Health and physical development problems in undergraduate students and comparison of opinion between males and females regarding helpfulness of guidance and counselling services to cope with their health and physical development problems

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Abstract— *Adolescent health and physical development problems are important issue in student life; there are many helpful services to cope with these problems. This study was conducted on 240 students (120 males and 120 females) to know their health and physical development problems and to compare the response of males & females for helpfulness of guidance and counselling services to help them to cope with their health and physical development problems. Study was done at Rajamagala University of Technology Thanyaburi, Pathum Tani Province, Thailand. This study used the Mooney Problem Checklist, College Form which contains 30 statements and the six scales of guidance and counselling servicenamely Individual and Group Counselling, Consulting, Guidance, Coordination, Assessment, and 3 Personal Growth and Development. Study population was randomly selected 240 undergraduate students from eight difference faculties' v.i.z. Agricultural Technology, Business Administration, Engineering, Fine and Applied Arts, Home Economics Technology, Liberal Arts, Science and Technology, and Technical Education. This study observed that out of 120 male Thai undergraduate students, 113 (94.2%) male students said that they have troubled with their feet. Otherwise, 119 (99.2%) female students argued that they have not as strong healthy as they should be and they have had poor complexion or skin trouble (N = 120).The result of t-test analysis showed that there was a significant different between Thai male and female students on the helpfulness of individual and group counselling service (N = 120, t (118) =0.903, p = 0.015) consultation service (N = 120, t (118) = 0.983, p<0.001), guidance service (N = 120, t (118) = 0.903, p = 0.015), coordination service (N = 120, t (118) = 0.744, p = 0.017), assessment service (N = 120, t (118) = 0.969, p = 0.002), and personal growth and development service (N = 120, t (118) = 0.902, p = 0.015) provided by the guidance counsellor in helping undergraduate students to cope with their health and physical development problems at a significant level of 0.05.*

Keywords: Guidance and Counselling Services, Health and Physical Development Problems, Undergraduate Students.

I. INTRODUCTION

Health and physical development appearance and body image are important in undergraduate students at this stage of their life. If students had health and physical development problems, it can have a significant impact on their health as adults. Exercise and healthy eating habits in adolescence are foundations for good health in adulthood. The majority of people who smoke began when they were young. Nutrition and dietary patterns in adolescence have an influence on the risk of developing osteoporosis later in life. Poor sun protection can increase the risk of skin cancer later in life. Poor nutrition and low activity levels in adolescence are linked to the development of chronic conditions such as heart disease and obesity.[1]

The study of the helpfulness of guidance and counselling services among Thai male and female undergraduate students with health and physical development problems at Rajamangala University of Technology Thanyaburi, Thailand is significant because the aim of this study is to identify the undergraduate students' problems and whether the present guidance and counselling services will help the government, lecturers and guidance counsellors prevent and intervene undergraduate students with health and physical development problems as follows:

1. To identify the health and physical development problems faced by Thai male and female undergraduate students.
2. To study if there is a significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the six scales of guidance and counselling service provided by guidance counsellors to help undergraduate students to cope with their health and physical development problems.

1.1 Research Questions

1.1.1 What are the health and physical development problems faced by Thai male and female undergraduate students?

1.1.2 Is there any significant difference of opinion between Thai male and female students on the helpfulness of six scales of guidance and counselling service provided by guidance counsellor to help undergraduate students to cope with their health and physical development problems?

1.2 Hypotheses:-

1.2.1 H_{01} There is no significant difference of opinion between Thai male and female students on the helpfulness of individual and group counselling service provided by guidance counsellor to help students to cope with their health and physical development problems.

1.2.2 H_{02} There is no significant difference of opinion between Thai male and female students on the helpfulness of consultation service provided by guidance counsellor to help students to cope with their health and physical development problems.

1.2.3 H_{03} There is no significant difference of opinion between Thai male and female students on the helpfulness of guidance service provided by guidance counsellor to help students to cope with their health and physical development problems

1.2.4 H_{04} There is no significant difference of opinion between Thai male and female students on the helpfulness of coordination service provided by guidance counsellor to help students cope with their health and physical development problems.

1.2.5 H_{05} There is no significant difference of opinion between Thai male and female students on the helpfulness of assessment service provided by guidance counsellor to help students cope with their health and physical development problems.

