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Research Article

PRIMARY PREVENTION IN CHILDHOOD AND ADOLESCENCE: BASIC PRINCIPLES OF EVOLUTIONARY PSYCHOLOGY

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A R T I C L E I N F O

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A B S T R A C T

On account of the limited experience and consequently the inadequate problem-solving skills, it is difficult for children to face problems and crises, and to behave accordingly. Especially in transition stages of development (admission to school, physical maturation and commencement of working life) they are more vulnerable. These burdens bear the risk that children and adolescents, due to a lack of coping strategies, would look for solutions that are dangerous to health or dangerous ways of behaviour, which they prefer over the most ***prudent*** ways of healthy behaviour. The purpose of this study was to approach, analyze and ultimately examine primary prevention in childhood and adolescence based on the principles of Evolutionary Psychology in order to help promote the health of children and adolescents. The method adopted for this study was a review of the relevant literature. On the basis of this study and from the research on risk and protective factors, it is clear that on the one hand there are risk factors that can disrupt childhood and adolescent development but on the other hand there is a series of protective factors that can help children and young people in building a strong and resilient personality. However, when designing prevention programs, one should not take into account only those bases of Evolutionary Psychology for childhood and adolescence but rather also specific aspects on each gender. We should consider, for example, that boys tend to be more oriented to conflict (aggressiveness, alcohol abuse or drug abuse), while girls tend more to resignation syndromes (psychosomatic annoyances, depressions, and emaciation). The material and objectives of gender-specific prevention programs can be formed separately, for example having access to girl groups and boy groups. On the one hand, therefore, gender differences must be considered seriously. On the other hand, however, feminine elements should be included in prevention work for boys and vice versa.

INTRODUCTION

Health prevention and promotion in childhood and adolescence play an increasingly important role. On the one hand, at these stages of life, the basis of later behaviour (healthy and risky) is set; namely, a problematic behaviour that may occur later often has its roots in childhood or adolescence. On the other hand, the changing living conditions of children and young people make it so important to prevent and promote health. These are expressed, for example, in the change in the form of the family (increasing divorce rate), the increasing time they spend enclosed at home and the use of media in the world that children experience. In order for prevention programs to be as effective as possible, it is especially important to take into account the specific developmental circumstances and the characteristics of childhood and adolescence (ELBEN & LOHAUS, 2003).

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The following chapter deals specifically with the prevention and promotion of health in childhood and adolescence, and initially introduces basic principles of Evolutionary Psychology and its effect on the development of prevention programs. Consequently, follows an explanation about the gender-specific aspects that must be taken into account in the prevention measures.

METHODOLOGY

The present research is a bibliographic review study, presenting the critical points of the existing knowledge about primary prevention in childhood and adolescence, thereby helping to promote the health of children and adolescents. There is no specialized and comprehensive work on this subject in the relevant literature. This work endeavours to cover this gap, and will perhaps also be a useful aid for those who in the future will attempt similar efforts. The main aim of the bibliographic review is to frame the study within the "body" of the relevant literature. The review of the current study concerns clearly formulated questions and uses systematic and explicit criteria for critically analyzing a body

of published papers by summarizing, sorting, grouping and comparing.

Bibliographic review study

Distinguishing between childhood and adolescence

In terms of Developmental Psychology and Personality Psychology, it seems reasonable to distinguish between the stages of childhood and adolescence. Childhood ends with admission to puberty, the so-called adolescence, which most often begins between the ages of 12 and 14 years. If one considers early childhood as an independent stage of development, the childhood stage also includes the ages of 4-12 and 14 years (SCHEID, 2003a).

At the beginning of puberty, the following changes appear in depth. The whole body is subjected to anatomical, physiological and hormonal changes, which necessitate a broad adjustment to the physical, mental and even social level (HURRELMANN, 2000).

At this stage, different from childhood developmental requirements are introduced and even processing or dealing with these requirements is done differently at these two stages of life. In order to respond to them, we must meet the so-called developmental tasks, which appear differently in the various stages of life. Developmental tasks are defined as psychologically and physically prescribed expectations and demands that are placed on individuals at a certain stage in their lives. They are perceived as psycho-social reference systems in which a person's personality development must take place (SCHEID, 2003).

In childhood, elementary cognitive and linguistic skills, the first forms of social co-operation and basic moral forms are developed. Children depend mainly on their parents. Imitation and identification with parents are used to deal with challenging situations. On the contrary, in adolescence, what prevails is the adolescents' controversy with the image of themselves and their perception of their ego. Young people should slowly be disengaged from their parents. Their task is the growing independent response to the demands and challenges posed by life (HURRELMANN, 2000).

