

**MOVING TOWARDS HEALTH PROMOTING
SCHOOLS:
SPIRITUAL WELL-BEING AND LIFESTYLE
CHOICES IN ADOLESCENTS**

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Meinen Eltern

Et cognoscetis veritatem et veritas liberabit vos.

(Then you will know the truth and the truth will set you free.)

“The Spirit is an imperative necessity.
Only the Eternal Spirit can do eternal deeds.”

A.W.Tozer

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Abstract

KEY WORDS: spirituality / spiritual well-being / religion / adolescence / adolescent development / lifestyle choices / identity formation / risk behaviour / health / health promotion / health promoting schools

Increasingly adolescents are making unhealthy choices concerning their lifestyle. Behaviour patterns develop which are often carried into adulthood and become an established lifestyle pattern. Examples of these are the abuse of drugs, smoking, alcohol, irresponsible and hazardous sexual behaviour and so forth. It is also reported that young people increasingly contemplate and attempt suicide. It is important to find the reasons for such behaviours.

During the last century, spirituality was not regarded as being important in the everyday lives of people. There are however many voices today calling for a reintegration of spirituality into education, health and various other areas of life. The movement of Health Promoting Schools could serve as a basis for reintegrating spirituality into the curriculum. Spirituality can be described as providing primarily meaning, relationship with God and people, a feeling of transcendence and the acquisition of values. These facets of life, neglected and considered unscientific in the positivistic modern era, are now seen as necessary within our post-modern society. The aim of this study was to investigate a possible correlation between the lifestyle choices adolescents make and their spiritual well-being.

Both quantitative and qualitative measures were used to investigate the above mentioned correlation. Quantitative results indicated a significant positive correlation between measures of spiritual well-being and risk behaviours. The qualitative analysis indicated that adolescents believe that spiritual values are important when considering meaning in life as well as lifestyle choices.

It was concluded that the construct spirituality remains salient in the lives of most adolescents. A possible rationale for integrating spirituality into the practice of Health Promoting Schools was proposed.

Opsomming

SLEUTELWOORDE: spiritualiteit / spirituele welstand / godsdiens / adolessente / ontwikkeling van adolessente / lewensstylkeuses / identiteitsformasie / risikogedrag / gesondheid / gesondheidsbevordering / gesondheidsbevorderende skole

Ongesonde lewensstylkeuses wat adolessente maak kom dikwels voor. Gedragpatrone wat in die adolessente jare vorm, ontwikkel verder om in die volwasse lewe as 'n vaste lewensstyl gevestig te word. Voorbeelde hiervan is die gebruik van dwelms, rookgewoontes, alkoholmisbruik en gevaarlike seksuele gedrag. Dit kom algemeen voor dat adolessente toenemend selfmoordneigings toon. Dit is belangrik om die redes vir hierdie gedrag te bepaal.

In die afgelope honderd jaar was die konsep van spiritualiteit nie van belang in die alledaagse lewe nie. Daar is egter 'n oproep hedendaags dat die konsep van spiritualiteit weer in die opvoedkundige, gesondheid en ander gebiede van die lewe geïntegreer moet word. Gesondheidsbevorderende Skole kan as 'n basis gebruik word vir die herïntegrering van spiritualiteit in die kurrikulum. Spiritualiteit kan 'n sinvolle lewensbestaan, verhoudings met God en medemens, 'n gevoel van voortreflikheid, as ook die vestiging van waardes te weeg bring. Hierdie aspekte van die lewe word belangrik geag in die postmodernistiese samelewing, veral nadat hulle in die moderne positivistiese tyd verwaarloos en as onbelangrik beskou was. Die doel van die studie was om 'n moontlike korrelasie tussen die lewensstylkeuses wat adolessente maak en hulle spirituele welsyn na te vors.

Kwantitatiewe en kwalitatiewe metodes is gebruik om die bogenoemde korrelasie na te vors. In die kwantitatiewe analise is bevind dat 'n positiewe sterk korrelasie bestaan tussen lewensstylkeuses en spirituele welsyn. Die kwalitatiewe analise het soortgelyke resultate gehad, byvoorbeeld dat adolessente glo dat spirituele waardes belangrik is wanneer oor sinvolle lewensbestaan gedink word en ook terwyl lewensstylkeuses gemaak word.

'n Baie belangrike gevolgtrekking is dat daar 'n groot behoefte aan spiritualiteit is. In die opvoedkundige konteks bestaan die moontlikheid om spiritualiteit in onderwys en opleiding te integreer deur middel van skole wat klem lê op gesondheidsbevordering.

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CHAPTER 1

INTRODUCTION, STATEMENT OF THE PROBLEM AND METHODOLOGY

1.1 Introduction and orientation

“Puberty in the year 2002: girls who cut their skin with pieces of broken glass and boys whose attempts to understand themselves leads them into psychiatric treatment” (Kirbach, 2002).

This quote from a German newspaper illustrates a global development among teenagers and adolescents. Many young people engage in unhealthy and dangerous behaviour. Their lifestyle choices are at an alarmingly high rate harmful to themselves and to others. This can range from self-mutilation to substance abuse or even suicide. The National Centre for Chronic Disease Prevention and Health Promotion in the USA (2003) confirms this development by listing the following behaviours often established during youth and which contribute markedly to major causes of death. These behaviours include:

- Using tobacco,
- Eating an unhealthy diet,
- Not being physically active,
- Using alcohol and other drugs,
- Engaging in sexual behaviours that can cause HIV infection, other sexually transmitted diseases and unintended pregnancies as well as
- Engaging in behaviours that can result in violence or unintentional injuries.

Many of these behaviours may ultimately lead to death, although usually not immediately. These unhealthy behaviours can be traced as the main cause of a premature death later in the lives of adolescents (World Health Organisation, 2000), as the following examples show:

- According to the WHO (2000) 5% of all deaths of young people between the ages of 15 and 29 are attributable to alcohol use.
- One out of two young people who start and continue to smoke will be killed by tobacco-related illness (WHO, 2000).
- In spite of efforts to reduce teenage pregnancies in the USA, they are on the increase again (Greaves, 2001).
- In some countries, up to 60% of all new HIV infections occur among 15-24 year olds (WHO, 2000).

This global trend is also present in South Africa where it is evident that there are many challenges concerning the health situation that need urgent attention. The following HIV/AIDS statistics that were published by Doctors for Life (2000) are an example:

- In the Kwa Zulu Natal (KZN) Midlands, 75% of hospital beds are occupied by children with AIDS - related diseases, while 50% of childhood deaths in that area were AIDS- related.
- Between 28% and 45% of mineworkers in SA are HIV positive. This has already led to a 15% drop in mine productivity.
- In 1999 32,8% of KZN's pregnant women were HIV positive.

According to Viljoen and Kirsten (2003: xiv) the education sector in South Africa also faces many health- related problems. Some of these are:

- Drunkenness of teachers and pupils,
- Alarming high drop-out rate,
- Violence,
- Illiteracy and
- Poor nutrition

It is vital that the element of agency or choice be noted here. Although most of the above mentioned problems are usually referred to as health problems, it is important to realise that most if not all can be prevented. In most cases people do not need to get HIV/AIDS, they do not need to die of smoking, drug and alcohol abuse, they do not need to be illiterate.

Such problems are sometimes called diseases or disorders of life-style (Wortman *et al.*, 1992).

The problem seems to be with the choices people make. In many cases a chosen behaviour pattern is the only reason for the poor health state of a person. This obviously implies that these behaviour patterns can potentially be changed. The choices adolescents make will be referred to as lifestyle choices even though this is not a term that is frequently used and elaborated on in psychology textbooks (Louw & Edwards, 1997; Woolfolk, 1998; Halonen & Santrock, 1996; Papalia *et al.*, 1999).

A related concept that is very prominent in psychology is the achievement of an own identity. Identity achievement is described as “a strong sense of commitment to life choices after a free consideration of alternatives” (Woolfolk, 1998: 70). The search for identity is portrayed as the central issue during adolescence. Adolescence is described as the developmental transition between childhood and adulthood entailing major physical, cognitive and psychosocial changes (Papalia *et al.*, 1999). This shows that adolescence is the crucial stage, which very much determines whether or not an individual will commit to a positive healthy lifestyle or not, which ultimately means he or she will make healthy lifestyle choices.

It becomes thus clear that lifestyle choices or life choices are linked to the concept of identity formation in adolescents. It is therefore crucial to try and find the reasons for the negative and often self-destructive lifestyle choices young people make. The aim of this is to intervene in the lives of adolescents to enable them to make choices that are health promoting and foster meaningful change (Wortman *et al.*, 1992: 456ff).

A potential way of improving the health of children and adolescents is by using the concept of health promotion and Health Promoting Schools. This movement started at the International Conference on Primary Health Care in Alma-Ata in 1978. This conference was held in order to start the process of enhancing the health of people on a global basis. During this conference health was described as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (World Health Organisation, 1978). This definition is the same as the one of the World Health Organisation (s.a.).

Another very important document in this context is the Ottawa Charter of Health Promotion (World Health Organisation, 1986). This charter was set up during the First International Conference on Health Promotion in Ottawa in 1986. This conference adopted the same definition of health as mentioned above. The aim of the conference was to define the concept of health promotion, which is described as "... the process of attaining complete physical, mental and social health" (World Health Organisation, 1986).

It is however interesting to note that even though at both conferences a holistic view of health and thus human nature was adopted, both documents failed to mention or even imply the spiritual side of health and existence. No mention of it is made altogether. In general there is little literature available on the concept of health that includes the spiritual aspect of life (Chuengsatiansup, 2003; McGee *et al.*, 2003). This seems to be a leftover from the modernist worldview which claims that human beings can only be understood on the basis of rationalism and naturalistic phenomena (Chuengsatiansup, 2003; Veith, 1994: 27). Within a post-modern context this tenet has been criticised. There is now a growing acceptance and recognition of spirituality as a core dimension of being human (Anderson, 1990; Veith, 1994: 191ff), which points to the fact that modernism with its denial of the supernatural was not able to satisfy people or provide an adequate description of reality.

Looking again at the international context it becomes clear that in some cases the need to include the spiritual dimension of human beings in a view of personality has been met. The following are examples of such an integration.

- There is a movement in New-Zealand which promotes the whole-school approach. This implies that spiritual well-being needs to be included in the formal curriculum (Egan, 2001).
- The Children's Health Development Foundation in Adelaide, Australia sees the person as consisting of body, mind and spirit (CHDF, 1999). This view also corresponds to the Biblical view of personality (Ladd, 1991).
- In an article titled "Revisiting the meaning of the concept health: Expanding our horizons with wellness" Kirsten and Viljoen (2004) present their adapted meta approach. According to this approach the person is seen as a bio-psycho-spiritual

unit. Each person has a biological, psychological and spiritual context, which are all inter- and intra dependant and which are embedded in an environmental context.

All these examples have adopted a holistic viewpoint, which tries to incorporate all aspects of existence into one model. The above examples show that although spirituality has received some attention in the last decade, and even though the importance of spirituality in health is beginning to be recognised, its importance is still not widely acknowledged, (Powell *et al.*, 2003). This is clear from the observation that very few educational papers on this topic exist.

In South Africa spirituality is also not specifically mentioned in the National Curriculum Statement (Department of Education, 2002; 2003). Even though the topic of health promotion and lifestyle choices receives much attention in the curriculum statement of life orientation throughout the grades, spirituality is hardly ever mentioned.

Having mentioned spirituality several times it now becomes necessary to clarify the term. As is the case with many terms related to education, no one universally accepted definition of spirituality exists. In its broadest sense spirituality can be seen as referring to the existence of the supernatural. In a Western context spirituality used to be seen as having to do with religion, specifically Christianity (Thatcher, 1970: 809). At present spirituality can refer to any religion or to no religion at all. According to Chuengsatiansup (2003) spiritual fulfilment can also be rooted in a secular world and non-religious ideology. The basis for such a claim is however not given in this article.

It is important to always explore the concept of spirituality within the context of human existence. According to Myers *et al.* (1998) spirituality consists of the following points:

- Belief in a power beyond oneself,
- Hope and optimism,
- Meaning and purpose,
- Worship, prayer, meditation,
- Love, compassion,
- Moral and ethical values and

- Transcendence.

These authors have developed a so called “Wheel of Wellness” (Myers *et al.*, 1998), which consists of the above mentioned aspects. It is very interesting to note that they place spirituality at the centre of this wheel, implying that all other aspects develop out of the spiritual domain. This then means that spirituality has to do with our interpretations of our experience of reality which result in beliefs and values, which again lead to lifestyle choices.

In order to formulate the research aims a short synthesis of the above argumentation is presented:

Adolescents increasingly engage in unhealthy behaviour. One of the reasons may be that the spiritual domain of human existence has been ignored as a result of which young people don't experience fulfilment and existential meaning in life, which leads them into unhealthy behaviour. Therefore this possible connection must be investigated as this can contribute to the development of a more holistic concept of Health Promoting Schools. It is however important to note that the spiritual aspect of human existence cannot be investigated without looking at the other dimensions. All the parts are interconnected and it is therefore vital to look at how the different dimensions influence each other.

1.2 Statement of the research problem

The central research question that guided this research is:

Is there a connection between lifestyle choices in adolescents and spiritual well-being which needs to be taken into account in the practice of Health Promoting Schools?

The following sub-questions were identified:

- What is spirituality?
- What are the determinants of lifestyle choices in adolescents?

- What is the nature of the relationship between lifestyle choices adolescents make and their experience of spirituality?
- How can the concept of spirituality contribute to Health Promoting Schools?

1.3 Research aims

The proposed research aimed to accomplish the following:

To determine whether there is a connection between lifestyle choices in adolescents and spiritual well-being which needs to be taken into account in the practice of Health Promoting Schools.

The specific aims were the following:

- To explore the concept of spirituality.
- To establish which factors influence adolescents in their lifestyle choices.
- To find out whether or not there is a connection between the lifestyle choices adolescents make and their concept of spirituality.
- To develop guidelines of how the concept of spirituality can contribute to the development of Health Promoting Schools.

1.4 Hypothesis

There is a positive relationship between spiritual well-being and healthy lifestyle choices in adolescents.

1.5 Clarification of concepts

1.5.1 Spiritual well-being

Spiritual well-being can be conceptualised as the positive presence of the following aspects: belief in a power beyond oneself, hope and optimism, meaning and purpose,

worship, prayer, meditation, love and compassion, moral and ethical values as well as transcendence (Myers *et al.*, 2000; Richards & Bergin, 1998).

1.5.2 Lifestyle choices and risk behaviours

The concept of lifestyle choices is related to the concept of identity formation. During identity formation adolescents commit to certain beliefs and values which then in turn determine their future behaviour, their lifestyle choices (Woolfolk, 1998: 70ff). Unhealthy lifestyle choices are also seen as risk behaviours which develop into a pattern and thus become a lifestyle. These typically include smoking, alcohol and drug abuse, dagga, early sexual activity, violence as well as suicide.

1.5.3 Health Promoting School

A Health Promoting School is a school community that takes action and places priority on creating an environment that will have the best possible impact on the health of students, teachers and other school staff (CHDF, 1999).

1.6 Research design and method of investigation

1.6.1 Literature review

A review of literature served as the basis for the investigation. Information was gathered in order to gain a clearer understanding of the different concepts, especially spirituality as well as the relation between lifestyle choices and spirituality and the role health promotion can play.

A DIALOG – internet search was done using the different databases available at the Ferdinand Postma Library at the North West University as well as search engines. Articles from various scientific journals, articles, newspapers, educational conference papers and research reports were studied. A preliminary search on the internet and in EBSCO Host as well as Science Direct has been done in which the following keywords have been used: spirituality, spiritual well-being, religion, adolescence, adolescent development, lifestyle

choices, identity formation, risk behaviour, health, health promotion, Health Promoting Schools. The same keywords were used for the in depth literature review.

1.6.2 Empirical investigation

In this research use was made of both qualitative as well as quantitative measures.

In order to achieve rich and illuminative data about spiritual well-being and lifestyle choices in adolescents and how this might have an impact on health promotion in schools a qualitative research design was chosen (Leedy & Ormrod, 2001: 153; Neuman, 2000:16). The qualitative research design provided the researcher with the flexibility to adapt the inquiry as understanding of the phenomenon deepened and/or the situation changed. It provided the opportunity to avoid getting locked into rigid patterns that can eliminate responsiveness and provided new paths of discovery as they emerged.

However as the possible relationship between lifestyle choices and spirituality was investigated use was also made of a quantitative design in order to test the hypothesis (Goodwin, 2005: 134).

1.6.2.1 Interviews

Interviews were conducted with Grade 10 learners in focus groups from various schools in the North West Province. The purpose of the interviews was to determine the possible presence and nature of the postulated relationship between spirituality and lifestyle choices. This was the qualitative part of the study.

1.6.2.2 Questionnaires

Two questionnaires, one measuring spiritual well-being and the other measuring lifestyle choices were used. Statistical analyses were used in order to test the correlation. These questionnaires were completed by Grade 10 learners.

1.7 Structure

Chapter 1: Introduction, statement of the problem and methodology

Chapter 2: Research design and method

Chapter 3: Exploring the concept of spirituality

Chapter 4: Adolescents, lifestyle choices and Health Promoting Schools

Chapter 5: Empirical investigation: spiritual well-being and lifestyle choices in adolescents

Chapter 6 : Findings, conclusions and recommendations

1.8 Conclusion

After having given a brief overview over the topic of investigation and the procedures and methods involved, the next chapter will explain the research paradigm and describe the methods used in more detail.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 Introduction and orientation

The aim of this chapter is to describe the design and methods used in this research.

According to Leedy and Ormrod (2001: 4) research is the systematic process of collecting and analysing information (data) to increase our understanding of the phenomenon about which we are concerned or interested.

The theme of this research project has three main components, namely spiritual well-being, lifestyle choices in adolescents as well as Health Promoting Schools. Some of these components such as adolescence and the choices that adolescents make have been widely researched (He *et al.*, 2004; Papalia *et al.*, 1999). The concept of Health Promoting Schools has also become a topic of intense interest globally (World Health Organisation 1978; 1986; 1998; 1999; 2000; Marx *et al.*, 1998; Nutbeam, 1997; Denman *et al.*, 2002). Furthermore in the last two decades spirituality has received considerable attention in a wide variety of fields of research and extensive research has been done to determine if there is a relationship between spirituality and various types of health in its broadest form (Drazenovich, 2004; Richards & Bergin, 1998; Hawks *et al.*, 1995; Chuengsatiansup, 2002; Veith, 1994). However the three concepts that this research deals with have seldom been linked together. Therefore, while the different parts of the topic are widely researched, the possible relationships between the different variables are not.

In this research project use was made of both quantitative as well as qualitative measures as will be explained in more detail further down.

2.2 Research paradigm

Research is never completely neutral, that is, research always takes place within contexts. There is the global context as well as the national context, which is again grounded within a

certain philosophical context. The researcher is situated in these different contexts, and also has a personal paradigm, from which he/she works. Post-modernism has alerted us to the fact that scientific research can never a priori be assumed to be neutral (Brewer & Hunter, 1989: 72). Therefore it has to be remembered that while research tools are fairly objective, the hypotheses, experimental designs and interpretation of data are contextual. It is claimed that in the post-modern era science can no longer be seen as offering clear solutions and neat explanations (Veith, 1994: 182). It is argued that since every person constructs his or her own realities based on own experience, the interactions of people with each other and the material world, no two people can hold exactly the same interpretations of reality. This means that the resulting worldview will be unique.

However while the intersubjectivity of the scientific method is acknowledged this does not mean that a sceptical view of the scientific endeavour is adopted.

Whereas quantitative research tests hypotheses using standardised instruments and deductive analysis and mainly works with numbers, qualitative research tries to build theory mainly on interviews using inductive analysis and mainly uses logical argument within a school of thought (Leedy & Ormrod, 2001:102). In this present post-modernistic climate, quantitative research is often caricatured as corresponding mainly with the modernistic paradigm of scientific positivism where people, it is claimed, believed that science will one day provide all the answers. Empiricism was seen as the only access to truth (Richards & Bergin, 1998: 24ff). Qualitative research fits more comfortably within the post-modernistic paradigm which focuses on the person of the researcher and his or her involvement in the research process (Botha, 2005). For this reason it has thrived more acceptability within the post-modern scientific community.

The two methods used in this research can be seen to be complementary. Whereas a questionnaire which was used in the quantitative section is more pre-determined, the focus group interviews used in the qualitative section are more open. The more precise data obtained with a questionnaire could act as a control for the data obtained from the interviews which were often less clear, while the interviews could assist the interpretation of the quantitative data. A diversity of approaches allows one to combine different designs, not only to gain their individual strengths but also to compensate for their faults and limitations (Brewer & Hunter, 1989: 17). It allows the researcher to evaluate the results of

both methods against each other and to see if they correspond. Another advantage is that the results will be broader and therefore more conclusive than if only one method is used. The researcher will be able to derive a broader perspective.

2.3 Research design

In this section the nature of both the quantitative and qualitative research designs used in this study will be described in more detail.

2.3.1 Quantitative design: descriptive study

A quantitative approach was used in order to statistically test the relationship between lifestyle choices and spirituality. This helped to provide explanations and predictions that could be generalised to other persons and places (Leedy & Ormrod, 2001:102; Struwig & Stead, 2003: 5). This is necessary in order to provide guidelines for the integration of spirituality into the concept of Health Promoting Schools.

Descriptive research examines a situation as it is (Struwig & Stead, 2003: 8). It does not involve changing or modifying the situation under investigation nor is it intended to detect cause-and-effect relationships (Leedy & Ormrod, 2001: 191).

More specifically the research design used was correlational research which examines the extent to which differences in one characteristic or variable are related to differences in one or more other characteristics or variables. A correlation exists when one variable covaries with another (Goodwin, 2005: 285; Leedy & Ormrod, 2001: 191).

In this study the two main variables are spiritual well-being and lifestyle choices.

2.3.2 Qualitative design: phenomenological study

A qualitative research design was used because it “integrates deeply with everyday life” (Holliday, 2002: 24). This was seen as important for the researcher as it enabled her to listen to personal viewpoints of pupils concerning their spirituality and how they saw it in relation to lifestyle choices.

In a phenomenological study the researcher attempts to understand people's perceptions, perspectives and understandings of a particular phenomenon. The experience must be understood from the participants point of view. It is in other words a search for "meaning units" (Leedy & Ormrod, 2001: 153, 157; Struwig & Stead, 2003:16).

In this case the researcher wanted to find out how adolescents view spirituality and how they view the impact this has on their lifestyle choices. The researcher did not come with a predetermined view about the matter, but rather listened openly to the meanings the adolescents assigned to the matter of investigation. This enabled the researcher to look at the quantitative part of the study with more understanding.

2.4 Research methods

Every method has limitations. However care was taken as to try to minimise the limitations as well as possible mistakes within the methodology. Whereas the sample size was rather small in the qualitative section, this was compensated for in the quantitative section where a sufficient sample was collected to allow generalisations. On the other hand the qualitative section was able to impart depth to the findings.

2.4.1 Pilot study

The following actions were taken to ensure that the research would be realistic and feasible:

- Informal interviews were conducted with high school learners or students who wrote matric last year, concerning the presence of risk behaviour which reflects lifestyle choices at some schools in the Potchefstroom district.
- Before the first focus group interview was conducted, the researcher had a discussion with some grade 10 learners to see whether or not the questions were suitable and understandable.
- A careful consideration of an article by Coetzee and Underhay (2003) reporting on research which applied one of the questionnaires used in this study was carried out.

2.4.2 Sampling

For this research five High Schools in the South Eastern district of the North West Province were selected. All schools were ex model-C schools, which put them in a comparable category as the vast majority of pupils attending these schools belonged to the same population group. In these schools there are predominantly Afrikaans speaking children. Most of them come from a traditional Christian background and are members in one of the three main Reformed (Calvinistic) churches in South Africa. The schools were selected according to accessibility (Leedy & Ormrod, 2001: 219).

2.4.2.1 Quantitative sampling

Random sampling was used as follows. In each school 1 - 3 grade 10 register classes were randomly selected to fill in the two different questionnaires (Leedy & Ormrod, 2001:214; Goodwin, 2005: 407).

2.4.2.2 Qualitative sampling

Simple random sampling was used (Leedy & Ormrod, 2001:214, 219; Goodwin, 2005: 407). In each school two focus group interviews were conducted, each consisting of four to six learners. The participants were first selected randomly from two different Grade 10 register classes.

2.4.3 Data collection

The data was collected using both qualitative as well as quantitative methods as is described below.

2.4.3.1 Quantitative data collection

Pupils were required to fill in two questionnaires.

2.4.3.1.1 Youth Risk Behaviour Survey

The 88-item-Youth Risk Behaviour Survey was used in this study. It was developed by the Center for Disease Control and Prevention (CDC) in Atlanta, USA (CDC, 2001).

The instrument monitors different categories of priority risk behaviours among adolescents: personal safety, violence related behaviour, attempted suicide, tobacco use, alcohol, use of dagga and other drugs, sexual behaviour, body weight, dietary behaviour as well as physical activity (CDC, 2005).

Not all items were included in this study. The items on dietary behaviour as well as physical activity were completely omitted as well as individual questions in the various sections. This shorter version of the questionnaire had been developed by Coetzee and Underhay (2003) for the purpose of a similar study and was also translated into Afrikaans. The validity and reliability of both the English and Afrikaans version have been tested and the instrument is considered to be valid and reliable (Coetzee & Underhay, 2003: 25).

As the questionnaire was not filled in numerically, a way had to be found to transform the responses into number format. This was done by assigning numerical values to the responses of each question. If a person had never engaged in a certain behaviour, the score was 1. If the person had engaged in a behaviour the score was 2. If a question asked the age when the behaviour was initiated, again the answer that the person had never engaged in the specific behaviour received a 1, whereas the numbers increased with younger age, thereby weighting the response. The scores were then added for each of the 8 subcategories of the questionnaire, meaning that each subject had a score for violence, suicide, smoking, alcohol, dagga, drugs, sex and TV. In the end these were all added up to give one total score. The lower the score the more healthy the lifestyle choices of the individual.

Even though the questionnaire has been designed to test risk behaviours among young people it can also be applied in this study to test lifestyle choices. Young people engage in risk behaviour after they have consciously or unconsciously made

a choice. These choices usually become patterns and develop into a lifestyle. Therefore construct validity was ensured.

2.4.3.1.2 Spiritual Well-Being Scale

This instrument was developed by Paloutzian and Ellison (1991). It measures spiritual well-being with a six point Likert scale ranging from *Strongly Agree* to *Strongly Disagree*. The instrument consists of 20 items, of which the 10 even numbers measure existential well-being and the 10 odd numbers measure religious well-being. Three scores are therefore obtained:

- Spiritual well-being (SWB)
- Existential well-being (EWB)
- Religious well-being (RWB)

The score for SWB was obtained by adding all 20 numbers. The numbers can range from 20 to 120. The scores for EWB and RWB were obtained by adding the 10 even numbers and then the 10 uneven numbers respectively. This means that the higher the score the better a persons spiritual, existential or religious well-being. The best possible score was 6, the highest possible score was 1 (Ledbetter *et al.*, 1991; Hill & Hood, 1999).

The Spiritual Well-being Scale is reported to have high reliability and internal consistency (Kirsten, 2001: 204; Hill & Hood, 1999). It has also been assured that the scale measures what is intended (Hill & Hood, 1999).

2.4.3.2 Qualitative data collection

In this section use was made of focus group interviews. Interviews are one of two ways of collecting data in a qualitative study (Leedy & Ormrod, 2001:159).

The purpose of the focus group interviews was to gain in-depth understanding of the interaction between lifestyle choices and spirituality. In a focus group interview the

researcher talks with a group of subjects, usually between four and twelve people. Focus groups are especially useful when:

- Time is limited,
- People feel more comfortable talking in a group than alone or when
- Interaction among participants may be more informative than individual conducted interviews (Creswell, 1998; Neuman, 1994).

In this study 10 focus group interviews were conducted in 5 different schools. Groups of four to six learners were asked open ended questions. Two interviewers participated in the process, the researcher being one of them. One interviewer guided the interview by asking the questions and creating a relaxed atmosphere. The second interviewer was more in the background observing and taking notes.

