

Adolescents' perceptions of the words "health" and "happy"

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Abstract

Purpose – The shared language of youth includes understandings of concepts that can be different from those of adults. Researchers, in their efforts to explore and illuminate the health behaviours and decision-making processes of young people, use generic terms in their data collecting protocols. This study aims to explore what adolescents understand by the words "healthy" and "happy".

Design/methodology/approach – Semi-structured interviews were conducted in three post-primary schools with 31 students aged 12 and 13 years. Drawing on a grounded theory approach, interviews were transcribed and subjected to thematic content analysis.

Findings – The students provided a description and explanation of what health and happiness meant to them and how they intended to maintain both as they grew older. Perceptions of these two concepts were found to contain gendered nuances. This was clear in relation to descriptions of how friends were part of well-being; the girls were more likely to talk about feeling restricted and resentment at being treated like children and only the boys talked of looking forward to things.

Originality/value – In order to gain an understanding of young people's perspectives about what matters and what influences their health behaviour, a clearer view of the different perspectives held by researcher and researched needs to be established so that more accurate conclusions can be drawn from data generated by young people.

Keywords Personal health, Perception, Adolescents

Paper type Research paper

Introduction

In any attempt to communicate it is vital that the words or signs and signals being used are mutually understood. This holds true whether the communication involves the sharing of information, or explorations of phenomena and behaviour. Problems exist within any language if words mean nothing outside of themselves, or, if as Humpty Dumpty stated "When I use a word it means just what I choose it to mean – neither more nor less" (Carroll, 1939, p. 365). Social and human science research aims to increase understanding and knowledge about particular aspects of the human condition, and relies on robust data collection and analytical approaches. It is assumed that with shared cultural origins, misconceptions in communications will be minimal. When working with young people and children such assumptions need to be re-examined, for the language that populates the youthful world holds different understanding of concepts and normative frameworks (Prout, 2000; Wilkinson and Walford, 1998; Jörggården *et al.*, 2006). For example adolescents may not understand adult use of metaphors but are quite capable of inventing their own; exhibiting degrees of linguistic inventiveness and imagination that are beyond many adults (Greene and Hogan, 2005).

By the year 2010, the number of adolescents in the world will be larger than ever before in history – 1.2 billion young people aged ten to 19 (Adolescent Health Unit,

2001). It is important to discover and promote the critical features of adolescents' environment that will lead to well-being and well-becoming; in short what supports their health and happiness. During adolescence most of the physiological, psychological, and social changes occur as children develop into adults. The level of development of cognitive competencies influences children's complex conceptions of issues such as health (Williams and Binnies, 2002; Bak and Piko, 2007). Children and adolescents inhabit particular lifestyles and cultures; their perceptions of health and well-being and threats to these involve priorities, evaluative processes, ideas of what is possible and social spheres of relevance, that are different from those of adults, and may indeed run counter to the prevailing discourse of health promotion (Wills *et al.*, 2008). For example adolescents behave in ways that are injurious to their health despite possessing relatively high levels of knowledge about the risks. Indeed young people tend not to perceive risks as personally or immediately relevant (Kennedy, Nolen, Applewhite, Waiters, and Vanderhoff, 2007; Kershaw *et al.*, 2003; O'Sullivan *et al.*, 2006; Kennedy, Nolen, Applewhite, Pan, Shamblen, and Vanderhoff, 2007).

Well-being has been defined as "a healthy, contented or prosperous condition" (Brown, 2002). While a single understanding of children and young peoples' well-being has not yet been agreed, following the development of child well-being indicators in Ireland (Hanafin and Brooks, 2005), this paper will adopt that of Andrews *et al.*, 2002 as their conceptualisation is multi-dimensional and includes an explicit reference to health (Andrews *et al.*, 2002). Self-rated health has become the most commonly used health indicator in empirical sociological studies (Blaxter, 2007). The earliest published studies of adolescents' self-rated health suggested that how adolescents learn to perceive, interpret, and report their health affects their future health ratings and actual health behaviours (Mechanic and Hansell, 1987). Research on self-rated health among adolescents has identified several important determinants of subjective health formulations: socioeconomic conditions (Piko and Fitzpatrick, 2001; Goodman *et al.*, 1997); overall sense of functioning (Piko and Bak, 2006; Vingilis *et al.*, 2002), particularly social functioning (both popularity and intimacy in peer relationships) and psychosocial characteristics (Mechanic and Hansell, 1987; You *et al.*, 2008; Rayce *et al.*, 2008; Rathi and Rastogi, 2007); psychological well-being (Saewyc and Tonkin, 2008; Hampel and Petermann, 2006); child-parent relations (Wilkinson, 2004; Tusaie *et al.*, 2007); academic achievement (West *et al.*, 2004; Samdal *et al.*, 1998); and gender (Nic Gabhainn and Kelleher, 2000; Currie *et al.*, 2008).

