

Brief Report

Psychoeducation in Adolescent Attitudes Towards Health

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One of the important things which determine the quality of young generation is holistic health, which includes five interrelated dimensions. Unfortunately, young people's concern and attitude toward health related matters is still poor. Therefore, this study aimed to look at the effect of psycho-education in adolescent attitudes towards health. It used an experimental research method which involved 26 students on 12th grade at St. Carolus Senior High School Surabaya. Measurement of adolescent attitudes towards health used a questionnaire compiled by the author (*Cronbach's Alpha* = .922 and *KMO & Bartlett's Test* = .717). The results were analyzed using paired sample t-test showed $t = -2.767$ and $p = .010$ which mean an increase in adolescent's attitude to health after the psycho-education was given. In general, it can be concluded that psycho-education could be a potential alternative method to enhance adolescents' attitude towards health.

Keywords: holistic health, adolescent, attitude, psycho-education

Salah satu hal penting yang menentukan kualitas generasi muda penerus bangsa adalah kesehatan holistik yang meliputi lima dimensi yang saling berkaitan satu sama lain. Sayangnya, perhatian dan sikap remaja dengan hal-hal terkait kesehatan masih tergolong kurang. Oleh karena itu, penelitian ini bertujuan untuk melihat pengaruh pemberian psikoedukasi pada sikap remaja terhadap kesehatan. Penelitian ini menggunakan metode eksperimen yang dilakukan pada 26 siswa kelas 12 di SMA St. Carolus Surabaya. Pengukuran sikap remaja terhadap kesehatan menggunakan angket yang disusun sendiri oleh peneliti (*Cronbach's Alpha* = .922 dan *KMO & Bartlett's Test* = .717). Hasil uji beda menunjukkan $t = -2.767$ dan $p = .010$ yang berarti signifikan. Terdapat peningkatan pada sikap remaja terhadap kesehatan setelah pemberian psikoedukasi. Secara umum, dapat disimpulkan bahwa psikoedukasi berpeluang menjadi metode alternatif peningkatan sikap remaja terhadap kesehatan.

Kata kunci: kesehatan holistik, remaja, sikap, psikoedukasi

A nation needs well-qualified people to survive and improve. That role is supposed to be filled by the young generation. Teenagers as the future generation are the ones who are vulnerable to various negative influences as they observe and absorb from their environment. The *United Nations Population Fund* (UNFPA) stated that approximately one-third of the world's population is composed of the age group between 10 to 24 years (UNFPA, 2005). According to the BPS (Badan Pusat Statistik, Bureau of Statistics) in 2010 census, the population of Indonesia reached 237.6 million, where the number of adolescents

aged 10 to 24 years is about 64 million people, or about 27.6 percent. This statistic proves that Indonesia has a large quantity of national asset.

Health is one of the important things that need to be considered in the creation of a strong young generation. Travis and Ryan (as cited in Maulana, 2009) said that good health is the ability of individual to choose their way of life, the good integration between body, mind, and feelings, and accepting what they have. Without a healthy body, an individual cannot perform at their best. People without a healthy mind make less careful planning and less likely to have a calm and happy life. Hettler (as cited in Foster and Keller, 2007) said that the optimization of human health consists of five dimensions: physical,

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emotional, intellectual, spiritual, and social. Balancing those five dimensions become something crucial in order to achieve an individual's optimal health since each dimension is related to each other.

The first step to start a healthy life is to practice healthy behaviors. The Indonesian government had made several programs and encouragements to promote healthy behaviors on young people. Unfortunately, according to the increase of health problems in adolescents from year to year, these efforts have not appeared to achieve the desired results yet. Unhealthy behavior often discovered at the place where young people should be getting supervision and education. As stated by Hettler (1980), health is not only related to physical well-being. People who receive good education are expected to have good intellectual health especially considering the number and sort of facilities available for them, to support the development of intellectual health. People with good intellectual health should be able to develop positive attitude towards physical health. However, data shows that physical health is not always in line with the intellectual health.