The questions that were asked in the interviews were the following:

- What do you think gives meaning in life?
- Why do you think do adolescents make unhealthy choices?
- Do you think there is a connection between meaning in life and the choices adolescents make?

It is important to note that the questions were explained in more detail to the pupils especially when it became evident that the learners had trouble understanding.

It is vital to ensure participation and to guide participants without forcing them (Puchta & Potter, 2004: 52). The participants were invited to share their opinions and viewpoints on the matter in an informal way. It was ensured that every pupil was given equal opportunity to contribute to the discussion, and that the pupils did not discriminate against each other while answering the questions.

2.4.4 Data analysis

Both sets of data were analysed separately after which the results were compared and integrated.

2.4.4.1 Quantitative data analysis

Section B of the questionnaire, which concerns lifestyle choices was scored as follows. As the questions in the questionnaire yielded non-numerical data, these had to be put in number format in order to do statistics.

When a question asked whether or not a pupil had already done something, for example “Het jy enige selfmoordpogings beplan gedurende die afgelope 12 maande?” (*Have you been planning any suicide attempts during the past 12 months?*), a 1 was assigned to “no” and a 2 to “yes”. When a question asked “how often” a 1 was assigned when the pupil had never engaged in a certain behaviour, a 2 when the pupil had engaged in the behaviour once, and so on. When a question asked “when first” a 1 was assigned when the pupil had never engaged in the behaviour, a 2 at the latest possible age and so forth. The numbers in each section (each different type of lifestyle choice, for example all questions relating to smoking) were added, so that in the end every subject had a score in all the different sections as well as an overall score. The lower the score the more healthy the lifestyle choices of the subject.

Section C of the questionnaire, which concerned spiritual well-being was scored in the following way. The scores of all questions relating to religious well-being (RWB) (all questions with uneven numbers) were added up. The same was done with all 10 questions relating to existential well-being (EWB). This then gave the score for both components which could be a number from 10 to 60.. The higher the score the better the religious or existential well-being of the subject.

After this the scores of EWB and RWB were added up, thus giving a number from 20 to 120. This is then the score for spiritual well-being (SWB).

After the scores had been determined a number of statistical analyses were done. All statistics were done with the program OpenStat4 by Miller (2005). The tables used were computed by Howell (2004). The following statistics were done:

- Descriptive statistics of selected variables.
- Pearson product-moment correlation between all variables.
- Two-way ANOVA of the two main variables with gender and school as factors.
- One-way ANOVA of selected variables.
- Factorial analysis.

2.4.4.2 Qualitative data analysis

Qualitative data analysis can be described as the process of obtaining meaning from the data acquired during the data collection stage (Holliday, 2002). It entails a progressive movement of reading, rereading, and identifying themes and categories. The researcher as a person plays a very important role here.

After the focus group interviews the recordings were transcribed immediately. After all interviews had been transcribed the formal analysis began.

According to Creswell (1998) the process of a qualitative data analysis consists of four steps:

- Organisation: filing, creating a computer database, breaking large units into smaller ones.
- Perusal: getting an overall “sense” of the data, jotting down preliminary interpretations.
- Classification: grouping the data into categories or themes, finding meanings in the data.
- Synthesis: offering hypothesis or propositions, constructing tables, diagrams and hierarchies.

Silverman (2005: 178) lists similar four points and therefore supports the above mentioned points.

This is the basic outline that was followed in this research. It has to be noted however that these steps did not always occur chronologically.

The researcher identified themes and categories. An independent co-coder followed the same process. After both researchers had finished the process they compared their findings. This was followed by discussions in which consensus was reached concerning the emerging categories and meanings. In this way dependability of the study could be ensured.

2.4.5 Ethical considerations

When conducting research it is important to consider the project from an ethical perspective.

According to Mitchell and Jolley (2004: 24) the following rules should be adhered to:

- Participants should volunteer to be in the study.
- Participants should be given a general idea of what will happen to them if they choose to be in the study.
- Participants should be told that they can withdraw from the study at any point.
- Investigators should keep all answers confidential.
- Investigators should inform the participants of the purpose of the study.
- Investigators should make sure that all people working for them behave ethically.
- Researchers should get approval from appropriate committees.

These rules were followed in this study. Formal permission to conduct the study was obtained from the Department of Education in the North West Province as well as from the various principals of the schools (see appendices B and D). No individual was forced to participate. Everything was done on a voluntary basis.

2.5 Conclusion

This chapter described the basic underlying research paradigm as well as a rationale for the methods and techniques used in this research. The processes of sampling, data collection and data analysis were described.

In the following chapter a literature review covering the concept of spirituality will be given.

CHAPTER 3

EXPLORING THE CONCEPT OF SPIRITUALITY

3.1 Introduction and orientation

“Ask true believers of any faith to describe the most important thing that drives their devotion, and they’ll tell you that it is not a thing at all but a sense – a feeling of a higher power far beyond us....Even among people who regard spiritual life as wishful hocus-pocus, there is a growing sense that humans may not be able to survive without it” (Kluger, 2004).

This quote very adequately expresses a trend that is notable in Western societies. There has been a resurgence of interest in spiritual matters (Hawks *et al.*, 1995: 371; Drazenovich, 2004) and an explosion of literature on the subject (Ford *et al.*, 2005), ranging from academic treatises to articles in the mainstream newsmagazines (Richards & Bergin, 1998: 5). People have become thirsty for the supernatural. This manifests itself in a diversity of approaches. For many people it means being religious, looking for meaning within the context of a traditional religion, even though it can imply that people embrace a different religion from the one they grew up in. For other people it means that they turn away from traditional religions and look for spiritual experiences in other ways, such as for example the New Age movement or some of the forgotten rituals of old religions (Anderson, 1990; Veith, 1994, Ingersoll, 1994: 99).

To a great extent this movement has developed out of post-modernism. In contrast to the modernistic paradigm, which embraced naturalism, with its defiance of anything that could not be measured as its *modus operandi*, there is now room for alternative explanations of reality, which includes the supernatural (Chuengsatiansup, 2002; Veith, 1994). Spiritualistic practices and explanations of reality are now welcome in many different areas of society.

It is therefore important to explore the concept of spirituality. In this chapter the roots and various conceptions of spirituality will be scrutinised in order to show that spirituality is

part of the make-up of human beings. The effect of spirituality on various aspects of human health will also be examined. Out of the definition of this concept a conceptualisation of the very much related concept of spiritual well-being will flow.

3.2 Spirituality: roots and development

In this section the concept of spirituality will be investigated within the Western context, with a focus on roots and development. It also has to be noted that the concept of spiritual well-being can only be properly defined after the concept of spirituality has been thoroughly analysed.

3.2.1 Origins

It is useful to trace the word spirituality to its roots which lie within the Judeo-Christian heritage. This means that the term derives its meaning from its association with religion and a belief in a God (McSherry & Cash, 2004: 153). The word *spirit* can be traced back to the Latin *spiritus*, which means breath, courage, vigour or life. The adjective *spiritualis* simply means “of the spirit”. However these Latin words have their origin in the Greek word for spirit which is *pneuma* and *pneumatikos* as they are used in the Pauline letters (Sheldrake, 1992). The Greek word simply means “breath”. In Hebrew the word *ruach* can be described as wind, breath and spirit (Delbane & Montgomery, 1981). The Latin, Greek and Hebrew roots of the word spirituality do not suggest clear concepts but rather employ metaphors to point to the non-observable aspects of the human spirit (Ingersoll, 1994: 100). It implies that there is a non-materialistic aspect to human nature which could be explained only within the context of religion. This notion was accepted in the Western world until the advent of naturalism and positivism. From the dawn of naturalism until fairly recently the concept of spirituality was effectively banned from science and specifically from psychology (Delaney & DiClemente: 2004).

3.2.2 The rejection of the concept of spirituality

During the time in which modern-day psychology developed, which was during the end of the 19th and beginning of the 20th century, modern science challenged religious tradition and authority as the dominant worldview and origin of truth (Richards & Bergin, 1998: 23).

This was however just a continuation of the challenge that science posed towards religion which slowly started during the Renaissance and gained more momentum during the Scientific Revolution and the Enlightenment (Goucher *et al.*, 1998).

At the end of the 18th century, Darwin's evolutionary theory attempted to explain the origin of life without any reference to a higher power and added further impetus to the belief that there is no reality besides the observable one. This can be called naturalism, which is related to determinism (the belief that everything is completely dependent on its causes), reductionism (the notion that the whole can be understood only by an analysis of its parts), materialism (the belief that basically all that exists in the world is physical) and positivism which claimed that one day science would be able to provide an absolute understanding of reality achieved only through empirical measures (Richards & Bergin, 1998: 24ff).

Early psychologists such as the behaviourists and Freud worked exclusively within this modernistic paradigm (Gaarder, 1988: 374; Richards & Bergin, 1998: 26) which didn't leave room for any kind of religion or spirituality. Freud, who was one of the most influential figures in early psychology actually said that religion is "the universal obsessional neurosis of humanity" and that religious ideas "are illusions, fulfilments of the oldest, strongest and most urgent wishes of mankind" (Freud, 1927: 30, 47). Freud thus held a very negative view about religion and spirituality. Even though his viewpoints were widely accepted there were quite a number of important psychologists following him who held a different opinion. These theorists will be looked at in the following.

3.2.3 Slow rediscovery of the usefulness of spirituality

Carl Jung was one of the psychologists who believed in the necessity of incorporating spirituality into psychology. He claimed that at some level every person is connected to what he called a "divine consciousness", and that without this inner transcendent experience humans lack a very important coping strategy in the world (Seaward, 1995: 165; Westgate, 1996: 26). A very important point has to be noted here. Up to the time of Freud spirituality was understood to be a part of religion and more specifically of Christianity. With Jung however a great change came. Although Jung positively acknowledged the concept of spirituality he completely divorced it from the concept of religion and more specifically Christianity (Benner, 1988: 54ff). Even though no consensus

had been reached as to a formally accepted definition of spirituality, Jung was the leading figure in separating the concept of spirituality from religion. This opened the way for a variety of different viewpoints on the concept of spirituality. This however does not mean that spirituality became an important construct in mainstream psychology immediately. The gap that had been created between science and any form of religion or spirituality was too big to be closed quickly (Richards & Bergin, 1998: 10ff).

Alfred Adler agreed with Jung by recognising that a religious belief system is supportive of a healthy lifestyle. As with Jung, he did not restrict his thinking to spirituality in a Christian context but rather accepted all beliefs and religions as beneficial as long as they have an adequate expression of spirituality (Savage, 2004).

In general, throughout the century there were more and more psychologists who acknowledged the existence of a spiritual realm (Westgate, 1996: 26ff).

Viktor Frankl was a psychologist who had been in concentration camps during World War II. He claims that only people who can assign a meaning or purpose to life's events are able to cope with such extreme situations such as being in a concentration camp. He asserts that this search for meaning is inextricably linked to the concept of spirituality, which he regards as one of the dimensions of being human. He also says that human existence is actually self-transcendence rather than self-actualisation (Frankl, 1963; Ross, 1995: 459f). This is also the background for his approach to counselling which he calls logotherapy. There were other psychologists as well as philosophers who, like Frankl came from an existentialist background and who also emphasised the importance of spirituality, such as Kierkegaard, Finch and Van Kaam (Benner, 1988: 62ff).

Some of the members of the humanistic school of thought or 'third force' in psychology also recognised the importance of the concept of spirituality and included it in their theories. This school of thought emphasised a positive view of human nature and has gained a lot of support. One of these were Abraham Maslow who developed the hierarchy of needs. At the top of his hierarchy are the transcendent self-actualisers (Woolfolk, 1998: 383; Chandler *et al.*, 1992: 168). This includes the notion of the spiritual (Westgate, 1996: 26f), even though Maslow described spirituality as being on the periphery of personality.

Another very well-known psychologist within the humanistic school is Carl Rogers (Maher & Hunt, 1993: 22). He regarded the spiritual dimension as part of the fully functioning person which ultimately manifests itself as harmonious relationships with others, openness to experience, sensitivity and non-defensiveness (Halonen & Santrock, 1996: 548). Even though there were movements in psychology towards integrating spirituality, this did not evolve into an important movement immediately.

Since the positivistic view of science started eroding in the second half of the 20th century spirituality started to be considered relevant in various areas. It is important to note that the change was gradual and slow (Jones, 1994: 186). The first people to see that data are not indubitable as was believed in the positivistic or naturalistic paradigm, were the philosophers. Thomas Kuhn, a historian of science, caught the attention of the academia when he claimed that the development of science is not progressive but rather advances through a paradigm shift in which the existing assumptions about reality are challenged and changed (Kuhn, 1970; Jones, 1994: 186f). The phenomenological movement played an important role here. The phenomenologists claimed that nobody ever sees anything without looking through his or her own perceptions of reality. It can be said that all seeing is 'seeing as' i.e. an interpretation (Jones, 1994: 186; Brockelman, 1980: 27ff). These considerations together with the realisation that science cannot solve the world's problems have led to the intellectual movement of post-modernism which has permeated all areas of society (Richards & Bergin, 1998: 37f; Veith, 1994). During the last few decades the belief in, for example evolution, has received several blows. There are now manifold data that point to an intelligent designer (ReMine, 1993).

The examples given above, which show the increasing interest in spirituality need to be seen as part of the movement away from modernism. Another important facet of this new interest is that spirituality is now often not understood in connection with religion, especially among psychologists. As shown above this trend started with Jung and other contemporaries. Nevertheless there are many people who understand spirituality only in the context of religion. It is interesting to note that in 1990 only 33% of clinical psychologists saw religious faith as the most important factor in their lives compared to 72% of the general population (Bergin & Jensen, 1990).

3.2.4 Conclusion

It was attempted to highlight the major changes and developments by naming some of the important figures as well as their contributions to the field. Out of this have developed contemporary viewpoints concerning the concepts of spirituality and religion. This will be explored in the next section.

3.3 Contemporary definitions and viewpoints

At this point in time there is no single agreed upon definition of the concept of spirituality. Many authors actually state that it is very difficult to attempt a definition because there are so many radically different meanings and significances. The components of the term are also very varied according to different authors (King, 1996: 343; McSherry, 2004: 154; Maher & Hunt, 1993: 21).

According to Seaward (1995: 166) and Chuengsatiansup (2002) the problem of not being able to find a satisfactory definition lies with language as there isn't adequate vocabulary to describe the term. King (1996: 350) concludes that one cannot try and define the term in a completely unambiguous manner, but that one also cannot adopt a completely relativistic stance. She is of the opinion that one should understand spirituality in the context of "mutualist interactions of persons who create and recreate transforming visions of life in the very flow and untidiness of our experience" (King, 1996: 350). It becomes clear that she nevertheless tends to see spirituality more in a relativistic perspective. She basically claims that meaning is created by people who live in a reality which is not clearly defined either. She suggests a much more pragmatic use. In her opinion every group in society has the right to define and practise their own kind of spirituality.

Therefore it is impossible to come forth with a precise definition. This is typical of post - modernism, where truth is not seen as an absolute but rather an individual construction of personal truth (Veith, 1994: 191ff, McDowell, 1999: 611ff). This notion opens the door for many varied definitions. Drazenovich (2004) describes this phenomenon by saying that spirituality is "viewed subjectively and personally apart from abstract categories. Its value is qualitative and is actualised in the secrecy of the person's own subjective consciousness but lived in concrete action".

There are however voices that claim that the word “spirituality” cannot be separated from its roots. These authors state that the word found meaning because it had a context and a discourse within the Judeo-Christian background. If the term is therefore separated from its roots there is the danger of it becoming meaningless as it is then open to any definition (Bradshaw, 1994; Pattison, 2001). This is a position that is not considered tenable within the context of postmodernism. Later on these claims will be investigated further.

Before considering the different definitions it has to be stated that most authors presuppose that every human being is spiritual, or in other words all human beings experience the need for spiritual experiences (Murray & Zentner, 1989; Crabb, 1987).

When analysing the different definitions it becomes clear that common themes emerge, which seem to be widely accepted. Many authors attempt a definition by trying to name the different dimensions of spirituality, in other words all the components of the whole concept. The dimensions frequently encountered in literature will be investigated and summarised.

3.3.1 Dimensions of spirituality

- **Meaning and purpose.** This is the dimension that is present in almost all definitions of spirituality (Ross, 1995: 458; Seaward, 1995: 166; Westgate, 1996: 27; Myers *et al.*, 2000: 265; McGee *et al.*, 2003; Ingersoll, 1994: 101; Hawks *et al.*, 1995: 372). This dimension is the one that was especially emphasised by Frankl (1963) as well as by many others such as Maslow and May (Westgate, 1996: 28). The essence of this dimension can be summarised by a quote from Nietzsche: “He who has a *why* to live for can bear almost any *how*” (Frankl, 1963: 106).
- **Moral and ethical values.** Most authors are of the opinion that moral and ethical values are part of the concept of spirituality (Westgate, 1996: 27; Myers *et al.*, 2000: 265; Hawks *et al.*, 1995: 372; Seaward, 1995: 166). Very often though this manifests itself in the form of values that are derived from a religion or a broader worldview (Richards & Bergin, 1998: 222ff). If these values are intrinsic they can

have a positive impact on a person's life, contrasted to an extrinsic orientation (Westgate, 1996: 30).

- **Relationships.** This aspect of spirituality is considered very important by a variety of authors (Westgate, 1996: 27; Myers *et al.*, 2000: 265; Hawks *et al.*, 1995: 372; Seaward, 1995: 166; Ingersoll, 1994: 101). Even though not all authors speak of relationships, they also use words such as “feeling connected to people and a higher power” (Hawks *et al.*, 1995: 372) or “community” (Westgate, 1996: 27).
- **Transcendence.** This refers to explanations of reality that are not naturalistic (Westgate, 1996: 27; Myers *et al.*, 2000: 265; Hawks *et al.*, 1995: 372; Seaward, 1995: 166; Richards & Bergin, 1998: 77). Often this also includes concepts such as inner peace and harmony (Myers *et al.*, 2000: 265). The opposite of transcendence is sometimes described as a narcissistic preoccupation with the self (Seligman, 1990).

These are four main dimensions which are mentioned most frequently. However some authors also include dimensions such as love, compassion and service to others, faith, hope as well as a belief in a higher power (Myers *et al.*, 2000: 265; Richards & Bergin, 1998; Hawks *et al.*, 1995: 373). Even though there are similarities in the different dimensions, there is no universally accepted number of dimensions. Only a trend can be observed.

3.3.2 Other definitions of spirituality

Other theorists define the term spirituality not by describing its dimensions but by directly stating what spirituality is according to the authors' understanding. In the following paragraphs these conceptions will be described.

- Richards and Bergin (1998: 77) for example define spirituality as “attunement with God, the Spirit of Truth, or the Divine Intelligence that governs or harmonises the universe”. Later on in their book they constantly refer to the term “Spirit of Truth”. This is however a contradiction in itself. Throughout the book the authors claim that spirituality can be experienced or understood in any religious context or no

religious context at all. In stating this they are very much in line with post-modernism. However the word “truth” refers to something that is absolute, even though post-modernists claim that there is no absolute truth. This is nonetheless a contradiction in itself, because to claim that the truth is that there is no truth is intrinsically meaningless and self-refuting (Veith, 1994:16; McDowell, 1999: 620ff). Coming back to the term of “Spirit of Truth” this would then mean that this spirit can only lead into one truth and not into different contradictory truths, as there simply is no such thing. Another interesting point is that the term “Spirit of Truth” is a Biblical term (Bible, 2002: 1662) and thus belongs to one specific religion. This is then another contradiction.

- Spirituality can also be understood in terms of what *spirit* means, namely *breath of life*. Seaward (1995: 166) who also defines spirituality in terms of its dimensions, adds that in almost every culture the word *spirit* refers to the *breath of life*. This shows that in almost every culture there is an underlying belief in spirituality.
- Some of the definitions suggested focus on one of the above mentioned dimensions of the concept. Van Ness (1996: 5) describes spirituality as “the quest for attaining an optimal relationship between what one truly is and everything that is”. His definition thus focuses on the relationship dimension.
- Another example is the one of Chandler *et al.* (1992: 169). Spirituality: “Pertaining to the innate capacity to, and tendency to seek to transcend one’s own current locus of centrality, which involves increased knowledge and love”. This definition tends to concentrate on the transcendence dimension of spirituality.
- Spirituality can also be described as “the way in which people understand their lives in view of their ultimate meaning and value” (McClain *et al.*, 2003). Here the emphasis is on the dimension of meaning and purpose, which seems to be the most important dimensions in the eyes of many authors.
- McSherry and Cash (2003: 154ff) recognise the complexity of the term and suggest a taxonomy. They acknowledge that different people experience spirituality in

different ways. Therefore they have designed a taxonomy which ranges from theistic to mystical. Between these two poles there is room for every conception of spirituality, and therefore a definitive definition is impossible, as each individual has to construct his or her own definition according to their worldview. This is another example of a very post-modernistic viewpoint on spirituality.

3.3.3 Spiritual well-being

The concept of spiritual well-being is an important one in this study, as lifestyle choices will be correlated with spiritual well-being. Well-being can be described as covering aspects both of level of living and quality of life. It is a state in which it is possible for a human being to satisfy his/her basic needs (Konu & Rimpelä, 2002). Concerning spiritual well-being this would describe a state in which a person is able to satisfy his or her spiritual needs. Well-being can also be defined as the process of living at one's highest possible level as a whole person (Kirsten & Viljoen, 2000:11). In connection with spirituality this would entail living spiritually at the highest possible level. However, no universal definition of spiritual well-being can be given. It is however implied that the more dimensions of spirituality (Myers *et al.*, 2000) a person sees as present in his or her life the higher his or her spiritual well-being is. It is therefore implied that the presence of the different dimensions of spirituality in a person's life is equal to spiritual well-being.

3.3.4 Spirituality and religion

In contrast to the theorists mentioned thus far, there are other authors who describe spirituality in relation or in contrast to the concept of religion. In the understanding of most of these authors the concepts of religion and spirituality are distinct concepts even though they overlap (Koenig, 2004; Westgate, 1996; Ritt-Olson, 2004: 193). This can be traced back to Jung who acknowledged the spiritual side of human beings, but separated it from religion (Benner, 1988: 54ff). This rupture took place because all religions were challenged during the increasing secularisation of modernism. Therefore spirituality and religion have become dichotomised in the opinion of many (Drazenovich, 2004). The following examples will illustrate this further:

McSherry and Cash (2004: 157) refer to this trend of separating spirituality and religion as old and new forms of spirituality. Whereas the traditional form was usually based on religious and theocentric descriptors within the Judeo-Christian context, the new or post-modern form is very subjective and can refer to any number of descriptors and can be based on any religion or no religion at all (Koenig, 2004).

Often religion is seen as a subclass of spirituality (Westgate, 1996: 27; Egan, 2001) in the sense that any person can be spiritual without necessarily being religious as spirituality does not rely on religious affiliation (Ritt-Olson, 2004: 193). It can also be noted that spirituality is often seen as something positive, something that is universal and that unites in opposite to religion which is often seen as separating (Seaward, 1995: 166; Koenig, 2004). Religion is frequently described as being outward behaviour, which is regulated by doctrines and traditions. It refers to institutions and organised practices within the community of a specific religion and is often seen as external (Koenig, 2004; Richards & Bergin, 1998: 13; Westgate, 1996: 27). Spirituality is much more seen as a private matter, thus as something internal not affiliated with public expression (Westgate, 1996: 27). However the term religion is clear and definable, whereas the term spirituality seems to be much more nebulous (Westgate, 1996: 27). When spirituality is disconnected from religion it seems to have little of a basis as it is not founded in any epistemological framework and can thus not make any claims of being ultimately true.

In this context Ellison (1983: 332) suggests an interesting definition. He perceives spirituality as consisting of religious and existential well-being, where religious well-being includes notions such as a relationship with God and prayer, and where existential well-being refers to concepts like meaning and purpose, and positive feelings about the future.

Nevertheless, many authors seem to make the mistake of viewing religion only in its organisational framework, its external practices and its community of believers. Other negative associations, such as the religious wars and other human rights violations done in the name of religion have given it a very negative flavour. It should however be noted that the concept of spirituality has its roots in religion and that many spiritual experiences have been reported within the context of religion. It is also important to see that religion cannot be judged solely on the basis of wrong deeds that were done in the name of religion. A

necessary delineation which resolves this problem has been suggested by several authors as will be shown in the next paragraph.

Payne *et al.* (1991) claim that instead of asking the question of whether or not a person is religious it should rather be asked how a person is religious. Therefore the concept of intrinsic and extrinsic religiosity has been introduced (Richards & Bergin, 1998: 70ff). Allport and Ross (1967) who first used this concept posit that the difference between intrinsic and extrinsic religiosity refers to ends versus means, unselfish versus selfish and committed versus utilitarian. This means that people who are intrinsically religious have internalised their beliefs and live them despite negative consequences whereas extrinsically religious people try and use religion to get more out of life. Ellison (1983: 335) illustrates this further. There is a great difference between so-called 'born again' Christians, who can be described as having an intrinsic religious orientation and 'ethical' Christians who describe themselves primarily in terms of adherence to the ethical and moral teachings of Jesus. Studies have shown that the former have a higher spiritual well-being than the latter (Ellison, 1983: 336). Bergin *et al.*, (1987) have shown that an intrinsic religious orientation is positively correlated to many aspects of mental health. This will be discussed further down in more detail.

It can be concluded that there is a difference between extrinsic and intrinsic religious orientation and that spirituality seems to be related to the concept of intrinsic religion even though it cannot be seen as the same thing. It becomes necessary here to define the concept of religion in comparison to the concept of spirituality.

Religion can be described as a cultural universal. Every culture has some form of religious system. It consists of beliefs, and behaviours which are concerned with supernatural beings, forces and powers (Kottak, 2000: 307). Collin's Shorter Dictionary (1996: 624) defines religion as "a system of belief as well as the worship of a supernatural power or god". Religion can thus be described as something that has to do with beliefs as well as behaviour, which is organised within the context of a religious system such as for example Islam or Christianity. It is therefore possible to hypothesise that religion is the result of spirituality.

It has been shown that there are various definitions of the concept of spirituality, as well as different ways of attempting to get a clearer grip on the concept. However one way of looking at spirituality still has to be considered, namely how spirituality fits into human existence. In other words it is necessary to investigate personality, and where spirituality can be located, or what role it plays, also with regard to spirituality being the possible cause for religion. In the following paragraph it will be suggested that spirituality is located at the centre of personality.

3.4 People seen as spiritual beings

In theology the term *homo religiosus* was coined. It refers to the fact that human beings continually throughout all cultures have placed themselves in relation to something or someone greater than themselves for the purpose of finding meaning (Crafford, 1996: 2; Samples, 2002: 56). This idea seems to be closely connected to spirituality which also tries to find meaning and purpose in relation to a higher entity. This would support the statement that human beings are essentially or ontologically spiritual beings who try to find meaning and purpose within the context of organised religion. It has been suggested therefore that spirituality can be understood as an attribute of the individual, just as much as personality is an attribute of being human. In this context it makes no sense to classify people as spiritual versus not spiritual. Just as people may have higher or lower levels of introversion, in the same way people can be described as for example having less or more faith in God (Miller, 2004: 13). The proposition that human beings are ontologically spiritual beings seems to gain more and more support. There are scientists who claim that there is a 'God gene' (Kluger, 2004: 51ff), in other words this would mean that human beings are 'hardwired' to be spiritual.

In this context a reference to the World Health Organisation (WHO) can be made. The WHO (s.a.) has defined health as a state of "complete physical, mental and social well-being and not merely the absence of disease or infirmity". It is interesting to note that this definition excludes spirituality completely even though it is otherwise holistic. Health is now seen as all-encompassing, meaning that the whole person must be healthy. Therefore it could be argued that spirituality should be included in this definition. There is a great deal of literature that places spirituality at the core of being human as will be shown in the following paragraphs.