1.2.6 H_{06} There is no significant difference of opinion between Thai male and female students on the helpfulness of personal growth and development service provided by guidance counsellor to help students cope with their health and physical development problems.

II. METHODOLOGY

This descriptive study was conducted at Rajamangala University of Technology, Thanyaburi, Thailand. This quantitative study is done to study research problems requiring a description of trends or an explanation of the relationship among variables. In quantitative research the purpose statement, research questions or hypotheses are specifically narrow and seek measurable observable as well as data on variables.[2]

2.1 Sample size

Sample size was calculated 197 subjects at 95% confidence limit and absolute allowable error 6% assuming health and developmental problem in students 23%[3]. So for the study purpose 240 undergraduate students were taken.

2.2 The instruments

In order to best answer the research questions of this study, a modified version of the questionnaire used by Mooney Problem Check List, College Form[4]and See[5,6] were utilized for quantitative analysis.

2.3 Questionnaire

This study uses quantitative analysis; the questionnaire consists of three sections as follows:

1) **Section I** explores the background information of the students.

2) **Section II** is the Mooney Problem Check List[5] for under graduate students that consist of 30 items in area of Health and Physical Development (HPD).

3) **Section III** consists of six scales of guidance and counselling service

Validity: In order to keep the originality of the Mooney Problem Check List[4], with thirty items in area of Health and Physical Development in the Mooney Problem Check List (College Form) were maintained in this study. Then, the researcher sent the Mooney Problem Check List to four psychologists to help revise the questionnaire. The English version of the Mooney Problem Check List was sent to a faculty staffs from the Rajamangala University of Technology Thanyaburi and three psychologists from the Psychiatric Association of Thailand. The Mooney Problems Check List Thai version was revised by two guidance counsellor in Thailand.

Reliability: After gathering the revision feedback from the psychologists, there are two faculty staff sat Rajamangala University of Technology Thanyaburi, and three psychologists from the Psychiatric Association of Thailand, the Mooney Problem Check List forms (Thai version Adapted from Supapan)[7] were sent to the undergraduate students who volunteered to be pilot testers. The completed forms of Mooney Problem Check list Thai version were translated into English version by the researcher after that it were collected, tabulated and studied. Then, the researcher used the Cronbach alpha reliability coefficients to evaluate the internal consistency of the Mooney Problem Checklist, the reliability coefficients (Cronbach alphas) of the area of Health and Physical Development problems faced by Thai undergraduate students was 0.99.

Section 3 consists of six scales of guidance and counselling service with 29 statements of the task of the guidance counsellor in helping students to cope with their health and physical development problems. These statements were reduced from 56 original statements of the task of counsellors' role assessment.[5,6] Some statements were eliminated based on relevancy or found to be not reflective with

this present study and new statements were added. The original language and response options were also changed. Finally, the survey used in this study consisted of six scales of guidance and counselling service which were;

1. Individual and Group Counselling,
2. Consultation,
3. Guidance,
4. Coordination,
5. Assessment,
6. Personal Growth and Development.

The section on the six scales of guidance and counselling consists of 29 statements. There were 7 statements measuring Individual and Group Counselling, 7 statements for Consulting subscale, 6 statements for Guidance subscale, 3 statements for Coordination subscale, 3 statements for Assessment subscale, and 3 statements Personal Growth and Development subscale. This part of survey questionnaire has two version, Thai and English version, Thai version has sent to Thai students.

Validity: In order to ensure the content validity of these statements. Two lecturers from a university of Thailand; and to guidance counsellors in Thailand, were asked to give these feedbacks. Their recommendations were used to modify the content of the questionnaire.

Reliability: In addition, a pilot study was conducted to test reliability of the questionnaire by using Thai version and to ensure that the scales were reliable for measuring the determined construct. When the questionnaires were completed, Thai versions of these questionnaires were translated into English version by the researcher. The reliability coefficients (Cronbach alphas) of the six scales of guidance and counselling service were ranged from 0.83-0.98.

The original questionnaire was written in English. Since the subjects were Thai undergraduate students, the questions were then translated into Thai language. This study was conducted to assess the guidance and counselling services stated in the instruments that would be effective to cope with the Thai undergraduate students' health and physical development problems. A researcher randomly selected 30 undergraduate students in each faculty. The undergraduate students who agreed to participate in this study were 240 undergraduate students from eight faculties (Table 1). Prior to data collection, questionnaires Thai version (Mooney Problem Check List College Form[4], Thai Version adapted from Supapun)[7] were sent to undergraduate students and the students were given consent forms to be completed and explanation was provided on the purpose and confidentiality of the study. The students who accepted to participate in this study were asked to complete a questionnaire. And then the completed questionnaire Thai version was translated into English version by the researcher.