According to WHO (Oxana, Trifonova, Korostovtseva, Erina, & Boiarinova, 2012), approximately 70 to 80% mortality can be explained by health-related conditions, for example physical illness or unhealthy psychological state. Previous research on single health behavior conducted by Harris, Gordon-Larsen, Chantala, & Udry (2006) supports the fact that teens aged 18-25 are more likely to try cigarettes and drink alcohol, and will be less likely to exercise or maintain healthy eating behaviors.

Oxana et al. (2012) conducted research on the attitudes and behavior of healthy adolescents in Russia and discovered only 11.7% of respondents provide their time and attention to health. Some of the reasons for the lack of attention to health are lack of time (47.3%), lack of wish (28.6%), lack of determination (18.7%), while 3.3% is lack of knowledge, and lack of confidence in the health care practitioner is about 2.2%. Ridder, Heuvelmans, Visscher, Seidell, and Renders (2009) found that the level of awareness in adolescence to apply healthy behavior is still low. In other words, their attitude toward health tends to be negative.

Aryani (2013) define attitude to health as people's feeling towards health, either like or dislike, favorable or unfavorable, support or decline, which influence their behavior to feel better physically, emotionally, socially, spiritually, and intellectually. Positive attitude towards health is very important for adolescents

because without this, it will be difficult to motivate one's self to adopt a healthy life.

Elicitation result of the initial survey to 30 students aged 16-18 years in one of the private high school in Surabaya found that four most selected options regarding health behavior were eating a healthy diet, adequate rest, do not drink alcohol and smoking, and exercise regularly. All the four most selected options belong to the description of physical health. More than 90% of students closely associate health with physical health. Only four people (13.3%) included emotional and intellectual aspects such as positive thinking and not insulting other people while describing about health.

Lack of comprehensive knowledge regarding health and lack of wish and determination to live a healthy life show the negative tendency of health attitude. It certainly can result to a long-term negative impact on the young generation. It is important to provide an intervention that can help bring adolescent attitudes towards health to a positive direction, one of which may be through psycho-education.

Psycho-education is not only presenting speech or lecture, but also including some activities which support achieving the goal of the intervention. It is a form of intervention that can be given to individuals, families, or groups to help individuals develop resources, social support, and coping skills to deal with life challenges (Griffith, 2006, as cited in Walsh, 2006). Psycho-education is the most suitable intervention method for young people as promoting and preventive efforts in the encouragement of positive attitudes towards adolescent health.

Research conducted by Walsh (2006) concerning the provision of dental health education on knowledge, attitude and behavior of teenagers in San Francisco showed a significant changes in adolescent knowledge. In addition, there is a change of attitude to a more positive direction in the experimental group from the pretest and posttest results comparison. Besides the attitudes and knowledge, the experiment also found that there is an increase in the frequency of tooth brushing and using dental floss in young women who belong to the experimental group.

Teenage years are period which is critical to the formation of attitude towards health. Positive attitude towards health will reflect and result on healthy behavior. Healthy behaviors applied during teenage years are more likely to last until adulthood. Unfortunately, many teenagers have not fully understood the concept of overall health. Underlying

the importance of health in adolescence for the development of a healthy young generation, special attention needs to be given to this particular area. Based on the characteristics of adolescents, the author was interested to provide psycho-education on adolescent health attitude in terms of five dimensions described by Hettler (as cited in Foster & Keller, 2007).

Method

This study used a quasi-experiment, one group pre-test post-test design. The experimental group was given a pretest before the treatment and a post-test afterwards. The subjects were 26 students from St. Carolus Senior High School in Surabaya, aged between 15 to 18 years old. Selection of the research subjects was done by using purposive sampling. After getting the necessary number of participants, the author gathered the prospective participants for briefing and filling the consent form.

Psycho-education in this study consisted of materials and activity around the five dimension of health: physical, social, emotional, intellectual, and spiritual health. In the duration of about four hours the participants were given presentations, activities in the form of games, and chances to ask questions about each health dimension. Materials given were about the importance of each health dimension, how to identify their personal health, and some tips and tricks to maintain a balanced health.