3.4.1 Spirituality seen as the core aspect of being human

In the wellness literature, which is related to the concept of health, spirituality is often seen as the very core of wellness (Seaward, 1995: 165f; Anon., 1993). Myers *et al.* (2000) have introduced the concept of the wheel of wellness which emphasises the importance of holism. In this wheel spirituality is the centre, which is surrounded by self-direction. From this then emerge the different spokes of the wheel which are, for example, a sense of worth, cultural identity, self care and so forth. This would then mean that spirituality as the core component of wellness has to do with interpretations of reality, in other words with our worldview from which our actions and behaviour emerge. The spokes are the visible manifestation of how we find meaning and purpose in life.

Another model by Chandler *et al.* (1992) also proposes a circle, which is divided into five equal dimensions namely intellectual, physical, emotional, social and occupational. The inner part of the circle is the spiritual component. The authors (Chandler *et al.*, 1992) state that achieving high level wellness necessitates the development of the spiritual component in each of the five dimensions. This model is then quite similar to the one by Myers *et al.* (2000).

There are however also other researchers who see spirituality as one of the six parts of wellness. According to this view wellness consists of the physical, social, psychological, intellectual, emotional and spiritual dimensions without a core characteristic (Adams *et al.*, 1997: 210).

In the field of theology as well as nursing studies there is also an emphasis on spirituality as the core characteristic of being human (McGee *et al.*, 2003; Ross, 1995: 458). It has been described as the central artery of human existence or the mainstream of life (Ross, 1995: 458). Bollinger (1969) describes spiritual needs as the deepest needs of the self that when met, move the individual toward meaningful identity and purpose. May (1988) states that the human spirit is the “source of our yearning as well as our very life”. It is interesting to note that the Christian scriptures, which are relevant in this context as they refer frequently to the spirit of human beings, very much agree with these conceptions. It for example also speaks of a yearning or longing for God, which ultimately gives purpose and meaning in life when it is fulfilled by God (Bible, 2002: 854).

Another model that was developed by Crabb (1987), which is largely based on the biblical view, also places spirituality at the centre of being human. At the centre of his model is the notion that people have deep longings, namely longings for impact and longings for relationship with God and other people. According to this model the deepest motivation of people is to satisfy these longings. However this can only truly be done in the spiritual sense, namely that people enter into a relationship with God. The other dimensions of this model is that people are rational/irrational, that they can choose (volitional), and that people have emotions which centre around these longings (Crabb, 1987).

To summarise it can therefore be said that there is ample literature which supports the idea of spirituality being the core characteristic of human beings, or the life force, the central aspect out of which everything else flows.

It becomes clear that spirituality is nowadays seen as a very real concept that needs to be included in scientific theories. It has been shown that spirituality is often seen as one or even the core characteristic of being human, in other words their life 'force' or motivation. Often these statements are made in connection with wellness. Spirituality or some of its components have been recognised widely within personality theories. It is however important to note that these components have not been described as being part of spirituality. There is very little explicit research done on the relationship between personality and spirituality (MacDonald, 200:185). Some theories which consider these matters will be very briefly presented under the following heading.

3.4.2 Spirituality and personality theories

- Bakan's theory states that people try to maximise the expression of both agency and communion (Maddi, 1996). This is similar to Crabb (1987) and shows aspects of spirituality such as relationship as well as meaning and purpose.
- Existential psychology centres on achieving authentic existence, which very much highlights meaning and purpose in life (Maddi, 1996)
- Fromm's theory focuses on expressing one's human nature. He describes five needs which are inherent in human nature, namely the need for relatedness, the need for transcendence, the need for rootedness (belonging), the need for identity and the

need for a frame of reference. Most of these needs can be seen as one of the components of spirituality as described above (Maddi, 1996).

- Baumeister (1995) states that the need to belong is a fundamental human motivation. This is of course closely related to the need for relationship as well as meaning and purpose in life.
- Koenig (1991: 70) noted that religion becomes an increasingly important factor in older people as health as well as social and financial resources decline. It can be postulated that this is the case because spirituality is at the centre of being human, but can often be ignored when people are younger and much busier.
- A study done by MacDonald (2000:185) investigated spirituality in relation to the five-factor model of personality. He described five components of spirituality, which form an integral part of the human personality. Other studies done within this paradigm also describe that spirituality is related to some of the five factors of this model (Saroglou, 2002: 15).

These examples illustrate that many personality theories have included elements of spirituality. However this trend is also visible in ethnographic studies done by comparative religionists and cultural anthropologists, and can be pertinent as they came to the same conclusions as many of the above mentioned psychologists. They found that the variegated human family has in common the belief that there is another world that exists beyond the one that is perceivable by the senses and describable by science (Richards & Bergin, 1998: 89).

3.4.3 Conclusion

It has been shown that spirituality has found its way back into mainstream science, in various fields such as psychology, medicine, and theology despite it having received very little attention during the modern era, as it was considered unscientific. There is however still a need concerning application, especially in the educational domain. In the following section it will be investigated what kind of effect spirituality has on different kinds of health, in order to see if the evidence supports the suggestion that spirituality needs to be included in health promotion.

3.5 The effect of spirituality on various types of health problems

Throughout the last decades many studies have been conducted which examined the effect spirituality has on all kinds of different types of health as well as on health seen in a positive way. Many studies examined the effect of religion, but they are still useful in the debate as the concepts of religion and spirituality are interrelated. It must also be mentioned that most studies which examined the effect of religion were done within the Judeo-Christian context, within which spiritual well-being has always been closely related to mental and physical health (Miller, 2004: 18). Little literature is available on the effects of other religions on health.

Diverse studies, which have been placed in different categories will be considered in the following paragraphs. The categories are the following: Physical health, mental health as well as risk behaviour.

3.5.1 Spirituality and physical health

There is a vast amount of literature which measures the relation between religion or spirituality and physical health.

Richards and Bergin (1998: 86ff) have reviewed various studies and have come to the conclusion that there is generally a very positive relation between physical health and religion or spirituality. For example they conclude that religiously active people have lower rates of various diseases including cancer and heart disease. They do however not deny that the relation is not always positive.

Powell *et al.*, (2003: 50) suggest that the relation between religion or spirituality and physical health exists, but that it is more limited and more complex than suggested by others. Powell *et al.*, (2003) have investigated various studies concerning this topic and have organised their report around nine hypotheses. Two examples of these are “religion or spirituality protects against cardiovascular disease” and “religion or spirituality slows the progression of cancer”. They found that in some of these hypotheses there are consistent reports of no relation, whereas some do show a positive relation between spirituality and physical health. A possible weakness in this study however is that no sufficient difference

is made between people who are intrinsically religious and those who are extrinsically religious.

Koenig (2004) however seems to find a more positive relationship between physical health and spirituality. He also based his article on a systematic review of existing studies. He organised his studies around diseases. For example when looking at heart disease he found that 11 of 16 studies reported less coronary artery disease (CAD) as well as lower likelihood of CAD-related death or better survival after open heart surgery in those who are more religious. According to Koenig (2004) the relation between physical health and spirituality or religion is therefore more positive than shown by Powell *et al.*, (2003).

Another study that can be interesting within this context was done by Collipp (1969). He investigated the efficacy of prayer. Eighteen leukemic children were chosen. Ten of them were prayed for regularly within the context of a church. After 15 months of prayer 7 of the first group were still alive whereas only two of the 8 who were not prayed for were still alive.

In concluding it can be mentioned that there seems to be a positive relation between spirituality and physical health. However one must realise that the relation may be more complex than anticipated. It would also be necessary to investigate more specifically which factors of religion or spirituality have the positive effect on physical health and which processes are involved. Koenig (2004) suggests that some of the positive factors within religion or spirituality are for example greater social support, or the presence of more positive emotions (hope), which does have a positive influence on physical health.

3.5.2 Spirituality and mental health

Concerning the relation between mental health and spirituality there is also an abundant amount of literature available. As with physical health there are different outcomes (Richards & Bergin, 1998, 78). However one problem seems to lie with the fact that there is no uniform description of religion and spirituality. As a result of this various and quite different ways were used to measure spirituality or religion. This can to a certain extent account for some of the different findings. In the following paragraphs different studies

which looked at different aspects of mental health in connection with spirituality, will be considered with the aim of trying to find generalities.

- **Serious mental illness:** In a study examining the relation between spirituality and serious mental illness using a pretest-posttest design no changes were reported after the classes, which were supposed to enhance the spirituality of the participants (Lindgren & Coursey, 1995: 93ff).
- **End-of-life despair:** McClain *et al.* (2003) who studied the effect of spiritual well-being on end-of-life despair in terminally-ill cancer patients found that spiritual well-being is a strong correlate of end-of-life despair and thus provides a unique contribution to the prediction of hopelessness, desire for hastened death and suicidal ideation.
- **Depression:** Westgate (1996: 32f) summarised the available studies on the relation between spirituality and depression. Most of the studies (11) found a negative relation between spiritual well-being and depression. However there are also some studies (4) which showed no significant correlation between the two factors.
- **Life satisfaction:** A study that tried to investigate the role of religious experience on life satisfaction reported positive correlations between life satisfaction and some dimensions of religion namely divine power and existential certainty (Chumbler, 1996: 229ff) which could be seen as very much related to meaning and purpose in life. However items such as religious participation did not show a correlation with increased life satisfaction.
- **Change of religious affiliation:** Kim *et al.* (2004: 861ff) tested the hypothesis that changes in religious affiliation constrain the relation between spirituality and affect. They found that spirituality was positively correlated to positive emotions among those who were raised with a religious affiliation and had none currently or had changed affiliations recently. Spirituality was shown to be negatively related to sadness among individuals who had changed religious affiliation.

- **General:** Ross (1995: 459) defines spirituality in terms of meaning and purpose, will to live and belief and faith in self, others and God. He summarises the importance of each of these factors on patient's health and concludes that all of them have a positive effect on the outlook on life, especially when faced with illness and death. This corresponds to Koenig (2004) who summarised various studies that examined the relationship between spirituality and mental health. He found that overall the relation is positive. Of 114 studies which examined connections between religious variables and well-being, optimism and hope, 91 found a statistically significant positive association. Of 16 of the studies that looked for associations with purpose and meaning in life 15 reported that the religious person had more of these associations.

Richards and Bergin (1998: 78ff) who have also done an extensive literature review on the relation between mental health and spirituality or religion conclude that the often very different results that are obtained are due to the many inconsistently defined different indexes of religion and pathology. As there are studies that show positive, negative and zero correlations no broad general conclusions can be made. The studies therefore show that religious affiliation is not damaging to mental health, neither is it entirely predictive of mental health. Payne *et al.*, (1991: 11f) conclude that it is better not to ask if a person is religious or not, but rather to ask *how* and *why* a person is religious. This then leads to the concept of intrinsic and extrinsic religious motivation or spirituality, which has already been explained above. To a certain extent the different findings in studies can be explained using these concepts. Bergin *et al.*, (1987) found that most dimensions of mental health show a positive correlation with intrinsic religiosity whereas the correlation was often negative in the case of extrinsic orientation towards religion.

This concludes the section on the relation between mental health and spiritual well-being. Even though different results came to the fore, it is legitimate to say that the majority of studies show that spirituality or religion has a positive effect on mental health. Spirituality and religion often overlap which can result in confusion. Therefore more research is needed to clear some of the confusion in the field. It is important to conduct studies which are very clear in terminology and definitions.

3.5.3 Spirituality and risk behaviour

It has to be noted that risk behaviour is considered to be a choice, and when repeated it becomes a lifestyle choice. Therefore these two concepts are here considered as almost the same. The problem simply is that there is very little literature concerning lifestyle choices in general and even less concerning lifestyle choices and spirituality (also refer to paragraph 4.4 for a more in-depth treatment of this matter).

Nowadays risk behaviour especially among adolescents accounts for a great amount of social, mental and medical problems. Therefore this section is especially relevant in particular with reference to Health Promoting Schools. Risk behaviours which are often interrelated consist of the following aspects (Halonen & Santrock, 1996: 347; DiClemente & Hansen, 1996):

- Substance abuse,
- Early sexual activity,
- Cigarette and alcohol abuse,
- Delinquency and
- Suicidal behaviour.

There are considerably less studies on the relation between spiritual well-being and risk behaviour than on the two previous topics. The following studies were investigated:

- **Voluntary sexual activity** : Holder *et al.*, (2000: 295ff) examined the association between adolescent spirituality and voluntary sexual activity. They came to the conclusion that spiritual interconnectedness as well as the importance that religion has in the lives of adolescents is negatively correlated with voluntary sexual activity. In other words adolescents who have higher levels of spirituality are less likely to engage in sexual relationships.
- **Alcohol and drug abuse**: In a study done by the University of Tennessee on Teen Challenge, which is a non-profit, Christian, residential organisation which helps young people who struggle with drug and alcohol problems as well as with other

health related aspects, one of these centres was examined concerning success rates. The centre in Chattanooga, Tennessee specialises in helping young men who struggle with alcohol and drugs. The study indicated a 67% success rate in living a drug and alcohol free lifestyle. The main focus of Teen Challenge Chattanooga is that of being a spiritual growth centre where biblical principles are taught. Of the respondents in the study 80% claimed that this was the reason for them being able to stay off drugs (Teen Challenge, 1994). In other words it can be postulated that spirituality or an intrinsic religious orientation helps adolescents to change risk behaviours.

Another organisation which relies on spirituality as a means to overcome addiction is Alcoholics Anonymous (AA). In their Twelve Step Recovery Program they more than once refer to a higher power or God. They say that they need the help of God to recover from their addiction. The organisation thus heavily relies on spiritual means to help alcoholics recover (Halonen & Santrock, 1996: 154).

A study conducted by Ritt-Olson *et al.* (2004:192ff) examined the protective influence of spirituality against monthly substance abuse among adolescents. They found that spirituality is associated with lower level monthly substance abuse. It is interesting to note that spirituality is especially protective in higher risk groups of adolescents.

- **Smoking:** Koenig (2004) summarised studies which examine the relation between spirituality and smoking. He found that the great majority of studies (23 out of 25) found lower rates of smoking among the more religious. He also found evidence that sexually transmitted diseases are less frequent among the more religious. This corresponds with his findings that the religious had significantly lower rates or more negative attitudes toward extramarital sex, compared to those who were less religious (Santrock, 1998: 490).

3.5.4 Conclusion

Throughout this section it has been shown that spirituality or spiritual well-being has positive effects on various aspects of health and risk behaviour. Even though the findings

are not all clear and conclusive there seems to be an indication that spirituality can exert a powerful and positive influence on people's lives as a whole but also in specific areas. It is therefore important to further the investigations on spirituality as well as trying to incorporate spirituality programs into mainstream education. A powerful way of trying to do this is to integrate spirituality into the concept of Health Promoting Schools as will be explained later on.

3.6 Final conclusion

In this chapter an overview was given over the concept of spirituality and a definition of the concept of spiritual well-being was deducted from it. Spiritual well-being can be described as the presence of the different aspects of spirituality in a persons life. The aim of this exploration is to motivate the inclusion of the concept of spiritual well-being into the practice of health promotion especially in schools. This exploration covered the following points:

- The roots of the concept of spirituality were found to be religious in nature, originating from the ancient Judeo-Christian writings meaning *breath*. At the end of the 19th century the concept of spirituality was however separated from science and many areas of life. Then again the concept was partially reintroduced by psychologists into mainstream psychology but with a change in meaning. Spirituality was now not seen as distinctly religious, which leads to the next point.
- In summarising various definitions of spirituality it can be said that most of them contain references to the various following aspects: meaning and purpose, moral and ethical values, relationships and transcendence. If mention is made of relationship and transcendence it often well implies reference to a higher power or god, but not any specific one.
- Various models of human nature were discussed which place spirituality at the centre aspects of being human, meaning that in that sense spirituality becomes the driving force in people. It was then discussed how many personality theorists over

the decades have incorporated the concept of spirituality or spiritual well-being without necessarily explicitly referring to it.

- Lastly the effect spiritual well-being can have on various health problems, such as physical health, mental health and risk behaviour was investigated. The effect is shown to be positive in the vast majority of cases.

Therefore it can be concluded that there seems to be sufficient evidence to claim that spirituality plays a much greater role in the lives of people than was assumed under the modernist paradigm. Science is only starting to see the importance of this facet of life now. A lot of research still has to be done especially trying to come up with clearer concepts and categories, that can be based on epistemological frameworks and not just on assumptions.

It will also have to be decided what kind of spirituality will be promoted in the educational setting, which seems to be becoming a necessity. It is important to carefully ground educational practices on a firm foundation, so that the efforts of incorporating spirituality into mainstream education will prove to be successful and promote the health of learners as well as educators.

In the following chapter the concepts of adolescence, lifestyle choices as well as Health Promoting Schools will be investigated.

CHAPTER 4

ADOLESCENTS, LIFESTYLE CHOICES AND HEALTH PROMOTING SCHOOLS

4.1 Introduction and orientation

“Everything is flowing, everything is debatable, there are no obligatory preconditions concerning lifestyle anymore” (Kirbach, 2002).

“Post-modern man can be described as a restless nomad, torn between the diverging claims of the ‘invisible guests’ that populate his self with their abundance of expectations, values and beliefs” (Alma & Zock, 2002: 1).

These quotes very effectively describe the social climate in which adolescents grow up and have to make their lifestyle choices. Post-modernity doesn’t give rules, it does not present adolescents with truth but rather leaves them to find their own truths (Veith, 1994). Young people therefore have a much wider spectrum of possible choices before them from which they must choose. This occurs in a period of time commonly referred to as adolescence (Mortimer & Larson, 2002: 4).

Adolescence is defined as the developmental period of transition between childhood and adulthood; it involves biological, cognitive and socio-emotional changes (Wortman *et al.*, 1992: 309ff; Louw, 1997: 505). It is often further subdivided into early and late adolescence, the former roughly corresponding to the first half of the second decade, and the latter to the second half (Santrock, 1998). This period of adolescence is often seen as very complex and difficult, as the choices that are made often determine the course of the individual’s life.

Adolescents tend to make negative lifestyle choices which impact their health in all its different aspects at an alarmingly high rate. Smoking, HIV/AIDS, alcohol and drug abuse, suicide attempts are now common occurrences in the lives of young people (National Centre for Chronic Disease Prevention and Health Promotion, 2003).

It is therefore of utmost importance to find effective ways to promote health among young people.

In this chapter the constructs of adolescence and harmful lifestyle choices will be investigated. It is important to attempt to understand the dynamics which cause adolescents to make negative, and more importantly, positive lifestyle choices in order to develop programs which meaningfully prevent and correct unhealthy lifestyle choices. In this dissertation, the concept and practice of health promotion and especially Health Promoting Schools, will be explored as a possible way of helping young people to make constructive lifestyle choices.

4.2 Adolescent development

In this section attention will be given to the various aspects of adolescent development. Adolescents start developing rapidly in the physical, cognitive, moral, psychosocial and spiritual areas. It is important to note that all of these aspects need to be seen and studied in relation to each other. It is crucial to bear in mind that they are all interrelated and interact constantly. Adolescence is basically the process that leads to adulthood (Papalia *et al.*, 1999: 508; Wortman *et al.*, 1992: 309; Louw, 1997: 505). People, however, develop differently and many people often don't achieve an ideal state of development in all the different aspects. In this context three general principles of development can be mentioned, namely (Woolfolk, 1998: 25):

- People develop at different rates
- Development is relatively orderly
- Development takes place gradually.

To this it must be added that while children enter adolescence earlier, they achieve adult status later than a few decades ago (Mortimer & Larson, 2002: 10). A comprehensive, holistic view of adolescence cannot be limited to physical development but must include cognitive, social and emotional aspects.

In the following discourse only an indication of the diverse aspects of adolescent development will be given.

4.2.1 Physical/ biological development

This is maybe the most obvious area of change. The body of the child develops into the body of an adult. In biological terms this time span is called puberty (Kalat, 2002: 387), which is defined as “the period in early adolescence when individuals begin to develop physical and sexual maturity” (Woolfolk, 1998: 99).

During this period, adolescence have to learn to understand their body and their sexuality. Whether or not the adolescent is a late or early maturer may have profound impact on self-image as well as self-esteem. Boys who develop early are often popular, whereas late maturers among boys are often ridiculed and experience feelings of inferiority, self-doubt and self-rejection. For girls the effect is often reversed (Woolfolk, 1998: 99; Wortman *et al.*, 1992: 309).

These factors strongly influence all other aspects of adolescent development, and because biological maturation is deterministic and irreversible, it forms a constant background or framework against which other developmental changes must be assessed.

4.2.2 Cognitive development

Cognitive development has been defined as a gradual, orderly change by which mental processes become more complex and sophisticated (Woolfolk, 1998:24).

Cognitive development is contingent on the maturation of the brain and the development of the peripheral nervous system in early childhood, but evidence shows the crucial role of appropriate stimulation for the actualisation and crystallisation of mature cognitive functioning (Feuerstein, 1983).

The two most influential theories of cognitive development at present are those of Piaget and Vygotsky (Papalia *et al.* 1999, 548; Santrock, 1998:117ff). Despite its broad acceptance within developmental psychology, Piaget’s theory has received criticism. It is claimed that

many adults never reach the stage of formal operational thought. It is also pointed out that Piaget focuses exclusively on mathematical and scientific thinking and leaves other aspects unaddressed (Papalia *et al.*, 1999: 548). Critics have said that Piaget has neglected the fact that children can (and must be) be trained to reason at a higher level. That means cognitive development is not an innate, adaptive tendency determined by the maturational trajectory of the organism, but is dependent on the quality of mediation the child receives, as has for example been shown by Vygotsky (Santrock, 1998: 117, 119).

Despite its weaknesses, this theory still has validity in the opinion of most. Before discussing the different stages of cognitive development, the concepts of assimilation and accommodation have to be considered, as they play an important role in decision making. According to Piaget these concepts can be understood as two different ways of adapting to the environment (Kalat, 2002: 368). In the process of assimilation the new incoming information is made to fit into the existing schemes. This implies that the existing cognitive structure is seen as having more truth value than the incoming information. In contrast to this, in accommodation the existing schemes or structures are changed in order to incorporate the new information meaningfully into the whole. This implies that in accommodation the incoming information has more truth value than the existing cognitive structures (Woolfolk, 1998: 28f; Wortman *et al.*, 1992: 261; Kalat, 2002: 368). From the perspective of this study, in which the irrational phenomenon of continued, habitual engagement in self-defeating and destructive behaviours is considered, it could be predicted that fostering accommodation in adolescents might provide a means of achieving healthy lifestyle choices.

In Piaget's view, at the onset of adolescence a child is usually in the stage of concrete operational thought. Children should be able to solve concrete problems in logical fashion. They should also be able to understand laws of conservation and reversibility and be able to classify and seriate (Woolfolk, 1998: 30). According to Piaget the developmental trajectory is largely fixed. Neurological processes as well as environmental influences combine in a stimulus-response process to bring about cognitive maturity. In contrast to this, concepts like the zone of proximal development as well as scaffolding which were developed by Vygotsky posit that cognitive development is less deterministic and that cognition is mediated, and can be retarded or advanced (Santrock, 1998: 117; Halonen & Santrock, 1996: 315).

The three main characteristics of formal operational thought, which should ideally be achieved in early adolescents, are the following: abstract thinking, logical reasoning abilities, and idealistic thought. It is increasingly recognised that the development of language also plays a crucial role in the emergence formal operational thought (Santrock, 1998: 112; Kalat, 2002: 370f). Formal operational thinking and the ability to accommodate, and thereby learn from experience or reality (truth) would then equip adolescents with the cognitive modifiability to cope with the demands of adulthood from a cognitive perspective. This is all the more crucial as research indicates that many adolescents and adults never achieve the stage of formal operational thought, specifically in addressing moral dilemmas (Kohlberg & Gilligan, 1971).

It is also necessary to consider decision-making skills, especially because such skills play a major role in lifestyle choices. Few studies have been conducted on the development of decision-making skills in adolescence. However from the existing studies it can be concluded that adolescents may have less decision-making competence than adults in general (Byrnes, 2002: 208).

4.2.3 Moral development

In many cases moral development is seen as an integral part, or a subdivision of cognitive development (Kalat, 2002: 375; Weiten, 2001: 454). Here it will however be treated as a separate category as moral reasoning deals with a specific kind of reasoning.

An influential theory of moral development is the stage theory of moral reasoning by Kohlberg (Kalat, 2002: 375ff; Halonen & Santrock, 1996: 344ff). There are three levels of Kohlberg's theory and each level is divided into 2 stages. The levels will briefly be described:

- **Preconventional reasoning:** this is the lowest level of moral reasoning where people are under external control and have no internalisation of moral values. They obey rules to avoid punishment and reap rewards. This level is typical for children from ages 4 to 10.

- Conventional morality: in this level people's moral judgment is based on other's approval, traditional values and the laws of society. This level is typically reached after age ten.
- Postconventional morality: at this stage morality is completely internalised and people make their own judgments on the principals of right and wrong, fairness and justice. People can reach this level in adolescence or young adulthood (Papalia *et al.*, 1999: 551; Woolfolk, 1998: 82; Santrock, 1998: 407). Again, it is crucial to notice for the aims of this research that many adults never reach this level (Fielder *et al.*, 2004).

Adolescence is the stage in which young people either do achieve or do not achieve the last stage of moral development.

There are various criticisms of Kohlberg's theory, one being that the theory is very much based on male views of morality, such as justice and fairness. Carol Gilligan studied moral development in females and concluded that females are more concerned about responsibility towards others as well as empathy (Papalia *et al.*, 1999: 555). Another criticism is that Kohlberg's theory is culturally specific or 'biased', as other cultures have different conceptions about moral behaviour (Santrock, 1998: 409f).

It is interesting to note that delinquent youths are considered to never have reached a high level of either Piaget's nor Kohlberg's stages (Anon., 2005). It is therefore very relevant to consider the stage of cognitive and moral development of adolescents if their lifestyle choices are being studied.

4.2.4 Psychosocial development

Part of psychosocial development is identity formation, which will be discussed further down in paragraph 4.2.6. The focus here will be rather on social development. The definition of social development used in this study, is suggested by Woolfolk (1998: 24), as "changes over time in the ways we relate to others".

In adolescence the pattern of interaction with others undergoes some typical changes. Frequently the teenage years are called a time of rebellion, where adolescents often withdraw from their families in order to conform to the values of peers (Papalia *et al.*, 1999: 589; Weiten, 2001: 460). In some cases this alienation from more traditional values results in the formation of so called youth cultures that are usually very exclusive (Epstein, 1998).

Whereas children are dependent on their parents, adolescents start to spend more time with friends, whom they try to emulate. Often these relationships become the more valued ones (Papalia *et al.*, 1999: 591). This period may be characterised by conflicts between family members (Louw, 1997: 517). However research indicates that many adolescents manage to achieve identity without identity diffusion and rejection of parental authority. Many adolescents do rebel but by no means all (Santrock, 1998: 182f), and it would be insightful from the perspective of this research to attempt to understand the dynamic of the functional family rather than only the dysfunctional one. During adolescence the parents should provide a stable basis for teenagers (Halonen & Santrock, 1996: 341). This often does not happen. Single parent homes and parental absenteeism are also compounding factors, as many parents get divorced (Papalia *et al.*, 1999: 592ff; Kalat, 2002: 398). It has been shown that intimacy - especially with the mother-figure - of a teenager has a very high protective value against destructive lifestyle choices (Field, 1995).

Another aspect that needs to be covered under social development is teenage sexuality. Adolescence is the time when young people become acutely aware of their sexuality. The process is genetically driven but is lived out in the social world (Papalia *et al.*, 1999: 579). Young people must develop a sexual identity and need guidance to decide how they will go about this (Louw, 1997: 519ff). In the absence of appropriate guidance or due to inappropriate guidance, they may develop beliefs, values and goals that can lead to moral relativism and sexual promiscuity. It is very important to develop the right beliefs, goals and attitudes as wrong decisions can lead to serious outcomes, not only HIV/AIDS or other sexually transmitted diseases, but to negative sexual identity and identity confusion which will issue in an inability to form meaningful, healthy relationships with others (McDowell, 1993). The increasing incidence of unwanted/unplanned pregnancy is another problem that must be addressed (Santrock, 1998: 371ff; Louw, 1997: 522).