Knowledge of specific evolutionary tasks is an important prerequisite for the design of prevention programs.

Childhood: Basic principles of Evolutionary Psychology

The stage of childhood is characterized by constant change. Children are confronted with situations that require permanent adaptability. The critical life stages affecting childhood according to MONTADA (2002) are divided into regulatory and non-regulatory critical stages.

Regulatory stages, that most children go through, are the typical developmental tasks:

- building basic emotional confidence,
- development of intelligence,
- development of motor and language skills,
- acquiring basic social skills (OERTER & MONTADA, 2002).

Critical events, such as parents' divorce, change of place or school, loss of people close to them, unemployment, illness etc., are the so-called non-regulatory critical areas of life. In addition to reorienting, they also need to cope with loss and new demands. Such events may, according to MONTADA (2002), change the social roles, personal goals and values priorities, as well as build new skills, new knowledge, new attitudes and new social relationships.

Evolutionary tasks and critical events in life may hide the risk of an inappropriate adaptation and developmental disruption, but they also offer the opportunity for an impulse towards a positive development. Because in the process of dealing with problems one can built overcoming strategies, to which one can always refer when necessary in the future (ELBEN & LOHAUS, 2003).

Problems and crises, and even losses and defeats, can function as challenges, the successful outcome of which means gains in skills and self-confidence, leading to new approaches and new values orientations (MONTADA 2002).

The classification of life stages in regulatory and non-regulatory makes is obvious that different prevention proposals are needed, such as the so-called non-specific prevention proposals, that is, broadly applicable programmes, as well as specific prevention proposals that can be applied when critical events occur in life.

As a result of the social processes of change over the last decades, the conditions under which children are growing up today have changed drastically. Changed living and developmental conditions of children are evident in the following:

- The change of the family form (tendency for a small family, increasing divorce rate),
- The change of the spatial living conditions (restriction to certain places, confinement at home), and
- The implementation of technology and the media in the world of childhood experiences (consumer culture of children).

The typical family form - father, mother, children - is increasingly being replaced by families with one child and single-parent families. Because of the conflicts that can arise from a divorce –change of a parent's partner or alternate reference persons outside the family– emotional and psychological-social burdens arise for children and young people.

With the increasing traffic problem and the loss of physical opportunities for play and movement, children are deprived of the physical space they could move, and hence the possibility of spatial, social and direct physical-sensory experiences. Instead, the children's bedroom is increasingly used for leisure activities and artificial places are created such as playgrounds and adventure rooms for children, mobile toys and games facilities. Most of the time children cannot go to these facilities alone, so someone has to transport them there. They can no longer live and conquer their space freely and independently. Instead, they experience their environment as huge and irrelevant 'islands' from special places for children (HURRELMANN, 2004). Also, more and more children spend their time in front of the television and the computer because of the growing use of the media. The energetic action of the individual is replaced by passive consumption. The consequence of this is the loss of self-activation, which leads to a reduction in the potential for motor development (SCHEID, 2003a).

Although children are considered a relatively not vulnerable group from the point of view of health, they present eating and nutritional behaviour disorders, as well as poor control of sensory coordination or mental peculiarities. Unhealthy nutrition and lack of movement can lead to problems in the spine, coordination capacity and weight. The predominantly sedentary work in school, education and work, and the growing unilateral use of the media lead to unilateral stimulation of the senses. This, according to HURRELMANN (2004), leads to incomplete connection of the brain centres, which in turn has the effect of impairing mobility. In addition to these health injuries, more and more children (10-12%) present psychological-social peculiarities. These include disorders in the field of perception and cognitive processing, emotional disorders, eating disorders, sexual development disorders, neuroses and psychoses. Many children have to face mental disappointments and social conflicts, because solving these problems seems difficult. The causes are multifaceted and can be expressed, among other things, by psychological tensions, family conflicts or serious social relationships.

Adolescence: Basic principals of Evolutionary Psychology

Adolescence characterises the transition period between childhood and adolescence and refers to the stage after the age of 11/12 or 14 and up to about 25 years of age (early adolescence: about 11-14 years of age, medium adolescence: about 15 -17 years of age, late adolescence: about 18-20 years of age, post adolescence: about 21-25 years of age). It is marked by events such as leaving the parental home, acquiring a job and having a romantic relationship. At this stage of reform, young people face multifaceted developmental tasks, which must overcome the developmental task of developing mental and social capabilities. Young people must be able to cope with school and professional demands, earn their livelihood, and thus secure their own financial and material basis for their independent existence as adults (OERTER & DREHER, 2002).

