

3. RESULTS

3.1 GENERAL RESULTS AND PREVENTION EFFECTS

The following results concentrate on the non-personality specific aspects of the Health Promotion Program.

3.1.1 Acceptance of the prevention program

A good acceptance of the prevention program by both the students and teachers is important for the realization of durable effects of the promoted skills. Therefore, the engagement, the motivation and the satisfaction of the participants were measured together with their opinion about the different parts of the program. The teachers and students in the intervention group were asked to express their opinion about the prevention program and to report on the changes that the program brought to them in the evaluation of the acceptance of the health promotion treatment. The questions were divided into four sections (Pieper, Szirmák, Leppin, Freitag & Hurrelmann, 1999):

- class climate (e.g., “The program helped us to get along better with each other in our class”)
- students' behavior (e.g., “Has the co-operative behavior been altered in the class?”)
- teachers' behavior (e.g., “The program improved our relationship to the teacher.”)
- prevention effects (e.g., “The program helps me to get on better with my daily life.”)

Teachers reported a positive change in the class climate, in communication between the students, and in motivation towards the program (see Hurrelmann & Szirmák, 1998a). Students praised the relaxation effects of the fantasy trips and progressive relaxation blocks, they found that their social competencies improved and they reported that they became more efficacious. Both teachers and students found that a better relationship was established among them through the program and they reported on personal growth and development in their communication with each other. The informal structure of the blocks helped teachers to get closer to the students and it helped students to find a less formal way of communication with

their teachers. The difficulties teachers reported were about organization, such as how to fit the program blocks in the normal curriculum, and how to receive support (like extra tuition hours for the program) from other colleagues (Hurrelmann & Szirmák, 1998a; Pieper et al., 1999).

3.1.2 Protective socio-demographic aspects

Pieper (1999) analyzed the demographic variables of the primary prevention study. She investigated the relationship between socio-economical status (SES) and the level of social competencies and found that SES had an indirect effect on the social competencies at a young age. She also reported that the majority of the students had good to very good relations with adults (parents, teachers, etc). Those who reported having an unsatisfying relationship with adults also had less satisfying relationships with peers.

Pieper (1999) divided the students into three groups with high, moderate, and low SES, and investigated the levels of competence they reported according to three parameters: social contacts, assertive, and prosocial behavior. Students from families with high SES had many more opportunities to develop their social competencies. They could also compensate for unfavorable conditions through the financial status of their families. They were engaged in various activities and in peer groups with advanced standards for competences. Students from poorer families had rather traditional relationships, relied on their own resources, such as family, neighborhood groups and non-profit after-school activities. Students from middle class families provided a mixture of both traditional and advanced social competence standards.

The effects of the promotion of social competencies in the intervention program differed in the three SES groups. Those with high SES showed a moderate progress in social competencies through the program. Pieper (1999) suggested, that for the students, the integration of the new competencies was rather unproblematic and thus, their advanced competence level and structure were already compatible to those promoted by the school-

focused program. No effect was found in the group of students with a middle range SES. Pieper argued that, in this group, the opposite effects of traditional and advanced social competence standards caused the absence of statistical differences. In the low SES group, a slight negative effect was observed. Students with a low SES tended to grade their social competencies after the intervention lower than before. This effect was more likely to appear when, in the intervention, the “correctness” of the new advanced social competence standards were presented as opposite to the traditional standards of the low SES group.

Pieper (1999) concluded that the prevention program brought no general effects in promoting social competencies through all SES groups. Moreover, those who benefited from the program needed the least institutional support in their social development because, through the financial possibilities, alternative support was available to them. Unfortunately, for those who needed specifically such support, the program brought no direct benefit; they were only confronted with their unsatisfying social competencies. Finally, Pieper (1999) concluded the necessity for a more detailed and less comprehensive prevention tailored to the special needs of the “socially and financially handicapped”.

3.1.3 Substance specific prevention effects

A general finding showed that, in the intervention group of abstinent of tobacco and alcohol, a positive effect was achieved through offering information and critical confrontation with legal drugs. After two years of intervention, those who showed a rather ambivalent and indifferent attitude at the beginning of the project achieved the most benefit. Students with a clear positive attitude toward smoking and alcohol were not influenced in their view (Hurrelmann & Szirmák, 1998b).

In the control group it was found that the alcohol habits of the parents were of influence on the consumption habits of their children. Students, who reported frequent alcohol consumption at home (especially by the mothers), had a higher chance of becoming consumers and they reported consumption significantly more often than students from non-

consuming parents. This effect was especially strong in younger age groups, although with growing age, it disappeared (Freitag, 1999; Leppin, Pieper, Szirmák, Freitag & Hurrelmann, 1999). Furthermore, Leppin et al. (1999) reported prevention effects against alcohol consumption in the subgroup of depressed students of the intervention classes. The depressed students in the control group showed a higher risk of starting alcohol consumption in the period of the project.

Freitag (1999) also investigated the effect of social support from the parents in relation to the alcohol consumption habits by their children. He found that, even over a one-year period, perceived parental social support effected alcohol consumption by children. Students who felt the least supported by their parents became engaged significantly more often in trial-behavior drinking than those who reported high parental social support. A relationship between the frequency of alcohol consumption by the parents and perceived social support from the children was not found.

Summarizing, low consumption or abstinence by parents protected children against early alcohol use and therefore, promoted a reasonable attitude toward this legal drug. Results showed a substance specific prevention effect when the intention to take part in alcohol consumption was measured (Leppin, Freitag, Pieper, Szirmák & Hurrelmann, 1998). In the intervention group, a positive effect was observed in the development of the intention to consume alcohol, if the class climate was positive or the social support from the teachers was rated as high. Looking at the individual students' level, a positive prevention effect in the intention to consume alcohol was only found in the group of vulnerable students with a high degree of test anxiety. Leppin et al. (1998) summarized that the prevention effects were not generally present in the intervention group, but influenced by moderating variables such as personal and situational factors.

3.1.4 Gender specific prevention effects

Transfer effects of the unspecific and tobacco specific programs influenced the onset of alcohol consumption by girls. This means that girls with alcohol abstinent mothers profited from the drug prevention program, although the program at that time included no alcohol specific prevention units. More positive treatment effects were observed in the younger part of the age group and among girls with more frequent depressive symptoms (Leppin, Pieper, Szirmák, Freitag & Hurrelmann, 1999).

3.1.5 Conclusions

The results suggest that, with the present school oriented social-skills program, no comprehensive prevention effects appear. It is much more likely that when such a large-scale health prevention program with social, emotional, and communicational competence training is implemented, rather smaller and sub-group specific effects appear. Moreover, it seems necessary that such programs should be tailored to the individual needs and the personal characteristics of the participants. The results express the need for a more detailed and more flexible target group design to be able to facilitate and work on an individual level. To what extent personality factors and characteristics influence the effectiveness of such an intervention will be discussed in the next chapters.