

A study focusing on the positive mental health and the health-conscious behaviour of emerging adults

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ABSTRACT

The health status and the health behaviour of young people in the emerging adulthood does not receive much attentiveness and is not a frequently studied area. The researchers direct more attention towards the risky behaviour of this age group, mostly reasoned by the characteristics of their way of life (Susánszky, 2011).

In case of emerging adults (18-29-year-old group), the emotions can often dominate over rational behaviour and, as a consequence, this age group is more inclined to risky behaviour. Therefore, the vulnerability of self-regulation must be taken into account when this age group is considered. In order to strengthen the preventive health behaviour, in addition to behavioural changes, this age group must be assisted in the development of self-regulation and -identification.

Accordingly, this study focuses on the psychic factors and resources that facilitate the health-conscious behaviour of young people in the emerging adulthood.

The cross-sectional study was conducted for a year, and the sample was set up by a non-probability sampling method. Questionnaires were used, made up from offline (on paper-pen basis) and online filling.

The sample of 860 people (18-29 years old) comprises 233 male (27.1%) and 627 female (72.9%). The average of age is 22.56 years (LSD=2.99).

In the sample, 18.45% of the emerging adults live *full life*. The 3:1 ratio of positive-negative emotions can be assigned to 36.12% of the sample and predicts the "flourishing" of their optimal mental health, while the 2:1 ratio implies the "stagnating" health status of 29.41% of the sample.

Key words: emerging adulthood, positive mental health, health-conscious behaviour

INTRODUCTION

Wickrama et al. (2010) emphasizes that young people ought to be aided to become more and more capable to cope with the increased emotional, social, financial and personal difficulties in adult life. Those buffer factors and individual characteristics should be elaborated that could serve as protective factors both from the aspect of lifestyle and health behaviour.

According to Székely, Susánszky and Ádám (2013), in addition to the risky behaviour of young people, the mental health status should also be addressed, since the two are interrelated. For this reason, the improvement of mental health status should also be integrated into the focus of the prevention and intervention programs. The importance of this issue can be pinpointed by the fact, that the mental and spiritual health status of the Hungarian population has been estimated to be poor. Bearing in mind such indicators, as life satisfaction, happiness and living a full life, most European countries are ahead of Hungary, and our country lags behind on global scale as well, having the position 110 in 156 surveyed countries (Tózsér, 2019).

To complete the concept of positive mental health, the term "flourishing" has been created, in which the high level of subjective emotional well-being is combined with the optimal level of psychological and social well-being (Keyes, 2002). The state of flourishing enables the high-level positive functioning of the individual's psychic functions (Keyes, 2005).

The low level of mental health may be associated with unhealthy lifestyle and/or physical illness (WHO, 2004).

It would be inevitable to incorporate the results of the positive health psychology into the efficient and modern national health programmes, which enable to extend the positive psychological resources that are indispensable for the successful adaptation (Pikó, 2004).

According to Sirois (2015), emerging adulthood is an important life stage from the aspect of behavioural change. He underlines

the importance to study this age group because their self-regulation is still in the phase of development. The immaturity may lead to imbalance, which can be the reason that the emotions take command over the rational behaviour. Therefore, young people in the emerging adulthood are more predisposed to risky behaviour. The vulnerability of self-regulation has to be considered with this age group and the development of self-regulation and -identification should be enhanced in order to boost the preventive health behaviour.

The most important concepts of the theoretical framework are included in Table 1.

Table 1. The list and explanation of the most important concepts of the study

Concept	Explanation
Emerging adulthood	It relates to young people, who have already left behind the dependency of childhood and adolescence, but do not perform the tasks belonging to the adult role yet (Arnett, 2000). In this study they are identified as the age group of 18-29-year-old
Resources of health-conscious behaviour	They include the factors that advance the recovery of the person's balance and simultaneously enhance the experience of higher level of health and well-being (Antonovsky 1979, 1987).
Positive mental health	It means positive mental well-being, during which the person can flexibly cope with a range of stressors and realize personal progress. The person possesses inner emotional capacity (WHO, 2004).
Concepts of well-being	Subjective well-being (hedonism): the goal is to experience enjoyment and to avoid pain. The well-being consists of pleasure and happiness in this context (Kahneman et al, 1999). Psychological well-being (eudaimonia): the goal is to exploit the potentials of the individual, to attain self-actualisation, personal development and positive psychic functioning (Ryff and Keyes, 1995). Orientations to happiness: The entirely satisfied and happy life can emerge only if hedonism, eudaimonia and the flow experience (Csíkszentmihályi) are fulfilled simultaneously (Peterson, Park and Seligman, 2005).
Successful self-regulation	It covers the strategic activation of thoughts, emotions and acts (Cantor, 1990; Kuhl, 2000). The effective self-regulation is extremely resource-consuming (Baumeister et al., 2006). Stressful assignments and life events deplete and exhaust the psychic resources (Baumeister et al., 1998).
Positive emotions	Positive emotions stimulate the activity and creativity and advance the development of the behavioural skills, so they widen the range of the person's pattern of thinking and acting (Fredrickson, 2004). Negative emotions, on the contrary, are destructive and have adverse effects by narrowing the person's thinking and acting (Fredrickson, 2004).
Positive mental health, „flourishing“	It results from experiencing the positive-negative emotions in 3:1 ratio (Fredrickson, 2004).

