982 (more than 44 countries in 2007)

- 1994** first contact
- 1996** pilot study
- 1998** first full survey
- 2002** second full survey
- 2004** specific migrant study
- 2006** third full survey

## Ecological model for understanding risk and protective factors



# Developmental and Ecological model for understanding risk and protective factors



## QUESTIONS

- ▲ **Demographics**
- ▲ Tobacco, drug and Alcohol use
- ▲ Eating patterns and Dental hygiene
- ▲ Physical activity, sports and leisure
- ▲ Family characteristics and support
- ▲ School ethos
- ▲ **Wellbeing and Social support**
- ▲ **Physical and psychological symptoms**
- ▲ Self image
- ▲ Violence
- ▲ Beliefs and attitudes towards AIDS
- ▲ Sexual behaviour

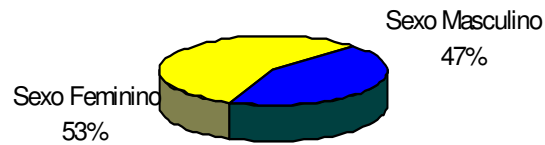
# HBSC, PORTUGAL, SAMPLES- 1998 / 2002/ 2006

( n= 6903, n= 6131, N- 4877) (2-4)

n	ESCOLAS	IDADE	NÍVEL ESCOLARIDADE
6903	191	11 / 13 / 16	6 <sup>º</sup> / 8 <sup>º</sup> / 10 <sup>º</sup>

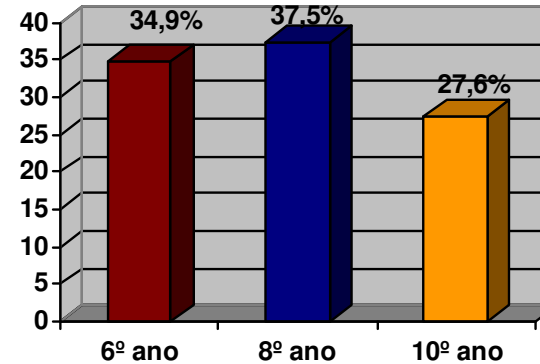
Número de sujeitos e de escolas que participaram no estudo, escalões etários e níveis de escolaridade dos sujeitos

Gender distribution

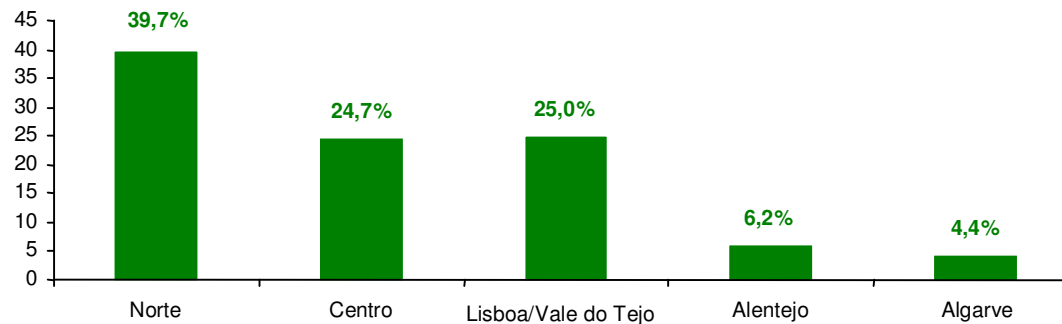


Distribuição dos sujeitos por sexo

SchoolGrade distribution



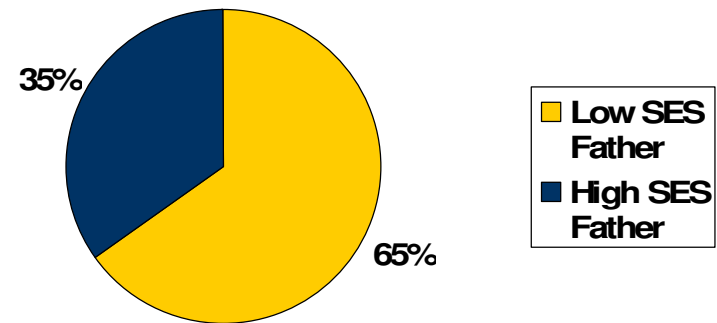
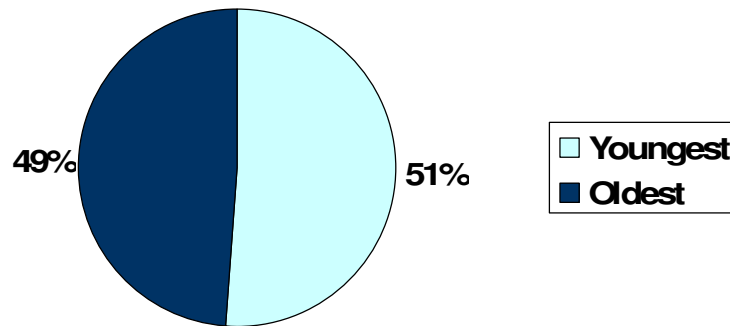
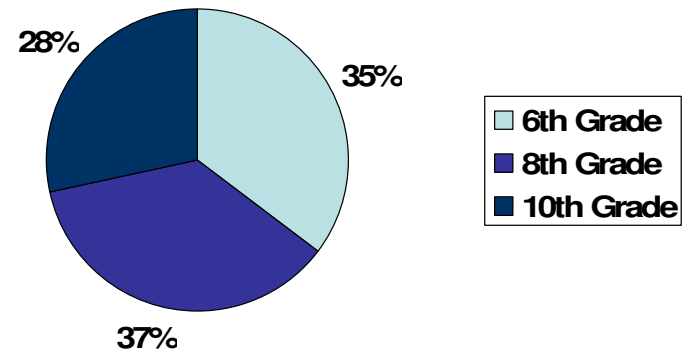
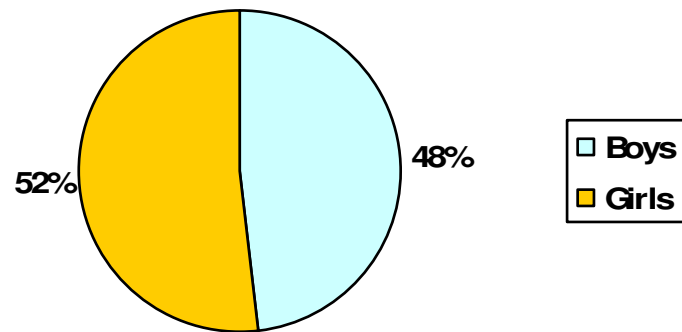
Distribuição dos sujeitos por nível de escolaridade