2.4 Statistical analysis

Health and physical development problems of students were expressed in percentage. Significant of difference of opinion between Thai male and female undergraduate students on the helpfulness of the six scales of guidance and counselling service provided by guidance counsellor to help students cope with their health and physical development problems was inferred by two tailed unpaired 't' test. For significance 'p' value less than 0.05 was considered significant.

III. RESULTS

Out of total 240 undergraduate students included as study population, 120 (50%) were males and 120 (50%) were female. There were 30 males and 30 females from each of the year of studying i.e. first year to fourth year. Age of students was ranging from 18 to 22 years. (Table 1).

The 240 student samples (33.33%) from Rajamangala University of Technology Thanyaburi, were selected from eight faculties, of which 30 (12.50%) students consisting of 15 males (6.25%) and 15 females (6.25%) were selected from each faculty (Table 1).

Table 1
Demographic Characteristics of Study Population (N=240)

Demographic Characteristics Variables		Males (N=120)		Females (N=120)	
		Number	%	Number	%
Year of Studying	First Year	30	12.5	30	12.5
	Second Year	30	12.5	30	12.5
	Third Year	30	12.5	30	12.5
	Fourth Year	30	12.5	30	12.5
Age of Students	18 Years	30	12.5	30	12.5
	19 Years	15	6.25	35	14.58
	20 Years	20	8.33	25	10.42
	21 Years	25	10.42	15	6.25
	22 Years	30	12.50	15	6.25
Faculty	Agricultural Technology	15	6.25	15	6.25
	Business Administration	15	6.25	15	6.25
	Engineering	15	6.25	15	6.25
	Fine and Applied Arts	15	6.25	15	6.25
	Home Economics Technology	15	6.25	15	6.25
	Liberal Arts	15	6.25	15	6.25
	Science and Technology	15	6.25	15	6.25
	Technical Education	15	6.25	15	6.25
CGPAC	2.00-2.50	41	17.08	36	15.00
	2.51-3.00	46	19.17	43	17.92
	3.01-3.50	28	11.67	28	11.67
	3.51-4.00	5	2.08	13	5.41

Out of the total participants, 41 (17.08%) of male students achieved of cumulative grade point average (CGPA) of 2.00-2.50, 36 (15.00%) female students achieved of cumulative grade point average (CGPA) of 2.00-2.50, 46 (19.17%) male students achieved of cumulative grade point average (CGPA) of 2.51-3.00, and 43 (17.92%) female students achieved of cumulative grade point average (CGPA) of 2.51-3.00, 28 (11.67%) of male students achieved of cumulative grade point average (CGPA) of 3.01-3.50, 28 (11.67%) female students achieved of cumulative grade point average (CGPA) of 3.01 - 3.50, 5 (2.08%) male students achieved of cumulative grade point average (CGPA) of 3.51 - 4.00, and 13 (5.41%) female students achieved of cumulative grade point average (CGPA) of 3.51 - 4.00 (Table 1)

In this study observations as per research questions are as follows:-

3.1 RQ 1

What are the health and physical development problems faced by Thai male and female undergraduate students?

Table 2 showed the 30 items of health and physical development problems faced by Thai male (N = 120) and female (N = 120) undergraduate students in the Mooney Problem Check List, College Form

(Mooney, 1950).[4] To address the first research question, the researcher used descriptive statistics such as number and percentage to answer research question 1. A total of 240 Thai undergraduate students who were participants in this study, Thai male students had the top four statements that they selected health and physical development problems in the Mooney Problem Check List (Thai version, Adapted from Supapun).[7] One hundred and thirteen male students have troubled with their feet (94.2%), they have not enough outdoor air or sunshine (91.7%), they have considerable troubled with their teeth (91.7%) and they have had bothered by a physical handicap (91.7%).