The data analysis was conducted using paired sample t-test.

Results

This study aimed to prove the effectiveness of psycho-education on adolescent attitudes towards health. Griffith (as cited in Walsh, 2006) stated that psycho-education is a form of intervention that can be given to individuals, families, or groups to help them develop resources, social support, and coping skills to deal with life challenges. Based on the results of the hypothesis testing to test the difference in the pretest and posttest, the significance level was .010 ($< .05$) which mean H_0 is rejected or H_1 accepted. This proved that there was a change of

attitude towards adolescent health by delivering a psycho-education.

Although the results of different test paired sample t-test showed a difference between the condition of the subjects before and after administration of psycho-education, improvement of adolescent attitude towards health did not occur in all subjects. Table 1 shows there were a few subjects which experienced an increase and decrease from the deviation or category. From the attitude towards health deviation scores before and after administration of psycho-education, there were 19 participants whose score have increased, while seven participants' declined. It showed that 73.1% of the subjects experienced an increase in score of attitude towards health.

Subjects who had a significant increase can be seen from the change of category on ideal norm. There were three participants who had a change of attitude category, there were two participants (JHA and DPR) which increased by one category from High to Very High, and one student (DNS) changed as much from Medium to High category. The other 14 participants who were already in High category before and after the psycho-education treatment also had an increase in score, although the change in category was not significant.

The ideal norm showed that most participants had already been in High category of health attitude. Some of them had even been classified as Very High. This proved that actually teenagers in general already have a fairly positive attitude towards health. One of the factors that affect the result was the participants' age and grade. Being 12th grade students of senior high school can also mean that the participants already received a series of school activities and programs which support the development of positive attitudes towards health.

Table 2 showed there was no significant change in the entire five health dimensions. However, there were two dimensions which had significant change. Those two dimensions were physical health ($p = .026$ and $t = -2.368$) and social health ($p = .010$ and $t = -2.793$).

Table 3 showed that the only dimension which had no significant change between pre- and post-cognitive tests was spiritual health ($p = .478$). The dimension with highest cognitive change was social health ($t = -9.445$).

Table 1
Pretest and Posttest Result

Initials	<i>Pretest</i>		<i>Posttest</i>		Deviation	Change in score	Change of category
	Score	Category	Score	Category			
ART	152	High	147.8	High	-4.16	Decreased	Stable
LS	158	High	161	High	3	Increased	Stable
CIA	160	High	164	High	4	Increased	Stable
REN	165	High	160	High	-5	Decreased	Stable
JN	155	High	166	High	11	Increased	Stable
YTL	139	High	143	High	4	Increased	Stable
SJM	142	High	146	High	4	Increased	Stable
EL	155	High	156	High	1	Increased	Stable
SR	156	High	161	High	5	Increased	Stable
YL	154	High	151	High	-3	Decreased	Stable
BBB	131	Middle	133	Middle	2	Increased	Stable
SJ	152	High	160.8	High	8.8	Increased	Stable
RD	169	Very High	162	High	-7	Decreased	Decreased
FYP	156	High	157	High	1	Increased	Stable
SYL	159	High	160	High	1	Increased	Stable
FFHP	175	Very High	179	Very High	4	Increased	Stable
JHA	163	High	174	Very High	11	Increased	Increased
ALP	138	High	137	High	-1	Decreased	Stable
TRP	151	High	160	High	9	Increased	Stable
DNS	135	Middle	147.36	High	12.36	Increased	Increased
DPR	157	High	170	Very High	13	Increased	Increased
UFC	151	High	154	High	3	Increased	Stable
EA	130	Middle	128	Middle	-2	Decreased	Stable
IC	160	High	174	Very High	14	Increased	Increased
EF	172	Very High	163	High	-9	Decreased	Decreased
DMC	145	High	154	High	9	Increased	Stable

Brainstorming was done with two categories. For the component of success categories, almost all participants (92.3%) mentioned emotional health played a big part to their success. Meanwhile, 81.1% of participants agreed that physical health was the most common thing they think about when talking about health.

