

CHAPTER I

INTRODUCTION

1. Background and rationale

Adolescence is a critical period in human life and is important in developing the adult self. Many factors may jeopardize the healthy development of young people, including personal and familial characteristics, the quality of the schools they attend, and the communities in which they live. Among the greatest risks to healthy development are adolescents' behavior and compromised health status and the contexts in which they live. It is well documented that behaviors developed during this period influence health in adulthood, several health compromising behaviors (e.g. smoking, alcohol) as well as health enhancing behaviors (e.g. physical exercise) are adopted in adolescence and often persist into adulthood (Ali DBS, 2009). The World Health Organization estimates that 70% of premature deaths among adults are due to behavior (smoking, illicit drug use, reckless driving) initiated during adolescence (WHO, 2009). Nevertheless; engagement in risky behaviors is common during adolescence, in addition to the future demographic changes in the proportion of youth population which lead them to grow up in impoverished environments, this situation will create greater challenges for promoting healthy development among all youth (Resnick M.D., 2000)

One of the UN's Millennium Development Goals is to promote the young people to have positive social values, relationships with peers and a strong sense of connectedness with caring that allow young people to develop a sense of identity, to grow as responsible and finally contribute for their community and society. Positive Youth Development conceptual framework seems to consistent with this goal, the foundation of PYD is comprised of six positive youth outcomes (the 6 C's) and five assumptions. The 6 C's are: competence, compassion, character, confidence, social connections, and contribution. Contribution is the 6th C and considered to be an outcome of the other 5 C's (Lerner, 2004). Volunteering is one form of contribution and usually perceived as a social and communal activity that enhances social capital; strengthens the community and helps in delivering services that otherwise would have

been more expensive or underprovided (Putnam, 2000). Volunteers are an important link between the organization and the community, as they represent the interface between these two groups. Volunteering reduces social exclusion and alienation, and can empower clients to give not only receive. There has many evidence reported that volunteering was found to have a positive impact on young people. Youth volunteering was found to be related to better grades in school, an ambition for higher education, higher self confidence, and inner motivation to accomplish tasks and to have less behavior problems (Johnson et al., 1998; Moore & Allen, 1996). In addition to personal gain, youth volunteers were found to have more positive attitudes toward society: volunteers acquired social responsibility, had more knowledge about others in their community, improved their skills, and were more capable of decision making than non-volunteers (Hamilton & Fenzel, 1988; Sundeen & Raskoff, 2000).

Based on Positive Youth Development concept, health promotion program for young people has been occurred in Thailand since 2001: Friends' Corner; Smart Consumer and Volunteer Minded Young Dentist. After reviewing the health plan in the Ninth National Socioeconomic Development Plan, it is concluded that by the end of the plan in 2006 Thai young people must have healthy life style regarding to the Ten National Recommendations for Health and Hygiene. In addition, they must have life skill against risky behavior i.e. smoking, drug addiction, unsafe sex, be deceived, improper food selection and others. To accomplish this goal, young people would be provided by integrated health with social services and would be empowered in self reliant manner. With all of these Strategic Approach: Create public awareness on young people problems, Establish and expand service infrastructure, youth friendly centers or the Friend's Corner in various social systems including communities, health services, education institutes and work places, strengthen inter-sector collaboration and networks, educate youth for healthy life style and life skill against risks (personnel development) and promote community participation and social support. The young people who involved in these programs would voluntarily perform as peer leaders role and implement their own projects to empower other young people increase health promotion life style and have life skills against health risks. And also providing qualified services to cope with social, behavioral and health problems and to persuade others for collaboration.

Although their performances is widely believed to be beneficial not only for the community but also for the individuals who perform it, surprisingly little attention has been paid to the developmental outcome of volunteer service. Since being the Peer Leaders who deliver wellness for young people without paid, therefore; the critical developmental outcomes would be leadership and health concern.

2. Purpose of the study

This study conducted to examine the developmental outcomes of Peer Leaders especially in the area of Health Consciousness and Social Change Agent Characteristic whether there is any difference among 3 groups and how differ from the general students, including investigate the relationship between Health Consciousness and Social Change Agent Characteristic.

3. Research questions

3.1 What is the level of Health Consciousness and Social Change Agent Characteristic among 3 types of Peer Leaders?

3.2 Is there a relationship between the 2 variables and being Peer Leaders?

3.3 Is there a relationship between the Health Consciousness and the Social Change Agent Characteristic in Peer Leaders?

4. Operational definition

4.1 Young people

Young people is defined as the person whose aged range between 10-24 years old, while adolescent is defined as those between 10-19 years old and the term youth defined as those between the ages of 15-24 (WHO, 1998). However, these three terms may interchangeably used in this study because all of the subjects are 17 years old.

4.2 Volunteerism

One of the many or varied ways in which people try to do good for others, their communities their society at large. Volunteer can be distinguished from charitable giving in that, participants in volunteer effort provide valuable time, resources and energy to causes and recipient of services rather than donating money

or goods. In this study, volunteer means the adolescents who participate in 3 programs (Friends' Corner; Smart Consumer and Volunteer-Minded Young Dentists) providing health services to others without remuneration.

4.3 Peer Leaders

The term "Peer educators" may be used substituted. The person who take a role as Peer educators or Peer Leaders would provide information, assistance, counseling, and programming for their fellow. In this study, Peer Leaders refer to the volunteers who participate in 3 programs (Friends' Corner; Smart Consumer and Volunteer-Minded Young Dentists). Namely as Peer Leaders, hence not only their duty dedicated to their friend as above mentioned, but also their performance would be a good role model.

4.4 Non-Peer Leaders (general student)

This term refers to the other students who were in the same schools of Peer Leaders, however; they have not involved in those 3 programs.

4.5 Social Change Agent Characteristic (SCAC)

This model of leadership approach to leadership development among college students that seeks to build individual, group, and community level of leadership outcomes which driven to social change.

4.6 Social Change Agent Characteristic Measurement (SCAM)

This measurement was adapted from a revised version of the SRLS (SRLS-R2). It composed of 6 domains and developed as a way to measure the leadership outcomes of the SCAC.

4.7 Health Consciousness (HC)

Health Consciousness, Health Awareness can be used. Health Consciousness is the degree to which someone attends to or focuses on his or her health. It is an intrinsic motivation, which is the driving force in an individual's participation with their health. A high level of health consciousness is a good predictor of how willing an individual is to participate in preventative cares towards his or her health.

4.8 Health Consciousness Measurement (HCM)

This measurement was established from the concept of Health Consciousness of Gould (1988) and Dutta-Bergman's (2005). It composed of 4 domains and developed as a mean to measure the health concern in young people.

5. Anticipated outcome

The outcome of this study is valuable based line data for the policy maker and health professional.