Successful self-regulation requires the strategic mobilization of thoughts, emotions, and actions, especially when obstacles and conflicts arise in-between the goals (Cantor, 1990; Kuhl, 2000).

First of all, the *self-regulatory capacity* has to be identified in connection with self-regulation. There are different theoretical approaches to this item and its functioning, from which basically the strength model was chosen and applied in this study. The essence of this theory is that each individual has one energy resource and this resource has a limited capacity (Muraven és Baumeister, 2000; Baumeister, Vohs és Tice, 2007). Individuals take the energy from this resource for all acts that require self-regulation, in other words, whenever it is necessary to implement a conscious, goal-oriented behaviour, which, although rewarding in the long run, may lead to inconveniences and sacrifice in the short term, e.g. the decision for health-conscious behaviour (Hagger, 2010).

It can be established, that the efficient self-regulation is an extremely energy-consuming process (Baumeister et al., 2006). Stressful assignments and difficult periods in life can deplete and exhaust the psychic energy resource (Baumeister et al., 1998). The fact must also be taken into account that the depleted energy can be replenished more slowly than it was consumed. This problem can be solved either by the proper allocation of the energy resource among the assignments to be accomplished or by stimulating the replenishment with the help of positive emotions and relaxation (Hagger et al., 2009; Muraven and Baumeister, 2000).

RESEARCH GOALS

The overall goal of the research is to study the emerging adults (in the age group of 18-29 years):

- Which are the characteristics of their mental health and health-conscious behaviour?
- Which ones from the for them available resources, such as acceptable level of well-being and the proper ratio of positive-negative emotions, enable the promotion and maintenance of health-conscious behaviour?

METHODS

The cross-sectional study was conducted for a year and the sample was set up by a non-probability sampling method. The participation in the study and inclusion in the sample was on voluntary and anonymous basis, the only criteri-

on being the age, which had to be 18-29 years. After excluding the incomplete questionnaires, 860 entities were included in the sample, made up from 296 offline (on paper-pen basis) and 564 online completed questionnaires.

Measures used in the research

Block 1: General sociodemographic data

Block 2: Measure of the parameters of positive mental health

- A. The WHO Well-Being Index (WBI-5) (Susánszky et al., 2006)
- B. Satisfaction with Life Scale (SWLS-H) (Martos et al., 2014)
- C. Psychological Well-being (PWB) (Oláh, personal communication)
- D. Orientations to Happiness Scale (OTH-H) (Szondy and Martos, 2014)
- E. Positive and Negative Affect Schedule (PANAS-H) (Gyollai et al., 2011)

Block 3: Measure of the indicators of health-conscious behaviour: frequency of medical screenings, self-examination, healthy diet, daily fluid intake, oral hygiene, physical activity, safe partying, safety in sexual life and in road traffic.

STATISTICAL ANALYSIS

The data processing and statistical analysis was done with the statistical software package SPSS for Windows 19.0. The indicator "*cumulative health-conscious behaviour*" was developed in order to draw statistical conclusion with hypothesis testing. A categorized variable was created by using the "cut point" method (the sample was divided into two parts by using the average of the independent variable, and the *values below the average were marked with 1, and those above the average with 2*). The mathematical-statistical methods Analysis of Variance (ANOVA), Tukey's b post hoc test, LSD test, cluster analysis, and Mann-Whitney U test were applied in analysing the hypotheses.

RESULTS

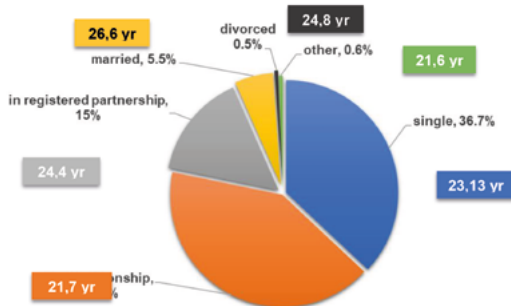
INTRODUCTION OF THE SAMPLE

The sample of 860 people comprises 233 male (27.1%) and 627 female (72.9%).