4.2.5 Spiritual development

At the outset of this section, it has to be emphasised that even though spirituality has received much attention over the past decades, little has been done to incorporate this concept into theories of development and more specifically adolescent development. Even though there are articles available on the subject little has been done to integrate the concept into standard works on development (Papalia *et al.*, 1999; Woolfolk, 1998; Santrock, 1998). However, it is to be welcomed that various conferences on spiritual development have been held and that books are being written specifically about spiritual development (Ebstyne King & Boyatzis, 2004: 4).

Given the statistics of the majority view that the spiritual identity of people is not only real, but very important for life (Miller & Delaney, 2004), it is of utmost importance if we are to achieve a holistic understanding of adolescence to investigate the concept of spirituality especially at the stage where identity is formed and choices are made. Evidence confirms positive links between adolescents' involvement in religion (which is a part of spirituality) and many desirable developmental correlates (Ebstyne King & Boyatzis, 2004: 2; Santrock, 1998: 425).

Definitions of spirituality have already been discussed in the previous chapter (cf. paragraph 3.3). Spirituality can be seen as being located at the centre of what it means to be human and can further be described as a search for meaning, purpose and values in life together with a desire for transcendence, meaningful relationships with a supernatural being and other human beings.

More attention however needs to be given to a definition of spiritual development. Benson *et al.* (2003: 205f) suggest the following working definition: "Spiritual development is the process of growing the intrinsic human capacity for self-transcendence, in which the self is embedded in something greater than the self, including the sacred. It is the developmental engine that propels the search for connectedness, meaning, purpose and contribution. It is shaped both within and outside of religious traditions, beliefs and practices". The logical conclusion from this definition is that spiritual development is equally important to other aspects of development such as cognitive, and physical development. A spiritually developed person would therefore be someone who is in touch with the supernatural or

metaphysical reality of human existence in the above described way, and who accepts and pursues meaning and purpose in life.

The fact that many young people turn toward religion and greater civic involvement or join hate groups, gangs or become antisocial in many ways which all exhibit a quasi-religious, radical and fundamentalist foundation (Ebstyne King & Boyatzis, 2004:2), shows that young people need to constructively develop their need for spirituality. This is acutely relevant in an age of religious war and suicide bombers, most of which are recruited as adolescents.

It is worthy of note that Coles (1990), after a series of studies comes to the conclusion that children can be seen as seekers, as pilgrims well aware that life is a finite journey. This means that children already have an understanding of spirituality, which crystallises in adolescence where choices are made and lifestyles are chosen.

Unlike other aspects of development, there is no generally accepted stage theory which describes spiritual development in terms of a succession of steps or stages. This firstly shows that there is a need for more research on the topic and secondly that spirituality is a diverse, metaphysical concept, which cannot easily be described. But it seems clear that spirituality is an integral part of the life-world of the child. In this context it is significant that religion and spirituality inherently involve cognitive, psychosocial and personality aspects of being human (Hill *et al.*, 2000). This is particularly true of religious perspectives that maintain the continued metaphysical existence of the soul apart from the natural world. From a spiritual point of view, spirituality is therefore not just another aspect that must be added to developmental theories. Spirituality should be understood as an all-encompassing and penetrating aspect of the normal functioning of human beings.

One notable attempt at constructing a stage theory on religious development was developed by Fowler (Santrock, 1998: 426). It focuses on the motivation to discover meaning in life, either within or outside of organised religion. It is however not included in most standard psychology textbooks (Weiten, 2001; Halonen & Santrock, 1996; Louw & Edwards, 1997, Kalat, 2002).

To summarise it can be stated that not much research has been done on the development of spirituality in children and adolescents. It must therefore suffice to say that adolescence is a stage where young people develop their spirituality in terms of looking for meaning, transcendence and values as well as trying to develop relationships with friends and a supernatural being. They basically explore who they are and how they want to live (Elias & Kress, 1999). The fact that religiosity has been shown to be positively associated with behaviours, attitudes and outcomes among adolescents (Benson *et al.*, 2003: 211) gives reason to encourage further study of the phenomenon.

Adolescent spirituality can thus be seen as seeing life and living in new and better ways, taking something to be transcendent or of great value, and defining self in relation to others in ways that move beyond the ordinary or material concerns to genuine concern for others. This implies that young people can contribute positively to their social world (Dowling *et al.*, 2004: 7).

4.2.6 Identity formation and lifestyle choices

The concepts of identity formation and lifestyle choices overlap. However a definition of both will be attempted in order to differentiate between them.

Two different definitions on identity will be given. The first describes identity as “as the complex answer to the question “Who am I?”” (Woolfolk, 1998:70). The second one is suggested by McCown *et al.* (1995: 72) and suggests that identity is “a sense of well-being, a feeling of knowing where one is going, and an inner assuredness of anticipated recognition from those who count.” Both definitions are legitimate, but the second one to some extent represents an ideal state which is not always present. It may be that people have their own identities, but they might not be satisfied, which is implied by the second definition. It is however without question that people *should* experience a sense of well-being.

A definition of lifestyle choices is absent in psychological and educational literature, therefore a definition shall be attempted here. Lifestyle choices can be described as the choices people make on the basis of their internalised belief structure concerning their way of living. In other words it is the forming of habits (Ewles & Simnett, 2003: 41). It is

commonly seen as referring to habits concerning the absence or presence of behaviours such as smoking, promiscuity and alcohol or drug abuse, which are also referred to as risk behaviours (He *et al.*, 2004: 26; Ewles & Simnett, 2003: 41). Lifestyle choices can therefore be seen as a subcategory of identity.

The fifth stage of Erikson's theory of psychosocial development which takes place in adolescence is called "Identity versus role diffusion" (Woolfolk, 1998: 66ff; Kalat, 2002: 383; Halonen & Santrock, 1996: 343f). At this stage the adolescent either achieves his or her own identity or he experiences role diffusion, meaning that he or she experiences conflict between what he or she perceives as inconsistent expectations (McCown, 1995:72). Each stage is described as a stage of crisis which needs to be resolved. There are four different ways to resolve the identity crisis (Woolfolk, 1998: 70f; Santrock, 1998: 325; Weiten, 2001: 460).

- Identity diffusion: This occurs when individuals reach no conclusions about who they are or what they want to do with their lives. They have not yet made any commitments, but are rather experimenting, often rebelling against the beliefs and values they were brought up by.
- Identity foreclosure: This describes the situation of young people who do not experiment with different identities or consider a range of options but simply commit themselves to values and beliefs made by others, often their parents. They have experienced no crisis.
- Moratorium: This is the term used for adolescents who are in the midst of a struggle for identity and who have not yet or only vaguely started to define their identity. They are however actively looking around to explore different lifestyles and viewpoints.
- Identity achievement: This is the ideal state, where adolescents have considered realistic options and have made a commitment. The individual has made choices and is pursuing them.

It has to be mentioned that often the formation of identity is a mixture of different states (Flum, 1994: 438). Allison (2001) also came to this conclusion by trying to place young

adolescents into one of the four states of identity formation. Many of the subjects could not be placed into a single category or no category at all.

There are different factors that can have a positive influence on identity formation and positive lifestyle choices. Firstly it is noteworthy that parents, and more specifically a good relationship with parents, can have a very positive influence on adolescents in the achievement of identity. Parents who foster both individuality and connectedness are contributing positively to adolescents' identity formation and choices (Santrock, 1998: 326f; Flum, 1994: 459).

Another very positive influence is recognised by Ebstyne King (2003: 197ff). She posits that religion, and in that sense also spirituality, provides a conducive context in which to form an own identity and make positive lifestyle choices. She claims that this quest for identity and meaningful choices is marked by “yearnings and behaviours that bond them to or locate them within something beyond themselves and simultaneously affirm their sense of uniqueness and independence. At it's best religion offers both.” (Ebstyne King, 2003: 198). Erikson (1964) agrees with this. He stated that transcendent meaning found in religion is imperative to adolescent identity formation and well-being. He further claimed that religion is the oldest and most enduring institution that promotes the emergence of fidelity, and the commitment and loyalty to an ideology that emerges upon the successful resolution of the psychosocial crisis of identity formation (Erikson, 1968). It is however important in this context not to see religion as a system that meets certain needs, but rather to understand it in a spiritual way, consisting of the aspects mentioned in the previous chapter (cf. paragraph 3.3.1). This then opens up possibilities for a more experiential dimension of religion in contrast to the more institutionalised forms of religion (Alma & Zock, 2002: 3).

4.2.7 Conclusion

The major aspects of development were dealt with under various headings. However this is not the only way of categorising development. It must again be stressed that the concepts are interrelated in a multifaceted way. The relations between the aspects need to be explored further if human beings are to be seen as bio-psycho-social-spiritual beings who function in an integrated way.

It is important to look at the contexts of adolescent development in order to better understand the complexity of adolescence and the choices they make.

4.3 Contexts of adolescent development

According to the contextual perspective, human development can only be understood in its social context (Papalia *et al.*, 1999: 36). When considering adolescent development it is important to take into account that development always occurs in a context. The above mentioned stage theories (cf. paragraph 4.2) often did not take this into account. Those theories can still be valuable if one is aware of contexts. Contexts can be defined as settings in which development occurs, settings influenced by historical, economic, social and cultural factors (Santrock, 1998: 17).

This view of the importance of contexts in development has been further developed in the 'ecological' approach of Bronfenbrenner (1986, 1994). This approach sees the individual in the middle of various interacting circles or contexts. In the centre is the individual. The immediate context is the microsystem consisting of the school, the peers, the family and the church. The larger context is the mesosystem which consists of the same factors, just in a wider sense. This is in turn included in the exosystem which can be seen as consisting of the government, health services, mass media, commerce and industry as well as religious hierarchy. The last sphere, which comprises all the other systems is the macrosystem, which reflects the dominant beliefs and ideologies of the culture (Santrock 1998: 52; Papalia *et al.*, 1999: 14). In other words the macrosystem describes the philosophical worldview of a certain culture, or even the global culture.

In the following section the different contexts in which a South African young person is situated will be looked at in a little more detail.

4.3.1 The world as context

The observation that all adolescents share common characteristics in the sense that all have a basic human nature as explained in paragraph 2.4 makes it possible to refer to adolescents in a universal way. It is however important to realise that the contexts in which they develop are diverse.

The contexts in which young people grow up often have little in common. Factors that play a role here are economic development, industrial development, population density, climate, political system, education system, health systems, as well as the dominant religion (Fussell & Greene, 2002: 21ff). The situation for sub-Saharan Africa can briefly be described as follows (Nsamenang, 2002: 61ff; Van der Walt, 1994):

- Young people growing up in Southern Africa are born into a culture that emphasises community above individuality. Relationships are only seen as being important in fostering and maintaining the sense of community.
- Most children have more than one sibling.
- Many adolescents do not finish school and consequently have to work as semi-skilled labourers for relatively little money.
- The incidence of HIV infection and AIDS deaths are very high in sub-Saharan Africa and many adolescents are infected or grow up as AIDS orphans.
- There are various dominant religions in southern Africa such as Christianity, Islam, Animism, as well as a mixture of them.
- Political systems are unstable.

However, to more closely investigate the South African situation one also has to consider adolescents in a urbanised Western context as there are many South African young people whose culture corresponds largely to that of the Western countries. The situation can be described as follows (Van der Walt, 1994: 199ff; Jensen Arnett, 2002):

- Children are raised in a way that emphasises individuality above community. However relationships are seen as important for individual self-actualisation.
- Many adolescents live in unitary, biological families, and many grow up in single parent homes.
- Most young people are born into a home that is nominally Christian, but other ideas of Humanism, Hinduism, Buddhism, Post-modernism and popular psychology are also present.
- Most adolescents have the opportunity to receive a good education.
- Medical services are in general sufficient.

Many adolescents grow up in pluralistic, multicultural contexts. In the following paragraph the philosophical or ideological contexts that influence the personal philosophies of life of adolescents are discussed.

4.3.2 The philosophical worldview as context

The philosophical worldview here refers to the current way of interpreting reality which consists of basic philosophical assumptions (Duminy *et al.*, 1998: 97), that are shared by large groups of people.

The philosophical worldview of contemporary Western society can be described historically as post-modern, and as a whole is increasingly characterised ideologically by post-modernism. We all live in a post-modern age, but we are not all post-modernists. In general one can say that post-modernism is characterized by a radical critique of the modernistic and secular humanistic worldview, which claimed that everything needed to understand reality lies within the naturalistic world. While modernism accepted natural truth or scientific fact, post-modernism claims that there is no truth, scientific or moral, and therefore no right or wrong; you can be free to make your own truths (Veith, 1994: 16; Anderson, 1990). This encourages the choosing of own values. This trend in turn fosters a feeling of meaninglessness and hopelessness, especially in young adolescents. Everything is permissible, nothing is right or wrong, there is no security, and little room for a healthy development within set limits (Kirbach, 2002). In other words there is no epistemological basis on which to base interpretations of reality as post-modernists commonly reject all foundationalism (McDowell, 1999: 616). In general, one can say that there is a cynicism, scepticism and negativism in the post-modern age. In the modern age the optimistic belief in science made people feel secure about the future. Today the belief in science has been criticised as part of an oppressive will-to-power, but at the same time postmodernists claim there is no substitute, or rather no substitute has been commonly agreed on, which could provide people with meaning in life (Veith, 1994).

Considering this worldview it becomes clear that young people globally face challenges unknown to earlier generations, as they are confined to only live by their own personal standards of reality, never being able to refer to an accepted truth.

4.3.3 The community as context

The community an adolescent grows up in is usually characterised by the values of the reigning worldview or zeitgeist (Veith, 1994). There are however communities which can be self-consciously different to the reigning worldview such as many subcultures and religious communities. The community will be described here in terms of the church, the school and peers.

According to Ebstyn King (2003) religion can be seen as a social context in which young people can develop positively, as religion offers a coherent world- and value system which can provide meaning for the adolescent. As adolescents begin to step out of the family or group context they have to build relationships elsewhere. The religious community i.e. the Christian church, has the potential to offer meaningful social contexts for this process, not only in the sense of mentoring young people (Aoki *et al.*, 2000: 377ff), but also by providing a preventive influence with regard to unhealthy lifestyle choices (Santrock, 1998: 425).

Schools are very important contexts for young people as they spend a large amount of their time in the classroom. Adolescents are influenced in many ways in schools. First of all the school climate or subculture plays a role. Every school is different in terms of its underlying philosophy, as well as location, size and social class mix. There are the teachers as well as peers which can have a profoundly negative or positive influence on adolescent development (Santrock, 1998: 244, 256; Papalia *et al.*, 1999). Furthermore, learners are increasingly confronted with the controversial subject matter of the various life views and opinions.

As has already been mentioned the relationship with peers becomes crucial in adolescence (Louw, 1997: 503). There are a variety of interactions that can be observed in schools. There are usually groups, gangs or cliques that are formed on the basis of commonality or status. The dynamics of this can vary from school to school (Santrock, 1998: 257).

In this context the phenomenon of friendships also has to be mentioned. Whereas friendships among children are usually centred around play, adolescents move into a new stage where friends are seen as people who share common interest and values and who are

made confidants of private matters and are seen as sources who can provide support, advice and help (Woolfolk, 1998: 86f; Papalia *et al.*, 1999: 601f).

4.3.4 The family as context

In the West the unitary family has for much of the 1900s been the most immediate context in which children grew up. This is however rapidly eroding (Woolfolk, 1998: 92). It was also the context in which they spend their childhood and the first opportunity to build relationships with parents and siblings. The family exerted a very powerful influence on the child or adolescent.

The way parents bring up their children has extensive consequences. Research indicates that children whose parents who are too strict (authoritarian) or whose parents who are too permissive are more likely to make unhealthy lifestyle choices (Papalia *et al.*, 1999: 596; Kalat, 2002: 395). In the Western context, parents are more permissive, while in the African context, an overly authoritarian approach is frequently observed. In the main westernised urban centres children often grow up in circumstances where the usually very young parents are not consistent and see themselves as the pals of their children or adolescents, without and often unable to provide clear guidelines, as they are children themselves (Kirbach: 2002). The authoritative parent who sets boundaries but who also show warmth and acceptance usually has a well-adapted child (Igra & Irwin, 1996: 44; Papalia *et al.*, 1999: 593f). Research also indicates that adolescents who have an intimate relationship - especially with the mother-figure - are less likely to engage in risky behaviour (Field, 1995).

A problem that many adolescents have to face today is that they grow up in a single parent home. It has been shown that this has a negative effect on the children and adolescents and may result in various psychological problems as well as risk behaviour (Woolfolk, 1998: 94; Papalia *et al.*, 1999: 596; Kalat, 2002: 398).

Other family factors which influence the adolescent are economic status, sibling relationships as well as the overall culture in the family.

4.4 The situation concerning lifestyle choices in adolescents

Before the discussion begins a clarification of terms is needed. Even though this study is concerned with lifestyle choices, it will often be referred to as risk behaviour. These two terms are similar but not identical. Lifestyle choice is a more overarching term. Repeated engagement in risk behaviours leads to a lifestyle, it becomes a stable characteristic of the individual. Risk behaviours can refer to a single incident where a person for example gets drunk. This is not yet a lifestyle. However there is the potential of it becoming one. There is little literature concerning lifestyle choices, therefore the term risk behaviour will be used more often.

The National Center for Chronic Disease Prevention and Health Promotion (2003) has identified six interrelated categories of behaviour, which are initiated during youth and fostered by social and political policies and conditions. They are the following:

- tobacco use,
- behaviour that results in injury and violence,
- alcohol and substance abuse,
- dietary and hygienic practices that cause disease,
- sedentary lifestyle and
- sexual behaviour that causes unintended pregnancy and disease.

In the following paragraphs the lifestyle choices young people make will be discussed under the headings of various risk behaviours. The focus of this section is to present an overview of the extent to which adolescents make unhealthy choices which often result in a lifestyle. It has to be mentioned here that very little statistics and information are available concerning the South African situation.

4.4.1 Behaviour leading to HIV/AIDS

During the past few years HIV/AIDS has become one of the most serious health problems throughout the world. The main reasons for this are an increase in promiscuity (Buhro, 2001), the use of contraceptives which divorced the sexual act from child bearing, and is

compounded by unprotected sex. This is to a great extent caused by the changed attitudes toward sex which begun in the 1960's in the West. Teenagers grow up with the perception that they have the right to have sex whenever they decide to do so (Buhro, 2001). Promiscuity is especially on the increase in South Africa (Nsamenang, 2002: 83). Studies have shown that South Africa now has one of the fastest growing HIV infection rates in the world (Nsamenang, 2002: 83). According to one study the minimum percentage of those estimated to be HIV positive was 26,5% in 2002. The highest number of infections is found to be in people aged 20 to 34 (Avert, 2003). Over a 1000 people are said to be infected daily in South Africa and the number of AIDS deaths is increasing (TAC, 2005). It is however important to note that it is very difficult to obtain accurate estimates, and the possibility is great that the numbers are even higher (D'Angelo & DiClemente, 1996: 335).

Apart from HIV/AIDS, the increasing sexual freedom can have other serious consequences such as various other sexually transmitted diseases as well as teenage pregnancies.

4.4.2 Smoking and tobacco use

It is well-known that tobacco use has negative impacts on health. The World Health Organisation (2000) states that one out of two persons who start and continue to smoke will be killed by tobacco-related illness such as lung cancer or chronic obstructive pulmonary disease.

Despite the frequent claim that they can stop whenever they choose, regular tobacco use in adolescents usually develops into an addiction, which continues into adulthood (Perry & Stauffer, 1996: 63). It has also been suggested that lower life satisfaction is a risk factor for tobacco use (Lenz, 2004: 214). A study conducted in the North West province shows that 18.46 % of 16 year-olds smoke daily (Coetzee & Underhay, 2003: 31).

4.4.3 Substance and alcohol abuse

The 1960s and 1970s were a period in which the use of alcohol and drugs drastically rose especially among young people. Despite a period of decrease it has reportedly increased again since 1991 (Papalia *et al.*, 1999; Santrock, 1998: 471).

According to the WHO (2000) 5% of all deaths of young people between the ages of 15 and 29 are attributable to alcohol use. Apart from alcohol related deaths, there are various alcohol related diseases caused by the abuse of alcohol. The negative impact of drugs on health is also well documented (Hansen & O'Malley, 1996: 161).

Due to the negative impact alcohol and drugs have, legal restrictions have to an extent limited the use of drugs as well as alcohol. These however do not address the problem successfully. The fact that in 1996 50.8% of school leavers in America had used illicit drugs shows that the problem is very persistent and increasing, taking into account that in 1992 only 40.6 of school leavers had used illicit drugs (Papalia *et al.*, 1999: 528). A South African study shows that 14.6 % of 16 year-olds have used dagga and 13.85 % were offered drugs on school grounds. In addition, 23.44 % drink alcoholic beverages on a regular basis (Coetzee & Underhay, 2003: 31). These numbers show that substance abuse is common among South African young people.

4.4.4 Suicide

It is important to note here that most studies don't group suicide with risk behaviours but rather with depression and psychiatric problems (Woods *et al.*, 1997: 792). While this is acknowledged, here suicide will also be treated as a wrong choice young people make.

Suicides occur rarely in childhood. The rate dramatically rises at age 15. In general suicide in the USA seems to be highest in white males and lowest in black females. Between the ages of 15 and 19 white American males have a rate of 18 suicides per 100 000, between the ages of 20 and 24, the rate is 28 suicides per 100 000 (Santrock, 1998: 489). Suicide is now the third leading cause for death in 15- to 24 year-olds. Coetzee and Underhay (2003: 29) found that in South Africa 21.54 % of 16 year-olds had considered committing suicide. Furthermore, 12.31 % have actually attempted suicide. Even though this study might not be representative of the whole population it shows that suicide is probably a greater problem in South Africa than it is in America.

It is important to notice that there are various factors associated with suicide, namely depression, substance abuse, loss of a loved one, relationship break-ups, life stressors and abuse, as well as family dysfunction (Woods *et al.*, 1997: 791; Borowsky, 2001: 485). It is

also important to note that young women display more suicidal gestures whereas young men have more suicidal completions (Woods *et al.*, 1997: 791).

4.4.5 Violence

In the past decades the violence among young people has increased widely, with 16% of High School students in America reported to have been threatened by a gun, and 7% reported having been injured with a weapon. Often youth violence takes place in the context of gangs, where young people attempt to satisfy their belongingness needs (Papalia *et al.*, 1999: 487). In South Africa, violence amongst adolescents also seems to be increasing. Coetzee and Underhay (2003: 29) found that 13.85 % of 16 year-olds have been threatened with guns on school grounds.

4.4.6 Conclusion

As has been shown many adolescents increasingly make unhealthy lifestyle choices. It has become common for many young people to be promiscuous, to take drugs, to get drunk, to smoke, to engage in violence, and even to attempt suicide. In the following section the focus will be on why young people make these decisions even though they know that they are harmful.

4.5 Reasons for making unhealthy lifestyle choices

Considering the unhealthy lifestyle choices under paragraph 4.4 it becomes clear that these problems are not inevitable. In other words many of the above mentioned health problems do have a solution. In most cases people do not need to get HIV/AIDS, they do not need to die of smoking, drug and alcohol abuse, they do not need to commit suicide. The problem seems to be with the antecedents to the choices adolescents make. In many of these cases a chosen behaviour pattern is the only reason for the poor health state of a person (Wortman *et al.*, 1992: 456ff). One therefore doesn't have to fight against some invincible enemy, as was the case with bubonic plague or tuberculosis, where people died of diseases which were extremely contagious and did not have a cure.

It is therefore essential to explore why the health problems occur at such an alarmingly high rate and how one can cause less young people to engage in these risky behaviours, especially considering the possible connection between lifestyle choices and spirituality. There are different approaches or models to explain why people usually do not stop these behaviours (Igra & Irwin, 1996; Jessor, 1991).

4.5.1 Biological approach

This approach ascribes the reason for risk behaviour in adolescents to physiological, often hormonal or genetic factors (Igra & Irwin, 1996: 39). This model followed the medical model, which states that abnormality is a disease or illness caused by internal malfunction of the body. The focus of the biological model is however more on assumed brain processes (Santrock, 1997: 469).

This model was developed because risk behaviours tend to cluster within families. It was concluded that there were genetic factors involved (Igra & Irwin, 1995: 39). However it is difficult to support such conclusions, because the reasons for patterns in families concerning risk behaviour can also be due to environmental and social influences, which are often similar for children of one family.

It is nevertheless accepted that biological maturation does play a role in risk behaviours, such as early onset of sexual activity, especially when cognitive development is slower than physical development (Igra & Irwin, 1995: 39). It is generally accepted however that this approach cannot account for all wrong lifestyle choices adolescents make.

4.5.2 Lack of information approach

In the past it was assumed that adolescents engaged in unhealthy behaviour due to the fact that they did not know how harmful a specific behaviour was. Lack of information was seen as the main reason for engaging in an unhealthy behaviour. Many preventative and intervention approaches have used this way of thinking (Kickbusch, 2005; Van der Merwe, 1996).

An example of this model is the idea that HIV/AIDS spreads so rapidly because people do not know how it spreads. As a result people are taught how HIV/AIDS spreads. An example of such a programme is described in USAIDGuinea (2003). In this program teachers are trained concerning HIV/AIDS, so that they can then give the information to their pupils. To a certain extent health programs all around the world use this strategy to promote health.

However people often do not change their behaviour when given information. Baron and Byrne (2000: 547) confirm that people often do not change behaviour even if given appropriate information. This might be due to the fact that there seems to be a resistance to change, or even a fear of change, because people realise that, should they be honest with themselves they would have to surrender not only certain patterns of living, but also certain goals in life and beliefs about the self (Egan, 2002: 165). Therefore, though information is not unimportant, access to information is not a strong predictor of choices. People are often not as rational as popularly assumed. If choices were purely rational, they would respond to information alone (Perry & Kelder, 1992: 356; Hoppe, 2004: 27ff).

4.5.3 Psychological approach

This covers a wide spectrum of different approaches to explaining harmful lifestyle choices in adolescents. It is primarily concerned with the cognitive side of the phenomenon. It looks at the way in which adolescents interpret life, perceive risk and make decisions about risk behaviour (Igra & Irwin, 1996: 40).

In this context it is important to look at the concepts of attitudes, values and beliefs which are values, morals or principles which a person feels are important in life (Donald *et al.*, 2002: 20). Beliefs describe what a person believes about all the different issues of life. Values are evaluations of various aspects of the social world. Attitudes are existential positions taken toward particular life contexts on the basis of beliefs and values. (Baron & Byrne, 2000: 118; Crabb, 1987). Together these entities determine how we react to happenings and information. In other words young people may have unproductive, harmful and incorrect beliefs, values and attitudes that can lead to unhealthy lifestyle choices.

There are also personality or character traits such as low self-esteem and external locus of control that have been used to explain risk behaviour, where adolescents don't see themselves as responsible for the choices they make (Jessor, 1991: 602). Another trait that has been researched is sensation seeking, which is described as willingness to engage in risky behaviour for the sake of such experiences (Zuckerman, 1979). To find out why young people are sensation seekers could possibly lead to a clearer understanding of lifestyle choices. It becomes clear that this approach is very broad and that it has many different facets.

4.5.4 Social and environmental approach

According to this approach social and environmental influences are seen as the reason for unhealthy lifestyle choices adolescents make. The roles of peers, parents, family structure and function as well as institutions (Igra & Irwin, 1996: 42ff) are seen as factors which shape the behaviours of adolescents. For example it has been shown that a close relationship between parents and adolescent child can function as an inhibitor against unhealthy choices (Igra & Irwin, 1996: 43).

However this approach can be absolutised to the point where social and economic reasons are seen to fully account for wrong lifestyle choices. The Centre for Adolescent Health (2002) for example states that adolescent health issues occur largely as a result of the social and economic context in which people live. Often the reason for school drop-outs which frequently goes together with risk behaviour, is assigned solely to socio-economic (Donald *et al.*, 2002: 209).