Regional distribution

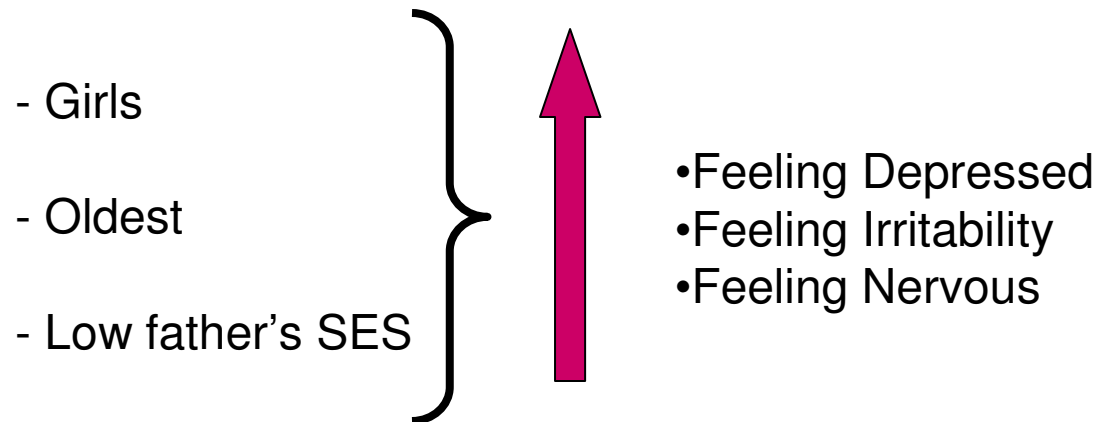
# PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))

**SAMPLE** n = 17 911 ( 3 waves)



## PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))

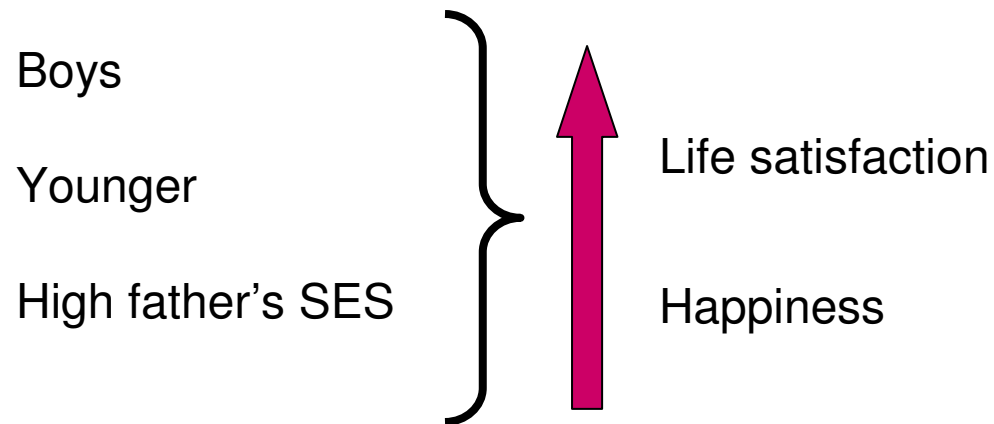
- Feeling depressed, irritated and nervous is significantly associated to:
  - Gender, Age and Father's SES



## PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))

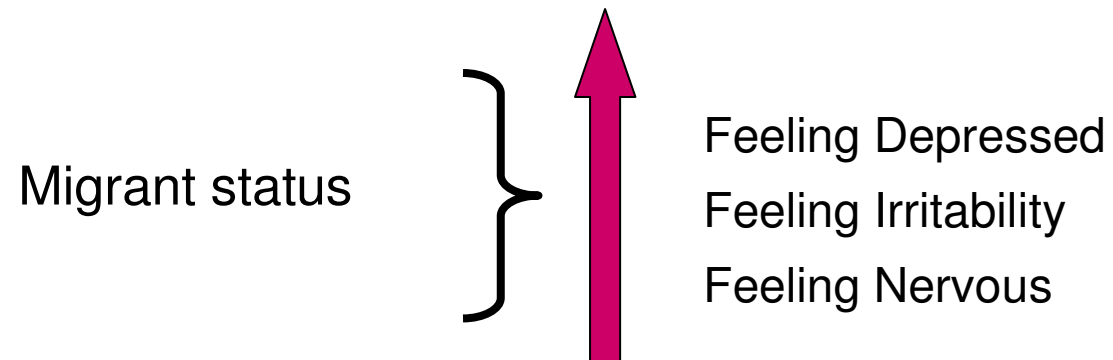
- **Life satisfaction and happiness** is significantly associated to:

– Gender, Age and Father's SES



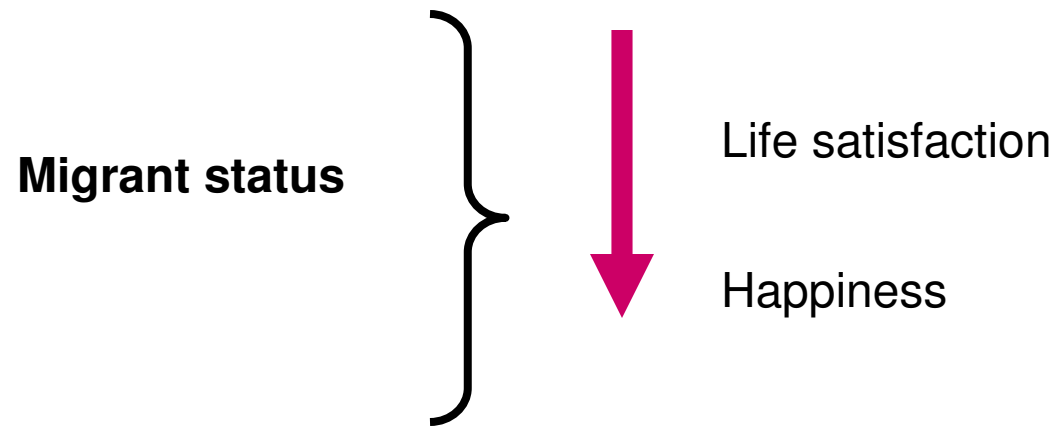
## PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))

