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## Intrapersonal factors, social context and health-related behavior in adolescence

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# Data sources

This chapter provides a general overview of the origin of the data (2.1), measures (2.2) and statistical analysis (2.3) used in this study.

## 2.1 Origin of the data

This study used two study samples. A brief description of these samples and information about their use in the separate chapters are given in the following text.

The first study sample consisted of 3,725 adolescents in the 8th and 9th grades at elementary schools in the major cities of Bratislava (600,000 inhabitants, Western Slovakia), Zilina (156,000 inhabitants, Northern Slovakia) and Kosice (240,000 inhabitants, Eastern Slovakia) as well as other smaller cities (10,000 – 40,000 inhabitants) in the eastern region of Slovakia. The sample was made up of 49% boys, with a mean age of 14.3 years (SD 0.65; range 11-17 years). Students younger than 13 and older than 16 years old were excluded to make the sample more homogeneous and to avoid age extremes which could influence the findings. After this exclusion, the study sample consisted of 3,694 students (mean age 14.3 years, SD 0.62), with 24.6% coming from Bratislava, 21.3% from Zilina, 32.1% from Kosice and 22% from other eastern region cities. Trained researchers and research assistants collected data between October and December 2006. A set of questionnaires was administered during two regular 45-minute lessons in a complete 90-minute time period on a voluntary and anonymous basis in the absence of the teachers. The overall response rate was 93.5%. Non-response was due to illness or another type of school absence. This sample was used in Chapter 3, 4 and 7.

A second study sample was collected in addition to the previous one to obtain data on the intrapersonal factors associated with health-related behavior. It consisted of 501 pupils from the last two grades of elementary schools in the eastern part of Slovakia (the cities of Kosice and Presov - 240,000 and 167,000 inhabitants respectively) and the eastern part of Czech Republic (Brno – 370,000 inhabitants). These three cities are comparable in that they are all the second or third biggest towns in their respective countries and are located in economically less-developed districts of the eastern parts of their respective countries. Of the study sample (n = 501, response 91.5%), 48.5% were boys and ranged from 11.5 to 16.3 years old

(mean age 14.7 years SD 0.90). The data were collected in a way similar to the previous sample. Trained researchers and research assistants collected data in June and September 2007. A set of questionnaires was administered during two regular 45-minute lessons in a complete 90-minute period of time on a voluntary and anonymous basis in the absence of teachers. Response was 91.5%, with non-response due mostly to school absence because of illness or other reasons. All questionnaires used in this study underwent the process of back-translation to ensure that the language versions used measure the same constructs as the original language versions. This sample was used in Chapter 5 and 6.

## **2.2 Measures**

In this section an overview of variables and measures used in this study is given.

The central dependent variables were indicators of health-related behavior. Questions were used to assess health-compromising and health-enhancing behavior. Health-compromising behavior indicators concerned questions about smoking behavior and cannabis use. Health-enhancing behavior indicators concerned questions about physical activity.

The independent variables used in this study concerned indicators of socioeconomic status (Family affluence scale FAS, Parents' education level), indicators of perception of self (Rosenberg self-esteem scale RSE, Self-liking/Self-competence scale SLCS, Self-efficacy scale SES), and other intrapersonal (Ten-Item Personality Inventory TIPI, Positive and Negative Affect Schedule PANAS, 12-item General Health Questionnaire GHQ-12) and interpersonal factors (Perceived Social Support Scale PSSS, Resilience scale RSA).

Brief information about the origin of the measures and a short description are given in Table 2.1.

**Table 2.1** Brief summary of variables and measurements used in this study

Measure	Source	Type of variables (Chapters)	Short description
Smoking behavior	Derived from Currie et al., 2004	Dependent (Chapters 4, 5)	Indicator of health-compromising behavior
Cannabis use	Derived from Currie et al., 2004	Dependent (Chapter 4)	Indicator of health-compromising behavior
Physical activity	Currie et al., 2004	Dependent (Chapters 6,7)	Indicator of health-enhancing behavior
Parents' education	Currie et al., 2004	Independent (Chapter 7)	Indicator of socioeconomic status
FAS	Currie et al., 2004	Independent (Chapter 3)	Indicator of socioeconomic status
RSE	Rosenberg, 1965	Independent (Chapters 4, 6, 7)	Measure of person's evaluation of his/her worthiness
SLCS	Tafarodi & Swann, 1995	Independent (Chapter 6)	Measure of self-liking and self-competence
SES	Sherer et al., 1982	Independent (Chapters 5, 6)	Measure of general and social self-efficacy
TIPI	Gosling, Rentfrow, Swann, 2003	Independent (Chapter 3)	Brief measure of Big-Five personality domains
PANAS	Watson, Clark, & Tellegen, 1988	Independent (Chapter 5)	Measure of positive and negative affect
GHQ-12	Goldberg, 1972	Independent (Chapter 3)	Measure of psychological well-being
PSSS	Blumenthal, 1987	Independent (Chapter 3)	Measure of perceived social support
RSA	Hjemdal et al., 2001	Independent (Chapter 4)	Measure of resilience

## 2.3 Statistical analysis

Several statistical methods were used across this study to analyze data. All analyses were performed using the statistical software package SPSS, versions 12.0, 14.0 and 16.0. Detailed information about the statistical analyses performed can be found in the "statistical analysis" section of each chapter.

Standard descriptive analyses regarding the studied variables were performed in Chapters 3-7. Chi-square tests and t-tests were used in Chapters 4 and 7 to explore gender or socioeconomic differences in the studied variables. Correlations between the studied variables were explored in Chapters 3 and 4. A one-way analysis of variance (ANOVA) and Scheffe post hoc tests were used in Chapter 6 to explore the differences in perception of the self regarding health-related behavior. Logistic regression was used for dichotomized health-related behavior in Chapters 4, 5 and 7, and linear regression was used for continuous measure of self-esteem in Chapter 3.

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