Even though the influence of society and socio-economic status on an individual cannot be denied, there are problems with this position. Locating the causes of unhealthy lifestyle choices in circumstances that are to a certain extent not under the control of the person concerned makes intervention difficult, because it would entail that the circumstances have to be altered before anything positive can be achieved or changed. This makes the process a very costly one. Especially in South Africa this would be very difficult as there is far less funding available than in the United States. It also takes away responsibility from the person concerned, and can and does easily result in a victim attitude. Despite of the fact that this approach makes intervention difficult there is also the question whether economic

or socio- economic reasons are really the only or major delimiting factor when it comes to health issues.

4.5.5 Biopsychosocial approach

This approach has its origin in the biopsychosocial model of illness, which was introduced by George Engel (Dilts, 2001: 13) and states that all illnesses have at once biological, psychological, and social causes. It thus attempts to integrate all the above mentioned approaches into one model, also sometimes called the interactionist approach (Santrock, 1997: 469; Jessor, 1991: 602).

In some cases this approach is called the biopsychospiritual approach, which attempts to take the spiritual side of existence and which is an essential part of human beings as has been argued in paragraph 3.4., into account (Kirsten & Viljoen, 2004).

In this approach the adolescent is seen in a holistic way, in which every aspect of the person is seen to interact with all others to form an integrated being, functioning in various contexts (Kirsten & Viljoen, 2004). This model takes the complexity of human functioning into account as well as the fact that people never function outside of contexts. There are multiple variations of this model which will not be investigated in any more detail.

4.5.6 Conclusion

This concludes the section on the assigned reasons for unhealthy lifestyle choices. No single model is considered as the best one. Notwithstanding the biopsychosocial approach is seen as providing the best fit to the available evidence, even though it has to be mentioned again that spirituality is not included in most of the sources concerning this approach (Dilts, 2001).

In the broader context of this study it has to be noted that very little reference is made in all these approaches to the concept of spirituality. If spirituality really is the core of being human as was suggested in paragraph 3.4, then much more attention should be assigned to it when investigating the reasons why adolescents make unhealthy choices.

In the following paragraph an overview of various prevention and intervention programs will be given, especially trying to focus on programs that have been shown to be successful.

4.6 Intervention programs and lifestyle choices

In general it can be said that intervention or prevention should be the ultimate aim when it comes to studying adolescent development as well as the choices they make. The first step in this process is to understand the processes and dynamics involved. Research needs to be done on why adolescents make wrong lifestyle choices. It has been shown that there are various approaches (cf. paragraph 4.5), but findings are inconclusive. Prevention and intervention programs should be based on the findings of such research so as to adequately address the root of this problem. However programs are often not firmly based on an adequate epistemological framework or evidence base. Often there is little evidence of positive outcomes. For example it has been shown that youth development programs frequently do not have empirical evidence to proof their effectiveness (Roth *et al.*, 2003: 171f). In the following section an overview will be given and after that effective and ineffective aspects of programs will be discussed.

When surveying the literature concerning intervention programmes it quickly becomes clear that findings in general are inconclusive. Many programs seem to show that effects are minimal, or dissipate without follow-up (Nutbeam, 1997: 398; Robin *et al.*, 2004: 18; Stanton & Smith, 2002: 428; Lamkin, 1998: 3).

It is important to note that most programs focus on one type of lifestyle choice. There are smoking cessation programmes, as well as programs to overcome drug abuse (Robin *et al.*, 2004; Lamkin, 1998). There seem to be few programs which work in a more integrated way. It has been shown that these problem behaviours and choices have similar etiological roots and similar patterns of development (DiClemente *et al.*, 1996: 39). It has therefore been suggested that similar prevention and treatment programs should be used for the different at risk behaviours. This then implies that there is a common problem concerning unhealthy lifestyle choices that is the same for all such choices. The aim should therefore be to address this common underlying problem. It is possible that spirituality could be a key in unlocking the nature of this common problem.

In the following discussion different effective and ineffective aspects of prevention as well as intervention programmes, as well as whole programs will briefly be discussed.

4.6.1 Ineffective aspects of programs

A major criticism that is found in most reviews is that many programs have little proof of success or effectiveness (Nutbeam, 1997: 398; Robin *et al.*, 2004: 18; Stanton & Smith, 2002: 428; Lamkin, 1998: 3). This should lead to more effective research in order to identify the programs or components that work. There is often great enthusiasm involved, without considering effectiveness (Roth *et al.*, 2003: 171f).

Review articles on prevention as well as interventions to reduce the incidence of HIV/AIDS, sexually transmitted diseases and pregnancy among adolescents show that even though some programs do have positive effects, these are often slight and not significant (Robin *et al.*, 2004; Grunseit *et al.*, 1997). The focus in most of these programs is however mainly on behaviour modification and not on the changing of internal belief and goal structures. There is criticism concerning behavioural programs (Stanton & Smith, 2002: 432). One criticism of behavioural approaches is that they do not attempt to identify or address the antecedents to behaviour. Often programmes use approaches that are a mixture of various models. There may be a component that addresses the acquisition of new knowledge concerning the risk behaviour. Another component targets the improvement of the environment, and another the participation of the community (Nutbeam, 1997: 399). While these components are necessary, the focus is again shifted from the recognition of a common core problem. In other words many programs often focus on external behaviour and immediate environmental conditions. Stanton and Smith (2002: 435) confirm this when they state that often there is no analysis of needs that adolescents have concerning their situation or context.

Another aspect often criticised is the focus on correct information. This approach assumed that adolescents simply do not have enough information concerning unhealthy lifestyle choices. Therefore information must be provided and even fear of consequences is used as an incentive (Perry & Kelder, 1992: 356). It has been well documented that lack of information is not a main cause in risk behaviour (Perry & Kelder, 1992: 356; Hoppe, 2004: 27ff).

Finally, many programs focus on personality deficits, such as lack of self-esteem. Nevertheless these programs have shown to be unsuccessful (Perry & Kelder, 1992: 356).

In the following paragraph effective aspects of programs, both real and potential will be discussed.

4.6.2 Effective aspects of programs

There are various factors that have been identified as having a positive influence on the choices adolescents make. Robin *et al.* (2004) identified four factors that can impact program effectiveness, namely the extent to which programs focus on specific skills for reducing sexual risk behaviours, program duration and intensity, what constitutes the content of a total evaluated program including researchers' assumptions of participants exposure to prior and concurrent programs, as well as what kind of training is available for facilitators (Robin *et al.*, 2004:3).

Roth (2003:170f) names five components of positive youth development, which are competence in academic, social and vocational areas, confidence or a positive self identity, connections to community, peers and family, character or positive values, integrity and moral commitment, as well as caring and compassion. These five components can be related to the different aspects of spirituality, namely, relationships, values, positive sense of being as well as impact. Hoppe *et al.* (2004 :31) confirm the point on relationships by stating that young people want love and trust in relationships.

It has been shown that support is very important in intervention programs. Group programs as well as individual interventions seem to be more successful when there is support as well as care and thus a relationship between a mentor and a young person (Stanton & Smith, 2002: 434; Aoki *et al.*, 2000: 379ff). In some cases peer-led programs have been quite successful (Perry & Kelder, 1992: 360).

A successful program is Teen Challenge (1994), which is a program that helps young people with various problems, but concentrates mainly on drug and alcohol addictions. It focuses on changing young people by changing their beliefs and outlook on life through a focus on spirituality. The often dramatic change that takes place in the young people is

solely attributed to the intervention of a spiritual being, and the God concept is explicit and personal. According to one study this program has had an 86% success rate (Bicknese, 1999). Interviewed former students see the success of the program in the fact that a personal relationship to Jesus as God is stressed above everything else (Bicknese, 1999). The foundation is explicitly Judeo-Christian and biblical.

The program thus focuses on identifying the root of the manifesting unhealthy lifestyle choices of young people, which it defines as spirituality. The objective of the program is to enable students to find freedom from addictive behaviour and to become socially and emotionally healthy, physically well and spiritually alive (Petersen, 2001).

4.6.3 Conclusion

In conclusion it can be said that it is important to find out which programs are effective, and which rationale behind programs is sound, in order to develop new successful programs or to support existing ones which are proven to have high success rates.

In this context the concept of Health Promoting Schools might be able to provide an organisational structure needed to implement effective programs as will be discussed in the following paragraphs.

4.7 Health and Health Promoting Schools

In this last section of chapter 4 the concepts and practices of health and Health Promoting Schools will be discussed. The concept of Health Promoting Schools is of crucial importance as it provides an essential framework for this study. Also it might provide an implementation structure in which to successfully address the above mentioned harmful lifestyle choices of young people. In the following paragraphs an overview of the concept of health and Health Promoting Schools will be given.

4.7.1 Health

In different times and cultures health has been seen and defined in various ways. The Greeks for example saw health as a condition of perfect body equilibrium and a very high value was placed on this (Edelman & Mandle, 1994: 8). In the beginning of the 20th century Western science attempted to understand the functioning of the body by analysing its components, rather than looking at health in a more holistic way. This can be described as the biomedical model (Edelman & Mandle, 1994: 8; Ogden, 2000: 2) or the Western scientific medical model of health which was reductionistic, (reducing illness to smaller constitutive components of the body), mechanistic (conceptualising the body as a machine), allopathic (working with opposite in the sense of healing a disease by applying an opposite force) as well as pathogenic (focusing on why people become ill) (Naidoo & Wills, 2000: 9f).

The contemporary concept of health has become very broad and much more holistic. In its founding statement, the World Health Organisation (WHO, s.a.) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity“. In other words mental and social health is just as important as physical health. The concept of health is thus broadened, and is not limited to the physical state of the body, as it had been viewed over many centuries. Also very importantly the definition is a positive one, and not focusing on “disease and infirmity”.

The idea of including mental and social well-being in the concept of health is historically not without precedent. The New Testament writings of the Christian religious tradition clearly suggest a holistic understanding of health for Paul and other authors (Ladd, 1991: 457). This can be deduced from the way man is described in the New Testament books. Pauline theology especially describes the different aspects of human beings as body, soul and spirit (Bible, 2002). These are not different, separate faculties but different ways of viewing the whole man. This implies that the whole man cannot be considered healthy if one aspect is not in a state of well-being. In this sense the New Testament theology supports the above mentioned holistic definition of health (Evans, 2004). It becomes thus clear that the current trend of viewing human beings in a holistic way need not be seen as new, but has always been held within the Christian biblical tradition.

However there are sources which believe that the definition of the World Health Organisation is not complete because it does not include spiritual and emotional health (Ewles & Simmet, 2003: 7). However a definition of spiritual health given by Naidoo and Wills (200: 7) in their book on health promotion is also insufficient, especially in the light of this study. They state, “ Spiritual health is the recognition and ability to put into practice moral or religious principles or beliefs”. This fails to acknowledge the intrinsic aspects of spirituality by adopting an extrinsic view of religion (cf. paragraph 3.3).

It is therefore suggested that the concepts of emotional and spiritual health be included into the definition of health of the World Health Organisation. Health would then consist of physical, mental, social emotional, and spiritual health. This definition implies that health is no longer only the business of medical staff, but is just as much the responsibility of educators, pastors, psychologists and social workers. In other words the sciences of medicine, theology, education, psychology and sociology have to work together, so that the full concept of health can be realised.

To a small extent this process of viewing health more holistically has already started. An example is the concept of health psychology, which is described as “the study of the effects of psychological factors in the origins, prevention, and treatment of physical illness“ (Baron & Byrne, 2000: 544). Another example of viewing health more holistically is the fact that educators start feeling responsible for health promotion in schools. According to Viljoen and Kirsten (2003: xiv) schools in South Africa also faces many health-related problems. Some of these are:

- Drunkenness of teachers and pupils,
- Alarming high drop-out rate,
- Violence,
- Illiteracy,
- Poor nutrition and
- Poor supply of textbooks.

All these factors contribute to the crisis in education, especially in black rural schools. Therefore health promotion in schools should be seen as a way of trying to address

unhealthy lifestyle choices, especially in the light of the fact that health promotion should be seen as a responsibility also for the teacher.

4.7.2 Health Promoting Schools

4.7.2.1 Origin and development

Since the International Conference on Primary Health Care in Alma-Ata in 1978 (World Health Organisation, 1978) the world as a whole has become more aware of issues relating to health and health promotion. However the first movement into this direction was probably the establishment of an Expert Committee on School Health Services which was established in 1950 by the World Health Organisation (Konu & Rimpelä, 2002).

In 1986 the First International Conference on Health Promotion took place in Ottawa. Worldwide this conference raised public awareness of health related problems, and at the same time encouraged change in this area, by putting forth the concept of health promotion (World Health Organisation, 1986). Health promotion can be defined as “a process of helping people to increase control over and improve their physical, mental and social well-being, and of developing environments that support this process” (Donald *et al.*, 2002: 21). Compared to the biomedical approach where the aim was to fight illness and disease, an important change can be observed. Health promotion denotes an active positive process, which focuses on prevention rather than cure.

The Health Promoting School concept, which is also based on the Ottawa Charter of Health Promotion (WHO, 1986) was first defined in the 1980s and described the following three key components (Inchley *et al.*, 2000):

- Health education in the formal curriculum,
- The “hidden” curriculum or school ethos as well as
- Links with family and the local community.

A more recent description of Health Promoting Schools which is in agreement with the Ottawa Charter for Health Promotion (World Health Organisation, 1986) describes that a Health Promoting School (World Health Organisation, 1999: 19):

- Fosters health and learning with all the measures at its disposal,
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health,
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs, opportunities for physical education and recreation and programs for counselling, social support and mental health promotion,
- Implements policies, practices and other measures that respect an individual's self-esteem, provide multiple opportunities for success and acknowledges good efforts and intentions as well as personal achievements and
- Strives to improve the health of school personnel, families and community members as well as students and works with community leaders to help them understand how the community contributes to health and education.

It becomes obvious that according to this statement a Health Promoting School is an all-encompassing project focusing on all aspects of health of the pupils, as well as the staff, the parents and the community (St Leger, 2004; Deschesnes, 2003).

In 1992 the European Network of Health Promoting Schools has been founded and is now established in 40 countries right across Europe. It is considered to be highly effective (Rasmussen & Rivett, 2000; Stears, 1998).

In preparation for the Bangkok conference which took place in August 2005, eight broad domains were identified which are supposed to strengthen national capacities (Catford, 2005):

- National policies and plans,
- National leadership,
- Joined-up government,

- Program delivery,
- National partnerships,
- Professional development,
- Performance monitoring and
- Sustainable financing.

These categories show that the emphasis is very much on a large scale cooperation at the national level in order to extensively implement health promotion.

4.7.2.2 Rationale for Health Promoting Schools

Some reasons as to why health promotion should take place in schools will be mentioned in the following.

Schools can provide a very effective setting as they are the places where one regularly finds most young people of the country every day (Scriven & Stiddard, 2003). It is also important to note that no new structure needs to be developed for health promotion, rather the existing structure of the school is modified to include health promotion. This opens up the opportunity of influencing children and young people at an early age concerning matters of health. This is important for two reasons. Firstly, the longer people have engaged in an unhealthy lifestyle, the more difficult it is to change it. The second reason is that many lifestyles have irreversible consequences (Maes & Boersma, 2005: 302). Apart from the fact that it is best to prevent unhealthy lifestyle choices early in life, instead of intervening later, this will also have a positive influence on expenditure in the health sector. Schools are therefore viewed as potential settings in which to address the health of personnel, pupils as well as members of the community (World Health Organisation, 1999: 14; Scriven & Stiddard, 2003).

The World Health Organisation (WHO: 1996) lists, next to various infections and diseases, the following major threats to the health of pupils, which can be reduced through school health programs:

- HIV/AIDS and sexually transmitted diseases,

- Violence and injury,
- Reproductive health and
- Abuse of alcohol, tobacco and other drugs.

These can also be described as a threat to healthy lifestyle choices.

It has been shown that schools provide an excellent setting for promoting health among children and young people as well as in the community at large.

4.7.2.3 The nature of Health Promoting Schools and implementation

In order to start with health promotion in schools and to put into practice the above mentioned aspects of Health Promoting Schools (WHO, 1999) Dukes McKenzie and Richmond (1998) and the National Centre for Chronic Disease Prevention and Health Promotion (2002) have outlined the framework for a Coordinated School Health Program, which consists of 8 interrelated areas, namely:

- Comprehensive school health education,
- Physical education,
- School health services,
- School nutrition services,
- School counselling, psychological and social services,
- Healthy school environment,
- School-site health promotion for staff and
- Family and community involvement in school health.

These points can however not be seen as exhaustive. They basically provide an organisational framework in which Health Promoting Schools can be developed. A lot of work needs to be put into each of these components in order to successfully contribute to the Health Promoting School as a whole. The most successful way to develop Health Promoting Schools would probably be to start with educational policies which would then have to be integrated into schools. The World Health Organisation (1998) suggests four strategies:

- Strengthening the ability to advocate for improved school health programs.
- Creating networks and alliances for the development of Health Promoting Schools.
- Strengthening national capacities.
- Research to improve school health programs.

In this context it can be mentioned that different approaches to health promotion exist. Jensen (2000) argues for a democratic approach which builds on a broader concept of health, embracing living conditions as well as lifestyle eventually resulting in action competence. It is clear that this approach is very powerful as it results in the empowerment of individuals.

4.7.2.4 The South African situation concerning Health Promoting Schools

More and more people in South Africa are becoming aware of the major health problems the country faces especially concerning its young people. Youth are described as the valued possession of the nation, without whom there is no future (National Youth Policy, 1997). The South African Departments of Health and Education (2000:16) state that the vision is the development of a culture in which effective teaching and learning through the holistic development of schools which will promote the optimal well-being of all persons involved through the implementation of the Health Promoting Schools initiative. In this context it is important to mention that a comprehensive approach which focuses on equality is necessary, as differences were often made between schools in the past (Swart & Reddy, 1999:47).

In 1994 national leaders in the education and health sectors came together to discuss the concepts of health promotion and Health Promoting Schools. This meeting finally resulted in the first conference on Health Promoting Schools in South Africa in 1996 in order to further promote implementation of Health Promoting Schools in South Africa (South Africa, s.a.). During the conference a clear picture was created about the background, aims, and assets of Health Promoting Schools. Major problems that ought to be addressed by the practice of Health Promoting Schools are the following: poverty, racial prejudice, suicide, substance abuse, nutrition, gender issues, traffic and other injuries, tuberculosis and other forms of infections, social diseases and violence (University of the Western Cape, 1996).

Various initiatives already exist in South Africa where goals and strategies of Health Promoting Schools have been implemented (South Africa, s.a.; Swart & Reddy, 1999:48; Viljoen *et al.*, 2001; Viljoen, 2002; Viljoen & Kirsten, 2004).

Even though the Health Promoting Schools movement in South Africa is very much based on the Ottawa Charter of Health Promotion (WHO, 1986), the Draft National Guidelines for the Development of Health Promoting Schools/Sites in South Africa (Department of Health, 2000b) has expanded the definition of health, highlighting the physical, mental, social, environmental, economic and spiritual aspects of development and well-being. According to this definition health promotion is thus concerned with the development of all aspects of well-being and quality of life (Donald *et al.*, 2002). Within the context of this study it is essential to note that spiritual well-being has been included into the definition of health. In this aspect South Africa can serve as a model for other countries.

Measures have also been taken by provincial governments to develop the concept of Health Promoting Schools, such as the draft document of the Department of Health (s.a.) for the North West Province. It is very much in line with the Ottawa Charter for Health Promotion (1986). and emphasises whole school development, meaning that health must be promoted in all areas of school life, also focusing on prevention and early intervention (South Africa, s.a.).

4.7.3 Conclusion

An overview over the concepts of health and Health Promoting Schools was presented. Even though not much evaluation of programs has taken place yet it is important to note that there is evidence that Health Promoting Schools have exerted positive influences on the health of children and that health promotion can be successfully implemented into the curriculum (Mukoma & Flisher, 2004). Many projects are currently being developed all over the world in different contexts and with different emphases (Shi-Chang *et al.*, 2004: 409ff; Turunen *et al.*, 2000).

In general spirituality, which is considered an important aspect of human nature, as has been argued for in the chapter 3, is not often mentioned in connection with Health Promoting Schools.

4.8 Final conclusion

The aim of this chapter was to discuss the concepts of adolescence in connection with the unhealthy lifestyle choices they make. The concept of Health Promoting Schools was also discussed as a possible way of improving the health of adolescents. The following broad conclusions can be drawn:

- Adolescent development is a stage of rapid change in the areas of physical characteristics, emotions, spiritual awareness, intellect, moral reasoning as well as psychosocial development. It is also at this stage that identity formation occurs. The ideal is that adolescents acquire an own identity in a healthy way. The time of adolescence is very important as many lifestyle choices are made that determine the course of young people's lives.
- The contexts in which adolescents live and have to make their decisions are very important. They can be either supportive and promote healthy development or they can be unsupportive in that they promote unhealthy lifestyle choices. There is first of all the world as context and then the country and region a young person grows up in. Also of great influence is the philosophical climate, as it provides values and norms. The other contexts are the community, the school, as well as the peers and most importantly the family. All these contexts have a very definite influence on the lifestyle choices adolescents make.
- An overview was given of the main areas in which it is important to make healthy lifestyle choices. Information and research on the current situation concerning AIDS and other sexually transmitted diseases, smoking, drugs, alcohol, suicide and violence was considered. These are known to be serious problem areas, both worldwide and the South African context.
- It was investigated why young people tend to make unhealthy lifestyle choices even if they know the possible consequences. Different theories were discussed. The most realistic model seems to be the biopsychosocial model, which is a holistic approach, however mostly excluding spirituality.

- It is important to develop intervention as well as prevention programmes which adequately address the unhealthy lifestyle choices of young people, and which at the same time reinforce healthy choices. Effective as well as ineffective characteristics of such programmes have been considered. The concept of Health Promoting Schools can play a primary role here, as it provides a framework in which young people can be equipped in making healthy lifestyle choices.

A main assumption of the above discussion is that spiritual well-being and lifestyle choices will show a correlation. If this can be empirically demonstrated then strong arguments can be provided to encourage the integration of spirituality into the practice of Health Promoting Schools.

The following chapter presents the empirical findings concerning the connection between lifestyle choices in adolescence and spiritual well-being.

CHAPTER 5

EMPIRICAL INVESTIGATION: SPIRITUAL WELL-BEING AND LIFESTYLE CHOICES IN ADOLESCENTS

5.1 Introduction and orientation

Young people increasingly engage in unhealthy behaviours that can negatively impact their future lives (National Centre for Chronic Disease Prevention and Health Promotion, 2003; Kirbach, 2002). When these risk behaviours are repeated often they develop into a pattern and thus become a lifestyle. These typically include smoking, alcohol and drug abuse, dagga, early sexual activity, violence as well as suicide (World Health Organisation, 2000)..

Furthermore, adolescence is a time of transition and a time of development in various areas (Woolfolk, 1998; Kalat, 2002; Santrock, 1998), where the future direction of life is chosen. This means that adolescence is a crucial time in the lives of people.

In post-modern society, spirituality - long been neglected especially in the scientific, Western world - is again becoming an accepted construct in many areas of life (Ford *et al.*, 2005; Richards & Bergin, 1998; Veith, 1994; Anderson, 1990). During the modern period, 'scientific' explanations of reality were considered sufficient. With the critique of modernism, many realised that science is not able to explain all there is to reality, and this resulted in the demise of naturalism and scientific positivism. A resurgence of spirituality followed the search for alternative truth and ways to explain reality. Therefore spiritual well-being is nowadays considered important. Spiritual well-being can be conceptualised as the positive presence of the following aspects: belief in a power beyond oneself, hope and optimism, meaning and purpose, worship, prayer, meditation, love and compassion, moral and ethical values as well as transcendence (Myers *et al.*, 2000; Richards & Bergin, 1998).

Spirituality might prove to be a protective factor and might provide resilience in young people, so that they do not engage in risk behaviours which often lead to unhealthy lifestyle choices.

5.2 Research design

Because of the nature of the topic studied, both qualitative and quantitative methods were used. As has been mentioned, both lifestyle choices and spirituality/spiritual well-being have received increasing attention in the literature. Where research has been done a quantitative design is frequently chosen for the purpose of hypothesis testing (Leedy & Ormrod, 2001).

As far as could be established, the two variables (lifestyle choices and spiritual well-being) have not been extensively researched in connection or relation to each other. This would then call for a qualitative design, in order to explore the field in a more rigorous way (Leedy & Ormrod, 2001).

It was therefore decided to combine the two designs and use both a qualitative as well as a quantitative method. In this way they can be seen to complement each other. The results were then compared to see if they are more or less in agreement.

A lifestyle choices and a spiritual well-being questionnaire was adapted from two existing standardised instruments. This constituted the quantitative part of the study. Focus group interviews formed the qualitative part of the study.

5.3 Research method

In the following section a summary of the methods described in more detail in paragraph 2.4 will be given.

In order to clarify terminology, the constructs lifestyle choices and risk behaviour are used. Lifestyle choice, as considered here, is a consequence of risk behaviour becoming a stable characteristic of the individual. Lifestyle choices are established when certain risk behaviours become patterns in a young person's life. Throughout this chapter however reference is made to the term risk behaviour rather than lifestyle choice, and it is assumed that risk behaviour, which can be measured more readily, is an index of lifestyle choice.

5.3.1 Sampling of participants

The 267 participants were randomly selected from 5 ex model-C secondary schools, in the south-eastern region of the North West Province. Only grade 10 learners participated in the study. Of the 267 subjects who filled in the questionnaire, 10 groups of 4 to 6 learners were randomly chosen to participate in focus group interviews. Altogether 42 pupils participated in the focus group interviews.

5.3.2 Data collection

In this study two different sets of data were collected. Quantitative data were collected by using 2 questionnaires (an adapted version of the Youth Risk Behaviour Survey developed by the Centre for Disease Control and Prevention (CDC) in Atlanta, USA (CDC, 2001), and the Spiritual Well-Being Scale developed by Paloutzian and Ellison (1991)). Of the 267 cases 27 had to be omitted due to incorrect or incomplete answers.

The first part of the questionnaire was scored as follows: As the questionnaire was not scored numerically, the responses were transformed into number format. This was done by assigning numbers to the responses of each question.

- If a person had never engaged in a certain behaviour, the score was 1.
- If the person had engaged in a behaviour the score was 2.
- If a question asked the age when the behaviour was initiated, again the answer that the person had never done the behaviour received a 1, whereas the numbers rose with younger age.

The scores were then added for each of the 8 subcategories of the questionnaire, so that each subject had a score for violence, suicide, smoking, alcohol, dagga, drugs, sex and TV. These were all added up to give one total score. The lower the score the more healthy the lifestyle choices of the individual.

The score for spiritual well-being (SWB) was obtained by adding the score for all 20 items. The scores for existential well-being (EWB) and religious well-being (RWB) were obtained

by adding the 10 even and then the 10 uneven items respectively. The higher the score the higher a person's spiritual, existential or religious well-being.

Qualitative data was collected by conducting 10 focus group interviews with 4 to 6 participants in one group. The aim was to gather self-report data concerning adolescents' understanding of the meaning of life, their reasons for unhealthy lifestyle choices, and their understanding of a possible connection between the two.

5.3.3 Quantitative data analysis

5.3.3.1 Descriptive analysis

Before reporting correlations it is important to give a descriptive overview over the lifestyle choices of adolescents that emerged in this specific study. The following table (Table 5.1) is the result of all the combined data of all five schools, and provides an overview of the lifestyle choices the respondents in this study made.

Table 5.1 Percentage of unhealthy lifestyle choices made by grade 10 learners

	Violence	Suicide	Smoking	Alcohol	Dagga	Drugs	Sex	TV
A	61.6%	48.3%	27.1%	9.6%	85.4%	79.5%	82.5%	38.7%
B	32.1%	42.5%	35%	58.7%	12.9%	19.2%	10.8%	61.3%
C	6.3%	9.2%	37.9%	31.7%	1.7%	1.3%	6.7%	Na.

These data were put together in the following way: Using the results of the Youth Risk Behaviour Survey, the data for each behaviour were put into groups 1-3.