While concepts of health well-being and happiness have previously been explored, ambiguity remains in the literature and in use of the terms. The terms well-being and happiness have been used interchangeably (Natvig *et al.*, 2003; Veenhoven, 1991), yet happiness and satisfaction are two distinct spheres of well-being (Peiro, 2006). Studies examining adolescent perceptions of life satisfaction have connected it to five distinct domains: family, friends, school, self and the living environment (Natvig *et al.*, 2003; Cicognani *et al.*, 2008; Konu *et al.*, 2002). Gender differences in self-rated well-being are found to be less obvious than with self-rated health (Currie *et al.*, 2008). One study of early adolescents found no gender differences in happiness yet significant positive correlations between happiness and health-related variables when the genders were analysed separately (Mahon *et al.*, 2005). Social relationships have the greatest single impact on happiness (Konu *et al.*, 2002), children in Ireland concur by placing their

family, friends and pets at the centre of “what makes them and keeps them well” (Nic Gabhainn and Sixsmith, 2006).

Research into young people’s lives is vital in order that health promotion and other intervention programmes are responsive and relevant to their concerns and needs (Boyden and Ennew, 1997). Inquiring into children’s lives “in the present tense” (McAuley and Brattman, 2002), involves numerous large-scale quantitative studies as well as qualitative research. Researchers, in their quest to illuminate the decision-making processes and behaviours of young people tend to use generic terms in their data collecting protocols. But young people can interpret the questions differently from the researchers’ intended meaning (Barber and Schluterman, 2008). This risks invalid conclusions continually being drawn and young people remaining sceptical of adult willingness to take their views seriously (Cloke, 1995). It is important to know if understandings of the questions being asked differ among participants from that of the researchers gathering and analysing the data (Coad and Lewis, 2004).

While there exists a broad understanding and theoretical framing of the factors influencing children and young peoples’ health and happiness, it is the interpretation of the actual words by those under scrutiny that merits further investigation.

Methodology

This is an exploratory study, which draws on a grounded theory approach. Semi-structured interviews were conducted with students in schools. Interviews can be effective in giving children and young people a voice, once researchers are able to demonstrate a genuine interest in the responses (McAuley and Brattman, 2002). Careful piloting was conducted to ensure the relevance of the questions to the linguistic and cognitive skills of the participants (Faux *et al.*, 1988; Saywitz and Snyder, 1996). The aims of the study and the anonymity of the data were explained to the students before their consent was sought.

Procedures

Interviewing in different schools lessened the effects of the informal or “hidden” curriculum on the data (Nutbeam, 1992). Schools were chosen to represent the range of post-primary education offered in Ireland, in that they were single gender and mixed gender. Three schools participated in the study; a single sex girls school (A), a single sex boys school (B) and a mixed school (C). The initial invitation to participate was to Principals who are responsible for student experience and safety. Principals were asked to identify class groups within the school that would have the highest proportion of students aged 13 years. Only a subset of each selected class was eligible, as all class groups were of mixed age. Students were invited to self-select to participate. One-to-one interviews were conducted in rooms separate from the rest of the class, with a female interviewer experienced in working with young people. The interviews lasted between 10 and 20 minutes, depending on the respondent.

The questions

There were 16 open-ended questions:

- (1) What makes you healthy?
- (2) What influences how healthy you are?

- (3) What will you do to make yourself healthy after you leave school?
- (4) When someone says the word health what do you think it means?
- (5) How would you describe being healthy?
- (6) Do you think it is the same for everyone?
- (7) Would someone in a wheelchair be healthy?
- (8) How would you know that someone else is healthy?
- (9) What makes you happy?
- (10) What does the word happy mean to you?
- (11) How do you feel when you are happy?
- (12) What influences how happy you are?
- (13) If your parents were grumpy would that affect how happy you feel?
- (14) What will make you happy after you leave school?
- (15) Do you think it is the same for everyone?
- (16) How would you know someone else was happy?