In this study Thai female students had the top ten statements that they selected health and physical development problems in the Mooney Problem Check List (Thai version, Adapted from Supapun, 1981)[7], there have not had as strong and healthy as they should be (99.2%) and they had poor complexion or skin trouble (99.2%). One hundred and eighteen of female students reported that they have had allergies (hay fever, asthma, hives, etc.) (98.8%), they have had gradually losing weight (98.3%), they have had frequent sore throat (98.3%), they have had speech handicap (stuttering, etc.) (98.3%), they have sometimes felt faint or dizzy (98.3%), they have troubled with digestion or elimination (98.3%), they have had glandular disorders (thyroid, lymph, etc.) (98.3%), and they have troubled with their hearing (98.3%).

Table 2
Sex wise Health and Physical Development Problems[7] Faced by Study Population Thai Students

Q. No.	Item of Problems	Males (N=120)		Females (N=120)	
		Number	%	Number	%
1	Feeling tired much of the time	100	83.3	112	93.3
2	Being underweight	103	85.8	115	95.8
3	Being overweight	105	87.5	112	93.3
4	Not getting enough exercise	96	80.0	116	96.7
5	Not getting enough sleep	106	88.3	111	92.5
6	Not as strong and healthy as I should be	79	65.8	119	99.2
7	Allergies (hay fever, asthma, hives, etc.)	103	85.8	118	98.3
8	Occasional pressure and pain in my head	105	87.5	116	96.7
9	Gradually losing weight	108	90.0	118	98.3
10	Not getting enough outdoor air and sunshine	110	91.7	117	97.5
11	Poor posture	108	90.0	111	92.5
12	Poor complexion or skin trouble	103	85.8	119	99.2
13	Too short	108	90.0	117	97.5
14	Too tall	92	76.7	116	96.7
15	Not very attractive physically	101	84.2	115	95.8
16	Frequent sore throat	105	87.5	118	98.3
17	Frequent colds	106	88.3	115	95.8
18	Nose or sins trouble	103	85.8	117	97.5
19	Speech handicap (stuttering, etc.)	94	78.3	118	98.3
20	Weak eyes	93	77.5	115	95.8
21	Frequent headaches	108	90.0	111	92.5
22	Menstrual or female disorders	0	0.00	111	92.5
23	Sometimes feeling faint or dizzy	106	88.3	118	98.3
24	Trouble with digestion or elimination	105	87.5	118	98.3
25	Glandular disorders (thyroid, lymph, etc.)	106	88.3	118	98.3
26	Having considerable trouble with my teeth	110	91.7	117	97.5
27	Trouble with my hearing	106	88.3	118	98.3
28	Trouble with my feet	113	94.2	117	97.5
29	Bothered by a physical handicap	110	91.7	111	92.5
30	Needing medical advice	105	87.5	112	93.3

3.2 RQ 2

Is there any significant difference of opinion between Thai male and female undergraduate students on the helpfulness of the six scales of guidance and counselling service provided by guidance counsellor to help students cope with their health and physical development problems?

3.2.1 H_{01}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the personal growth and development service provided by guidance counsellor to help students cope with their health and physical development problems.

Mean score of male students is 3.70 and of female students is 3.79. On application of unpaired 't test this difference in mean scores between Thai male and female undergraduate students on the helpfulness of personal growth and development service was found significant (p = 0.015). (Table 3).

3.2.2 H_{02}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the consultation service provided by the guidance counsellor to help students cope with their health and physical development problems.

The result of two-tailed probability showed there is a significant different between Thai male and female students on the helpfulness of consultation service (p = 0.000) at a significant level of 0.05. This hypothesis is rejected. The mean of female students is 3.82, and mean of male students is 3.75 (Table 3).

3.2.3 H_{03}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the guidance service provided by the guidance counsellor to help students cope with their health and physical development problems.

The result of two-tailed probability showed there is a significant different between Thai male and female students on the helpfulness of guidance service (p = 0.015) at a significant level of 0.05. This hypothesis is rejected. The mean of female students is 3.74, and mean of male students is 3.78 (Table 3).

Table 3
Sex wise comparison on the Opinions on the Helpfulness of Guidance and Counselling Service[6,7]

S. No.	Scale Variables	Males (N=120)		Females (N=120)		*P Value	Significance
		Mean	SD	Mean	SD		
1	Individual and Group Counselling	3.70	0.80	3.79	0.89	0.015	Yes
2	Consultation	3.82	0.92	3.75	0.85	<0.001	Yes
3	Guidance	3.74	0.84	3.78	0.88	0.015	Yes
4	Coordination	3.83	0.93	3.82	0.92	0.017	Yes
5	Assessment	3.76	0.86	3.77	0.87	0.002	Yes
6	Personal Growth and Development	3.83	0.93	3.81	0.91	0.015	Yes

Post Hoc Analysis (Means and Standard Deviations)

3.2.4 H_{04}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the coordination service provided by the guidance and counsellor to help students cope with their health and physical development problems.

