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**THE ROLE OF HEALTH BEHAVIOUR AND SENSE OF
COHERENCE IN FORMING THE QUALITY OF LIFE**

**Qualitative and Quantitative Analysis of Subjective Well-Being, Health
Behaviour and Sense of Coherence Among High School Students**

Theses

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Introduction

Health researches of the Hungarian population explores the uniformly depressing picture of the population's morbidity and mortality rates in domestic context. In the past few years the health status indicators improved, however they are still said to be very unfavourable internationally. Both women and men's average life expectancy is lower than in Western European countries showing significant disparities within the country (Füzesi et al. 2004:4-6). Due to the outstanding mortality compared to the Visegrad countries joined the EU with us and the more common incidence of diseases, Hungarians can expect a shorter life of lower quality (Vitrai et al. 2010). In the background research reports identify those conscious and unconscious decisions we make of the value judgements from our system of values. (Meleg 1998; 2006) The need to influence effective health behaviour appears in more and more powerful way both in lay and scientific discourses. It has become widely accepted that it is not only the task of health care providers and health policies, but of those institutions, which play an important role in the process of behaviour management. Among the socialization scenes educational institutions are prominent, which convey norms, values and behaviour patterns implicitly or explicitly influencing the values, behaviour and not least decisions of the growing generation. The values, norms and decision making mechanisms integrated during the socialization process contribute to the decision of the individual, which later form the standard of behaviour.

The decisive role of school in quality of life

Improving citizens' quality of life has become one of the most important objectives in modern societies in which social responsibility is unquestionable. The dominant values and behavioral norms that affect quality of life is widely accepted. In addition to family, influencing quality of life for the growing generations takes place with the help of the public education systems. Increasing emphasis is put on the study of quality of life in pedagogical thinking. Education measured by grades in school and quality of life are inter-linked. The relationship between health status as a key factor in quality of life and school education based on research results is clearly demonstrated. (Tahin et al. 2000a, 2000b) Quality of life as an issue in the discourses of education science is more strongly displayed in the

aspect that during the years of compulsory schooling educational and pedagogical methods and strategies affect the quantity and quality of students' biological assets through future quality of life. (Meleg 2009)

Formulation of the research problem

Health research does not show a favourable picture to explore the health status of children population in Hungary compared to those described in the introduction, as stated by Szauer (2005). Lifestyle and environmental condition-related diseases appear in early childhood, allergic problems and psychosomatic complaints are common. (Nagy 2005) The prevalence of adolescent risk-behaviour is supported by the international, cross-sectional research titled „Health behaviour of school-aged children” carried out in every four years with the participation of our country since 1986. (Németh 2007) Despite the fact that the Public Education Act of 2004/2005 academic year requires curriculum development and implementation of health education programs of schools, the representative researches repeated every four years showed no substantial evidence of positive change in the health behaviour of adolescents. In possession of these results intervention strategies are needed to plan. Consequently decisions for the health behaviour of school-aged children are made in the possession of their existing knowledge and values that they contribute to the preservation of their health. It is also necessary because health damage due to risk behaviour results in deterioration of health-related quality of life. Besides the supporting family background it is therefore essential to form health-conscious thinking of persons acting in educational institutions in different scenes as a result of which health implicitly or explicitly should display to be a key value in daily educational practice.

The aim of the research

Thy type of my research is exploratory, descriptive and cross-sectional, which formulates questions connected to a given, specific age-group. The basic aim of my research is exploration of and demonstration of the relationship between adolescents' subjective quality of life, sense of coherence, their value orientation to health and health behaviour. Priority has been given to the extent to which sense of coherence affects health behaviour serving as a basis for quality of life in the long term. During my

research I tried to formulate useful messages for pedagogical practice, therefore the priority goal was to determine under which condition the school's latent selection mechanism can improve or impair the pupils' sense of coherence, health-related value orientation and in this context the contribution to health-related decisions.