Based on the average, 22 participants (85.9%) agreed that the materials given were helpful. The least helpful material was 'Find Your Inner Peace', while the most helpful one was 'Win the First Impression'.

Discussion

After giving psycho-education, there were some changes to the answers given by the participants. They had learned that the factors contributing to success were not only from the emotional aspect, but also emphasize the role of the five dimensions

of health. The variations in the participants' answers about the key to success was more characterized by the other health dimensions which had not shown in the results of the pretest, such as physical, social, and intellectual dimensions. More than half of the participants (17 people) said the five dimensions of health were the key of success. They could also explain the practical aspects of the five dimensions of health in everyday life. Hettler (1980) said that the optimization of human health consists of five dimensions, which are physical, emotional, intellectual, spiritual, and social. Therefore, changes in attitudes towards health in this study can also be analyzed from the five dimensions of health which displayed in Table 6.

The social dimension was the dimension that had the most significant change in attitude ($p = .010$). From the initial brainstorming, the social dimension neither appeared in the concept of health nor the components of success according to participants. This showed that the participants did not see the social

dimension as one of the components of health which has to be maintained and developed. Moreover, the social dimension was not closely related to the success (compared to the other dimensions) so it did not get any special attention. The significant increase in the social dimension could be due to the new knowledge and skills the participants acquired. Assertive communication skills are things that are practical and can be applied in everyday teen life to build better social relations. This was one of the reasons for the significance change in attitude on the social dimension.

The other dimension which had a significant change was physical dimension. As opposed to the

Table 2
Pretest-Posttest Comparison Based on Dimension

Dimension	Difference Test		Status
	<i>t</i>	<i>p</i>	
Physical Health	-2.368	.026	Significant
Emotional Health	-1.021	.317	Not Significant
Intellectual Health	-1.620	.118	Not Significant
Spiritual Health	0.345	.733	Not Significant
Social Health	-2.793	.010	Significant

Table 3
Cognitive Test Result per dimension

Dimension	Difference Test		Status
	<i>t</i>	<i>p</i>	
Holistic Health	-5.730	.000	Significant
Physical Health	-3.404	.002	Significant
Emotional Health	-8.077	.000	Significant
Intellectual Health	-3.565	.001	Significant
Spiritual Health	0.721	.478	Not Significant
Social Health	-9.445	.000	Significant

Table 4
Brainstorming Result

Health Dimension	Brainstorming	
	Components of success	Health concept
Physical	0%	81.8%
Emotional	92.3%	7.7%
Intellectual	42.3%	11.5%
Spiritual	42.3%	0%
Social	0%	0%

social dimension, 81% of the participants could already identify this dimension in the process of brainstorming about the concept of health. In addition, although the change between *pretest* and *posttest* of the cognitive tests was significant ($p = .002$), the change was only ranked fourth of the five dimensions of health. This means that the participants already knew that health was closely related to the physical and they already had a good knowledge on matters related to the physical dimensions of the health even before being given the psycho-education. However, awareness of the importance of the physical dimension to their lives is still relatively lacking. Moreover, adolescence is the period where physical appearance is quite important. Both men and women can spend a lot of time worrying their appearance, especially to be accepted in their peer group. This made the physical dimension quite influential in adolescence and thus giving psycho-education showed significant effect. Providing psycho-education was helpful for participants to relate the importance of knowledge that they already possess about the physical dimensions of health to the practicality in their lives ($p = .026$).

Dimension which stayed on relative category of the five dimensions of holistic health was the intellectual dimension. The brainstorming result at the beginning of the psycho-education showed that this dimension was ranked third on the concept of health (11.5%) and quite widely mentioned in the components of success (42.3%). The participants already realized the intellectual dimension's effect on the success and some of them knew that intellectual dimension was a part of health. Although it was on the third place of the five dimensions of health, only a few of the participants knew that the intellectual dimension was included in health.

