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

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# Summary

Patterns of health-compromising behaviors and their initiation and progression in adolescence are generally considered to be predictive of later involvement in such behaviors and exposure to their harmful consequences on health. Health-enhancing behaviors can be also traced back to childhood and adolescence. Empirical evidence supports the existence of several domains of determinants covering intrapersonal, interpersonal and socio-cultural areas of influence in adolescent health-related behaviors. This thesis deals with health-related behaviors and tries to contribute to the understanding of possible determinants associated with these behaviors. Its main focus is on the intrapersonal dimension (with the perception of self as a core element) and on the additional contribution of factors from other dimensions (the interpersonal and socio-cultural).

In this thesis several aims were explored. The general aim was to examine the association between the perception of self (e.g. self-esteem, self-liking, self-competence and self-efficacy) and health-related behaviors (e.g. smoking behavior, drunkenness, cannabis use and physical activity) among adolescents. A further aim of this thesis was to explore the contribution of other intrapersonal factors (e.g. personality, mental health and resilience) to the above mentioned association. Additionally, we were interested in the role of socioeconomic status as a background variable. Departing from the general aim of this thesis, five research questions were subsequently answered focusing on the association between socioeconomic status and self-esteem and the possible contribution of other factors (Chapter 3), the association of self-esteem and resilience with smoking and cannabis use (Chapter 4), the association of self-efficacy with smoking and the possible contribution of affectivity (Chapter 5), the associations of aspects of self and different levels of physical activity (Chapter 6) and finally, the association between socioeconomic status and physical activity and the possible contribution of self-esteem (Chapter 7). The answers are described in Chapters 3 to 7.

Chapter 1 provides a general introduction to the associations between the key theoretical constructs of this thesis: the perception of self (self-esteem, self-liking, self-competence, and self-efficacy), other intrapersonal factors (e.g. personality, mental health and resilience), socioeconomic status and health-related behavior (e.g. smoking behavior, cannabis use and physical activity). The primary aim and research questions of the thesis, mentioned above, along with a model of the studied variables are presented in the end of this chapter.

Information about the design of the study is given in Chapter 2. It presents the data collection and descriptions of the study samples used in this thesis. It further provides a short description of the measures and analysis used.

In Chapter 3 the association between socioeconomic status and self-esteem in adolescence and the possible contributions of personality, mental health and social support is explored. The findings reveal that adolescents with a low socioeconomic status have lower self-esteem. This association changed after adjustment for personality and mental health, but not after additional adjustment for social support. Family affluence as an indicator for socioeconomic status remained significantly associated with self-esteem from the first to the final model, but its explanatory power decreased after adding personality dimensions and mental health variables (depression/anxiety and social dysfunction).

Chapter 4 focuses on the influence of self-esteem and resilience on health-compromising behavior (previous smoking experience, regular smoking, and previous cannabis experience) among adolescent boys and girls. Based on the results, of the two self-esteem factors, only negative self-esteem was significantly associated with health-compromising behavior among adolescent boys and girls in such a way that the probability of smoking or cannabis experience and engagement in regular smoking increased. No significant association was found among girls after the adding of resilience subscales. Boys and girls did not differ with regard to resilience factors. Among both groups the same factors (structured style, social competence and family cohesion) were significantly associated with health-compromising behavior. Structured style and family cohesion decreased and social competence increased the probability of smoking or cannabis experience and regular smoking.

In Chapter 5 the association between self-efficacy and health-compromising behavior (previous smoking experience, regular smoking) in adolescence and the possible contribution of affectivity is explored. Social efficacy was found to be significantly associated with smoking behavior (previous experience with smoking and also regular smoking) but only in connection with affectivity. Social self-efficacy increased the likelihood of previous experience with smoking and regular smoking among adolescents. Additionally, negative affectivity was found to be associated with both aspects of smoking behavior and positive affectivity with regular smoking. Positive affectivity decreased and negative affectivity increased the likelihood of smoking. General self-efficacy was not found to be significantly associated with smoking behavior.

Chapter 6 focuses on the associations between the perception of self (self-esteem, self-liking, self-competence, and self-efficacy) and different levels of physical activity among adolescent boys and girls. The findings show that positive self-esteem, self-liking, self-competence, general self-

efficacy and social self-efficacy were higher, and negative self-esteem was lower among adolescents with a higher frequency of physical activity. The differences were much more pronounced for girls than for boys. Self-liking and social self-efficacy were higher among adolescent boys with a higher frequency of physical activity. At the same time, positive self-esteem, self-liking, self-competence and general and social self-efficacy were higher, and negative self-esteem was lower among adolescent girls with a higher frequency of physical activity.

Chapter 7 explores the association between socioeconomic status and physical activity in adolescence and the possible contribution of self-esteem. The results revealed that youths with high socioeconomic status engage in regular physical activity more often than their peers with middle or low socioeconomic status and also report higher self-esteem. The association of socioeconomic status with physical activity decreased after adding in self-esteem, suggesting that at least a part of this association is mediated by self-esteem. The connection between socioeconomic status and physical activity may thus be mediated by the self-esteem of adolescents.

Finally, in Chapter 8 the main findings of the study are discussed on the general level in the context of a theoretical background. Next, the most important strengths and limitations are reviewed. The last part of this chapter deals with possible implications in the field of future research as well as public health practice.

Understanding the factors associated with health-related behaviors in adolescence and the pathways for these associations is essential for prevention and health promotion. Findings as reported in this thesis support the idea of a connection between the perception of self and health-related behaviors in adolescence. They also shed some light on the contribution of factors from the socio-cultural, intrapersonal and interpersonal domains. It is important to keep this in mind when designing effective health promotion programs.