Research Questions

After the assignment of the research objective I formulated the following research questions:

During the survey of closed questions I managed to find answers to the following:

1. What are the correlates of adolescent health-related value orientation and subjective well-being?
2. Is there a demonstrable relationship between sense of coherence and subjective well-being of adolescents?
3. Is there any relationship between adolescent health-related value orientation and their sense of coherence?
4. How does sense of coherence affect adolescent health behaviour, lifestyle choices related to gender, type of school organization and school culture?
5. How are the school's organizational culture, adolescent sense of coherence and health-related value orientation connected to each other?

I wanted to reveal the following points by open questions in the questionnaire-based data collection:

1. What criteria appear in the minds of adolescents about the concept of „the best possible life“?
2. What reasons, motivational factors are known by them in the background of health damaging behaviour?
3. Does health as a value appear in their thinking?

I looked for answers to the following questions in connection with the West Balkan tragedy.

1. Is self-esteem related to health behaviour manifested in the essays?
2. Are value judgements formed on the health behaviour of their contemporaries?
3. Is health behaviour –related attitude re-evaluated as a result of the event?

Methods

Methodological dilemmas

Planning my study one of the main considerations was to find those methodological options that are mutually supportive and reinforcing to one another. I want to analyze the issue concerning an area, which cannot be described to the full depth using only quantitative methods. Concerning the underlying research problem of the thesis, the results of the research literature and methodological and research experience led to the identification of the complex methodological approach which made it possible for me to examine a multi-problem-oriented analysis of the issue. Thus, both quantitative and qualitative methods were used to answer my research questions, because I think on the one hand qualitative and quantitative methods complement each other very well, and those two methodological groups used in combination as a triangulation¹ method model can take me closer to answering my questions. The advantage of this approach to research in the whole is that a more complex picture appears in the widely studied problem and the similar results support the validity of my research. The representativeness of the sample was not attempted, so the data analysis revealing correlation and conclusions have a limited validity and are primarily used to show a more sophisticated investigation for the possible directions.

¹ Triangulation is an independent method model through a combination of qualitative and quantitative techniques. Sántha (2007)

Relevance of the chosen method

Many researches to explore health behaviour of young people have been published in recent years, From the point of view of my topic the HBSC survey investigating the health behaviour of schoolchildren conducted every four years, the ESPAD² studies also repeated every four years revealing high schools students' smoking, alcohol and other drug use and exploratory research on youth can be considered the appropriate sources. Most of these studies applied quantitative methodologies and statistical data supported health behaviour indicators. However, very little research has been undertaken to reveal a deeper relationship in health behaviour by qualitative exploration. The characteristic of quantitative studies lies in the fact that individual attitudes are hidden, so the researcher is not able to explore the depth of the studied phenomenon, but can only indicate trends. The qualitative technique, however, by exploring individual perspectives may lead researchers to a deeper understanding, which contributes to a more nuanced interpretation of the observed phenomenon. (Meleg 2006:93) Another reason for the application of qualitative techniques, that the exploratory research of health behaviour characteristics of the above mentioned schoolchildren and young people primarily capture the way of life parameters, namely lifestyle, but underlying conditions, opportunities, needs, motives are not tested in the background, which can show deeper reasons behind superficial lifestyle. The method of the combination approach could therefore benefit not only health behaviour of young people by quantitative analysis, but also learning health-related value attitude, healthy/unhealthy choice motivation and structure of thinking.

² ESPAD (European School Survey Project on Alcohol and Other Drugs) began in 1995 with the aim to collect regularly scheduled international and comparative data on the consumption of young people. The most important aim of the program is to measure the changes in consumption patterns of young people comparing different national trends. This long-term analysis makes it possible to follow-up the changes in the consumption habits of young people after the political change in the country. The two-decade-long research series provide answers to the questions on the deteriorating tendency on consumption habits of young people in Hungary and in other East European countries.

