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Correlates of After-school Activity Preference in Children Ages 5-12: The PARADE Study*

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Activities that children choose to do after school can foster good health or promote a sedentary lifestyle. The goal of this study was to explore and contrast the preference of after school activities in a group of urban, low-income, Caucasian and African American children ages 5-12. The Partners of all Ages Reading about Diet and Exercise or (PARADE) program was designed to encourage young children to develop healthy eating and activity habits through a tutoring/mentoring program. This paper analyzed a subset of the baseline pre-test of the PARADE data from 817 children. Activity preferences were analyzed using a series of four correlates: age group, race, gender, and BMI category. The greatest significant differences in preferences of activities were found between African American and Caucasian groups, and females and males. Little variation in preference was found among the BMI groups or age groups. Fifty-four percent of children reported that homework was a barrier to after school physical activities. Children across all groups reported that they should actively play at least one hour each day. An inventory of preferred activities may help inform programs geared toward increasing physical activity in after school hours. Race and gender differences should be addressed. Promoting fun, social, and low-cost physical activities may enhance enjoyment and improve participation. Programs should assess barriers to after school physical activities (e.g., homework) and include components such as time management.

Trends of Indiana Public Opinion about Condom Use for HIV Prevention-1993, 1998, and 2003

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This study identified the trends of Indiana public opinion about condom promotion and condom use for human immunodeficiency virus (HIV) prevention via statewide telephone probability surveys repeated in five-year intervals since 1993. There were 645 participants in 1993, 491 in 1998, and 496 in 2003. Results showed that many Indiana residents were still supportive of condom promotion. Their support for condom availability to and correct condom use instruction for teenagers has remained virtually the same with the vast majority being supportive. Public opinion in Indiana was consistent over the years regarding their agreement on the federal government's role in promoting condom use and their disagreement on viewing condom promotion as promoting sex. However, the public became less favorable to television networks airing condom commercials to help prevent the spread of HIV. Lastly, the public's disagreement about a person carrying a condom being viewed as having casual sex and agreement about the effectiveness of condoms in HIV prevention has steadily increased. In conclusion, public opinion about condom use for HIV prevention in Indiana has somewhat changed over time, which may subsequently impact condom education, condom promotion, and public health. Therefore, the trends should be continuously monitored with a view toward preventing HIV transmission.

An Exploration of College Students' Complementary and Alternative Medicine Use: Relationship to Health

Locus of Control and Spirituality Level

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Complementary and alternative medicine (CAM) therapies are varied. The purposes of this study were the following: (a) to identify CAM therapies students know about and have used; (b) to investigate how college students view alternative practitioners (APs) and medical doctors (MDs) based on opinion about patient/client interaction; (c) to assess relationship of CAM use to selected demographics, being a member of an athletic team, and selected personal health behaviors; (d) to assess relationship of CAM use to health locus of control and spirituality/spiritual health; and (e) to identify predictors of CAM use. Participants included 997 students (males = 304; females = 693) attending a southern university. CAM use differed by age, being a member of an athletic team, and year in school. Participants viewed APs as more sympathetic, having more time to listen, more sensitive to emotional issues, and better at explaining treatments. They viewed MDs as having more knowledge of disease and better at explaining why one is ill. Pearson correlation coefficient revealed a significant positive relationship between several previous medical illnesses or health conditions and attitudes toward APs. Health Locus of Control (HLC) internality was significantly related to use of CAM therapies and to spirituality level. Stepwise multiple regression (MR) revealed twelve significant predictors of CAM use and nine factors significantly predictive of herbal supplement use. Since college students are employing CAM therapies, health educators need to plan and implement CAM educational programs and/or courses to increase students' knowledge about safe versus unsafe CAM practices.

Service Learning: Its origin, evolution, and connection to health education*

Nicole Champagne

The following review of literature explores the origin of Service Learning back to John Dewey and Paulo Friere and connects it to the more recent phenomenon of campus community partnerships. Service Learning in health education, as well as many other academic disciplines, is designed to engage the university with the community in ways that enhance students' academic experiences, and simultaneously serve the needs of the community. The review identifies a compilation of research that has been conducted on Service Learning and how it affects students, faculty, communities, and institutions. Service Learning is, however, far from being standard on our college and university campuses, and barriers to its institutionalization will be explored. The implications regarding the integration of Service Learning in the development of entry-level health educators is reviewed in relationship to the important standards set by the National Commission for Health Education Credentialing.

A Closer Look at Effect Sizes and Their Relevance to Health Education

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A number of academic disciplines are engaged in scholarly discussions regarding statistical practice reform, particularly the use of effect sizes. Health education must stimulate a similar conversation by adopting strategies for generating, reporting, and interpreting effect size

estimates for various statistical analyses within journal articles. The purpose of this article is to demonstrate the practical applications of effect size reporting and interpretation in health education research. Congruent with previous recommendations in the American Journal of Health Education, this article will provide examples and techniques used for effect size reporting that educate the researcher and practitioner, thus improving the scholarship of health education publications. Effect size reporting should become the rule for health education and concerted efforts should be made to equip researchers and practitioners with the proficiency to perform this task effectively. Such skill building will increase the scholarship and readability of health education research.