- **Feeling depressed, irritated and nervous** is significantly associated to:
  - Migrant status

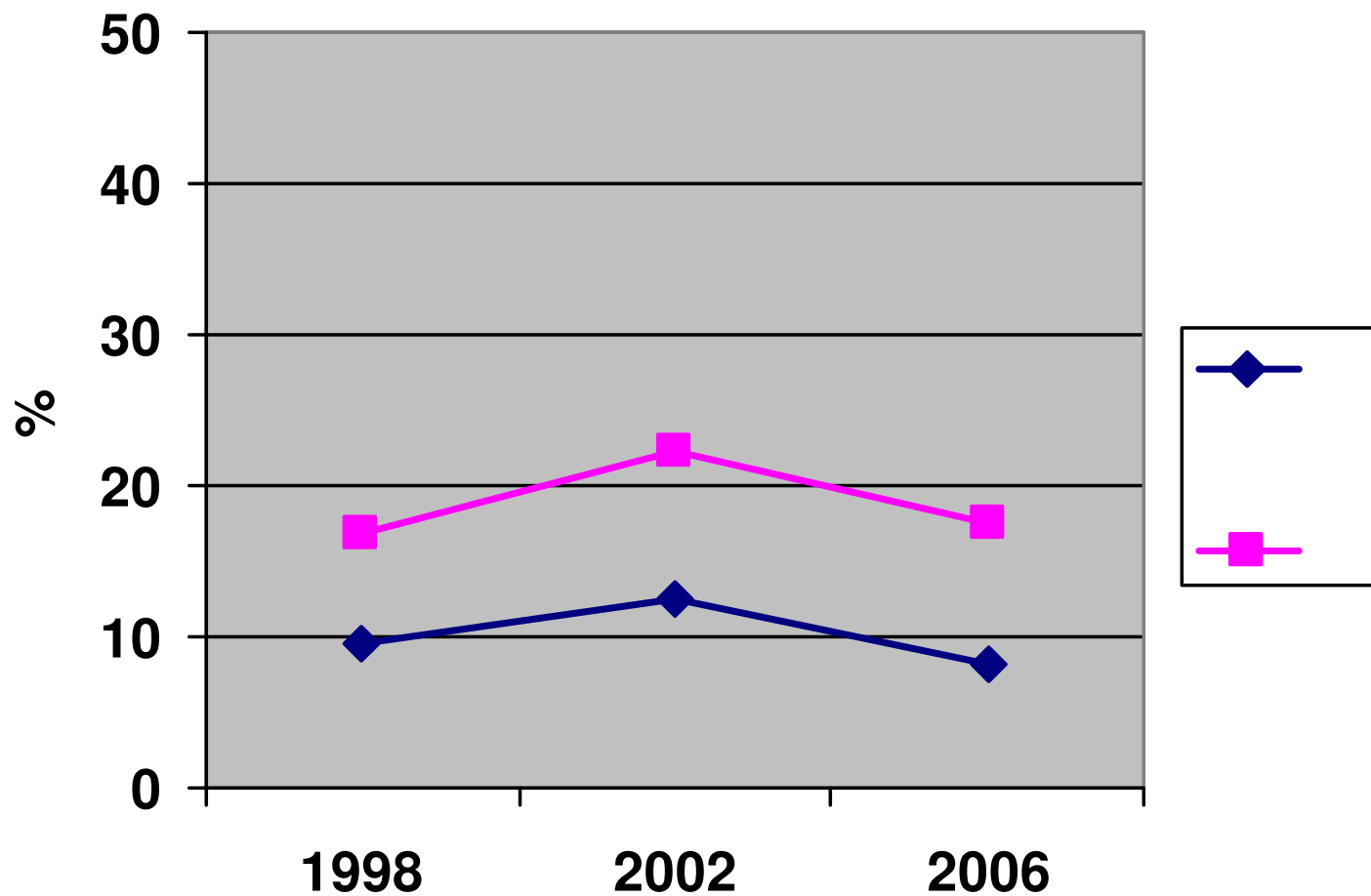


## PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))

- Life satisfaction and happiness is significantly associated to:
  - Migrant status