The two sets of questions were alternated between those relating to health or those about happiness being asked first. This was done in order that the effect of the framing of the interview schedule on the responses be minimised; the timing of questions is crucial in “reminding respondents of things they would not otherwise have recalled” (Galesic and Tourangeau, 2007).

Analysis

The interview data were inputted sequentially into the NUD*IST 5 package for data analysis. New themes continued to emerge until the third school, but not during the analysis of the final seven transcripts. The emerging themes are illustrated below with quotations from the participants identified by their number and school and gender (in school C interviewees 1-5 were girls and 6-10 were boys).

Results

The students were a group of 16 males and 15 females all of whom were 13 years old. School A was a girls-only school, school B a boys-only school and school C was a co-educational school. With only one exception the participants described their fathers as professionals and their mothers as white collar workers. The findings are presented below by looking first at the health responses then those relating to happy. The results under each heading are sub-divided to reflect the themes that emerged from the data.

Health

Holistic views. Health was described as being more than just the absence of illness:

First I'd say like illness and sickness and whether you're ill or whether you're well, but then when you think into it, it has like different sided meanings, it kind of opens out then ... there can be different kinds of healthy, not just illness, you can feel kind of low or you know, not feeling good about yourself, it's kind of like unhappy ... (A1 girl).

Those who were asked the “happy” questions first, like student A1 were more likely to subsequently connect the two concepts:

... and I suppose your happiness affects how healthy you are, like if you are really unhappy you wouldn't go out much, you'd just be staying in the house all the time and you wouldn't be active and if you are not happy you end up eating loads of crap (B9 boy).

I think its more than being fit, as along as you are happy being fit it keeps you healthy, but if you don't like swimming and you are forced to do it you won't be happy with the stuff and you won't do it and will get unfit (C8 boy).

... You are healthy if you are happy, you care about things and more confident, if not you don't feel good about yourself (C2 girl).

The boys were generally more inclined to describe health as a holistic concept, with emotions affecting how they feel, regardless of which set of questions they were asked first:

Well, my Dad's a doctor, and he says that it's important to enjoy yourself and have fun because that affects how healthy you feel (B5 boy).

... and the way you think about things, if you think in one way you might have an unhealthy attitude (C10 boy).

The girls commented on the link between mental and physical health when they were asked about happiness first:

Yeah, I mean, like to be depressed isn't healthy (A3 girl).

Health as a resource:

You know, you just feel more like, energetic. You are able to do things (B6 boy).

Well if you were unhealthy you couldn't do a lot of stuff, like sports. And mentally things like trying to do school work would be harder (C6 boy).

Being unhealthy was seen as an inability to achieve the things they wanted in everyday life without discomfort:

Like if you were going to the shop and they were puffed out, you would know they were not healthy (B8 boy).

A number of girls observed that being unable to do things meant being left out of activities. The students did not define physical or mental incapacity as illness. When asked about the health of someone in a wheel chair, responses included:

Yes, they can be healthy, they just have a disability (C10 boy).

Subjective measures:

... being healthy is different for everyone. It depends on how they are made ... (B9 boy).

Illness was described as the opposite of being healthy:

When I think of health I think of someone in hospital and trying to get better (B6 boy).

Aetiology of health. All of the students talked about the importance of nutrition and being fit and active:

Eating good food, getting lots of exercise, eating the right kind of food, keeping your heart healthy (B7 boy).

... if you eat the wrong food all the time it would just pile up and make you unhealthy (C9 boy).

Eating junk food was not seen as being a problem so long as healthy food was also consumed:

I do a lot of exercise, o.k. and (laughs) I well eat a lot of junk food but I eat a lot of good food as well, vegetables (A4 girl).

Families were identified as being supportive of healthy behaviours, particularly with regard to eating the right food. One boy mentioned that even when he gets older he intended to get his food from home.

Body image. There was a gender difference in relation to body image; more of the boys talked about being fat, while the girls were more likely to refer to being thin. The girls in both schools were more inclined to talk about exercise and fitness, the boys mentioned sport.

