

Predicting Elementary School Teachers' Intentions to Teach Health Education: An Application of the Theory of Planned Behavior

Lydia J. Burak

This study used the theory of planned behavior to examine and predict elementary school teachers' intentions to teach health education. The theory's constructs provided the framework for the examination of teachers' attitudes, subjective norms, and perceived behavioral control regarding health education. A sample of 181 elementary school teachers employed in the Commonwealth of Massachusetts completed self-administered questionnaires. Multiple regression analysis was used to predict their intentions to teach health education. The variables of the theory of planned behavior explained 52.3% of the variance in teachers' intentions; perceived behavioral control contributed the greatest weight to the prediction.

Why Don't Parents Participate in School Health Education?

Scott D. Winnail, Brian F. Geiger, and Stephen Nagy

This study examined factors that inhibit parent involvement in school health education. Parents of middle school children were surveyed to determine what factors constituted barriers to their participation in school health education activities. Specifically, this study examined the synergistic effects of multiple factors on parent involvement. Results illustrate that parents are likely to have low levels of participation in school health education if they (1) have a limited knowledge of opportunities to participate, (2) perceive that the school does not want them to participate, (3) perceive that the health education curriculum does not allow for parent involvement, and (4) perceive that their children would be embarrassed by their participation at school. When these factors combine, parents are far less likely to be involved at school. Implications of the study findings are discussed with particular focus on needed future research.

Retrospective Pretesting in Health Education Settings

Jill L. English and Jordan Horowitz

Evaluations of health education programs often lack behavioral measures of assessment. Relying on traditional pre- and posttest measures may indicate no significant change even though change may have occurred. Participant ratings at pretest and posttest actually are based on two different scales: knowledge prior to the program and knowledge after the program. Knowledge and skills prior to health education programs shift from pretest to posttest as a result of the knowledge and skills obtained from the program. This response-shift bias may mistakenly lead health educators to conclude that their programs were ineffective. The use of retrospective pre-testing measures helps to compensate for this response-shift bias. This article discusses the use of retrospective pre-testing, provides an example of its use in a health education setting, and discusses implications for health educators and other evaluators of health education programs.

Tobacco Initiation Among Early Adolescent Mexican Americans

Bobby Guinn, Tom Semper, Layne Jorgensen, and Vern Vincent

Although their tobacco smoking rates have increased dramatically over the past 10 years, Mexican-American youth are understudied with regard to initiation of tobacco use. The purpose of this study was to examine the relationship of tobacco knowledge and attitudes, degree of acculturation, and gender with tobacco use initiation among early adolescent

Mexican Americans. Data were gathered through a self-report survey instrument administered to the fifth grade classes of four elementary schools. Results indicated subjects were low to moderately acculturated, had an awareness of tobacco's effects, and held generally unfavorable views of its use. Lack of knowledge about tobacco and positive attitudes toward smoking were most predictive of tobacco initiation. Implications of these findings and suggestions for interventions are discussed.

Decision Making Correlates of Depressive Symptoms Among African-American Adolescents: Implications for Prevention Approaches

Jebose O. Okwumabua, Elias J. Duryea, and S. P. Wong

Depression is the most common disorder of all mental illnesses. According to Healthy People 2010, one in five children and adolescents between the ages of 9 and 17 years has a diagnosable mental disorder in a given year. Adolescent depression is associated with impairment of functioning particularly in the domains of decision-making and self-efficacy. The present investigation examined the relationship between depressive symptoms and decision-making among a non-referred, non-clinical community sample of 276 low-income African-American adolescents. The students ranged in age from 12 to 17 years. The Children's Depression Inventory (CDI) was used to assess depressive symptomatology among participants. The Flinders Adolescent Decision Making Questionnaire was used for assessing participants' decision-making and decision coping patterns. The instrument was group-administered in classroom settings by a health educator and a clinical psychology graduate student. Findings indicated a significant correlation between adolescents' self-reported depressive symptomatology, as represented by their CDI scores, and inadequacy toward making decisions. Perhaps increasing competence in decision-making may have beneficial effects on overall mood and depressive symptoms among at-risk adolescent populations.

Knowledge and Attitude Outcomes Related to Different Instructional Techniques in Lead-Based Paint Abatement Training

Laurel Sharmer

Lead poisoning remains the most serious environmental disease affecting American children under the age of 6. Federal regulations for training workers for lead-based paint abatement are designed to institute a primary prevention approach to solving this problem. This research compared knowledge and attitude outcomes for two different methods for this training. Two classes of trainees (n = 46) each participated in a 4-hour lecture format training on the subject areas specified by the regulations. Two additional classes (n = 44) of trainees each participated in an interactive, student-centered training on the same subject areas. A pretest/posttest study design was used. The pretest analysis of knowledge did not show significant differences between groups. Posttest differences, however, were significant, with the participatory group having a higher mean score. Attitude was measured with a dichotomous variable ("concerned" or "not concerned" about lead poisoning prevention). Although the number of trainees who were "concerned" increased among the lecture participants, the increase was not statistically significant. Among the participatory trainees, however, the increase in the number of students who were "concerned" after the training was statistically significant.

CLIPs: Using Radio to Increase Access to Health Information for People with Disabilities

Brian F. Geiger

Health information traditionally has been presented in oral and written formats by elders, teachers, mass media, and health care professionals. Today's telecommunications technology provides an ever-expanding wealth of health informational resources. However, some Americans with visual impairment and physical disabilities may have limited access to technology products and services. Others do not have adaptive devices to read for them. Until we breach the digital divide, community health educators can use radio broadcasts to provide current information about health to this audience.