**PORTUGUESE ADOLESCENTS  
(HBSC, 1998, 2002, 2006 / Portugal, (2-4))**



**PORTUGUESE ADOLESCENTS  
(HBSC, 1998, 2002, 2006 / Portugal, (2-4))**

**(How do they see facts, themselves?)**

**“ Focus groups ”**

- Parents**
- Professionals**
- Adolescents**

**PORTUGUESE ADOLESCENTS**  
**(HBSC, 1998, 2002, 2006 / Portugal, (2-4))**

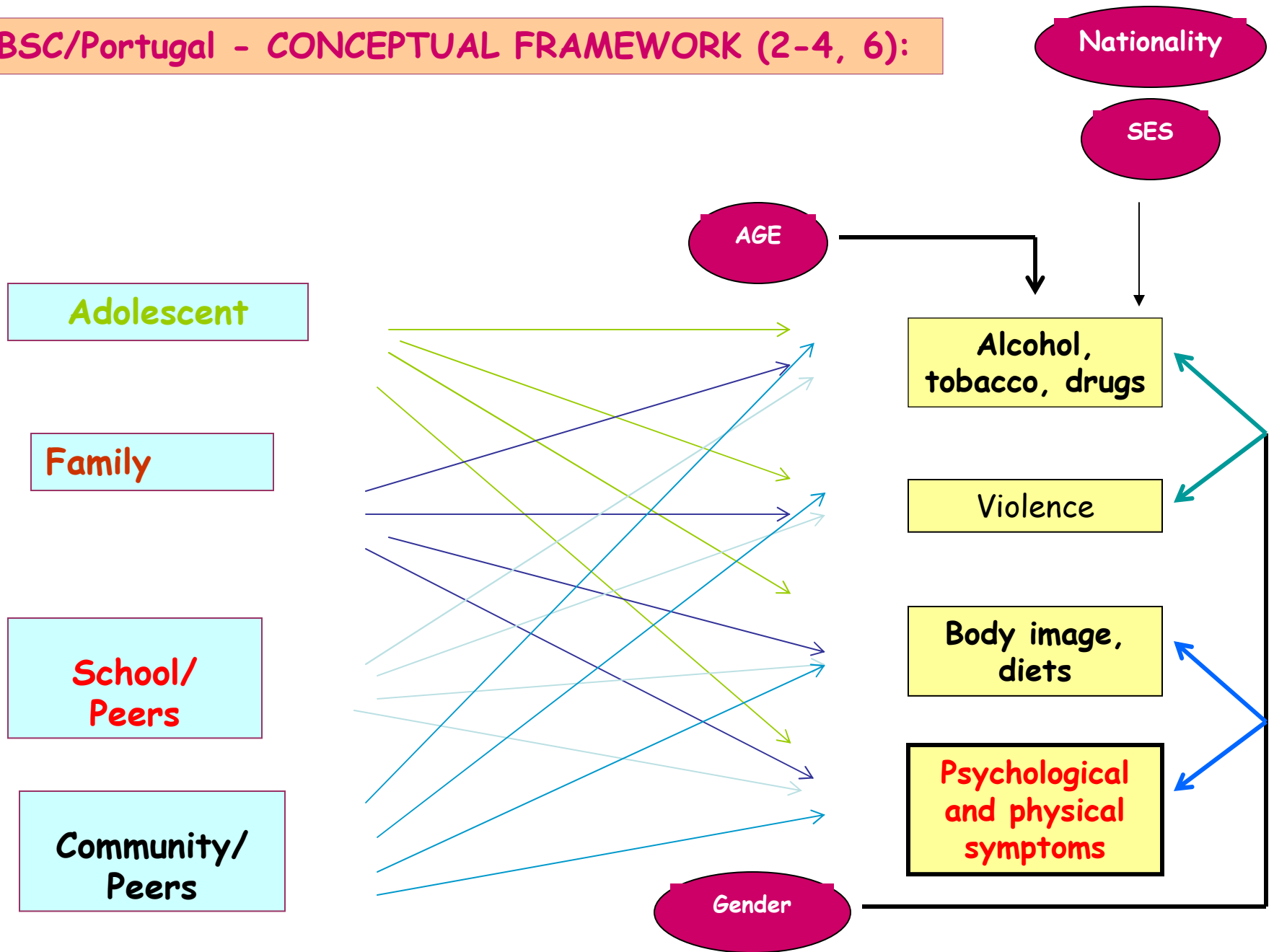
**“ It is the first time we were asked to come here (to school), just to be heard... ”**

## **PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-4))**

- My life lacks of excitement...
- My life lacks of sense...
- My life lacks of a future...
- I do not feel accepted...
- I do not feel safe...
- I belong nowhere...
- I'm really bored...
- I feel hopeless...
- I feel lonely...
- I'm really stressed and sad...

**What are my ALTERNATIVES ?**

HBSC/Portugal - CONCEPTUAL FRAMEWORK (2-4, 6):

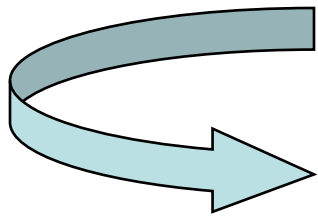


## **PORTUGUESE ADOLESCENTS (HBSC, 1998, 2002, 2006 / Portugal, (2-6))**

### **The HBSC Portuguese studies suggest :**

- 1) The need for a **global community intervention** within the adolescent's contexts (family, school, community),**
- 2) The urge to address **gender, age, social-economics and cultural** specific needs**
- 2) Interventions must go **beyond the point of view of preventing risk behaviours** and move towards promoting well being, a sense of belonging, a sense of being socially supported and having positive expectations towards the future.**
- 3) This entire context suggests the relevance to actively searching for **alternatives to better cope with life** (preventing social exclusion, unhappiness, feeling low, nervous and irritable, promoting interpersonal relationships) and **searching for well-being, personal competence, autonomy and social participation.****

**PORTUGUESE ADOLESCENTS  
(HBSC, 1998, 2002, 2006 / Portugal, (2-6))**

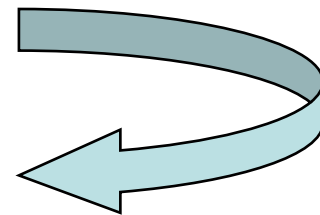


Translating data

**into knowledge ?**

**And knowledge**

**into good practices ?**



## Social adventure

1987- 2007

### Interventions :

- 1- Based on the “state of the art”
- 2- Based on “**evaluated studies**”