- Subjects that were put in group A had never experimented with the specific unhealthy behaviour,
- Subjects in group B had experimented somewhat and
- Subjects in group C had to a certain extent made the behaviour into part of their lifestyles or have initiated the behaviour at an early age.

In the case of suicidal behaviour the symbols mean the following:

A: Have never shown any suicidal behaviour,

B: Have experienced depression and/or have thought of/planned suicide,

C: Have actually tried to commit suicide.

Another exception is watching TV; due to the nature of the data only two groups were identified. A: watch TV up to two hours per day and B: watch TV more than two hours per day

In the case of alcohol, the use of alcohol in medication or food was not considered to actually have experimented with it, as it could just as well mean that the pupils have participated in Holy Communion in church.

It is clear from Table 5.1 that most grade 10 learners have experimented with smoking and alcohol. These could be considered the least harmful of the listed risk-behaviours. Considerably fewer learners have made unhealthy choices concerning dagga, drugs, sex and violence. It is however very alarming to notice that more than half of the learners in grade 10 have had thoughts which can lead to suicidal behaviour or have even displayed suicidal behaviour. Almost 10 percent of pupils have attempted suicide.

As has already been mentioned Table 5.1 summarises the results for the 5 schools for both male and female subjects combined. When considering individual schools and gender, it was observed that the results varied between the different schools, and between male and female. A two-way analysis of variance (ANOVA) was executed with total (a score made up by adding all the scores of each of the eight risk behaviours in the Youth Risk Behaviour Survey) as the dependent variable and the two factor variables 'school' and 'gender'. This yielded the following results:

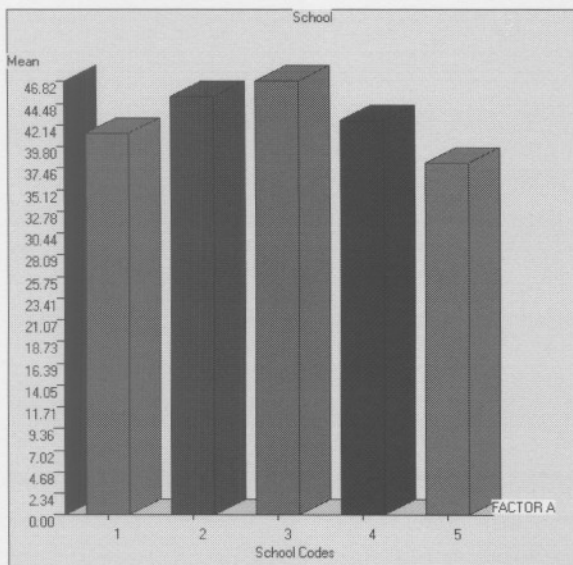
Table 5.2 Two-way analysis of variance: dependent variable: total (all responses from YRBS), factor A: school, factor B: gender

Source squared	D.F.	SS	MS	F	Prob.>F
Among rows (A)	4	1687.745	421.936	10.323	0.000
Among columns (B)	1	187.619	187.619	4.590	0.033
Interaction	4	3.614	0.903	0.022	0.999
Within Groups	230	9401.086	40.874		
Total	239	11280.062	47.197		

There was a significant difference between the total score of the different schools (F:10.323 for $p > 0.000$), and a significant difference between male and female learners (F: 4.590 for $p > 0.033$).

The two following figures show the mean score of schools (Figure 5.1) and gender (Figure 5.2) for the total of the Youth Risk Behaviour Survey (YRBS).

Figure 5.1 Mean score of schools 1-5 for total (all responses in YRBS)



Even though the analysis of variance has shown that there is a significant difference between the total scores of the different schools, it does not specify between which schools there is a significant difference. A post hoc comparison of means using the Scheffe method

showed that there are significant differences between schools 1 and 2, 1 and 3, 2 and 5 as well as 3 and 5.

Figure 5.2 Mean score of gender (1-female; 2-male) for total (all responses in YRBS)

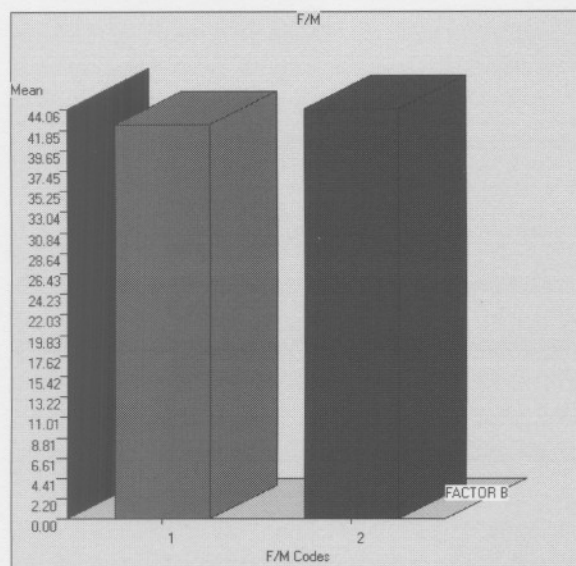


Figure 5.2. shows that males have a higher total for at-risk behaviours than females.

A two-way ANOVA was also used to determine whether or not there is a significant difference between the schools and gender on spiritual well-being (SWB). The results are summarised in Table 5.3.

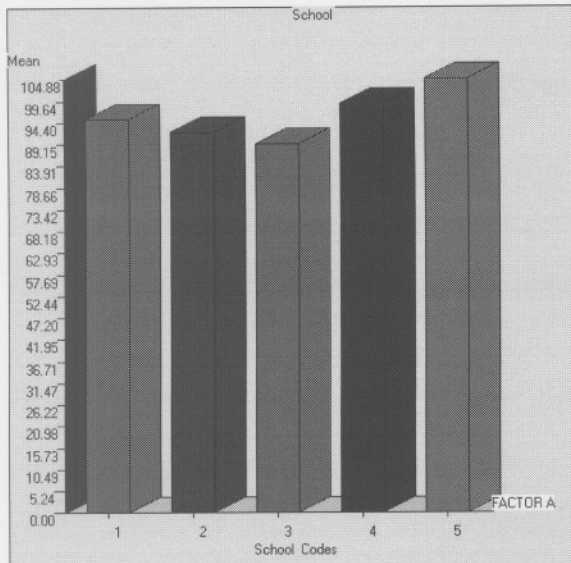
Table 5.3 Two-way analysis of variance: dependent variable: SWB, factor A: school, factor B: gender

Source squared	D.F.	SS	MS	F	Prob.>F
Among rows (A)	4	5234.205	1308.551	5.943	0.000
Among columns (B)	1	8.128	8.128	0.037	0.848
Interaction	4	957.517	239.379	1.087	0.364
Within Groups	230	50643.083	220.187		
Total	239	56842.933	237.837		

Table 5.3 shows that there is a significant difference (F: 5.943 for $p > 0.000$) between schools concerning spiritual well-being, but no significant difference between male and

female concerning spiritual well-being. There is no significant interaction between the two variables. The following figure (Figure 5.3) shows the differences in spiritual well-being for the different schools.

Figure 5.3 Mean score of schools 1-5 for SWB



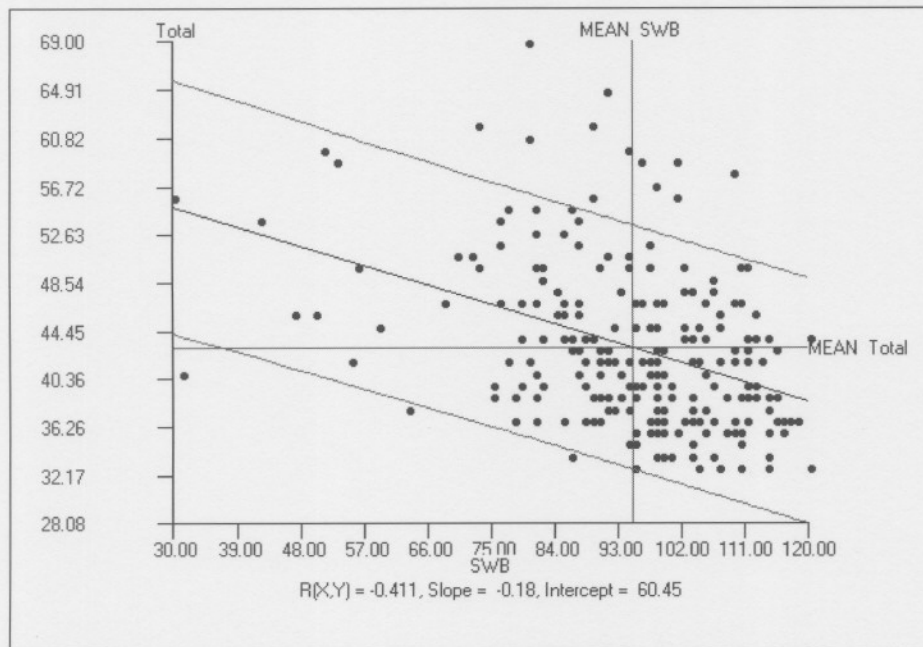
Again a post hoc comparison of means was used (Scheffe test) to show between which schools there is a significant difference in the mean of spiritual well-being, which showed that there is a significant difference between schools 2 and 5 as well as 3 and 5.

The next section will deal with the correlations between the variables.

5.3.3.2 Correlational analysis

In this section the hypothesis, which states that there is a correlation between spiritual well-being (SWB) and lifestyle choices (measured by the Youth Risk Behaviour Survey), was tested. In Figure 5.4 a regression of spiritual well-being (SWB) and the total of the Youth Risk Behaviour Survey (YRBS) was plotted:

Figure 5.4 Plot of spiritual well-being (SWB) and total (total of all responses of YRBS)



A correlational analysis using the Pearson product-moment coefficient yielded the following results (Table 5.4):

Table 5.4 Pearson product-moment coefficient between spiritual well-being and the total of the YRBS

Correlations	SWB	Total	Means	St. Deviations
SWB	1.000	-0.411	95.067	15.422
Total	-0.411	1.000	43.062	6.870

The analysis revealed a negative correlation between spiritual well-being and the total of the YRBS (Table 5.4). Using the method described by Howell (2004) it was determined that there is a significant difference between the variables ($p < 0.01$, $N = 240$). It can be accepted that these data provide evidence for a relation between spiritual well-being and lifestyle choices.

In order to obtain more detailed information concerning risk behaviour and spiritual well-being all variables that together formed the total of the YRBS and of the Spiritual Well-Being Scale were analysed for correlations using the Pearson product-moment coefficient. Results are summarised in Table 5.5.

Table 5.5 Correlation matrix of all variables of the Spiritual Well-Being Scale and the Youth Risk Behaviour Survey

	SWB	RWB	EWB	Gender	Violence	Suicide	Smoking
SWB	<i>1.000</i>	<i>0.843</i>	<i>0.880</i>	0.012	-0.212	-0.504	-0.240
RWB	<i>0.843</i>	<i>1.000</i>	<i>0.487</i>	-0.054	-0.168	-0.317	-0.226
EWB	<i>0.880</i>	<i>0.487</i>	<i>1.000</i>	0.067	-0.197	-0.540	-0.190
Gender	0.012	0.073	-0.071	<i>1.000</i>	<i>0.191</i>	-0.159	<i>0.199</i>
Violence	-0.212	0.166	<i>0.187</i>	<i>0.191</i>	<i>1.000</i>	<i>0.217</i>	<i>0.309</i>
Suicide	-0.504	<i>0.318</i>	<i>0.585</i>	-0.159	<i>0.217</i>	<i>1.000</i>	<i>0.241</i>
Smoking	-0.240	<i>0.232</i>	<i>0.178</i>	<i>0.199</i>	<i>0.309</i>	<i>0.241</i>	<i>1.000</i>
Alcohol	-0.178	<i>0.181</i>	0.152	0.145	<i>0.298</i>	<i>0.199</i>	<i>0.509</i>
Dagga	-0.200	<i>0.174</i>	<i>0.192</i>	0.115	<i>0.183</i>	<i>0.178</i>	<i>0.339</i>
Drugs	-0.188	0.128	<i>0.214</i>	0.032	<i>0.282</i>	<i>0.307</i>	<i>0.341</i>
Sex	-0.316	<i>0.231</i>	<i>0.348</i>	0.017	<i>0.218</i>	<i>0.354</i>	<i>0.375</i>
TV	-0.140	0.110	0.122	-0.102	0.050	0.098	0.030
Total	-0.411	<i>0.330</i>	<i>0.399</i>	0.129	<i>0.503</i>	<i>0.527</i>	<i>0.797</i>
	Alcohol	Dagga	Drugs	Sex	TV	Total	
SWB	-0.178	-0.200	-0.188	-0.316	-0.140	-0.411	
RWB	-0.177	-0.169	-0.124	-0.226	-0.116	-0.325	
EWB	-0.132	-0.176	-0.196	-0.314	-0.125	-0.380	
Gender	0.145	0.115	0.032	0.017	-0.102	0.129	
Violence	<i>0.298</i>	<i>0.183</i>	<i>0.282</i>	<i>0.218</i>	0.050	<i>0.503</i>	
Suicide	<i>0.199</i>	<i>0.178</i>	<i>0.307</i>	<i>0.345</i>	0.098	<i>0.527</i>	
Smoking	<i>0.509</i>	<i>0.339</i>	<i>0.341</i>	<i>0.375</i>	0.030	<i>0.797</i>	
Alcohol	<i>1.000</i>	<i>0.185</i>	<i>0.273</i>	<i>0.361</i>	0.003	<i>0.665</i>	
Dagga	<i>0.185</i>	<i>1.000</i>	<i>0.426</i>	<i>0.579</i>	-0.031	<i>0.602</i>	
Drugs	<i>0.273</i>	<i>0.426</i>	<i>1.000</i>	<i>0.345</i>	-0.009	<i>0.550</i>	
Sex	<i>0.361</i>	<i>0.579</i>	<i>0.345</i>	<i>1.000</i>	0.081	<i>0.728</i>	
TV	0.003	-0.031	-0.009	0.081	<i>1.000</i>	0.123	
Total	<i>0.665</i>	<i>0.602</i>	<i>0.550</i>	<i>0.728</i>	0.123	<i>1.000</i>	

All significant correlation coefficients calculated by the above mentioned formula have been put in cursive writing. A correlation is significant at the $p=0.01$ level when the value is above 0.172. The interpretation of this matrix will be done under paragraph 5.3.4.3.

In order to determine the relation between lifestyle choices (risk behaviour) and spiritual well-being, one-way analyses of variance were carried out with SWB as dependent variable and each of the subcategories (violence, suicide, smoking, alcohol, dagga, drugs, sex and TV) on the YRBS. The scores of each of the subcategories were divided into three groups (1, 2 and 3), meaning:

- 1: Those who have never engaged in the specific risk behaviour.
- 2: Those who have engaged in the behaviour .
- 3: Those who have made the behaviour a lifestyle or have initiated the behaviour at a very early age (cf. paragraph 5.3.3.1).

In Table 5.6. only the F statistic of the different variables will be shown.

Table 5.6 F statistic and probability estimates for YRBS scores on variables violence, suicide, smoking, alcohol, dagga, drugs, sex and TV.

Variable	F	p
Violence	5.29	0.01
Suicide	45.23	0.00
Smoking	9.31	0.00
Alcohol	4.75	0.01
Dagga	4.74	0.01
Drugs	4.52	0.02
Sex	13.52	0.00
TV	4.29	0.04

Table 5.6. shows that there is a significant difference between the groups in each variable. The difference between the groups is very high in the variables suicide, sex, smoking and alcohol, as will be shown in the figures 5.5 to 5.8.

Figure 5.5 A plot of mean SWB scores for three different groups in risk factor suicide. Group 1: has not considered suicide, group 2: has considered suicide, group 3: has tried to commit suicide.

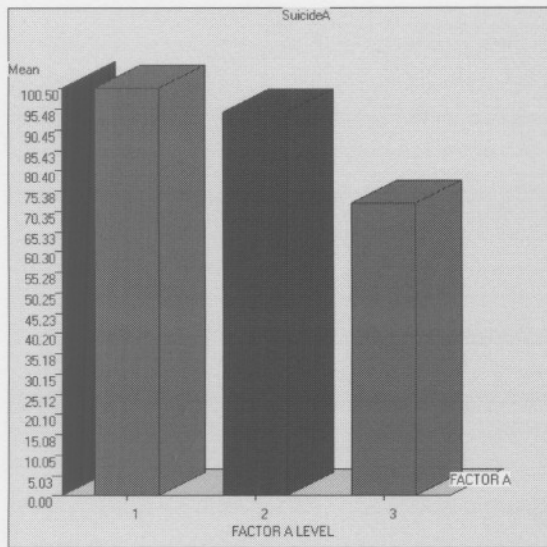


Figure 5.5 shows that there is a great difference between group three and either of the first two groups in the mean of spiritual well-being. It reveals that the learners who have actually tried to commit suicide have a much lower mean spiritual well-being.

Figure 5.6 A plot of mean SWB scores for three different groups in risk factor sex. Group 1: never had sex, group 2: has had sex, group 3: has made it a lifestyle, or has had sex at very young age.

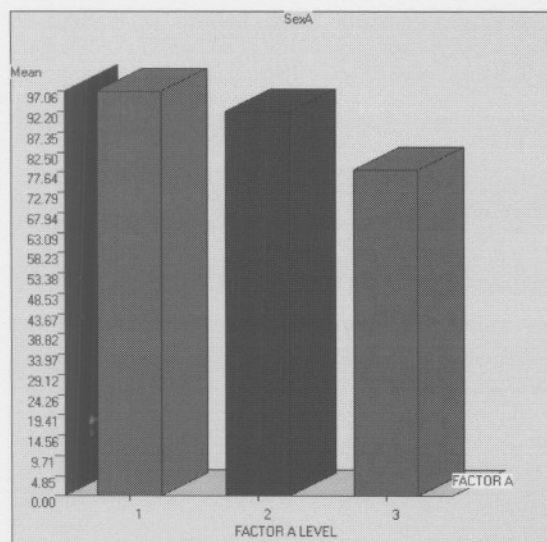


Figure 5.6. shows the same pattern as Figure 5.5. There is a greater difference between mean SWB of the first two groups and the third one. This means that pupils who frequently have sex or started sexual activity early generally have a lower SWB score, which means that their spiritual well-being is relatively low.

Figure 5.7 A plot of mean SWB scores for three different groups in risk factor smoking. Group 1: has never smoked, group 2: has smoked, group 3: has made it a lifestyle, or smoked first at very young age.

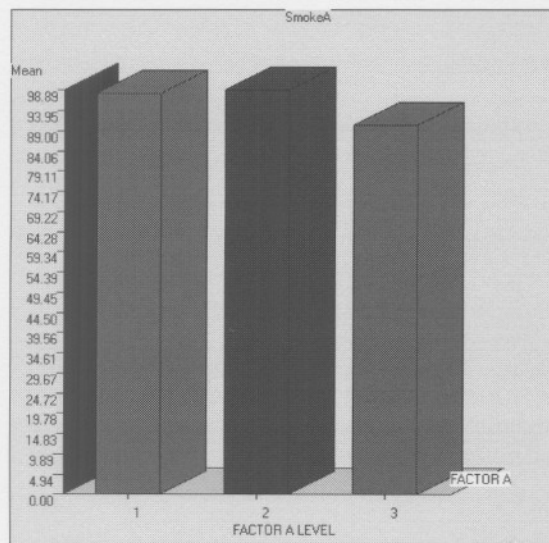


Figure 5.7. shows that the third group is significantly different to the other two, showing that pupils who smoke frequently have a lower mean SWB score which means that their spiritual well-being is relatively low.

Figure 5.8 A plot of mean SWB scores for three different groups in risk factor alcohol. Group 1: has never drunk alcohol, group 2: has drunk alcohol, group 3: has made it a lifestyle, or first drank alcohol at very young age.

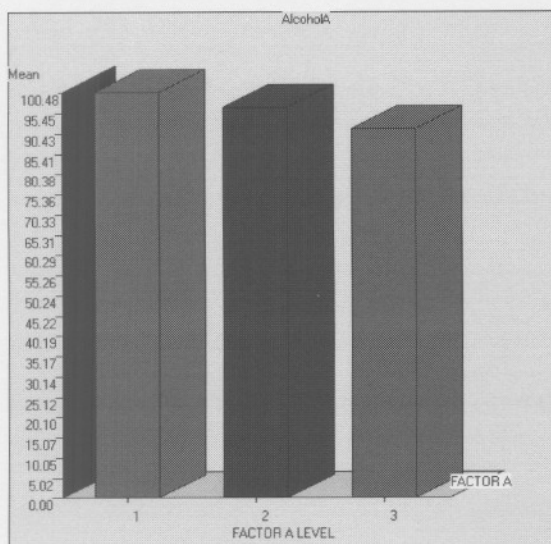


Figure 5.8. demonstrates a similar pattern, the third group having a lower mean SWB score than the other two. It also shows that the more frequently pupils drink alcohol the lower their mean SWB score is, which means that their spiritual well-being is relatively low.

This concludes the description of the data analysis. In the following section the results will be discussed for the quantitative part of the study.

5.3.4 Discussion of quantitative analysis

5.3.4.1 Description and comparison of risk behaviour

The first results that were reported in the above section are descriptive statistics concerning risk behaviour, which was determined through the YRBS. These results show in what kind of risk behaviour grade 10 learners in the selected ex-model C schools engage.

These scores can be compared with a study done by Coetzee and Underhay (2003) which has been referred to in paragraph 4.4. The study was done in the same area as the present study, even though not exclusively in the same schools. The results were also reported differently, therefore a comparison cannot be made concerning all categories of risk

behaviour. The following behaviours cannot be compared: drugs, violence and TV. Also the study done by Coetzee and Underhay (2003) was not only done in grade 10 classes, and their results are reported with reference to the age of the subjects. As the average grade 10 learner is 16 years old, results of the present study will be compared to the results of 16 year-olds. This is however a limitations which needs to be kept in mind.

Table 5.1 of the present study shows that most grade 10 learners have smoked and experimented with alcohol. These categories yielded the highest scores. Whereas the present study showed that 72.9% (Table 5.1: B+C) of learners have already smoked, Coetzee and Underhay (2003) reported that 60% of 16 year-olds have tried smoking. This would therefore indicate a possible increase in smoking. Concerning alcohol there is a similar trend. Whereas only 78.13% of 16 year-olds in the Coetzee and Underhay study had tasted alcohol, 90.5% of the grade 10 learners in this study have already had a drink.

The results concerning the use of dagga are very similar in both studies. Whereas Coetzee and Underhay (2003) reported that 14.06% of 16 year-olds have tried dagga the present study showed that 14.6% of grade 10 learners have used dagga.

Regarding sexual behaviour there was also little difference between the two studies concerning how many adolescents have already had sex. Whereas 21.14% of 16 year-olds in the study done by Coetzee and Underhay (2003) have already had sex, 17.5% of grade 10 learners in the present study have had sex.

Looking at suicide there is also little difference concerning the percentage of young people who have already tried to commit suicide. Coetzee and Underhay (2003) reported 12.31% whereas the present study showed a percentage of 9.2.

In conclusion, results indicated a difference between the studies concerning smoking and alcohol, whereas the other three factors yielded similar results. As smoking and alcohol often act as bridges to more serious forms of risk behaviour, this is an alarming finding

5.3.4.2 Comparison between schools and gender

There was a significant difference between both schools and gender concerning lifestyle choices. This shows that some schools have a large number of grade 10 learners who make harmful lifestyle choices, such as school 3 (Figure 5.1) and that other schools have comparatively fewer grade 10 learners who make harmful lifestyle choices (Figure 5.1, school 5). In this context research looking at the reasons for this phenomenon could be informative.

Male grade 10 learners have a significantly higher ($F: 4.590$ for $p>0.033$) total concerning risk behaviour and are therefore more at risk concerning serious health consequences of risk behaviours.

Table 3 shows that there is a significant difference ($F: 6.779$ for $p>0.000$) between the different schools and spiritual well-being. Comparing Figure 3 with Figure 1 shows that the patterns largely correspond. This would suggest a correlation between spiritual well-being and risk behaviour. No significant difference was found between gender on SWB (Table 5.3). This shows that even though males on average engage in more risk behaviour they report the same average as females concerning SWB.

5.3.4.3 Correlation between spiritual well-being and lifestyle choices

Figure 5.4 and Table 5.4 show that there is a correlation between spiritual well-being and the total of the Youth Risk Behaviour Survey. The correlation coefficient is -0.411 ($p=0.01$). This result verifies the hypothesis posited in chapter 1. The hypothesis in paragraph 1.4 stated that there will be a positive relation between spiritual well-being and healthy lifestyle choices in adolescents. This result was obtained. The lower the score for spiritual well-being the higher the score for the total of the YRBS, meaning that the better spiritual well-being, the lower the incidence of risk behaviour and therefore by inference the better the lifestyle choices made. However this does not yet prove causation. It can nevertheless be argued that spiritual well-being is probably a more or less stable state, as it is not something that is changed from one moment to the next, whereas risk behaviours are lifestyle choices. Choices, especially those regarding risk behaviour are usually made on various bases, one of them being the psycho-spiritual state a person is in. Therefore it

makes more sense to argue that spiritual well-being influences the choices that are made, rather than arguing that lifestyle choices cause spiritual well-being, even though an interaction in this direction is not denied. There is however no proof for such a view.

Even though the correlation matrix yields much information only certain phenomena will be discussed here.

First of all it is interesting to note that all categories (except TV) are positively correlated with spiritual well-being (SWB), the highest being suicide and sex. Most of the categories except TV, violence and drugs are also correlated positively to religious well-being (RWB). Existential well-being (EWB) is related to all categories except alcohol. TV is not correlated to any of the categories. It can however not be concluded that watching TV has no influence on young people concerning the choices they make. Although SWB and TV were not correlated in this study, this might be due to the structure of the questionnaire, that is the only two options on the questionnaire were watching more or less than two hours per day. If the experiment would be set up in more detail, results might be different.

The next observation which can be made from the correlation matrix is that all categories are correlated to all other categories, with the exception of watching TV. This confirms that risk behaviours usually are clustered and occur in connection with other risk behaviours (Santrock, 1998: 490).

There was a significant gender difference for violence and smoking (Table 5.5). The positive correlation between gender and smoking/ violence indicates that males are more likely to smoke and to engage in violent behaviour than females. The higher average of the total risk score in males was seemingly due to these two factors.

The analyses of variance represented in Table 5.6 were done in order to clarify the relationship between risk behaviours and spiritual well-being further. The results indicated (Table 5.6) that there are significant differences between the groups in each variable. This further validates the hypothesis which stated that there is a positive relation between risk behaviour and spiritual well-being.

The variables with the highest differences are suicide, sex, smoking and alcohol. Figures 5.5 – 5.8 as well as Table 5.6 show that there is a significant difference especially between the group that engaged more than once in the risk behaviour and the groups which did not or did so only once. Especially in the cases of suicide and sex the group which has tried to commit suicide or has made sex part of their lifestyle has a significantly lower score on spiritual well-being. This would mean that young people who have already attempted suicide as well as young people who started having sex early/frequently have sex, have lower spiritual well-being. This is also true for smoking and alcohol and to a lesser extent for the other risk behaviours. These results suggest that when one of these behaviours becomes a lifestyle the young person shows a lower level of spiritual well-being. This is a crucial finding in the light of the frequent claim that young people who can make their own values and decisions and who are free to engage in unrestricted sexual activity are happier.

The above mentioned finding is significant because it shows that the relationship between spiritual well-being and occasional risk behaviour is weaker than the relationship between a lifestyle choice (as defined as more than occasional engagement in risk behaviour) and spiritual well-being. These results suggest that there is a recognisable group of young people who experiment with tobacco and alcohol, but who then decide not to make it a lifestyle and never smoke or drink again. In the view of the rationale for this study, that is exploring avenues for building resilience and equipping the adolescent with effective decisions making skills, the role of spiritual well-being in the decision making process of this group needs further research.

This concludes the section of the quantitative analysis. In the following section the qualitative data will be presented and interpreted.

5.3.5 Qualitative data analysis

As the focus group interviews consisted of three questions each, all three questions will be analysed individually.