Outside influences. The students also talked about the effect of environmental factors:

Things like living in the country, the air that you breathe and pollution and the things you eat (B4 boy).

Your environment, like if someone in your family smokes you won't be as healthy ... (C10 boy).

In the future. With regard to maintaining their health when they are adults, the students saw the same things, namely food and exercise, as being important:

... if you stay fit and listen to your body you live longer, so I'll work out a bit and do exercise and not get aches and pains (B1 boy).

They talked about not participating in too many risk behaviours in adulthood, such as drinking too much alcohol and smoking.

Smoking, if you smoke you would be not healthy, and other bad habits, not getting enough exercise (B3 boy).

Remaining healthy was perceived as becoming more challenging with age.

... you need to look after yourself when you are older, when you are young it is not so important what you eat, you need to look after yourself more because your energy drops, and you need to keep yourself active ... Well it will be harder to get more exercise, although you would be more wise on what to eat (C2 girl).

Happiness

The students offered descriptions of what being happy meant to them:

Happy in myself, content. Just to be good inside, relaxed (A3 girl).

... especially more alive ... like you're just feeling you can do anything, you have the energy to do things (B1 boy).

... if someone told you something, you would kind of overlook it when you are feeling happy. Things don't bother you much (C9 boy).

Belonging. Happiness was related to being socially healthy, that is, being able to communicate effectively with other people:

I think when you feel good about yourself you tend to talk more to other people ... (C3 girl).

The students were aware of the value of belonging to more than one social network for their well-being:

... like if you have a fight with your family you have your friends and if you have a fight with your friends, you have your family (C2 girl).

All of the students spoke of the importance of family; knowing the family are "always there" afforded them a sense of security and of being loved. The girls were more inclined to talk about conflict with their families as a factor in their unhappiness:

[I'm happy] when I'm not fighting with my parents. . . I try to be happy with my friends, but it is always kind of there, but when you're not, it makes you more happy, you can think "oh I'm not fighting with my parents" and you're happier (A4 girl).

The students all mentioned friends as affecting their happiness and that of others, whether it was making friends, having friends or spending time with them.

If you have good friends, have loads of friends ... I'm happy with my friends ... my friends are so much fun ... (A2 girl).

... being popular, that's it really ... (B8 boy).

The sense of belonging to a group was part of what made most of the boys feel happy:

... Hanging round with a lot of people you like makes you happier (B10 boy).

This extended into their vision of the future:

... like having someone by your side (B8 boy).

The boys were also more likely to be affected by the moods of others:

... If they are not happy, it will affect the way you're hanging around (B3 boy).

Aetiology of happiness. In terms of what makes them happy, the girls' listed being with their friends, shopping or "hanging out", and the boys talked more about the specific activities they engaged in with their friends and on their own:

I like music, computers and watching TV, talking to my friends (B1 boy).

For the majority of the students school was one of the things that made them happy:

I like school, I like the classes and you can have fun with your friends (A6 girl).

Actually I really enjoy school this term because I like the subjects and I am doing really well (B2 boy).

... being with my friends in school, being in school, the teachers ... (C9 boy).

Other emotions and happiness. On the negative side it was "tests" and schoolwork that created stress and worry, although this was seen as being a temporary state:

... if I get a lot of homework and stuff and if I get home or if like I am worried about my homework (C3 girl).

For a substantial minority of the students being happy was related to the ability to refocus away from their worries:

... When I am happy, I don't think about what is worrying me ... (A4 girl).

... talking to your friends and forget the things that might be worrying you (B10 boy).

One girl talked of happiness in terms of being "... emotionally steady", and one of the boys described how confidence and being happy affected mental health:

... mentally it could be like someone laughing at your shoes and not letting it affect you, being able to handle it, it makes you mentally stronger (B10 boy).

Other emotions that related to being happy included pride, optimism, and feelings that give energy:

The feeling that I am good at soccer and people say I'm really good ... I don't want to let my mother down, she is really proud of me (B8 boy).

Money was not one of their worries:

... you can still be happy without lots of money as long as you had enough to get by. Family and friends and health are more important. If you didn't have them you might need more money to do things to keep yourself busy, so you don't get bored (C10 boy).