# **Social adventure**

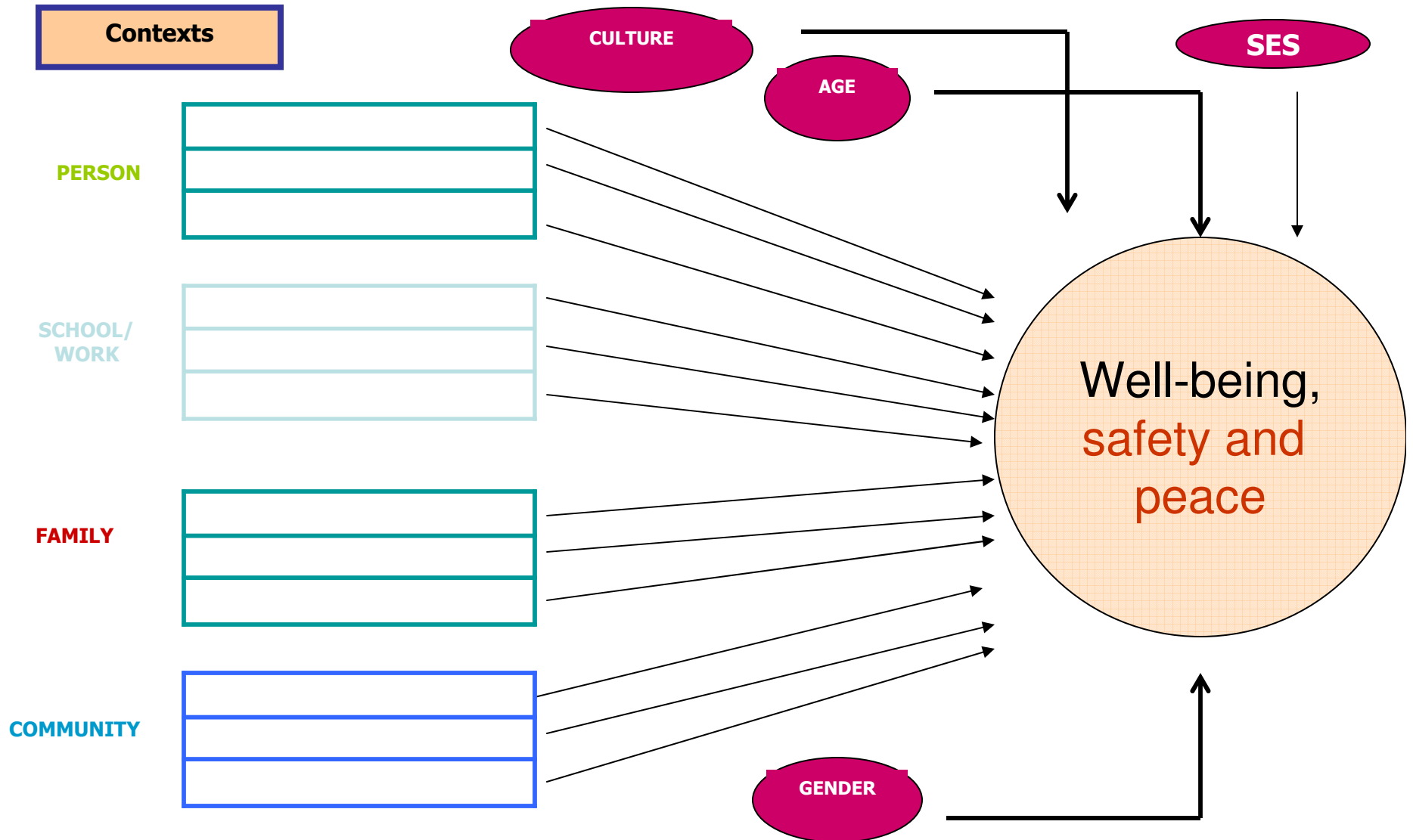
**1987- 2007**

## **Changing means**

- **integrated action**

# Social adventure

1987- 2007



# **Social adventure**

**1987- 2007**

**Changing means:**

- **scientific advances**

## **Social adventure**

**1987- 2007**

### **Changing behaviours and environments (Ottawa Chart, 1986):**

- Positive Health
- Personal and Social Competence
- Social Participation
- Safe environments

# **Social adventure**

**1987- 2007**

## **Intervention models in adolescence:**

**Using developmental & ecological models**

- **Going beyond Information**
- **Going beyond single (not continued) interventions**
- **Going beyond risk prevention**
- **Getting school involvement ( “school culture/ ethos”)**
- **Getting parents involvement (routinely)**
- **Getting community partnerships**
- **Aiming at pupils autonomy, responsibility and participation**
- **Using active, interactive methodologies (NTI)....**

# **Social adventure**

**1987- 2007**

## **Intervention models** (Matos et al 2-4, 6; GTES,5):

### **Objectives:**

- **Being able to get information about health and health related topics**
- **Improving interpersonal communication: verbal, non verbal**
- **Improving cognitive and emotional competences.**
- **Improving social competences, autonomy, responsibility and social participation**
- **Building plans for the future**

## Social adventure

1987- 2007

**Prevention programs including:** (Matos et al 2-4, 6; GTES,5)

- School Interventions
- Parenting practices
- Partnerships and Networking
- School “success” and future expectations
- Peer groups : leisure activities and “ reputation”
- *Media* collaboration: social marketing to health