5.3.5.1 Analysis of question 1

The first question asked concerned the meaning of life. The adolescents were asked: *What do you think gives meaning to life?* Meaning in life was seen as closely related to spiritual well-being. It was argued in chapter 3 (cf. paragraph 3.3) that the two have overlapping semantic fields.

Three categories emerged. These are:

- Significant others,
- Spirituality and
- Achieving aims.

The first category denotes the responses that other people such as parents, and friends give meaning to the lives of the respondents. The second category referred to responses which mentioned references to God, a relationship with God or eternal life, and which can be grouped under the heading of *spirituality*. The third category was called *achieving aims*, and includes responses referring to success, achieving something in life, or getting a good job.

There were several subcategories which emerged in this first question.

With regard to relationships, most of the learners referred to family and friends as giving meaning to their lives. Being with family and friends was considered important. The category could also be described as *meaningful relationships*, but this is already more of an interpretation than *significant others*. The following two quotes illustrate this category and also give an indication as to why significant others are considered important:

“Ek dink familie, meestal naaste mense aan jou. Mense wat naby aan jou hart is”
(*I think family, mainly people who are close to you. People who are close to your heart*).

“Enige iemand wat jy kry wat vir jou lief is en wat...omgee” (*Anybody you get who loves you and who... cares*).

“Jou familie, en om net by jou vriende en familie te wees” (*Your family, and just to be with your friends and family*).

An important observation here is that it were noticeably the girls who referred to *significant others* as being important.

The second category which has been labelled *spirituality* had a more diverse response. The term spirituality was chosen because this research intentionally focuses on the concept of spirituality. It was however clear from the answers and also from the background of the interviewed learners that they understand the statements they made very much within a Christian context. In the following paragraph various subcategories will be briefly mentioned and explained.

The first subcategory which emerged was *eternal life*. A few learners stated that the fact that there is another life gives meaning to this present life, as the following quote will illustrate:

“... ek dink ook die wete, wat my sin aan die lewe gee is die wete dat ek weet daar is ‘n lewe na hierdie lewe en dat ek weet dat dit baie belangriker is as die lewe wat ek nou leef” (*I think also that I know, what gives meaning to my life is the fact that I know there is a life after this life, and that I know that that is much more important than the life I am living now*).

“... dat daar ‘n lewe is na die lewe” (*That there is a life after this life*).

Apart from referring to eternal life, the learners also referred to the fact that they see meaning in the knowledge that God has a plan for their lives and that He actually is the anchor and gives meaning to life. A relationship with God was also mentioned a few times:

“... jy moet ‘n goeie verhouding hê met die Here want Hy is soos jou anker. As jy nie, as jy nie met Hom iets met Hom het nie dan, dan sweef jy rond en jy weet

nie waar jy behoort nie” (*You must have a good relationship with the Lord, because He is like your anchor. If you don't, if you don't have something with Him then you float around and you don't know where you belong*).

“...as jou verhouding met God reg is dan kan alles in jou lewe reg verloop. Want hy is, hy is jou doel in die lewe. As jy 'n goeie verhouding met God het kan alles goed loop met jou of alles goed verloop in jou lewe” (*If your relationship with God is right then everything in your life can take place in the right way. Because He is, He is your aim in life. If you have a good relationship with God everything can go well with you or everything can take place well*).

The last category discussed is *achieving aims*. It was evident that especially the boys considered this an important aspect in giving meaning to their lives. The focus in this category was identified to be success and to achieve something in life as the following quote suggests:

“Om die beste te wees wat jy kan wees. Om iets te bereik in die lewe. Sê nou maar soos Bill Gates. Hy weet..... Dis goed om te weet ek het dit gedoen” (*To be the best you can be. To achieve something in life. Like for example Bill Gates. He knows... It's good to know I have done this*).

5.3.5.2 Analysis of question 2

In this question the learners were asked: *Why do you think do adolescents make wrong lifestyle choices?* The following categories could be identified:

- Peer pressure,
- Choice,
- Experiment,
- To be cool,
- Negative home circumstances,
- Attention and
- Escapism.

The response most frequently given was *peer pressure*. Most responses in this category were very short, the pupils did not elaborate. This shows the possible operation of affective, fear or guilt factors. This would also be an area for further research. The following response was typical:

“Ek dink meestal vriende en groepsdruk” (*I think mostly friends and peer pressure*).

The category *to be cool* is related to the first category of *peer pressure*:

“Soos, jy wil die beste wees, jy wil dink, as jy dink jy is cool moet jy rook en drink en rondslaap en dit” (*Like, you want to be the best, if you think you are cool you have to smoke and drink and sleep around and things*).

The next category was *choice*. This refers to the fact that many learners believe that they choose to make wrong choices and that despite negative influences they can still make a choice against a certain wrong behaviour. The following quote is an example of this:

“Jy neem jou eie besluite. Ons was selfs al in groepe waar daar dinge gebeur het, waar ek en my vriendin ook net uitgestap het en goed (*You make your own decisions. We have been in groups where things happened and than I and my friend just walked away and stuff*).

The next category is *experiment*. It means they want to try what it feels like, or they are curious as the following response indicates:

“... mens dink altyd dit lyk so lekker, ek wil ook net voel hoe voel dit” (*One often thinks it looks so enjoyable, I also want to feel what it feels like*).

The last three categories of *negative home circumstances*, *attention* as well as *escapism* are also related. They were still differentiated however, because there are still differences. In the minds of the learners they were clearly considered to be causally linked. Often the learners stated that they attribute wrong choices to bad circumstances at home:

“Daar kan dalk probleme by die huis wees en goeters” (*There are maybe problems at home and things*).

The category of *bad home circumstances* was often linked to the category of *attention* as the following reponse illustrates:

“Party van hulle doen dit om dalk hulle ouers se aandag te trek. Hulle kry dalk nie aandag nie en dan doen hulle so iets so dat hulle in die moeilikheid kom so dat hulle aandag kan kry” (*Some of them maybe do it to attract their parents’ attention. They maybe don’t get attention and then they do something like that to get into trouble so that they can get attention*).

The last category of *escapism* describes responses which focused on the observation that many adolescents engage in unhealthy lifestyle choices as a way of forgetting about problems and difficulties, as is shown below:

“Om van goeters te vergeet” (*To forget about things*).

“Om ontslae te raak van hulle probleme” (*To get rid of their problems*).

5.3.5.3 Analysis of question 3

This question was aimed at determining whether or not adolescents believe that there is a connection between meaning in life and the choices adolescents make. The question was: *Do you think there is a connection between meaning in life and the choices adolescents make?* Due to the nature of the question the responses were first put into main categories and then into subcategories.

When exploring the responses from the learners it became evident that two main categories emerge. Some respondents see the choices they make as the basis from which meaning is deducted, which was labelled *choice*→*meaning*, whereas most others see that the meaning in life determines the choices they make, which was labelled *meaning*→*choice*.

Most respondents stated that meaning in life influences the choices they make. Next to the general subcategory *meaning→choice* the responses could be organised into four subcategories, namely *meaning→choice*, *happiness→no bad choices*, *spiritual well-being→good choices*, *unhappy→bad choices*.

Many of the respondents only answered the question in general, just stating that meaning will influence the choices they make, which constitutes the first category of *meaning→choice*.

Some of the adolescents stated that in their opinion happiness prevents you from making bad choices. Again there is a link between happiness and meaning, as the adolescent answer as if meaning and happiness were the same thing.

“... as jy gelukkig is met jou lewe dan gaan jy begin die regte keuses maak” (*If you are happy with your life, you will start to make the right choices*).

In the third category (*spiritual well-being→good choices*) spiritual well-being is seen as the reason for making healthy choices. Some learners stated that they think spiritual well-being, again understood within a Christian context, leads to good choices, such as the following quote shows:

“As jou godsdiens sterk is, maak nie saak wat ookal met jou gebeur dit kan jou leer om net op te staan en aan te gaan. Mens moenie dat hierdie verkeerde goed jou beïnvloed nie” (*If your religion is strong it doesn't matter what happens to you, it can teach you just to get up and go on. You mustn't be influenced by these wrong things*).

The fourth subcategory (*unhappy→bad choices*) summarises responses which stated that an unhappy person is more likely to make wrong choices such as the response below indicates:

“Ek dink as jy ongelukkig is sal jy meer gebruik, meer dwelms gebruik om “high” te wees, vergeet van alles wat om jou aangaan” (*I think if you are*

unhappy then you will use more, you will use more drugs to be “high”, forget everything that is happening around you).

Under the *choice*→*meaning* category, two subcategories emerged. In the first one the respondents simply stated that they think that choices they make determine the meaning they get in life:

“En sekere keuses as jy hulle nie gemaak het nie sou jy nie sin in die lewe gesien het nie. So ek dink die keuses wat jy maak beïnvloed die sin wat jy in die lewe het” (And certain choices, if you hadn’t made them you would not have seen meaning in life. So I think that the choices you make influence the meaning which you have in life).

The second subcategory states that right choices lead to happiness such as is illustrated:

“... as jy die regte keuse maak dan sal jy dalk gelukkig wees” (If you make the right choice you will maybe be happy).

5.3.6 Discussion of qualitative analysis

When looking at the main categories which emerged in the first question, namely *spirituality*, *significant others* as well as *achieving aims* it becomes clear that there are overlaps between these categories and the concept of spirituality. The dimensions of spirituality are meaning and purpose, moral and ethical values, transcendence as well as relationships (Westgate, 1996: 27; Myers *et al.*, 2000: 265). It becomes clear that there is an overlap. The category of *significant others* can be interpreted as ‘the importance of relationships’ which young people see as giving meaning to life, and which is one of the dimensions of spirituality (Seaward, 1995: 166; Ingersoll, 1994: 101). The fact that relationship with God is also mentioned supports this contention. The dimension of transcendence (Richards & Bergin, 1998: 77) is also found in the category of *spirituality* in the form of ‘eternal life’ which was mentioned a few times.

Basically it can be said that there are no clear lines between some of the concepts, such as transcendence and relationship, as a relationship with God could also be described by transcendence, but that the whole area around spirituality is considered very important in giving meaning to life.

The only category which stands to an extent outside of this whole field of spirituality is *achieving aims*, even though it would fit in with a Christian understanding of spirituality, as the concept of a calling is very prominent. Impact of people on society is seen as important (Crabb, 1987: 113ff).

The fact that relationships were mentioned very often indicated that it is important to young people to have a sense of belonging (Baumeister, 1995), which is also seen in the need for security. These findings are supported by the literature on the spiritual development of adolescents which confirms that adolescents are aware of and have a need for spiritual development (Ebstyne King, 2005; Ebstyne King & Boyatzis, 2004:2; Coles, 1990). Another finding, namely the importance of significant others in the lives of adolescents is also supported by the literature. Relationships become increasingly important as the child enters adolescence (Papalia *et al.*, 1999: 591; Halonen & Santrock, 1998: 341).

The themes which emerged under the question concerning the reasons for unhealthy lifestyle choices can be put into relation with the first question. The fact that peer pressure, wanting to be “cool”, and wanting to get attention are so prominent in the responses of the learners, supports the results of the previous question, where significant others as well as spiritual matters were seen as very important when speaking about meaning. It confirms that people and especially adolescents need to belong to a family and to friends, and that they need acceptance. This is supported by the literature discussed in the previous chapters (Hawks *et al.*, 1995: 372; Westgate, 1996: 27).

The fact that peer pressure is seen as determining choices illustrates the stage of adolescence where young people are very focused on friends and develop deeper relationships with friends. However in this context it is noteworthy that many of the learners do not see themselves as victims, but as agents with a freedom to choose.

The third question, which dealt with a possible connection between meaning in life and lifestyle choices, proved to be somewhat more difficult for the learners. It became evident at some instances in the interview that the learners were struggling to understand the question correctly. However some deductions can still be made.

Most learners seem to believe that meaning in life influences the choices you make, even though it was mentioned several times that choices can influence meaning in life.

A noteworthy finding is that spirituality is seen as important in determining the choices made. Responses indicate that it is seen as a protective factor from negative lifestyle choices. This is confirmed by the literature discussed in chapter 3 (Teen Challenge, 1994; Petersen, 2001; Koenig, 2004).

The result for this question was also to an extent in line with the findings in the quantitative section, where a correlation was found between lifestyle choices and spiritual well-being.

An important factor emerges from the discussion of the three questions which is of interest in this particular study. Spirituality is considered to be very important by the learners. This definitely then should have a place in the design of prevention or intervention programs concerning unhealthy lifestyle choices. It also emerges that the concepts of meaning, happiness, spirituality, transcendence and religion are not clearly differentiated in the minds of young people. They often substitute one term for another. This also supports what had been found in the literature, namely that there is no consensus upon a definition for the concept of spirituality. Throughout the interviews it became clear that the above mentioned concepts have a widely shared field of meaning and are considered to cohere.

5.3.7 A synthesis

In this paragraph the qualitative and the quantitative results of the study will be synthesised to come to an integrated understanding of the matter under investigation.

The above discussion indicates that there were no conflicting or contradictory findings between the qualitative and quantitative results. The hypothesis that there is a correlation between spiritual well-being and lifestyle choices could have been accepted due to findings

from the quantitative data. This is supported by the qualitative data as has been discussed. Even though it could not be proven in the quantitative analysis that there is a causal relationship between the two variables, it remains a possibility, particularly as the main difference in SWB was observed between the individuals (group 3) who engaged regularly in risk activity and those which did so only once (group 2) or those who have never engaged in the behaviour, rather than between the individuals who never engaged (group 1) and those who did so once (group 2). It could be postulated on the basis of these findings that SWB both prevented experimentation and also provided a frame of reference for a “reality check” following experimentation that prevented further engagement in risk behaviour. This would need further research. The qualitative analysis however hinted in that direction, as most of the responses to question three “*Do you think there is a connection between meaning in life and the choices adolescents make?*” suggested that the meaning, which is very much related to spirituality, causes young people to make decisions.

There were differences in the type of results from the two sets of data. Whereas the quantitative data established that there is a relationship between spiritual well-being and lifestyle choices, the qualitative data explicated this relationship by exploring the aspects of meaning and the reasons for choices. But in general the two sets of data complement each other by showing different aspects of the same phenomenon.

5.3.8 Limitations

There were several limitations in this study that have to be taken into account before making generalisations.

Only ex model-C schools were chosen to participate in the study. The findings in this study are therefore not representative of the whole population. Therefore results are only generalisable to the extent that spiritual well-being and lifestyle choices represent common underlying factors in the development and life-world of all adolescents. Furthermore only grade 10 learners participated in the study. This is not representative of all stages of adolescence.

In the focus group interviews, the data proved to be not as information-rich as was anticipated. Even though open-ended questions were asked, the responses were often few

and very short. This is probably due to the fact that many of the adolescents were uncomfortable with the questions, maybe considering them too personal or too difficult. Considerations of affective antecedents such as denial, fear, shame and guilt may have been necessary. Some of the learners made it clear that they did not want to say much. This had to be respected. Another possible reason for the short answers could be that many of the adolescents had probably not yet thought about the issues asked in the questions, at least in those terms. The questions required thinking and careful consideration, and it is possible that many of the learners did not know what to answer because the concepts were new or undifferentiated.

5.4 Conclusion

The aim of this chapter was to make an empirical investigation into spiritual well-being and lifestyle choices in adolescents.

An analysis of variance between the different schools, gender, the total of the Youth Risk Behaviour Survey (YRBS) score, and spiritual well-being was determined. Results indicated that there are significant differences in the total YRBS score as well as spiritual-well being between the different schools. There also is a significant difference between male and female concerning total YRBS score, but not concerning spiritual well-being. A correlational analysis of spiritual well-being and the total of the YRBS yielded a very significant correlation coefficient, which demonstrated that there is a relation between the two. A correlation matrix showed the correlations between all the subvariables. It was also shown by using analyses of variance that there is a significant difference in spiritual well-being between grade 10 learners who have not engaged in the various risk behaviours and those who have made a certain behaviour a lifestyle.

The three questions which were asked in the qualitative data collection were then analysed and various categories emerged. Most young people consider others as well as spirituality and achieving aims as important in giving meaning to life. They believe that negative choices are made mainly due to peer pressure, but that it still remains your own choice. This might be predicted to lead to high levels of denial and guilt, and might explain the reticence of many respondents. Experimenting with risk behaviours was also important.

Most grade 10 learners stated that they believed that the meaning they see in life determines the choices made. Happiness and religion were considered protective factors.

In the following chapter the findings, conclusions and recommendations of the research will be given.

CHAPTER 6

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter will conclude the study by summarising the findings as well as drawing the conclusions thereof. At the end recommendations for further research as well as specific recommendations for Health Promoting Schools will be given.

6.2 Findings

6.2.1 Findings on the concept of spirituality and spiritual well-being

- The term *spirituality* has its roots within the Judeo-Christian heritage pointing to the non-observable aspects of the human spirit (cf. paragraph 3.2.1).
- The concept of spirituality was rejected as insufficient in explaining reality during the positivistic era (cf. paragraph 3.2.2).
- Slowly the concept and practice of spirituality has started to find its way back into mainstream thinking and science, aided by the climate of postmodernism (cf. paragraph 3.2.3).
- No agreed upon description or definition of the term *spirituality* exists, neither is there an accepted sufficient epistemological basis thereof (cf. paragraph 3.3).
- The following four dimensions of spirituality are mentioned in various definitions: meaning and purpose, moral and ethical values, relationships as well as transcendence (cf. paragraph 3.3.1).
- Spiritual well-being can be defined as a positive sense of being, including the presence of the four dimensions mentioned under the previous point (cf. paragraph 3.3.3).
- In many cases spirituality is seen as different from religion even though overlapping contents are acknowledged (cf. paragraph 3.3.4).

- Many sources claim that spirituality is the core aspect of human existence and therefore the motivational force (cf. paragraph 3.4.1).
- The concept of spirituality surfaces quite extensively in personality theories and research (cf. paragraph 3.4.2).
- Spiritual well-being often has a positive influence on various health problems, such as physical and mental health as well as on risk behaviour (cf. paragraph 3.5).

6.2.2 Findings on adolescents, lifestyle choices and Health Promoting Schools

- Adolescence is a crucial time in the life of a person as rapid development takes place in the physical, cognitive, moral, psychosocial, and spiritual domains (cf. paragraph 4.2).
- During adolescence bodily and sexual maturity is achieved, which can have influences on a person's self image as well as self-esteem (cf. paragraph 4.2.1).
- Cognitively adolescents should be able to reason on a formal operational level, however it has to be noted that this is often not achieved (cf. paragraph 4.2.2).
- During adolescence young people should develop in moral reasoning so that they are able to make moral judgements on a postconventional level, which does however not always happen (cf. paragraph 4.2.3).
- During psychosocial development adolescents develop new and different relationships with others, while at the same time becoming independent, which is often a time of conflict (cf. paragraph 4.2.4).
- In adolescence young people also need to develop spiritually by trying to look for meaning, transcendence and values. Little attention is however given to this aspect of development (cf. paragraph 4.2.5).
- During adolescence identity formation takes place which is closely linked to the concept of lifestyle choices. Ideally the adolescent achieves an own identity in connection with making healthy lifestyle choices (cf. paragraph 4.2.6).
- Adolescents develop in various contexts such as a worldly context, a philosophical context, a communal context and a family context which all influence the development of the adolescent (cf. paragraph 4.3).
- During adolescence there is a trend to make unhealthy lifestyle choices such as risky sexual behaviour, smoking and tobacco use, substance and alcohol abuse, suicide,

and violent behaviour. All these choices can impact the future life of the adolescent very negatively, and are often a cause for premature death (cf. paragraph 4.4).

- Various approaches exist which try to explain the unhealthy lifestyle choices young people make: the biological approach, the lack of information approach, the psychological approach, the social and environmental approach as well as the biopsychosocial model. The latter seems to be the one which best fits the evidence (cf. paragraph 4.5).
- Even though research has been done on intervention programs, many programs show inconclusive findings. In general it can be said that successful programs have a more holistic approach, especially focusing on spirituality (cf. paragraph 4.6).
- After a long time of viewing health through the biomedical model, health is now seen as a holistic construct, encompassing aspects such as physical, social, mental, emotional as well as spiritual health, even though little attention is given to the concept of spiritual health (cf. paragraph 4.7.1).
- The practice of Health Promoting Schools is becoming an important way of enhancing the health especially of children and have already had success in achieving this aim (cf. paragraph 4.7.2).

6.2.3 Findings on the empirical investigation: spiritual well-being and lifestyle choices in adolescents

- It has been shown that many unhealthy and harmful lifestyle choices, such as smoking, alcohol and drug abuse, suicidal behaviour, sexual activity as well as violent behaviour are made by adolescents (cf. paragraph 5.3.4.1).
- The levels of spiritual well-being as well as the total score of the Youth Risk Behaviour Survey (YRBS) vary greatly among the different schools (cf. paragraph 5.3.4.2).
- Boys are more likely to make unhealthy lifestyle choices than girls (cf. paragraph 5.3.4.2).
- There is a positive correlation between spiritual well-being and risk behaviour especially when risk behaviour becomes a lifestyle choice (cf. paragraph 5.3.4.3).
- The occurrence of unhealthy lifestyle choices is clustered (cf. paragraph 5.3.4.3).

- Especially suicide, sex and smoking are correlated with spirituality (cf. paragraph 5.3.4.3).
- Adolescents consider significant others, spirituality, and achieving aims as factors or people which give meaning to life (cf. paragraph 5.3.5.1).
- The reasons adolescents in this study assign to the formation of unhealthy lifestyle choices are the following: peer pressure, free choice, wanting to experiment, wanting to be cool, negative home circumstances, need for attention as well as escapism (cf. paragraph 5.3.5.2).
- Most adolescents believe that the meaning they see in life has an influence on the lifestyle choices that are made (cf. paragraph 5.3.5.3).

6.3 Conclusions

6.3.1 Conclusions on the concept of spirituality and spiritual well-being

- The concept of spirituality which has its roots in the Judeo-Christian heritage had been rejected during the modern era. There is however now a new interest in the supernatural which tries to include spirituality into mainstream thinking in the post-modern era. Even though the term has been disconnected from its epistemological basis and is widely estranged from the Judeo-Christian heritage, it needs to be asked if this is legitimate and ultimately scientific, especially in view of the all-inclusiveness of the term.
- There is no agreement on a universal definition for the concept of spirituality, neither has the epistemological framework been carefully defined. Most sources however agree on the following components of the concept: meaning and purpose, moral and ethical values, relationships as well as transcendence. The concept of spiritual well-being can therefore be described as the positive presence of these aspects in the life of a person. This leaves room for any religion or no religion at all to provide the framework for spirituality, which again destroys any possible single foundation for spirituality.
- Many theories of personality refer to the concept of spirituality though often not explicitly. Many sources in general suggest that spirituality is the core aspect of human beings, in other words the motivating force behind all thoughts and actions.

This would therefore mean that spirituality plays a much bigger role in the lives of people than modern academics supposed. It is thus not surprising that spiritual well-being is often found to have a very positive influence on various health problems, such as physical and mental health as well as on risk behaviour.

6.3.2 Conclusions on adolescents, lifestyle choices and Health Promoting Schools

- Adolescence is a time of rapid biological, cognitive, moral, psychosocial as well as spiritual development. Except for biological development that is deterministic and irreversible, the development is often not ideal in the sense that adolescents do not achieve the highest possible or best developmental stages, as for example in moral or cognitive reasoning.
- Very little emphasis is placed on spiritual development, even though it has been shown to be important.
- Because of the rapid changes that take place in the adolescent it becomes clear that adolescence is a crucial time in the lives of people where beliefs, values and attitudes are formed. In this time the adolescent should have a good support network, especially from parents, in order to help him or her to make right choices.
- Identity formation takes place - or should take place - in the adolescent. It is obvious that the above mentioned developmental processes play an important role here as well as lifestyle choices.
- Adolescents develop in contexts which have a tremendous influence on their development. First of all there is the material context as well as a philosophical context, which to an extent determines the worldview of the adolescent. Further on there is the context of the community and the family. The latter has been found to be especially important regarding lifestyle choices adolescents make.
- The fact that unhealthy lifestyle choices such as risky sexual behaviour, smoking and tobacco use, substance and alcohol abuse, suicide, and violent behaviour are usually initiated in adolescence further emphasises that adolescence is a time that has much influence on the further life of the person.
- Different approaches exist to explain the fact that many adolescents tend to make unhealthy lifestyle choices. The approach which best fits the evidence is the

biopsychosocial approach, especially when the spiritual component is taken into account.

- Health is now seen as a holistic concept encompassing, mental social and physical, and is seen as a positive concept. However spiritual health is often ignored, which again calls for a radical inclusion of this concept into the definition.
- The concept of Health Promoting Schools has become very prominent internationally and holds many possibilities concerning the promotion of health in the lives of children and adolescents. The concept of spirituality has henceforth received little attention but can probably make a very positive contribution to the practice of Health Promoting Schools.

6.3.3 Conclusions on the empirical investigation: spiritual well-being and lifestyle choices in adolescents

- This study confirms the literature which shows that adolescence tend to make unhealthy lifestyle choices such as risky sexual behaviour, smoking and tobacco use, substance and alcohol abuse, suicide as well as violent behaviour.
- There are differences in spiritual well-being as well as the amount of unhealthy lifestyle choices made between the different schools, which points to the fact that some underlying reason exists.
- Boys tend to make more unhealthy lifestyle choices and should therefore receive special attention.
- The fact that the literature points to a positive correlation between lifestyle choices and spiritual well-being was confirmed by this study. The hypothesis that there is a correlation between spiritual well-being and lifestyle choices can thus be accepted. The research also showed that all individual unhealthy lifestyle choices except watching TV are correlated with spiritual well-being. The literature also confirms that unhealthy lifestyle choices tend to be clustered as was found in this study.
- The unhealthy lifestyle choices concerning sex, suicide and smoking should receive special attention as they show the highest correlation with spiritual well-being.
- Adolescents consider parents and friends, spiritual matters as well as achieving aims as giving meaning to life. All three categories, but especially the first two are part of the concept of spirituality. This again emphasises the fact that spirituality is more

important than what most people believe. The fact that adolescents consider a positive meaning in life as influencing their lifestyle choices underlines this statement.

- Most of the reasons adolescents give for making unhealthy lifestyle choices can be summarised in resulting out of a need for relationship with others such as friends and parents, which again is part of the concept of spirituality.
- The fact that sex is highly correlated with spiritual well-being points to the suggestion that sexual freedom as does not result in happiness as is often claimed.

6.4 Recommendations

6.4.1 General recommendations

- The concept of spirituality in connection with the concept of spiritual well-being needs to receive attention in academic circles, especially with regard to an epistemological basis as well as a definition.
- The relationship of spirituality with various types of risk behaviour should be investigated further.
- A developmental theory concerning spirituality needs to be developed.
- Spirituality needs to be investigated further in personality research.
- Extensive research is needed in clarifying a probable causal relationship between spiritual well-being and lifestyle choices of adolescents.
- The various possible influences on decision making in adolescents have to be investigated further in order to arrive at more comprehensive findings.
- Extensive research should be done on effective intervention and prevention programs.
- The definition of the World Health Organisation needs to be amended in order to include spiritual well-being.
- Ways of improving the relationships between adolescents and especially parents should be found as these act as protective factors against unhealthy lifestyle choices.
- The reason as to why there are significant differences in spiritual well-being and lifestyle choices in the different schools could be investigated.

6.4.2 Specific recommendations concerning Health Promoting Schools

- The concept of spiritual well-being should be included into the philosophy and practice of Health Promoting Schools, forming a core part of such schools.
- Effective and epistemologically based programs need to be designed for the teaching of spirituality and the fostering of spiritual well-being within Health Promoting Schools.
- Educators need to be trained to successfully teach spiritual well-being.
- Effective prevention and intervention programs should be integrated into the practice of Health Promoting Schools in order to minimise unhealthy lifestyle choices.
- The parents as well as the community as large should participate in educational programs focusing on spiritual well-being and lifestyle choices.