The result of a two-tailed probability showed there is a significant different between Thai male and female students on the helpfulness of coordination service (p = 0.017) at a significant level of 0.05. This hypothesis is rejected. The mean of female students is 3.83, and mean of male students is 3.82 (Table 3).

3.2.5 H_{05}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the assessment service provided by the guidance counsellor to help students cope with their health and physical development problems.

The result a two-tailed probability showed there is a significant different between Thai male and female students on the helpfulness of assessment service (p = 0.002) at a significant level of 0.05. This hypothesis is rejected. The mean of male students is 3.76, and mean of female students is 3.77 (Table 3).

3.2.6 H_{06}

There is no significant difference of opinions between Thai male and female undergraduate students on the helpfulness of the personal growth and development service provided by the guidance counsellor to help students cope with their health and physical development problems.

The results a two-tailed probability showed there is a significant different between Thai male and female students on the helpfulness of personal growth and development service (p = 0.015) at a significant level of 0.05.This hypothesis is rejected. The mean of male students is 3.83 and mean of female students is 3.81 (Table 3).

IV. DISCUSSION

This study observed that out of 120 male Thai undergraduate students, 113 (94.2%) male students said that they have troubled with their feet. Likewise, 119 (99.2%) female students argued that they have not as strong healthy as they should be and they have had poor complexion or skin trouble (N = 120).The result of t-test analysis showed that there was a significant different between Thai male and female students on the helpfulness of individual and group counselling service (p = 0.015) consultation service (p < 0.001), guidance service (p = 0.015), coordination service (p = 0.017), assessment service (p = 0.002) and personal growth and development service (p = 0.015) provided by the guidance counsellor in helping undergraduate students to cope with their health and physical development problems at a significant level of 0.05.

Overall, the students agreed on the helpfulness of the six scales of guidance and counselling service provided by guidance in helping students with health and physical development problems. Female students had higher mean on the helpfulness of three scales guidance and counselling service (individual and group counselling service, guidance service, and assessment service) provided by the guidance counsellors. The mean of female students on the helpfulness of individual and group counselling service was 3.79, and mean of male students was 3.70. The mean of female students on the helpfulness of guidance service was 3.78, and mean of male students was 3.41. The mean of female students on the helpfulness of assessment service was 3.77, and mean of male students was 3.76.

Male students had higher mean on the helpfulness of three scales of guidance and counselling service (consultation service, coordination service, and personal growth and development service) provided by the guidance counsellor are helpful to them with health and physical development problems. The mean of male students on the helpfulness of consultation service was 3.82, and mean of female students was

3.75. The mean of male students on the helpfulness of coordination service is 3.83, and mean of female students was 3.82. The mean of male students on the helpfulness of personal growth and development service was 3.83, and mean of male students was 3.81.

Globally, around 23% of adults aged 18 and more, were not active enough (men 20% and women 27%).[3] As the less activity populations, the clinical and female students have had low level of physical activity.[8] Physical activity is important in promoting undergraduate students' health, as well as in the treatment and prevention of diseases. The comprehensive understanding of the extent of physical activity in university through several indicators, including people, places and policies is needed.[9]

In 2016, more than 1.9 billion 18 years and older, were overweight. Of these over 650 million were obese, 39% of people aged 18 years and over were overweight in 2016, and 13% were obese. Most of the world's population lives in countries where overweight and obesity kills more people than underweight.[10] Obesity among undergraduate students is increasing lifetime cardiovascular risk. The study of prevalence of overweight/obesity and its associated factors among university students from 22 universities in 22 low, middle income and emerging economic countries. This study used self-administered questionnaire and collected anthropometric measurements. Respondents in this study were 400 male and 400 female undergraduate students aged 16-30 years in one or two universities located in the capital or other major cities. The finding found that 566 Thai students, 12.4 % of them had overweight and 5.5% of them had obesity. Overweight/obesity was associated to poor mental health, lacking of physical activities were related to overweight/obesity among male students but not among female students Obesity among undergraduate students are increasing lifetime cardiovascular risk.[11]