# **Social adventure**

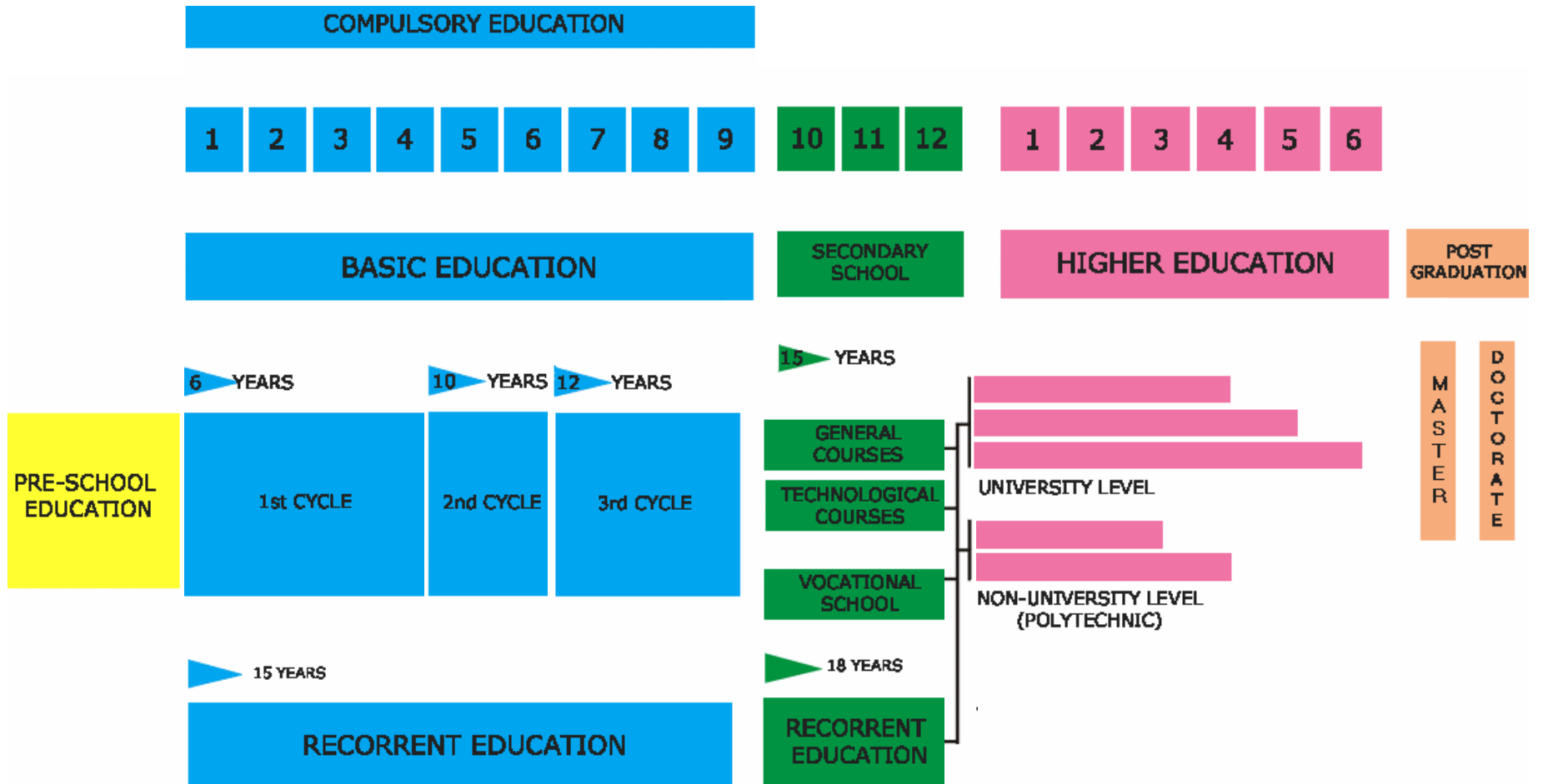
**1987- 2007**

**Changing means:**

- **Political will**

# **The Portuguese Educational System**

# The Portuguese Educational System



# 1st CYCLE

Education for citizenship

## **Disciplinary curricular areas**

- Portuguese Language
- Mathematics
- Studies of the Environment
- Expressions:**
  - Artistic Expressions
  - Physical and motor expression

**Personal  
and social  
education**

## **Non-disciplinary curricular areas**

- Project area**
- Tutored study**
- Civic education**

Moral and Religious Education  
Enrichment activities

# 2nd and 3rd CYCLES

Education for citizenship

## Disciplinary curricular areas

- Languages and Social Studies
- Mathematics and Sciences
- Artistic and Technological Education
- Physical Education

## Personal and social education

### Non-disciplinary curricular areas

- Project area
- Tutored study
- Civic education

Moral and Religious Education

Enrichment activities

# Secondary School

## General Education

-Portuguese Language

-Philosophy

-Foreign Language I or II

-Physical Education

## Specific Education

Common

-1 triennial subject

-2 biennial subjects

Options

-2 subjects

**Personal and social education**- Project area (12th grade)

**The Portuguese  
Educational System  
Health dynamics**



## Ministry of Education (2005)

- **Health Education** in Portuguese schools regarded as:
  - 1) a regular,
  - 2) long lasting,
  - 3) sustainable process
- Created a Working Group (**GTEs**- *Grupo de Trabalho para a Educação Sexual/ Educação para a Saúde*)

### Objectives:

- to reach, by the year 2007, a country wide coverage of schools that would include **Health Education** in the curricula,
- to address teachers specific training
- to supervise and evaluate the process



- **GTES (2005) recommendations:**

**From 1st to 9th grade, Health Education should take place**

- **(a) across all school matters** and included explicitly in each “class project”, and evaluation;
- **(b) at least one of the “non-disciplinary curricular areas”** (“**Areas Curriculares não Disciplinares**”, (“Project area”, “Tutored Study”, “Civic Education” and “ School Option”) will be devoted to **Health Education**, and a least one hour a month would focus on sexual education.
- **(c) Health Education** will involve all pupils, calling for their active participation and aiming at developing knowledge, autonomy, responsibility, and individual choices and social participation.
- **(d) Health Education** will involve parents/ families’ active participation
- **(e) Health Education** will involve other community resources: health centre, local authority, youth centres, etc
- **(f) Every school** will nominate a teacher to coordinate the **Health Education** and promotion process



## Four main **Health Education** issues were identified:

- (a) **Substance use;**
- (b) **Sexuality/ IST and HIV prevention;**
- (c) **Nutrition and Physical activity and**
- (d) **Violence prevention and well being/ mental health.**

### **It was recommended for all schools (and mandatory in secondary schools)**

- (a) the implementation of a **health room** where pupils could be individually heard and supported by a reference teacher or health professional, belonging to the staff of the school or provided by the local health centre.
- (b) this health room should be multiple use and widely available for all pupils

**Peer education and tutoring** involving 12th grade students and university students in health relevant areas was recommended.



Collaboration was search and action was articulated between GTES working group and other health related governmental agencies.

- **The Portuguese Institute for Sports, (IDP)**
- **The National Agency against HIV/Aids,**
- **The National Agency against Drugs and Dependencies (IDT)**

become close partners in this project.