6.5 Conclusion

As has been outlined in this chapter there are ways and means to prevent adolescents from making unhealthy lifestyle choices. It should therefore be considered of utmost importance to develop sound approaches to teach and foster spiritual well-being in order to foster healthier lifestyle choices.

If adolescents in this country would make healthy lifestyle choices the future of South Africa would hold many positive promises in various areas.

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APPENDICES

APPENDIX A

LETTER TO THE DEPARTMENT OF EDUCATION

Anne C. Karstens
P.O. Box 70387
Miederpark
Potchefstroom
2527
Tel: 082 588 1848

16 May 2005

Attention: Dr Mvula
Department of Education
Temane Building
Potchefstroom

Dear Sir

Re: Research process within the Potchefstroom District

I am at present a student at the North West University, currently enrolled for my M.Ed. degree. I would like to request to do research in the Potchefstroom District with regard to the topic as set out in my research proposal which is included in this package.

I am of the opinion that the Education Department would benefit from the research to be done, seeing that the topic is relevant and has an influence on all stakeholders within the education system at schools.

Therefore I would like to request permission to do the research within the Potchefstroom District.

Thank you very much for your kind attention.

Yours sincerely

A.C. Karstens
Student Number: 12569704

APPENDIX B

APPROVAL FROM DEPARTMENT OF EDUCATION TO CONDUCT RESEARCH



Department of Education
Lefapha La Thuto
Departement van Onderwys

Private Bag X 1256
Potchefstroom, 2520
Tel (018 299 8146/8296/8160
Fax (018) 299 8277

NORTH WEST PROVINCE

OFFICE OF THE DIRECTOR: PROFESSIONAL & EDUCATIONAL SUPPORT SERVICES
SOUTHERN REGION

Enq B. D. Masooa
E-mail smvula@nwpg.gov.za
Bmasooa@nwpg.gov.za

To : Ms A. Karstens
From : Dr S. H. Mvula
Director: Professional & Educational Support Services
Date : 26 May 2005
Subject : **RESEARCH: SOUTHERN REGION**

Thank you for the letter asking for permission to conduct research in our schools.


Permission is granted in accordance with the following conditions:

- You will make arrangements directly with school managers;
- You should not disrupt teaching and learning
- A copy of your dissertation should be donated to the Department of Education (Southern Region).

Once again, good luck in your studies.

Thanking you.

Yours sincerely


S. H. MVULA (DR)

DIRECTOR: PROFESSIONAL &
EDUCATIONAL SUPPORT SERVICES

Cc Executive Manager – Mr H. M. Mveli
APLs - Ms M. A. Motaung, Mr A. J. Engelbrecht & Ms S. S. Yssel

Re a dira eho dikolong Ons werke in ons skole We are working in our schools Re a sebatisa dikolong
Siyasebentzi' ezikoleni Hatzaha eswikolweni Re a shuma zwikoleni Siya sebentisa etikoleni
 Siyasebentzi' ezikolweni Siya berenga ezikolweni Confidential





Department of Education
Lefapha La Thuto
Departement van Onderwys

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Fax (018) 299 8277

NORTH WEST PROVINCE

OFFICE OF THE DIRECTOR: PROFESSIONAL & EDUCATIONAL SUPPORT SERVICES
SOUTHERN REGION

Enq B. D. Masooa
E-mail smvula@nwp.gov.za
Bmasooa@nwp.gov.za

To : Area Project Offices

Attention : Ms M. A. Motaung
Mr A. J. Engelbrecht
Ms S. S. Yssel

From : Dr S. H. Mvula
Director: Professional & Educational Support Services

Date : 26 May 2005

Subject : **RESEARCH: MOVING TOWARDS HEALTH
PROMOTING SCHOOLS: SPIRITUAL WELL-BEING
AND LIFESTYLE CHOICES IN ADOLESCENTS**

Please be informed that Ms Anne Karstens is a registered student of the North West University. Her student number is 12569704. I have given her permission, as her study is likely to benefit the Department of Education. Her supervisor is Dr C. T. Viljoen and your support is thanked in anticipation. Kindly see letter of approval on this matter.

Thanking you.

Yours sincerely

11 S. H. MVULA (DR)
DIRECTOR: PROFESSIONAL &
EDUCATIONAL SUPPORT SERVICES

Cc Executive Manager – Mr H. M. Mveli
Ms A. Karstens

Re a dira mo dikolong ☐ Ons werk in ons skole ☐ We are working in our schools ☐ Re a sebatse dikolong
Siyasebenz' ezikoleni ☐ Ha tsho eswikelweni ☐ Re a shuma zwikoloni ☐ Siya sebants' ezikoleni
☐ Siyasebenz' ezikolweni ☐ Siya berenge ezikolweni Confidential



APPENDIX C

LETTER TO PRINCIPAL

Anne C. Karstens
P.O. Box 70387
Miederpark
Potchefstroom
2527
Tel: 082 588 1848

16 May 2005

THE PRINCIPAL

Re: Research with Gr. 10 learners

I am a registered Masters degree (M.Ed.) student at the North West University and am presently busy in the completion of my thesis.

I would like to approach your school for research on the topic of the thesis: "Moving towards health promoting schools: Spiritual well-being and lifestyle choices in adolescents".

Many adolescents nowadays make wrong choices regarding physical and mental health. It is important to try and find preventative measures or programs. Therefore the possible relationship between lifestyle choices and spirituality might provide answers when looking at ways to help young people make positive lifestyle choices.

The research will be conducted in terms of questionnaires and interviews with your grade 10 learners. All learners will be requested to fill in two questionnaires. In addition to that 4 learners from each register class will be randomly selected for interviews in focus groups. No learner will be exposed to an individual interview. I include a copy of the letter of consent from the Department of Education as well as the questionnaires.

Should you have any queries please do not hesitate to contact me at the above telephone number.

Thank you very much for your attention.

Yours sincerely

A.C. Karstens

APPENDIX D

APPROVAL FROM PRINCIPALS TO CONDUCT RESEARCH



Hoërskool Stilfontein

Postbus 16
STILFONTEIN 2550

Tel. (018) 484 3477
484 3552
Faks (018) 484 6786

16 Augustus 2005

WIE DIT MAG AANGAAN

Hiermee word bevestig dat toestemming verleen is dat 'n vraelys oor Spirituele welstand en lewensstylkeuses van adolosente by die gr.10 leerders van Hoërskool Stilfontein afgeneem mag word deur 'n student van Noordwes Universiteit.

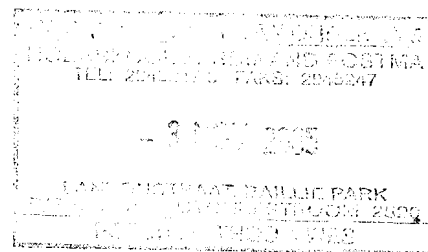
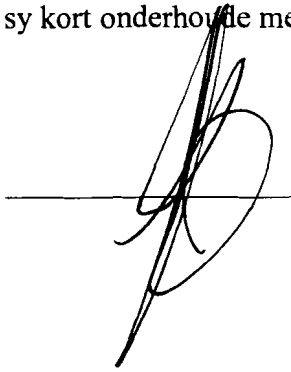
P.J.H. CILLIERS
HOOF
/mj

Ferdinand Postma Hoërskool
Potchefstroom

September 2005

AAN WIE DIT MAG AANGAAN

Hiermee verleen ek toestemming dat Mej Anne Karstens 'n vraelys aangaande 'Spirituele welstand en lewenstylkeuses by adolessente' onder gekontroleerde toestande deur 'n groep graad 10 leerders van Hoër Volksskool mag laat voltooi en dat sy kort onderhoude met twee groepe van 4 graad 10 leerders mag voer.

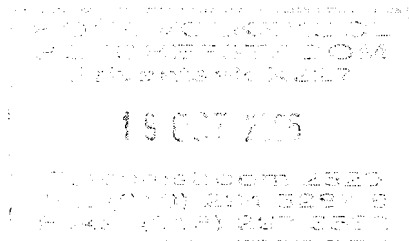
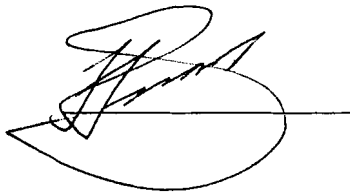


Hoër Volksskool
Potchefstroom

September 2005

AAN WIE DIT MAG AANGAAN

Hiermee verleen ek toestemming dat Mej Anne Karstens 'n vraelys aangaande 'Spirituele welstand en lewenstylkeuses by adolessente' onder gekontroleerde toestande deur 'n groep graad 10 leerders van Hoër Volksskool mag laat voltooi en dat sy kort onderhoude met twee groepe van 4 graad 10 leerders mag voer.





Potchefstroom Gimnasium

Tel: (018) 293 0267/9
Faks/Fax: (018) 293 0268
E-pos/E-mail: potchgimmies@gimmies.co.za
Webadres: www.gimmies.co.za

Posbus/P.O. Box 20042
NOORDBRUG 2522
Molenstraat 20 Molen Street
Potchefstroom, 2531


2005.09.01

AAN WIE DIT MAG AANGAAN

Hiermee verleen ek toestemming dat Me Anne Karstens die vraelys aangaande Spirituele welstand en Lewensstyl keuses by adolessente onder gekontroleerde toestande deur 'n groep graad 10-leerders van Potchefstroom Gimnasium mag laat voltooi.

Potchefstroom Gimnasium as opvoedkundige instansie sal graag 'n bydrae tot hierdie navorsing wil lewer.

Met dank.


J.A. BREED
HOOF



Hoërskool Wesvalia

H/v Readman- en Scottstraat
Wilkoppies
Klerksdorp
Privaatsak X8
Flamwood
2572

30 Jaar van voortreflike onderwys!


2 Augustus 2005

AAN WIE DIT MAG AANGAAN

Hiermee verleen ek toestemming dat Me Anne Karstens die vraelys aangaande Spirituele welstand en Lewenstyl keuses by adolessente onder gekontroleerde toestande deur 'n groep graad 10 leerders van Hoërskool Wesvalia mag laat voltooi.

Wesvalia as opvoedkundige instansie sal graag 'n bydrae tot hierdie navorsing wil lewer.

Met dank.



GERHARD KEYTER
HOOF

Die Moderne Skool met Tradisionele Waardes

Telefoon: (018) 468-1023/4 • Faks: (018) 468-6792 • E-pos: wesvalia@gds.co.za • Webwerf: www.wesvalia.co.za

APPENDIX E

EXAMPLES OF RESPONSES FROM QUALITATIVE RESEARCH ACCORDING TO QUESTIONS

Question 1: What do you think gives meaning in life?

- Ek dink as jy weet wat jy een dag wil hê. (*I think if you know what you want one day.*)
- Ja, jy wil jou doelwitte bereik. (*Yes, you want to achieve your aims.*)
- Wat jy wil word. (*What you want to become.*)
- Net om te dink dat God vir jou 'n doel het daar buite. En dat jy dit vir hom doen en dat jy ook 'n doel het vir jouself, want hy het jou met 'n doel op die aarde gesit. (*Just to think that God has an aim for you out there. And that you do it for Him, and that you have an aim for yourself, because He has put you on earth with an aim.*)
- God. Die lewe hierna. (*God. The life hereafter.*)
- Roem. (*Fame.*)
- Mense wat naby aan jou is en so aan, jou vriende en so aan. (*People who are close to you and so on, your friends and so on.*)
- Ek sou sê om heeltyd positief te wees en om te weet dat die Here altyd daar is vir jou. Ek meen jy kan staat maak op jou familie en vriende maar nie soveel staat as wat jy op die Here kan maak nie, hy sal jou nooit teleurstel nie. (*I would say to be always positive, and to know that the Lord is always there for you. You can rely on your family and friends but you can't rely on them as much as on the Lord, He will never disappoint you.*)
- Ewige lewe. (*Eternal life.*)
- En jou verhouding met die Here (*And your relationship with the Lord.*)
- Ek weet nie, ek sou sê my familie. (*I don't know, I would say my family.*)
- Om suksesvol te wees. (*To be successful.*)

Question 2: Why do you think do adolescents make wrong lifestyle choices?

- Groepsdruk, familiedruk, jou ma-hulle. Jou pa. (*Peer pressure, family pressure, your mom and them. Your dad.*)
- Familie, of wat al met jou in jou verlede gebeur het. (*Family, or what has already happened to you in the past.*)

- Dit kan teleurstelling wees, dit kan groepsdruk wees. (*It can be disappointment, it can be peer pressure.*)
- Dit, dit is nie noodwendig altyd jou vriendinne wat jou druk nie. Dit kan jou eie besluite ook wees. (*It's, it's not necessarily always your friends which pressurise you. It can also be your own decisions.*)
- Jou omstandighede. (*Your circumstances.*)
- Vir aandag. Meeste mense wat nie aandag op 'n ander manier kan kry nie soek dit op daardie manier. (*To get attention. Most people who can't get attention in another way look for it this way.*)
- Ek dink meestal vriende en groepsdruk. (*I think it is mostly friends and peer pressure.*)
- Nie noodwendig groepsdruk nie maar mens moet keuses maak. (*Not necessarily peer pressure, but you have to make choices.*)
- Ek sou sê, okay ja dis groepsdruk en om in te probeer wees. En partykeer voel jy rêrig uit en jy voel onseker oor goed, en jy voel jy is ongelukkig oor goeters en dan gaan jy nou dit doen om te gaan rook en drink en om beter te voel. (*I would say, okay yes it is peer pressure and trying to be in. And sometimes you really feel out and you feel unsure about things and you feel you are unhappy about things, and then you are going to do it, to smoke and to drink to feel better.*)
- Ek voel, ek voel almal wil eksperimenteer. Hier hoor ons S. sê daarso eendag, "Hei, ons was lekker high gisteraand". Dan wil ons ook 'n bietjie high wees. "Kom ons rook bietjie dagga vanaand". (*I feel, I feel everybody wants to experiment. Here we hear what S. said there one day "Hey we were "high" last night". Then we also want to be a bit "high". "Let's smoke some dagga tonight."*)
- Of probleme by die huis kan ook daartoe ly. (*Problems at home can lead to it.*)
- Jy voel dit kan jou verlos. (*You feel it can free you.*)
- Okay, ek dink as jy in 'n standvastige huishouding groot word en jy het baie liefde om jou en jou ma en jou pa gee vir jou alles en is op 'n manier nie streng op jou nie, gaan jy nie noodwendig in die lewe uitgaan en alles beproef nie want jy het in 'n standvastige huis groot geword. En by ander waar die pa dood is of hulle ma en pa bly ver en jy is net by jou ma of net by jou pa en die

ma is nie baie standvastig nie en daai liefde an beskerming in die huis is nie daar nie dan soek jy dit op ander plekke. Dis hoe ek dit sien. (*Okay, I think if you grow up in a stable home and you are surrounded by love and your mom and dad give you everything and are in a sense not too strict then you won't go out into life and try out everything because you grew up in a stable home. And with others where the father is dead or their mom and dad stay far away and you are only staying with your mom or your dad and the mom isn't very stable and that love and protection in the home is not there then you start looking for it in other places. That's how I see it.*)

Question 3: Do you think there is a connection between meaning in life and the choices adolescents make?

- Die grootste deel van die sin in jou lewe is by jou huis en by jou pa en ma en boetie en familie. Jou vriende en goeters het ook 'n deel daarin. (*The greatest part of your meaning in life is at home and with your mom and dad and brother and family. Your friends and things are also part of it.*)
- En God. As dit jou sin is om hemel toe te gaan dan is dit nie goed om dwelms te gebruik nie. (*And God. If it is your meaning to go to heaven, then it is not good to use drugs.*)
- Ek dink die sin in die lewe beïnvloed die keuses wat jy maak. Byvoorbeeld soos ons nou gesê het soos God en als, as ons in God glo dan gaan dit ons keuses beïnvloed. (*I think the meaning of life influences the choices you make. For example, as we have said like God and so on, if we believe in God then that will influence our choices.*)
- En as jy dit wil bereik gaan jy goeie keuses daarvolgens maak. As jy 'n sin in die lewe het om regtig iets te doen en as jy net voortvoeter en nie omgee wat jy doen nie, dan gaan jy ook nie goeie keuses daarmee hê nie. (*If you want to achieve that, then you will make good choices accordingly. If you see meaning in life to really do something and if you just carry on and don't care what you do, then you won't have good choices.*)

- Ek sou ja sê, daar is definitief 'n verband tussen die sin in jou lewe en die keuses wat jy maak. (*I would say yes, there definitely is a connection between the meaning in life and the choices you make.*)
- Vir my is dit, as jy 'n keuse maak dan gaan dit tog as dit 'n slegte keuse is gaan dit jou sin in die lewe beïnvloed. Sê nou maar as jy gaan rook en jy wou iets gedoen het dan gaan dit jou beïnvloed. Of jy gaan drink, dit gaan jou beïnvloed. (*For me it is, if you choose, then it will, if it is a bad choice, then it will have an influence on your meaning in life. Say for example if you smoke and you wanted to do something, then it will influence you. Or you drink, it will influence you.*)
- My sin in die lewe is om suksesvol te wees. En as ek suksesvol wil wees sal ek die regte besluite moet neem. (*My meaning in life is to be successful. And if I want to be successful, then I will have to make the right choices.*)

APPENDIX F

QUESTIONNAIRE

Spirituele Welsyn en Lewensstylkeuses van Adollesente

Hierdie ondersoek handel oor lewensstylkeuses en spirituele welsyn. Met hierdie eerste vraelys kyk ons na julle gesondheidsrisikogedrag omdat dit wys watter keuses julle maak. Die tweede deel van die vraelys gaan oor julle spirituele welstand. Ons wil kyk of daar 'n verband tussen die twee is sodat ons beter leerprogramme kan ontwikkel.

MOENIE jou naam op hierdie vraelys skryf nie. Die antwoorde wat jy gee is konfidensieel. Die antwoorde word nie aan jou as persoon gekoppel nie. Beantwoord asseblief die vrae eerlik.

Ons vra jou vrywillige deelname.

Die vrae oor jou agtergrond sal slegs gebruik word om leerlinge te klassifiseer in groepe. Geen name sal gevra of gerapporteer word nie.

Lees asseblief elke vraag deeglik en antwoord die vraelys volledig.

Sodra jy die vraelys voltooi het, gee dit asseblief vir die persoon wat die ondersoek lei.

Baie dankei vir jou hulp!!!

Aanwysings:

- Gebruik 'n donker potlood of pen.
- Merk jou keuses duidelik.
- Om jou antwoord te verander vee goed uit of krap verkeerde antwoorde uit.

Afdeling A:

Beantwoord asb die volgende vrae en dui jou antwoord aan deur ????? te merk by die toepaslike blokkie.

1) Naam van skool:

2) Geslag: manlik vroulik

3) Eerste taal:

Afrikaans	<input type="checkbox"/>
Engels	<input type="checkbox"/>
Setswana	<input type="checkbox"/>
Sesotho	<input type="checkbox"/>
Zoeloe	<input type="checkbox"/>
Ander	<input type="checkbox"/>

4) Hoe oud is jy?

5) Beskryf jou godsdiens.

Christen	<input type="checkbox"/>
Jood	<input type="checkbox"/>
Hindoe	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Boeddis	<input type="checkbox"/>
Atheis	<input type="checkbox"/>
Ander	<input type="checkbox"/>

Indien jy 'n christen is aan watter kerk behoort jy?

Indien ander, spesifiseer.

6) Hoe sou jy jou akademiese punte gedurende die afgelope 6 maande beskryf?

Meestal A's	
Meestal B's	
Meestal C's	
Meestal D's	
Meestal E's	
Meestal F's	

Afdeling B: Lewensstylkeuses

Trek 'n kring om die toepaslike antwoord.

Die volgende vrae handel oor geweld.

- 1) Het jy gedurende die afgelope 30 dae 'n wapen soos 'n geweer, mes of knuppel by jou gedra?
A: Ja
B: Nee
- 2) Het jy die afgelope 30 dae 'n vuurwapen by jou gedra?
A: Ja
B: Nee
- 3) Gedurende die afgelope 12 maande, hoeveel keer het iemand jou gedreig of beseer met 'n wapen?
A: 0 kere
B: 1 keer
C: 2 of 3 kere
D: 4 of 5 kere
E: 6 of 7 kere
F: 8 of meer kere
- 4) Was jy gedurende die afgelope 12 maande in 'n fisieke bakkleierey betrokke?
A: Ja
B: Nee
- 5) Was jy gedurende die afgelope jaar in 'n fisieke bakkleierey waarin jy beseer was en deur 'n dokter of verpleegster behandel moes word?
A: Ja
B: Nee

Die volgende vrae handel oor hartseer gevoelens en pogings tot selfmoord.

- 6) Het jy gedurende die afgelope 12 maande op 'n gereelde basis (bv. Vir meer as 'n week) hartseer of hulpeloos gevoel, met die gevolg dat dit jou ander aktiwiteite beïnvloed het?
- A: Ja
B: Nee
- 7) Het jy gedurende die afgelope 12 maande dit ernstig oorweeg om te probeer selfmoord pleeg?
- A: Ja
B: Nee
- 8) Het jy enige selfmoordpogings beplan gedurende die afgelope 12 maande?
- A: Ja
B: Nee
- 9) Het jy al probeer om selfmoord te pleeg?
- A: Ja
B: Nee
- 10) Indien jy al probeer selfmoord pleeg het gedurende die afgelope 12 maande, het enige van hierdie pogings gelei tot beserings, vergiftiging of oordosis wat deur 'n dokter of verpleegster behandel moes word?
- A: Ja
B: Nee

Die volgende vrae handel oor rookgewoontes

- 11) Het jy al ooit probeer rook, self net een of twee trekke?
- A: Ja
B: Nee
- 12) Hoe oud was jy toe jy 'n hele sigaret vir die eerste keer gerook het?
- A: Ek het nog nooit 'n hele sigaret gerook nie.
B: 8 jaar oud of jonger
C: 9 of 10 jaar oud
D: 11 of 12 jaar oud
E: 13 of 14 jaar oud
F: 15 of 16 jaar oud
G: 17 jaar oud of ouer

- 13) Rook jy gereeld? Dit wil se, ten minste een sigaret elke dag vir 30 dae?
- A: Ja
B: Nee
- 14) Het jy gedurende die afgelope 12 mmande ooit probeer om op te hou rook?
- A: Ek het nie gerook die afgelope 12 maande nie.
B: Ja
C: Nee
- 15) Het jy enige koubare tabak of snuif gedurende die afgelope 30 dae gebruik?
- A: Ja
B: Nee

Die volgende vrae handel oor alkohol gebruik. Dit sluit bier, wyn, gegeurde wyn an sterk drank soos rum, gin, vodka of whiskey in.

- 16) Het jy al ooit aan drank geproe?
- A: Ja
B: Nee
- 17) Hoe oud was jy toe jy jou eerste drankie gedrink het (nie net 'n paar slukkies gevat het nie)?
- A: Ek het nog nooit 'n drankie gehad nie
B: 8 jaar oud of jonger
C: 9 of 10 jaar oud
D: 11 of 12 jaar oud
E: 13 of 14 jaar oud
F: 15 of 16 jaar oud
G: 17 jaar oud of ouer
- 18) Het jy meer as 8 drankies in die afgelope 30 dae gehad?
- A: Ja
B: Nee

Die volgende vrae handel oor dagga-gebruik. Dagga word ook genoem "grass, pot of marijuana".

- 19) Het jy al ooit dagga gebruik?
- A: Ja
B: Nee

20) Indien jy al dagga gebruik het, hoe oud was jy toe jy dagg vir die eerste keer gebruik het?

A: Ek het nog nooit dagga gebruik nie.

B: 8 jaar oud of jonger

C: 9 of 10 jaar oud

D: 11 of 12 jaar oud

E: 13 of 14 jaar oud

F: 15 of 16 jaar oud

G: 17 jaar oud of ouer

21) Het jy gedurende die afgelope 30 dae dagga gebruik?

A: Ja

B: Nee

22) Het jy gedurende die afgelope 30 dae dagga op die skoolterrein gebruik?

A: Ja

B: Nee

Die volgende vrae handel oor dwelms.

23) Het jy al ooit enige vorm van dwelms soos bv. kokaine, crack of freebase gebruik?

A: Ja

B: Nee

24) Het jy al ooit gom gesnuif, die inhoud van spuitkannetjies ingeasem of enige verf ingeasem om "high" te wees?

A: Ja

B: Nee

25) Het jy al ooit heroien gebruik (ook genoem smack, junk of china white)?

A: Ja

B: Nee

26) Het jy al ooit methamphetamines (ook genoem speed, crystal, crank of ice) of ecstasy gebruik?

A: Ja

B: Nee

27) Het jy al ooit steroïdes geneem sonder 'n dokter se voorskrif?

- A: Ja
- B: Nee

28) Het iemand vir jou 'n onettige dwelmmiddel aangebied, aan jou verkoop of vir jou gegee op die skoolterrein gedurende die afgelope 12 maande?

- A: Ja
- B: Nee

Die volgende vrae handel oor seksuele gewoontes.

29) Het jy al ooit seks gehad?

- A: Ja
- B: Nee

30) Hoe oud was jy toe jy die eerste keer seks gehad het?

- A: Ek het nog nooit seks gehad nie.
- B: 11 jaar of jonger
- C: 12 jaar oud
- D: 13 jaar oud
- E: 14 jaar oud
- F: 15 jaar oud
- G: 16 jaar oud
- H: 17 jaar oud of ouer

31) Het jy al met meer as een persoon seks gehad?

- A: Ja
- B: Nee

32) Was jy al swanger of het jy iemand swanger gemaak?

- A: Ja
- B: Nee

Die volgende vrae handel oor ander gewoontes.

33) Kyk jy meer as 2 ure gemiddeld televisie op 'n dag?

- A: Ja
- B: Nee

Afdeling C: Spirituele Welsyn

Kies vir elkeen van die stellings watter nommer die beste by jou pas en merk dit duidelik af.

- 1- stem heeltemaal saam
- 2- stem saam
- 3- stem soort van saam
- 4- stem nie rerig saam nie
- 5- stem nie saam nie
- 6- stem glad nie saam nie

1)	Ek kry nie baie tevredenheid uit persoonlike gebed met God nie.	1	2	3	4	5	6
2)	Ek weet nie wie ek is nie, waar ek vandaan kom nie of waarheen ek gaan nie.	1	2	3	4	5	6
3)	Ek glo dat God my liefhet en vir my omgee.	1	2	3	4	5	6
4)	Die lewe is 'n positiewe ervaring vir my.	1	2	3	4	5	6
5)	Ek glo dat God onpersoonlik is en ook nie geïnteresseerd is in my daglikse situasies nie.	1	2	3	4	5	6
6)	Ek voel onseker oor die toekoms.	1	2	3	4	5	6
7)	Ek het 'n persoonlike betekenisvolle verhouding met God.	1	2	3	4	5	6
8)	Ek voel baie vervuld en tevrede met my lewe.	1	2	3	4	5	6
9)	Ek kry nie baie persoonlike krag en ondersteuning van God nie.	1	2	3	4	5	6
10)	Ek voel goed oor die rigting van my lewe.	1	2	3	4	5	6
11)	Ek glo dat God vir my probleme omgee.	1	2	3	4	5	6
12)	Ek geniet nie baie dinge in die lewe nie.	1	2	3	4	5	6
13)	Ek het nie 'n persoonlike verhouding met God wat my tevrede laat voel nie.	1	2	3	4	5	6
14)	Ek voel goed oor my toekoms.	1	2	3	4	5	6
15)	My verhouding met God help my om nie eensaam te voel nie.	1	2	3	4	5	6
16)	Ek voel dat die lewe vol konflikte en ongelukkigheid is.	1	2	3	4	5	6
17)	Ek voel mees vervuld wanneer ek in 'n noue verhouding met God is.	1	2	3	4	5	6
18)	Die lewe het nie baie betekenis of meening nie.	1	2	3	4	5	6
19)	My verhouding met God dra by tot my gevoel van welsyn.	1	2	3	4	5	6
20)	Ek glo dat daar 'n werklike bedoeling vir my lewe is.	1	2	3	4	5	6

Baie dankie vir jou tyd!