The central task of adolescence is to build a stable structure of personality and social identity.

Typical developmental tasks of adolescence are

1. The development of intellectual and social skills (taking responsibility for school and professional skills requirements),
2. Developing the role of gender and connecting behaviour,
3. The action models training for the purchase of consumer goods and the recreational market,
4. Building a system of values and moral conscience,
5. Acceptance of individual body appearance and effective body use and
6. The development of personal autonomy (disengagement from parents, achievement of independence) (SCHEID, 2003b).

Normally, developmental tasks are handled without overload, because the requirements are met in succession. Unless the necessary response strategies are lacking, or too much skill is needed and the resources to which the young person can refer are scarce. The multifaceted developmental work in adolescence, which requires the full range of physical, physiological, psychological and social-cultural capacities, in addition to its constant active adaptability, also requires response programmes that may require extreme capabilities from a young person (HURRELMANN, 2000).

If there are no adequate strategies to deal with this, it can lead to finding solutions to critical life situations in a manner that poses health risks. Such types of dangerous behaviour are seen as an inadequate way to finding solutions to problems that occur (substitute satisfaction with drug consumption after becoming disappointed over unfulfilled expectations). For this reason, in adolescence primary prevention that aims to prevent malfunctions and developmental disorders should take into account the two typical aspects concerning young people:

Dangerous behaviour as a developmental phenomenon

The period of adolescence is a stage of growing ego awareness, which has to do with cognitive development and the individual's search for his/her identity. The young people are too attached to themselves, so they are not able to properly understand the thoughts and feelings of others (MITTAG, 2002).

This leads to an erroneous assessment of risk and an absurd evaluation of the problems. The young people are convinced that they are invulnerable, something that rules out the negative consequences of dangerous behaviour. Based on this, typical teenage dangerous behaviour such as alcohol and drug consumption, dangerous car driving, fast food etc. can be explained. From the age of 17, the erroneous assumption that the young person is invulnerable is replaced by a more realistic way of thinking.

In terms of unhealthy behaviour such as smoking or alcohol consumption, one should consider that simply to deviate at this age from the rule, in adolescence it appears as a problem. In an adult's everyday life this behaviour is quite normal. Nevertheless, in teenage years, a dangerous action often seems to be an effort to deal with a difficulty when the young person lacks the necessary resources. For this reason, this problem should not be addressed by trying to change only the behaviour, but rather by mainly shaping and changing the environment and strengthening personal and social resources (OERTER & DREHER, 2002).

Disengagement from the parents and turning to peer groups as an adolescent developmental task

The importance of parents as someone to talk to when it concerns worries, problems, and personal experiences decreases incrementally in adolescence. On the contrary, the peer group becomes more important. So, one can accept that, after a certain point, parents know less and less about the "private life" of their children. The same applies to their state of health and health care.

Another feature of adolescence is the growing influence of young people on their environment. While teenagers are still closely tied to the family and their lives are determined by their environment, young people as they grow up they have an active impact on their environment and influence it. They may, for example, disengage from their peer group if the values and positions they represent do not match their own (drug abuse). Disengagement from the parents and turning to a peer group may also have negative consequences as regards healthy behaviour. Health in the sense of well-being can also include unhealthy behaviour: significant incentive for alcohol and

nicotine consumption is the need to participate in a peer group and to present an adult image (ZIMMER, 2001).

In their everyday lives young people seek social and individual identity. It is about the ideal fulfilment of their ego image. They try to succeed in school and in their circle of friends, and they want to be liked, to assert themselves, to be like grown-ups, strong, independent, confident, as well as good-looking and smart. In order to achieve this goal, they often decide to behave in an unhealthy manner instead of a healthy one. Thus, for example, smoking or the consumption of drugs are used to achieve the purpose of recognition in the friendly circle. At this case, it is crucial that the young person feels really well mentally and socially, and no one thinks about the possible negative consequences of harmful behaviour. Healthy and dangerous behaviours originate from risk and protective factors. These arise from individual, social and environmental factors (OERTER & DREHER, 2002).