- **First call for schools** to apply for a small budget and accept to be supervised and evaluated by the Working Group **(GTEs)**.
- Schools would conform to the guidelines established
- **186 Groups of Schools** (Agrupamentos- average 14 schools) applied and were supervised for one academic year.
- A protocol between the **Ministry of Education and the Ministry of Health** was signed, in order to allow a better interaction between schools and local health centres, and a responsible person (a medical doctor) was appointed by the Ministry of Health.
- Each of the 5 Portuguese geographic regions appointed **one responsible** from the **Ministry of Health** and one responsible from the **Ministry of Education**
- Schools nominate a teacher to coordinate the **Health Education and promotion** process

## GTES - 1th wave - 186 “Agrupamentos”



Type of schools	North	Center	Lisbon	Alentejo	South	Total
Group schools	17	18	17	6	5	61
B1	1					1
B2,3/Sec. c/3ºciclo	13	9	12	6	6	46
EBInt		2			1	3
Secondary	23	7	29	2	1	62
Private	5	1	1			7
Professional			1			1



- **Next steps:**
- **Teachers training proposal**
- (1) 1th cycle training in **Positive health related topics**, for all future teachers
- (2) 2th and 3th cycle training in **Health promotion** (list all universities where such training is available)
- ( 3) Continuing education, lifelong
- **Manuals and other resources design and evaluation**
- **A post - evaluation survey will take place during early April 2007.**
- **GTES** provided (a) planning, (b)supervision, and (c) evaluations in schools, (d) national and regional teachers meetings, (e) regional education directorate meetings, and f) several visits to schools covering the entire country .



**By the end of July 2007 GTES intends to report:**

- (a) barriers and resources identified;**
- (b) good and bad practices**
- (c) process for communication and collaboration with local health centres, other local resources, other schools and families,**
- (d) health education manuals' evaluation**
- (e) health education manuals' proposal for each of the four health areas identified as a priority (substance use, sexual behaviour, violence prevention/ mental health and physical activity/nutrition)**
- (f) teachers training resources and needs**
- (g) the overall process, impact and outcomes evaluation.**

The evaluation methodology is based in previous internationally experiences, namely in Canada and Australia

# **Social adventure**

1987- 2007

## **Lessons learnt:**

- **need for research**
- **youth participation**
- **parents involvement**
- **teachers training and supervision**
- **partnership and networking**
- **evaluation**
- **sustainability**

## Social adventure

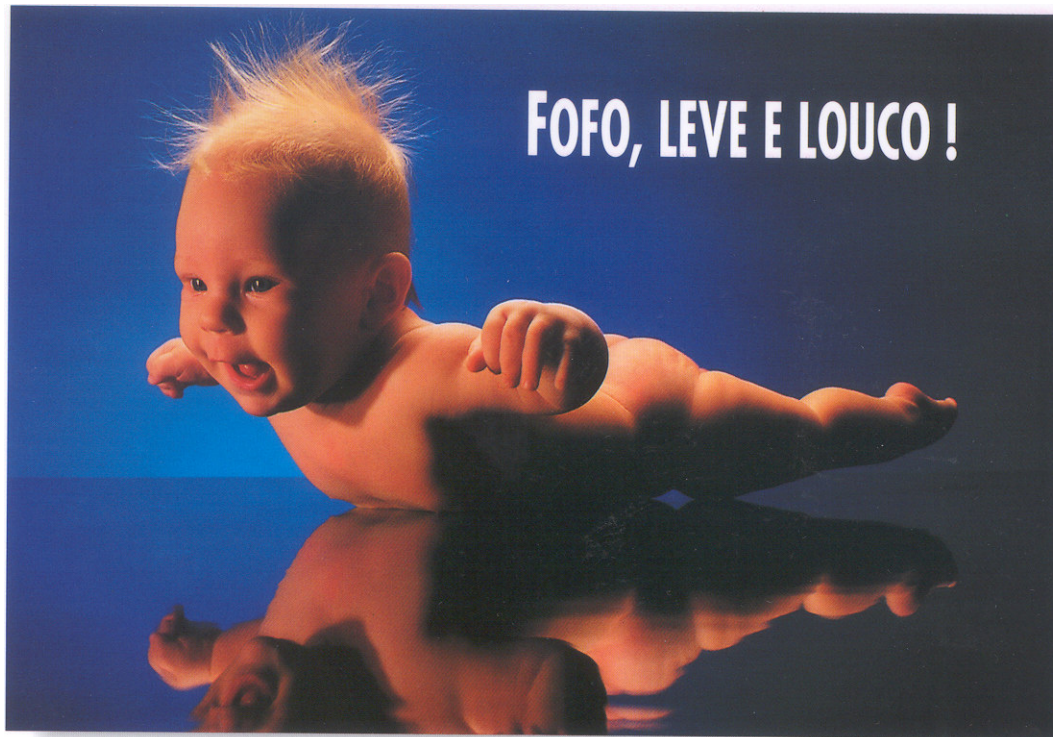
1987- 2007

### Recommendations :

- School and leisure time are a good starter point to cross-cultural and inter culture health promotion and positive health improvement.
- Adolescents, parents, school, peers group, teachers and community must be all together in the process.

## Leisure Time activities

Leisure-time activities like music, sports, drama, arts and dance are important areas of living and learning, in adolescents' life.



Leisure-time activities provide enriching opportunities for adolescents to interact with peers, which are important socialization agents helping to increase autonomy, social participation and wellbeing.

## Social adventure

1987- 2007

### Recommendations:

**Creating alternatives** to coping with life (avoiding social exclusion, feeling depressed or low, irritable or nervous, feeling unhappy, lonely or unsatisfied with life)

**Promoting well being**, competence, autonomy, and personal sense of responsibility, sense of belonging and personal achievement, social participation and commitment.

# Social adventure

1987- 2007

## Recommendations:

Suggested **social and personal skills promotion programs**, as a way to:

- - Identify and solve problems
- - Interpersonal conflicts management
- - Identify and manage emotions
- - Develop interpersonal communication
- - Struggle for personal rights
- - Resist peer pressure
- - Future expectations
- - Choose and maintain a healthy lifestyle

## Social adventure

1987- 2007

### Recommendations :

- Special focus on gender and age differences,
- Special focus on migrant and economic deprived populations
- Special focus on pupils presenting chronic diseases and special educational needs.

# Social adventure

1987- 2007

## Recommendations:

- Biology and Physical Education teachers, as well as Psychologists, Nurses, Social Workers and School Medical Doctors seem to be the “elected” groups of professionals,
- Every teacher and school related health professional should have a specific training including health issues, either during under-graduated studies, or post graduated studies, or lifelong/continuing training.

## Social adventure

1987- 2007

### Recommendations:

- Networking and re-organisation of services and resources are necessary.
- A permanent grant/ budget is to be awarded to every school, as a routine with an annual basis, and its use is to be systematically evaluated, in a cost-benefit basis.