The future. The students were positive in relation to their view of how life would be for them as adults. The students imagined that their happiness would be based on being and doing the same things as they do now, as well as adult achievements giving them pleasure:

Still my family, maybe my job, my boyfriend if I have one, my friends ... (A6 girl).

Talking to my friends and getting paid and buying stuff. You'd have to make your own dinner and wash up, so the first time you made your own dinner you would be pleased with yourself (B10 boy).

There were gender differences in relation to happiness in the future. Only the boys talked about anticipating events and activities:

Ah looking forward to things, like going out with your friends (B3 boy).

... if you have to do a job that you don't like, but you get it done that can make you happy so you have an incentive to go do what you want to do. Like if you wanted to go outside and you were able to go outside, that feels good, but if you had to do your homework well the incentive is that you can go outside when you are finished (C10 boy).

The boys also mentioned the idea of anticipating things when they become adult:

... you'd be looking forward to getting paid every week (B10 boy).

One boy introduced the idea of memories:

... I think when you are older you kind of look back and have memories and if you were happy so far, you can be happy when you are older because you can look back and see the happy things (C9 boy).

The girls talked in terms of freedom:

I'll have more of a life, making money, going to college where you are not treated as much as babies (A10 girl).

You'd kind of feel well more powerful, like if you wanted to go out you could just go out. Still having your family and friends and going out partying . . . Just being able to make my own choices, more freedom (C2 girl).

One boy agreed with such sentiments:

. . . I am able to do what I want (C7 boy).

Other boys talked of adult skills they would acquire:

Being able to drive, being able to travel (B1 boy).

Discussion

The students, who saw health as a resource that they would always possess, tended to describe health in holistic terms. Happiness was associated with belonging to a social network, while gender differences were apparent both in perceptions of health and happiness.

Health

The students in the study presented holistic views on the nature of health, relating physical health to emotional and social well-being, supporting data from previous research (Vingilis *et al.*, 2002; Mechanic and Hansell, 1987; Piko and Fitzpatrick, 2001). The students' comments demonstrated that they held the social normative view of health as a desirable characteristic and no-one offered the belief that good health was not achievable, similar to Piko and Bak's (2006) findings.

Health was discussed as a resource, a type of energy, functionally enabling them to be active and engage with their friends (Blaxter, 2007). Students' construction of being fit and healthy equated images of sweating and being out of breath with being unhealthy, unfit, unable to carry out normal activities; which within a young person's world include the ability to run about with ease. Such findings highlight the importance of contextual understanding (Treacy *et al.*, 2007). The boys focused more on sport than the girls; reflecting a noted reluctance among some adolescent girls to participate in organised physical activities (Garcia *et al.*, 1998; Sallis *et al.*, 2000; Vilhjalmsson and Kristjansdottir, 2003). The discussion of the health of those with disabilities demonstrated the sophistication of the students' conceptions. The girls in particular noted how it was exclusion from involvement with others that made people less healthy and happy due to an inability to take part.

The findings from this study support the findings of other research in that the students were not overly concerned about health compromising behaviours. The students exhibited awareness of health issues, informed by school healthy eating policies and the Social, Personal and Health Education programme, but their health related behaviours were determined to a large extent by other factors; exhibiting a "dichotomy of desires". The negative effects of poor nutrition were acknowledged yet this knowledge did not affect all their behaviours. The consumption of some junk food was not defined as unhealthy, because eating good food was seen as a way of compensating. The

students expressed the view that their own prevention activities would negate any health risks (Harford, 2008; Remez, 2000). That the effects of poor nutrition do not manifest in the short-term could reinforce a sense of invulnerability and belief in their own ability to successfully reduce any risks (Waldby *et al.*, 1993; Woodcock *et al.*, 1992; Marston *et al.*, 2006). The students in this study demonstrated that they had strategies for managing their health, even though they ran counter to adult discourses of what is considered healthy, not least in terms of eating behaviours (Wills *et al.*, 2008).