The research process and resources

I conducted my research in two phases. In the first phase (autumn of 2010) the research data records have been made in the 11th grades appointed by school directors in the secondary schools. During the research process, three young students died in the West Balkans nightclub in January 2011. This unfortunate tragedy inspired me to consider to what extent the health behaviour attitude of the age group can contribute to answer my original research questions, which defines the event as a result. The second phase not included in the preliminary research project of the dissertation took place in January 2011, after the happenings in the club. I asked the secondary school students involved in the research to formulate free their thoughts on the happenings and characterize today's world of teenagers. Although the essays are only loosely linked with the main study, they actually add to its material, overshadow and colour the information in it showing a mirror to the material obtained during the primary data record. The event in the West Balkans was only a thought-provoking idea to bring health-related value orientations, thoughts of the persons examined in a known situation under one roof. I thought these essays will reflect reality that is not evident at the results of the questionnaires: through learning the habits of entertainment of teenagers they reveal the motives that may result in the reduction of harmful behaviour by also permitting healthy choices.

Results

The first group of my research questions concerned subjective well-being. After exploring the factors affecting subjective well-being I wished to obtain an answer to how adolescent health-related value orientation and subjective well-being are correlated. Testing the correlations between subjective well-being and health behaviour –in case of each health damaging habits included in the analysis such as smoking, alcohol and drug use, the average subjective well-being level was proved to be higher in association with rejection of risk behaviour, which was particularly true in case of the frequency of drunkenness. It can trigger further research and also may assign health education tasks whereby the individuals with the lowest level of subjective well-being indicators have been proved to be the most vulnerable group in terms of joint use.

The second group of my research questions aimed at exploring the relationships between sense of coherence and subjective well-being, and sense of coherence and health-related value orientation. Based on the PISI test for measuring sense of coherence, its average in the sample was proved to be under the Hungarian standard. Sense of coherence showed positive, medium close significant correlation with happiness, satisfaction and subjective well-being. Based on my results sense of coherence seems to affect the notion the individual projects for future regarding his or her own quality of life. The quality of sense of coherence affects the individual's own quality of health and his or her health expectancy within 25 years. At the same time it significantly affects not only the direction of change in quality of life, but indicates a change in the expected direction in health status. During the coherence-examination the mother's highest level of education was proved to be the major influencing factor. My research results demonstrated the influencing role of sense of coherence regarding health behaviour. This is especially true in relation to smoking, where the Fisher Exact test indicated significant difference between smoking habits of people with higher and lower sense of coherence. In addition the influencing effect of sense of coherence towards smoking, the frequency of becoming drunk and drug use characteristics have confirmed that lower sense of coherence can easily lead adolescents to a preference towards health damaging behaviour. We can claim analyzing the overall relationship between sense of coherence and health behaviour that low sense of coherence was associated with predictive factors, while high sense of coherence was related to protective factors concerning adolescent health behaviour in the sample. With regard to my research question concerning the relationship between the organizational culture of schools, adolescent sense of coherence and health behaviour I was given no clear answers, because the differences in organizational culture along with formal organizational characteristics, namely school type showed differentiated picture in the institutions examined. Therefore, the influencing effect of organizational culture on sense of coherence and health behaviour cannot be explored on the basis of this examination, as it is not clear whether the difference between sense of coherence and health behaviour come from the various organizational characteristics or from the specialities of the given school type. What is certain that school contributes to the health-related decisions in a way that high school students characterized by both performance and relationship orientation seem to be more protected against risk-behaviour. The analysis differentiated by school type organizational

culture drew attention to marked differences both in the indices of smoking, the frequency of becoming drunk, and in the consumption of cannabis derivatives. The results show the increased risk of the vocational high school students.