## **Social adventure**

**1987- 2007**

### **Recommendations:**

- **Addressing accurately different characteristics and needs**
- **Networking/ partnerships**
- **Sharing experiences and best practices**
- **Adequate training**
- **Advocacy groups**
- **Sustainability**
- **Economic support**
- **Evaluation**
- **Supervision**

## **Social adventure**

**1987- 2007**

***A new understanding, a new hope...***

(WHO, 2001)

- **preventive and promotional interventions**
- **fight against discrimination and inequalities**
- **evaluation and dissemination of good practices**

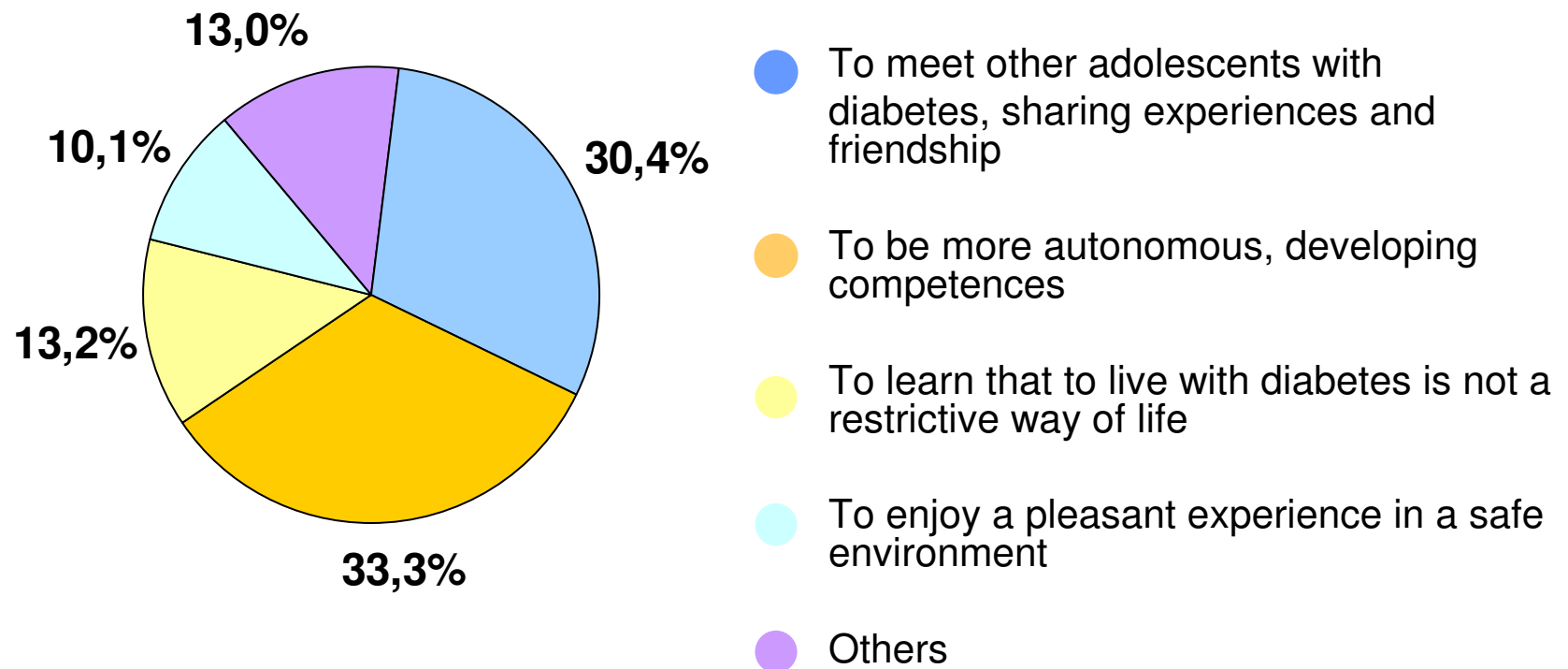
**Social adventure/ Associação Portuguesa de Diabéticos**

# **Leisure activities promote wellbeing in adolescents**

**(chronic disease, type 1 diabetes, and...)**

## Social adventure/ Associação Portuguesa de Diabéticos

### SUMMER CAMPS CONSIDERED IMPORTANT BY THE YOUNGSTERS:



# Social adventure/ Associação Portuguesa de Diabéticos

## OPINIONS ABOUT SUMMER CAMPS (1)

“I enjoyed very much the experience of being with other adolescents with the same problem and the same age”

Mari Carmen



“I loved this summer camp, I had fun and I got a better diabetes control”

Raquel



# **Social adventure**

## **1987- 2007**

[1] Currie , et al .(2000). *Health and health behaviour among young people* , WHO/ HBSC / OMS ([www.hbsc.org](http://www.hbsc.org))

[2] Matos, M. G., Simões, C., et al .(2000). *A saúde dos adolescentes portugueses: Estudo nacional da rede europeia HBSC / OMS (1998 study)*, Lisboa : FMH/PEPT.

[3] Matos, M. G., & Equipa do Projecto Aventura Social. (2003). *A saúde dos adolescentes portugueses (Quatro anos depois) ( 2002 study)* . Lisboa: Edições FMH.

[4] Matos, M. G., Simões, C., Tomé, G., Gaspar, T., Camacho, I., Diniz, J. A., et al. (2006). *A saúde dos adolescentes portugueses: Hoje em 8 anos. ( 2006 study)*  
Accessed at <http://www.fmh.utl.pt/aventurasocial/pdf/191206/nacional.pdf> & [www.aventurasocial.com](http://www.aventurasocial.com)

[5] GTES(2005) - *Relatório preliminar: educação para a saúde nas escolas*  
Accessed at <http://www.dgidc.min-edu.pt>

[6] Matos, M. G.(ed) (2006). *Comunicação, gestão de conflitos e saúde na escola*; FMH/CDI

# **Social adventure**

**1987- 2007**

[www.fmh.utl.pt/aventurasocial](http://www.fmh.utl.pt/aventurasocial)

[www.hbsc.org](http://www.hbsc.org)

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