Happiness

For the students in this study happiness consisted of two aspects: “doing things” that they enjoyed, and “being with” friends and family. This differs from adult perceptions of being happy, which according to Bradburn (1969), involve a global judgement based on assessing a preponderance of positive over negative affect (only one girl talked of being happy as the absence of worry). When asked what influences how happy they feel, the students talked of their friends and family, exhibiting the strong and vital connection between social relations and happiness (Konu *et al.*, 2002; Rathi and Rastogi, 2007; Bjørnskov, 2008). A sense of connectedness and belonging is known to be crucial for mental well-being, enabling young people to develop resilience and coping skills (Tusaie *et al.*, 2007; Goldstein and Brooks, 2004; WHO, 2007; McGraw *et al.*, 2008). All of the students made reference to attempting to make their friends feel better if they were not happy, reflecting degrees of empathy, a critical element in emotional intelligence (Goleman, 1996). The girls talked about enjoying just being with their friends and the boys talked more about the things they do with their friends. Girls have been found to discuss personal relationships while boys tend to discuss action-related topics (Borup and Holstein, 2006).

There was a gender difference in relation to conflicts with parents, with the girls being more likely to talk about feeling restricted and resentment at being treated like children. The girls expressed how they were looking forward to being older and being able to make their own choices. Similar results were found in a recent Irish study where the boys talked about the pleasure and safety they found being in their bedrooms while the girls expressed their enjoyment at being outside away from their houses (Nic Gabhainn and Sixsmith, 2005). The girls’ comments reflected how they are developing into adolescents where friends and peers provide the most salient relationships usurping that of parents, as they move towards increasing independence from the family (Wilkinson, 2004).

Gender difference also emerged in the concept of delayed gratification, “looking forward” to things, was mentioned only by boys. They talked of anticipating events and activities as something that helps them to feel positive and as an incentive to do things they do not enjoy, not only now but also in the future. Other ideas about future health and happiness showed a dichotomy. The students believed that what made them happy will also make them happy in the future, and that which will make them happy in the future includes aspects of happiness they have yet to experience.

In this study school was described as a place that enhanced the students’ sense of well-being, supporting the findings of other studies where levels of youthful well-being were related to how positively young people feel about their school; students’ perceptions of fairness and support from teachers have been cited as important (Kalil and Ziol-Guest, 2008; LaRusso *et al.*, 2008; Samdal *et al.*, 1998).

The sequence of questions was found to reflect the “priming of relevant beliefs” (Galesic and Tourangeau, 2007); when the “happy” questions were asked first, the students were more likely to link state of mind to health. This effect was less pronounced for the boys who linked the two concepts more often. There were also gender differences in the way the students perceived both of the words, consistent with other studies where boys tend to be more positive in regard to both their health and happiness (Nic Gabhainn *et al.*, 2007; Currie *et al.*, 2008). This study contributes to the continuing debate in its findings that perceptions of these two concepts were gendered, explaining a degree of why reportedly boys feel happier and healthier than girls.

Limitations and strengths

The limitations of this study mean that the results should be interpreted with caution. The students were self-selected and may have differed in their self-reported health and happiness from their less forthcoming peers. The students’ decision to participate may have been influenced by wanting to please their teachers and the researcher, or enjoying the extra attention from both adults and peers, and expectations that the interviews would be a break from the usual school routine (Alderson, 1993; Faux *et al.*, 1988). Despite being in schools that are representative of the available types of post-primary education in Ireland, almost all described their parent’s occupations as professional or white-collar. The external validity of the findings needs to be demonstrated by further investigation with more diverse young people.

In contrast this piece of research demonstrated certain strengths. There was one interviewer creating a single effect between researcher and researched and each student was interviewed separately in order to minimise peer effects. Future research in this area should include group-based data collection, the inclusion of a larger and more diverse sample and a wider range of ages, which would enable us to determine the relative benefits of the different research approaches, and direct comparison across developmental stages. This should include adult populations of different kinds in order that the differences and similarities between adult and child perspectives can be documented more systematically.

Conclusion

This research investigated young adolescents’ perceptions of the words “happy” and “healthy”. Gender differences were apparent in the perception of the words, which need further exploration in order that health-promoting policies are planned to include such differentials. These findings underscore the potential value of ascertaining the meaning, understanding and delineation of key concepts with target populations during the active planning of health promotion interventions with young people. Researchers need to ensure that the measures they use are initially framed after consultations with research participants so that their enquiries and analyses accurately reflect the perspectives of the researched and thus become less encumbered by adult interpretation.

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