Examination of the influencing factors in health behaviour besides the differentiating effect of sense of coherence and type of school showed a decisive role of gender and mothers' highest educational level related to health behaviour. According to the binary logistic regression results described in details in the thesis, each of these variables contributes to health behaviour, but none of them alone is responsible for it. I mean that neither gender, nor the low educational level of mother, nor low sense of coherence, nor the type of school preferring harmful forms of behaviour themselves do not predestinate the individual's unhealthy choices, but the knowledge of these factors affecting health behaviour is particularly important as prevention and health education should pay special attention to vulnerable groups. In the questionnaire survey of open questions I sought answers for what criteria appear in the minds of adolescents concerning the concept of "best possible life", in addition what reasons, motivational factors in the background of health damaging behaviour are told, what aspects of their way of life are appreciated as an example by them and whether health as a value appear in their thinking. The concept of „best possible life” is associated with the ideas primarily of material goods, psychosocial resources and spiritual dimensions. Less emphasis on health as a value is put in the minds of adolescents, which was manifested primarily in that health as an important element of the concept of „best possible life” appeared just in a few essays. It can be concluded on the basis of the criteria listed with lifestyle assessment that health on the one hand has a very different meaning of the term in the content part, on the other hand also in terms of emphasis. Some young people consider their own unhealthy nutrition and lazy lifestyle habits are less exemplary, in opposition with their smoking and drinking habits.

The quantitative analysis provided a more detailed picture on adolescent health behaviour, however the motivational factors and value judgements underlying risk behaviour in the essays were expressed in a more detailed manner. Intensifying prejudice of adolescents is recognizable in the value judgements on health behaviour of contemporaries. This thinking burdened with prejudice also mediates an extreme generalization („everyone drinks but I do not”) thus, the negative evaluation includes the protection of „I” by exempting himself and causing no guilt for the

individual. Prejudiced thinking is particularly true of drug use and also of the consumer. As long as consumption of alcohol is generally considered to be acceptable, the same cannot be said about drug use. The pursuit for sense of coherence in the essays is manifested in earning an acceptable explanation for drug use. Through these explanations the motivational factors underlying drug use has become understandable affecting the decisions of drug use. Knowing these factors can take us closer to understanding the mentality of this age group, which can offer new clues for health education practice.

Conclusions

The final objective during my research was to use the conclusions and messages built into everyday pedagogical practice that ultimately contribute to shaping quality of life through influencing health behaviour factors. While the study of the relationship between subjective well-being and health behaviour was associated with higher level of subjective well-being, low sense of coherence was related to predictive, high sense of coherence was associated with protective factors. Thus I think we should consider the affecting role of these health behaviour factors when planning health educational activities. One of the dimensions of subjective well-being involves psychological well-being including spiritual elements, which was outlined during the analysis of open questions in the survey. The components of sense of coherence are also in the spiritual range that fact draws attention on focusing not only on physical health, but also maintaining and strengthening mental health in the organizations' health coverage. Exploration and development of the strengths and virtues may contribute to physical and mental health which form the basis of individual and social well-being. These strengths beyond positive quality of life determine the individual's health behaviour. (Hamvai-Pikó 2008) The paradigm shift in thinking precisely lies in the salutogenetic approach that focuses attention on the role of active personality and healthy resources and analyzes its components during research. This approach can yield that besides exploring the healthy resources for health education practice, exploration of the resources influence our decisions related to lifestyle choices. Being aware of the salutogenetic approach conducted in the spirit of health education and health promotion activities protective factors are priorities against harmful behaviour. Moreover, being aware of these resources, protective factors, the emphasis is shifting from communication

of knowledge to reinforcing resources during health education that also gives new direction and tasks for health education. Health behaviour in terms of a protective factor in psychological well-being along with sense of coherence determine the components of the role of health education and health promotion practices for pedagogical intervention: if health promotion is meaningful, transparent and worthwhile for the students, the weaker resources will accommodate to this.

Final Thoughts

Preparing my thesis I approached the examined issue from sociology of education and health education, but from the point of view of my topic I considered the field of psychology and within that especially the area of social psychology to be essential, which disciplines can induce a number of additional, useful researches to fit my study. Beyond this study, besides the extension of the examination, the in-depth analysis of the questionnaire responses for the open questions provide clues for further thoughts and explore the hidden contents in the essays on the West Balkans tragedy. Analyzing these contents, the unspoken feelings and thoughts structures can be seen emerging in the minds of the adolescents in connection with health behaviour and well-being. The deeper contents may promote the analysis of the health behaviour of the generation above in a wider social context and thus may show the way for education and health promotion practice to promote the development of health-conscious behaviour and thus contribute to the health and along with forming the quality of life for the growing generations.

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