The average of age is 22.56 years (LSD=2.99), for male 22.42 years (LSD=2.8) and for female 22.61 years (LSD=3.1), with no significant difference between them ($p=0.425$).

The analysis of the marital status showed that the predominant part of the sample was not involved yet in any seriously taken relationship in terms of the adult role (single 37%; going steady 41%; in registered partnership 15%; married 5.5%, divorced 0.5%, other 1%) (Figure 1).

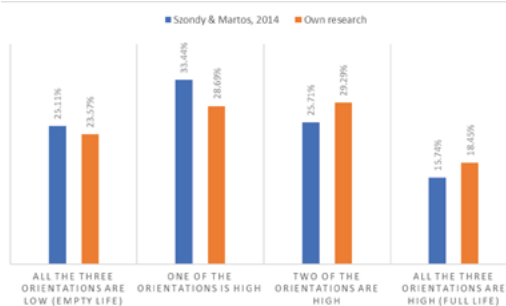
Figure 1. Distribution of marital status in relation to age (N=860)



The emerging adults' positive mental health in the sample

In the sample, 18.45% of the emerging adults live *full life*, experiencing the high level of all the three of the following factors, specified as the orientation to Life of meaning, Life of pleasure and Life of engagement; and 29.9% stated *high level of orientation to two* of them, respectively. These ratios are slightly higher than in the domestic statistical reports (Figure 2).

Figure 2. Orientation values of the Happiness Orientation Scale (N=860)



The 3:1 ratio of positive-negative emotions can be assigned to 36.12% of the sample and predicts the "flourishing" of their optimal mental health, while the 2:1 ratio implies the "stagnating" health status of 29.41% of the sample.

In the sample of the emerging adults the level of the subjectively experienced health is higher than the normative data, namely, 73.3% of male and

65.7% of the female judged their health status good or very good.

The emerging adults' health behaviour in the sample

The results of this study scored higher in certain areas of the health-conscious behaviour than the domestic statistical data. In the sample, 42.9% of the male and 51.5% of the female saw the dentist for annual dental check-up. In the sample, 65.7% of the emerging adults brush teeth twice a day, with the male in 49.8%, and the female in 71.6%. The majority of those in the sample, who have sex life (63.7% of male and 65.3% of female) always take care to avoid unexpected pregnancy. In the sample, 52.7% uses contraceptives like the condom (16.4% of the male) or intrauterine devices (36.3% of the female).

The safety in partying is an attribute of the emerging adults' majority. Most of them, 74.2% in the average of the sample (specifically 72.6% of the male and 74.8% of the female) have never accepted the drink offered by a stranger or left their drink without control. They mostly refuse (in the average of the sample 75.5%, with 74.4% of the male and 75.9% of the female) to be accompanied by an unknown person when leaving the party.

The results of this study were in certain areas below the domestic statistical data. In the sample, 33.6% of the male and 48.8% of the female eat vegetables and fruit every day. In the sample, the frequency of the regular physical activity is also lower, shown by the result that 51.7% of the male and 42% of the female do regularly exercises beneficial to the health. In the sample, nearly three quarters of the emerging adults, exactly 70.4%, fasten the safety belt, when driving or travelling in a car.

RESULTS

Reminder: In order to evaluate the health consciousness statistically, a categorized variable was created by using the "cut point" method (the sample was divided into two parts by using the average of the independent variable, and the values below the average were marked with 1, and those above the average with 2).

The measures **WHO Well-Being Index** (1= 360.57; 2= 496.43; WBI average; U=62520, p<0,001) and the **Satisfaction with Life Scale** (1= 364.97; 2= 496,03; SWLS average; U=64273, p<0.001) reflected that the young people with higher fulfilment of the adult role have higher well-being.

The same was confirmed by the 5-point scale of **Psychological Well-Being**. In each of these measures, the above-mentioned hypothesis was verified. The autonomy scale, however, revealed high level of independence between the two extreme subscales denoting the fulfilment and the non-fulfilment of the adult role. The same was true in relation to having a job, because the connectedness is lower than in the relation of having steady partnership and home (Table 2).