At an individual level, of significant importance are the individual's sense of self, self-confidence, expected abilities, coping strategies, anxiety and emotional state. At the social level, of paramount importance is social support, as one perceives it, while environmental factors derive from the characteristics of the environment where the individual lives (high rate of unemployment, crime and substance use), social perceptions of values and regulations, media influence and the availability of cigarettes, alcohol and condoms. For this reason, the determination of risk and protective factors is crucial for primary prevention measures (MITTAG, 2002).

Therefore, whether and to what extent children and young people cope with difficulties and how they respond to the life conditions in which they grow up is dependent, among other things, on these protective factors. Particularly in transition stages of development (admission to school, physical maturation and entry into working life) they are more vulnerable. Protective factors can help children and young people deal with harmful influences and support them so that burdens do not lead to developmental disorders (ZIMMER, 2001).

These protective factors, among other things, include

- character attributes that cause positive reactions to other people,
- good problem-solving skills,
- positive feeling of self-confidence,
- realistic future plans,
- doing regularly household chores and taking responsibilities at home,
- supportive adults,
- an emotionally stable relationship with at least one reference person,
- an encouraging development climate,
- social support to the family, as well as
- a unique orientation to values (ZIMMER, 2001).

Prevention and gender

Adolescence is a stage of development characterized by a strong dependence of the symptoms on age and gender. While young boys tend to behave in a more outward manner (conflict-oriented), such as drug use, aggression and alcohol abuse, young girls tend more to internalizing syndromes (resignation oriented). This is reflected in psychosomatic annoyances and symptoms such as emaciation, depressions and phobias. Therefore, in creating prevention programs, the different problems, the different resources and the different deficiencies of boys and girls must be taken into account. For example, according to surveys, girls are more concerned with their bodies and appreciate less their abilities than boys. Also, they often present deficiencies in their conscious perception of their bodies and their needs, as well as in the treatment of their bodies. These aspects are an important connecting point, which can be used for girls in prevention work. Most girls are more willing to deal with their bodies in comparison to boys (PALETTA, 2001).

According to HURRELMANN (2000), any prevention programme plan should focus as to what extent it should be addressed to girls as girls and to boys as boys, and whether the dangerous behaviour is due to specific difficulties for each gender. It is also advisable to exploit the approaching possibilities and interests that each sex presents, and to examine whether different gender resources can be reasonably applied. Therefore, in some cases, separate groups of boys and girls can work better, while in other cases boys can benefit from girls and vice versa. In particular, when it comes to issues that relate to the body, sexuality, female/male image, and relationships, it seems that the mixed group is less favourable, at least when the discussion is based on personal experiences and is not about abstract themes. Other examples advocating for the separate groups are the issues of eating *disorders* and *road accidents*. While the first concerns mainly girls, the prevention of *disco accidents* concerns more young boys than girls. Nonetheless, as regards preventive measures, female elements should be incorporated in measures for boys and male elements in measures for girls, so there can be some processing of the cliché roles (HURRELMANN, 2000).

On the contrary, smoking prevention and alcohol consumption prevention measures can function well with boys and girls together. In these mixed teams, boys benefit more than girls. An important prerequisite for this is the anonymity of the questions, in order to avoid accusations that are considered threatening by boys. Girls, on the other hand, seem more productive in groups separate from boys. One should also consider the reasons that prevent young people from seeking professional help. Uncertainty, shame or problems of availability of help can play a role in this matter. On the one hand, the willingness to seek and receive help depends on whether the adolescents perceive the person who is going to help them as a representative of the adult world, which they consider restrictive, auditing or criminal. On the other hand, the personal relationship with this person is important, and if one can expect supportive help from this person (KING & MUELLER, 2000a).

Girls most often have a better social network and when they have a personal problem they usually turn to other girls of the same age. They are more willing to accept the help of specialists (doctors, psychologists) when they have personal problems. For them it is more acceptable to confess weaknesses, insecurities and illnesses, than it is for boys, and to seek help for that reason. It is easier to access groups of girls than the groups of boys, where the pressure not to confess weaknesses and the collective non-lingual way of processing play a decisive role. In their case it is preferable to offer professional assistance outside the group, which will be available for anyone. However, in case of need, boys are more

targeted to professional assistance than to help from their private environment (HURRELMANN, 1999).

According to Jerusalem (2003), the task of gender-specific prevention is to reduce social disparities and create equal health opportunities. However, in theories there is still no relation between gender and specific health problems, as well as the conversion of the respective thoughts into action. These gender-specific prevention proposals should include the basic ideas of the lifestyle concept, but should be differentiated according to gender-specific forms of expression and gender-specific collective tasks that are dealt with in these forms of expression.