The study of the relationship between sleep quality and psychological problems among undergraduate students in Thailand by using the Pittsburgh sleep quality index, the Epworth sleepiness scale, the depression, anxiety and stress scale and the Thai general health questionnaire, participant were 1,055 undergraduate students, aged 18-25 years. The finding found that the prevalence of poor sleep quality was 42.4%. Poor quality sleepers have classified by undergraduate students, there were reported significantly more psychological problems, indicating a liner trend of progressively worse global sleep quality associated with greater mood and anxiety symptomatology.[12]

Eating disorder is one of the most common fatal mental illnesses among undergraduate students. The study of eating disorder susceptibility among Thai undergraduate student aged 18-24 years old by using the eating attitudes test (EAT-26) as a self-administered questionnaire. Three hundred and eighty five students were randomly selected to be participants, 326 (84.7%) completed the EAT-26, 56% were females, 3.7% of them were obese, 9.9% were overweight, and 16.7% were underweight. One hundred forty (43.5%) participants reported that they were too fat and tried to lose their weight, while 3.4% of them were always preoccupied with a desire to be thinner. Female students have desired to be thinner (61.9% *vs.* 38.1%; $p = 0.003$) and have been being on a diet before (63.8% *vs.* 36.7%; $p = 0.022$) more than male students. In conclusion, the number of undergraduate students who participated in this study was high at-risk for developing an eating disorder.[13]

The study of physical activity among medical students in Southern Thailand is aimed to investigate the prevalence of physical activity and factors influencing physical activity behaviors among medical students by using global physical activity questionnaire. Respondents were 279 medical students participated in the study. It was found that medical students in three Southern provinces of Thailand had a lower prevalence of the recommended level of physical activity. Insufficient physical activity levels

were identified in more than half of the medical students due to related barrier such as study-related activities and overtime shift work. As the less activity populations, the clinical and female students have had low level of physical activity.[8]

Thailand is encouraged to focus on guidance and counselling services, six major service areas are prepared to undergraduate students from all backgrounds for a fast-changing world.[14] There were:

1. Comprehensive information and communication technology services (student records, handbooks, computerized data services, post-secondary catalogues).
2. Placement services (enrichment services, university admission, course selection, career advising, and referral agencies).
3. Consultation services (conference with parents, lecturers, and administrators or university leaders, student assistance services).
4. Revise and improve curricular services (organization of material for lecturer's adoption, group and classroom presentation of guidance topics).
5. Counselling services (individual and group counselling, support groups, referral services).
6. Appraisal services (achievement tests, career interest inventories, special needs assessment, personality inventories, portfolios, competencies need for success in life and learning).

V. CONCLUSION

The study concludes that 94.2% male students felt troubled with their feet and 99.2% female students have not as strong healthy as they should be and they have had poor complexion or skin trouble.

It was also concluded that there was a significant different between Thai male and female students on the helpfulness of individual and group counselling service ($p = 0.015$) consultation service ($p<0.001$), guidance service ($p = 0.015$), coordination service ($p = 0.017$), assessment service ($p = 0.002$) and personal growth and development service ($p = 0.015$) provided by the guidance counsellor in helping undergraduate students to cope with their health and physical development problems at a significant level of 0.05.

As per the observation of this study, the implications for this study were suggested as follows:-

For the government: Guidance counsellor should be provided guidance and counselling services well. They need to improve the strategy on other guidance and counselling services such as individual and group counselling service, consultation service, coordination service, and personal growth and development service for sustaining development gains in the future.[15]

For the undergraduate students: Guidance counsellor needed to improve the strategy on other guidance and counselling services such as individual and group counselling service, consultation service, guidance service, coordination service, and assessment service to support students 'health and physical development, psychological health, and mental health.[16]

For the guidance counsellor: He/she needed to improve the all strategy such as the six scales of guidance and counselling service well. For example: promoting physical activity and diet for health, supporting healthy families for a healthy Thailand, reducing the adverse health impacts of tobacco smoking, excessive consumption of alcohol and accident.[17]

Based on the results of the study, there is a strongly supported the guidance counsellor provided six scales of guidance and counselling service to help Thai male and female undergraduate students in coping with their health and physical development problems.

CONFLICT OF INTEREST

None declared till now.

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