Results of the pretest and post-test attitude towards health on the emotional dimension showed no significant change ($p = .317$). There are 92.3% of participants provided answers which mentioned emotional dimension as a part of the concept of success during the brainstorming. This showed that participants were actually aware and knew that the emotional dimension is an important aspect for success. The results also showed that teenagers tend to unconsciously express negative emotions during their emotional instability. This explained why young people need emotions management skill to manage negative emotions within them.

Table 5
Training Materials' Content

No	Statement	Disagree		Neutral		Agree	
		<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
1.	"Win The First Impression" material was beneficial for me.	1	3.8	0	0	24	92.3
2.	"Manage Your Emotion" material was beneficial for me.	1	3.8	1	3.8	23	88.5
3.	"Your Head is Your Leader" material was beneficial for me.	0	0	2	7.7	23	88.4
4.	"Find Your Inner Peace" material was beneficial for me.	2	7.6	5	19.2	18	69.2
5.	"Communication and Relationship" material was beneficial for me.	2	7.6	0	0	23	88.5
6.	Overall, all the materials were important for me.	1	3.8	1	3.8	23	88.5
	TOTAL	9	26.6	9	34.5	134	515.4
	Average	1.2	4.4	1.5	5.8	22.3	85.9

Table 6
Analysis per Health Dimension

Rank	Category Pretest - Posttest	Cognitive tests	Brainstorming		Evaluation of the material
			Components of success	Health concept	
1	Social (<i>p</i> : 0.010)	Social (<i>t</i> : -9.445)	Emotional (92.3%)	Physical (81.8%)	Physical (92.3%)
2	Physical (<i>p</i> : 0.026)	Emotional (<i>t</i> : -8.077)	Spiritual (42.3%)	Intellectual (11.5%)	Social (88.5%)
3	Intellectual (<i>p</i> : 0.118)	Intellectual (<i>t</i> : -3.565)	Intellectual (42.3%)	Emotional (7.7%)	Intellectual (88.5%)
4	Emotional (<i>p</i> : 0.317)	Physical (<i>t</i> : -3.404)	Social (0%)	Social (0%)	Emotional (88.5%)
5	Spiritual (<i>p</i> : 0.733)	Spiritual (<i>p</i> : 0.721)	Physical (0%)	Spiritual (0%)	Spiritual (69.3%)

The results showed that the participants already had a fairly good spiritual health. In terms of the characteristics of the school where the participants spend most of their time, St. Carolus senior high school has developed a good environment for the spiritual development of the students. Apart from the participants' spiritual dimension which was already classified as good enough, there were also limitations during the delivery of psycho-education which made the material on this dimension could not be given to the fullest. Participants just briefly got the spirituality material as an introduction while the core material could not be conveyed as much as compared with the other health dimensions. Teenagers tend to be highly influenced by their surrounding environment and rarely put spirituality in life as a priority. This is why spirituality becomes one of the aspects that got less attention in adolescents.

Limitations

The measurements used in this study were limited only to a questionnaire. A detailed obser-

vation will be very helpful to give deeper analysis to the data. Trainer also needs to pay attention to the duration of the psycho-education because there was a lack in data in this study due to the insufficient time to deliver all the materials. It is better to divide the delivery of psycho-education into several days rather than completing the entire materials in a very long duration in one day. In addition, participants' criteria need to be more specified to avoid stable pretest scores at the beginning which can impact the whole experiment result.

Conclusion and Suggestions

The study on psycho-education, which I christened "Life Hacks: The Secrets to Success" was in line with the five dimensions of health (physical, emotional, intellectual, spiritual, and social) in grade 12 science class at St. Carolus Senior High School brought significant changes in attitudes towards health. Based on the overall evaluation results on the implementation of psycho-education, the majority of participants agreed that the material

given was to their best interests and delivered in a way that was acceptable to them, so it can be concluded that psycho-education could be a potential alternative method to enhance adolescents' attitude towards health

Suggestions to consider for future study in this area are to pay more attention to the duration and measuring instrument. It is better to extend the duration of psycho-education and add measuring instruments in the form of recording observations during psycho-education activities to get more detailed results.

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