Primary Prevention Measures

Children and young people are oriented towards the present. They do not think of the consequences of a behaviour. Instant experience, current needs, and addressing the demands of everyday life count more than possible negative effects and developments in the distant future. Therefore, they little understand measures that refer to later stages of life and to the subsequent behaviour. The dangerous behaviour of adolescents is explained by the devaluation of potential risks and the erroneous assessment of the extent of their invulnerability. In what manner they behave, it depends on their social environment and how well they meet the requirements when they seek identity, the meaning of life, social recognition, acceptance and satisfaction of personal needs. Therefore, prevention measures that are based on information, intimidation and invoke fear are not very effective. Moreover, children and young people often appreciate their health positively and they consider it self-evident. Personal resources and physical development seem to be inexhaustible. Both facts, orientation in the present and positive health assessment, reduce the ability to respond to prevention programs. However, health promotion and prevention refer mainly to the future. For this reason, it is difficult to convey relevant measures and programs to this age group. Prevention and promotion of health must be an integral part of the personality, i.e. they must respond to the wishes of children and young people to engage, control and increase self-esteem. Building and enhancing capacities and resources will make it possible to cope with life without resorting to dangerous behaviours. Support measures should enhance the ability of young people to develop their individuality and identity at the specific stage of teen development. The task of pedagogical intervention is to eliminate the blockages and the negative impacts of the possibilities for this evolutionary process (HURRELMANN, 1999).

Prevention measures should be appropriate and enticing, so they would be considered by children and young people as alternative actions. They have to take their interests and needs into account and be formed in such a way that they can immediately experience positive results. Age and gender differences must be taken into consideration. Attention should also be paid to selecting mediators who are accepted by children and young people and to be considered trustworthy. That is, one should look for people to which children and young people would go for advice also about other issues of life. Because, in case of difficulties and problems, they will turn to the person they always trust. If this is not possible, the mediator must establish positive, trustworthy contact with the target group, based on mutual acceptance. In view of the fact that the peer group in adolescence has an increasing importance in comparison with parents or other adults, it is necessary to involve the peer group more actively in preventive programs (JERUSALEM, 2003).

CONCLUSIONS

On account of the limited experience and consequently the inadequate problem-solving skills, it is difficult for children to face problems and crises, and to behave accordingly. Especially in transition stages of development (admission to school, physical maturation and commencement of working life) they are more vulnerable. These burdens bear the risk that children and adolescents, due to a lack of coping strategies, would look for solutions that are dangerous to health or dangerous ways of behaviour, which they prefer over the most *prudent* ways of healthy behaviour. For this reason, it is important to help children and young people strengthen their health and contribute to the positive development of their personality. From the research on risk and protective factors, it is clear that on the one hand there are risk factors that can disrupt childhood and adolescent development but on the other hand there is a series of protective factors that can help children and young people build their personality. However, when designing prevention programs, one should not take into account only those bases of Evolutionary Psychology for childhood and adolescence but rather also specific aspects on each gender. We should consider, for example, that boys tend to be more oriented to conflict (aggressiveness, alcohol abuse or drug abuse), while girls tend more to resignation syndromes (psychosomatic annoyances, depressions and emaciation). Therefore, the material and objectives of gender-specific prevention programs can be formed separately, for example having access to girl groups and boy groups. Girls, for example, have more frequent problems with their body perception, so this is an important connecting point with them for prevention work. In designing a prevention program, care must be taken as to what extent it should be addressed to girls as girls and to boys as boys, i.e. in which cases they can benefit from each other. For example, the issue of *eating disorders* is more prevalent among girls, while the *night car accidents after the disco* concern mostly boys. On the contrary, smoking prevention and alcohol consumption prevention measures can function well with boys and girls together. We also have to consider that most of the time access to youth groups is difficult. They often have difficulty to admit their weaknesses and insecurities, an issue that can be addressed with anonymity. This gives them the opportunity to preserve their prestige. Additionally, an important issue is the processing of cliché roles. On the one hand, therefore, gender differences must be considered seriously. On the other hand, however, feminine elements should be incorporated in measures for boys and vice versa. Prevention and health promotion should help boys and girls equally in forming a strong, resilient personality. The transfer of knowledge and information is an important basis, but this alone is not enough to bring about a change in behaviour or to stabilize a long-term adherence to healthy behaviour (ROSE & SCHERR, 2000).

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