Conclusion:

We found in a qualitative analysis of this health promotion interventions that existential aspects of quality of life can facilitate a more supportive environment for health and well-being among adolescents going through upper secondary school in Sweden. A quantitative evaluation of the intervention and its possible effects on health-related quality of life (HRQL) is currently underway.

The aim:

To introduce a health promotion initiative that includes existential issues related to spiritual, religious and personal beliefs [SRPB], in an upper secondary school in a Swedish municipality.

Background:

International research shows that the existential domain accounts for an important part of variation in health-related quality of life (HRQL). Such findings are worthy of attention in countries such as Sweden, where studies show increased mental health problems in adolescence, and where traditional arenas for existential issues, such as religion and politics, play decreasing roles in everyday life for young people. In 2002, WHO introduced an instrument for measuring HRQL that comprised not only physical, psychological, levels of independence, social relationship, and environmental aspects, but also an existential [SRPB] dimension. To date, however, there are few, if any, HRQL interventions among adolescents that include the existential domain.

Material and Methods:

The project was based on a mixed-method study comprising qualitative and quantitative approaches to evaluate the effect of a promotion for health-related quality of life. The fundament of the promotion was to implement a strategic intervention that included an existential dimension focusing eight SRPB aspects. Tools were developed that included special cards for communication in groups to support participant thoughts, feelings, and actions, in relation to the above existential aspects. 111 students were involved; 45 participating students were selected in three intervention groups with additional school staff (mentor groups). The groups came together for a short introduction to the existential theme on the agenda. Then the group was divided into two subgroups with 6-8 students in each for discussion. The intervention was conducted during eight weeks, once a week for 30 minutes. The control groups - six mentor groups, with about 15 students and school personal in each - carried on with normal activities, such as study techniques.

Evaluation of this intervention follows the classic before and after design with control groups. Focus group interviews with students were held before and after the intervention, as well as with school staff, mentors and the school health team. Staff also gathered after each session for about 15 minutes, discussing their experience and taking notes in a logbook. Quantitative measurement was thereafter based on a modified and psychometrically tested adolescent version of the WHOQOL-SRPB BREF instrument.

Results:

In the qualitative analysis of the focus group interviews with students after the promotion, together with the interviews with the school staff, we found that this health intervention initiative facilitated a supportive environment for health in this particular school. The school staff reported that the discussions helped students to better cope with stress, and also to reflect on their own existential values. The students also reported that the initiative supported their own relaxation. The students found it supportive to listen to the reflections of others in relation to existential aspects, something that they seldom did. They reported that it helped them reflect on their own thoughts and feeling in relation to such existential aspects. They also highlighted an increased motivation to actively search for greater peace for instance in their own lives. In addition, the initiative supported some students to take important decisions for the future.

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