Table 2. The relation between health consciousness and Psychological Well-Being (PWB) (N=859)

cumulative health-conscious behaviour categories	PWB scale average	
1 - under average	410,86	Autonomy
2 - above average	449,19	
1 - under average	366,37	Environmental Mastery
2 - above average	490,34	
1 - under average	375,43	Personal Growth
2 - above average	485,57	
1 - under average	387,16	Positive Relations with Others
2 - above average	469,84	
1 - under average	381,02	Purpose in Life
2 - above average	474,87	
1 - under average	368,46	Self-acceptance
2 - above average	491,40	
1 - under average	350,01	total of PWB
2 - above average	496,65	

In all of the tests measuring and the well-being in its totality, the higher level of well-being could be observed in case of the emerging adults with preventive health behaviour. The Orientation to Happiness Scale (Table 3) showed that the young people living "full life" exhibited the highest value of preventive health behaviour ($F=9.62, p<0.001$). The concept of full life involves high inspiration

to find the meaning, pleasure and engagement in life. Zadworna-Cieślak (2018) also found that those emerging adults who are happier and experience higher level of well-being give preference to the preventive health behaviour to higher certainty because they regard it as the resource of positive and happy life, and appreciate it as a valuable item.

Table 3. The relation between health consciousness and orientations to happiness (N = 840)

Clusters	N	Average of health-conscious behaviour	Scatter
Cluster 1: Includes those individuals, whose values are below the average in all the three orientations (empty life)	170	0.54	0.14
Cluster 2: Includes those individuals, whose values are above the average in all the three orientations (full life)	166	0.63	0.14
Cluster 3. Includes those individuals, who endorse pleasure and are emotionally involved	157	0.58	0.16
Cluster 4: Individuals with average scores of orientations	224	0.62	0.14
Cluster 5: Covers the group of individuals who focus explicitly on Life of meaning	123	0.59	0.15



The emerging adults having 1:2.57 ratio of negative-positive emotions (Cluster 4), which approaches the optimal ratio, have significantly the highest health-conscious behaviour score. Anyhow, the individuals in Cluster 2 having 1:0.76 ratio

of emotions, which represents the experience of high negative emotions above the average and the positive emotions below the average have the least health-conscious behaviour in the sample ($F=35.29; p<0.001$) (Table 4).

Table 4. The relation between health consciousness and PANAS clusters

Clusters	N	Average of health-conscious behaviour	Scatter
Cluster 1: high negative emotions above the average and high positive emotions, ratio 1:1.35	178	0.60	0.14
Cluster 2: high negative emotions above the average and positive emotions below the average, ratio 1:0.76	115	0.50	0.15
Cluster 3: negative emotions below the average and positive emotions below the average, ratio 1:1.57	250	0.56	0.14
Cluster 4: negative emotions below the average and positive emotions above the average, ratio 1:2.57	307	0.65	0.14

The dominance of negative emotions can lead to risky behaviour, whereas, the positive emotions stimulate the health-conscious behaviour (Ferrer and Mendes, 2017).

THE LIMITATIONS OF THE RESEARCH

Due to time and cost considerations, the present study was done by a non-probability sampling method, namely the snowball sampling and based on availability.

Women, and people in touch with higher education were over-represented in the sample and this socio-demographic factor explains the more favourable and more health-conscious responses.

It presented difficulty to create the “cumulative health-conscious behaviour” indicator objective-

ly. Namely, the related literature does not imply clear suggestions whether the different elements of behaviour (e.g. nutrition, physical activity, frequency of health screening etc.) have the same weight in health consciousness.

SUMMARY

This study has been imbedded into the theoretical framework of positive psychology and salutogenesis, with focus on the psychological factors and resources that help the development of the emerging adults’ health-conscious behaviour. According to Susánszky (2011), the health consciousness of this age group is a rarely addressed research area, what is more, the behavioural change in this period of life has not been identified as an issue in need of research (Sirois, 2015).

The aim of this study was to explore the positive mental health, health-conscious behaviour and their interrelation in case of emerging adults (the age group of 18-29 years old). The present research focused on the positive mental health, involving well-being and the experienced ratio of positive and negative emotions.

The results have evidenced that those who experience the positive mental health "flourishing" (high level of well-being, happiness, satisfaction and higher ratio of positive emotions) can develop higher level of health consciousness. These factors are resources, which enable the higher rate and positive stimulation of other psychic functions. One of the manifestations can be the well-functioning health consciousness. The health-protecting activities need a lot of psychic energy investment supplied by happiness and the from it originating higher energy capacity.

Recreational and mental hygiene programs have been recommended to provide more chance to experience the positive impressions and emotions. The trainings associated with Arts Therapy could endorse the emerging adults' personality development, positive mental health and health consciousness in a complex way.

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