

EXAMINING THE IMPACT OF A HEALTH PROMOTION PEER EDUCATION PROGRAMME ON ADOLESCENTS' SELF-ESTEEM, PEER RELATIONSHIP CULTURE AND MOTIVATION

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Abstract

Fostering positive self-esteem is key to promoting healthy behaviour in adolescents. Adolescents need to be taught to recognise negative inner voices, challenge them and replace them with positive reinforcements. Providing opportunities for peer and emotional support is also key to promoting positive self-esteem. We plan to develop a peer educator health promotion programme to create a viable peer educator model, supported by measures of effectiveness. The proposed peer educator health promotion model programme is called 'The Way to Go' and will target a group of high school youth. The peer educators are health science students currently studying for a degree in health visitors. The programme is based on three interrelated themes: self-awareness, peer relationships and motivating life goals. Our study presents the literature that supports the rationale for the proposed programme.

Keywords: *adolescence, health behaviour, risk behaviour, peer education, self-esteem, motivation, social relations*

1. Introduction

Health promotion for adolescents is a priority today because of the impact of health behaviours established in childhood on later health and lifestyle in adulthood. Current students in health science courses are the custodians of future health promotion, and there is ample evidence that information from

contemporary educators is welcomed by adolescents, which can increase the effectiveness of health promotion.

Within the framework of a research group at the Selye János Szakkollégium of the Faculty of Health Sciences of the University of Miskolc, we plan to establish a peer educator health promotion programme with the aim of creating a usable peer educator model programme supported by effectiveness measurements. The planned model peer educator health promotion programme is called "The Way to Go" and is aimed at a group of adolescents in secondary school. The programme is designed around three interrelated themes: self-awareness, social relationships and motivational life goals. The educational programme will include the development of up-to-date session plans based on literature, with training elements, and the development of tests to measure effectiveness.

The themes of the "The Way to Go" model peer education health promotion programme aims to develop students' realistic self-awareness and self-esteem, their motivational life goals and social relationship culture and thus their mental health. The aim of this study is to present and explore the relevant literature, which will help to lay the foundations for the planned programme.

1.1. The development of identity

Identity is a mental construct that is a conscious experience of the self that emerges from interaction with social reality and is seen as the solid foundation of our personality (Erikson, 1968). Erikson sees identity as a constructive element of personality that develops continuously from early childhood and becomes significant and conscious during the psychosocial crisis period of adolescence, the "formation of identity as opposed to role diffusion". During adolescence, conflicts from earlier stages of development are revived and earlier identities and continuities are challenged. "Childhood identifications are no longer sufficient and it becomes necessary to revisit earlier identifications (role identifications) and introjections (projections of external experiences) and to integrate them at a higher level into the self identity." (Rivnyák et al., 2020) The end result of these processes will be identity, a sense of an integrated self.

The resolution of the adolescent crisis provides a stable anchor for adult life, enabling the person to be ready to face the future challenges of life. Identity formation can be described as a continuous process of balancing the boundaries of self and other, leading to an increasingly elaborated and differentiated sense of identity (Kroger, 2004). Identity crises can therefore naturally occur (e.g. "mid-life crises") as the world around us is constantly changing, forcing us to constantly redefine ourselves.

1.2. Definitions of self-worth and self-esteem

Self-evaluation is a cognitive component of the self-schema, but also an attitudinal component that determines the extent to which a person tends to evaluate himself positively and reject negative attributes (Csibi et al., 2013). In the Hungarian literature the terms self-evaluation and self-esteem are used in the same way, whereas in the international literature the two terms are used differently. In the international literature, the definition of "self-esteem" predominates. The meaning of self-esteem tends to refer to an outcome with a positive connotation, which is why the Hungarian term "self-esteem" captures it more accurately. On the other hand, "self-development", which is also frequently used, is a definition of the process of evaluative qualification itself, which is closer to the Hungarian "self-esteem". According to Baumeister, self-esteem expresses the positivity of a person's self-evaluation, "i.e. self-esteem is the evaluative aspect of reflective consciousness: the value judgement made on the basis of self-knowledge". (V. Komlósi et al., 2017)

Self-esteem is shaped by different factors at different ages; for example, in childhood and adolescence, physical characteristics or acceptance by others are prominent, whereas in adulthood it is more the components of personal virtues and morality that are significant and dominant. What shapes our self-esteem in all cases and at all stages of life is the relationship between the different components of the self. One of the self-components is the so-called "ideal self", the self a person wants to become. There is also the 'actual self', which is what the person is, and the 'expected self', which is what others would like the person to be. (Csibi et al., 2013, V. Komlósi et al., 2017)

Self-esteem is a fundamental aspect of adolescent development that influences many healthy behaviours. Adolescence is a critical time for individuals in their identity formation, and self-esteem plays a crucial role in this process (Tringer, 2019). Through the process of self-evaluation, individuals gather information about themselves and decide what they think of themselves based on what they experience.

Positive self-esteem is determined by a number of influences, including a protective family environment (Kőrössi, 1997), supportive peer relationships and social acceptance, and is also significantly influenced by academic achievement and a sense of accomplishment (Harmatiné, 2011; Mező, 2010). Adolescents who have a supportive family, positive peer relationships and academic success are more likely to have high self-esteem. Conversely, those who experience rejection, bullying or academic failure are more likely to have low self-esteem. In addition, social media and social pressures can negatively affect self-esteem by setting unrealistic beauty standards as a model to follow and by promoting negative habits of comparison and competition (Andre et al., 2013.)

1.3. Links between self-esteem, motivational life goals, supportive peer relationships and health behaviour

Health behaviour is the set of behaviours, actions and habits that influence the development of our health (Lobanov-Budai, 2012). One type of health behaviour is preventive, i.e. health-promoting behaviour, such as healthy eating or physical activity; another type is risk behaviour, i.e. behaviour that puts health at risk, such as smoking, alcohol and drug use (Pikó, 2002).

Therefore, understanding the relationship between adolescents' self-esteem, motivations, relational networks and health behaviours is essential for creating positive health behaviours. Several studies have shown that self-esteem is strongly associated with risky health behaviours such as smoking and alcohol consumption (Pikó, 2002; Mcgee, 2000). Adolescents with high self-esteem are more likely to engage in behaviours that promote positive health, such as regular exercise, healthy eating and mental health protection. They are also less likely to engage in risky behaviours such as smoking, drinking and drug use. (Mcgee, 2000).

How can we relate the above discussion on self-esteem to motivating life goals and peersupport? The psychological meaning of life is a multidimensional concept. Its internal structure consists of three components: cognitive (awareness of the meaning of life), emotional (emotions that accompany the meaning of life) and motivational (internal drives to achieve life goals). According to Reker and Wong, "the meaning of life is thus the ability to recognise the order and interconnectedness of things in our existence, to pursue and realise our goals, and thereby to experience the fulfilment of our lives" (Reker et al., 1988.).

As the life cycle changes, different motivations and goals come to the fore in each individual's life. Life goals play an important role in the optimal psychological development of adolescents (Damon et al., 2003). Adolescents with realistic life goals, who live their lives meaningfully, report far fewer psychological problems and much more positive mental well-being (Shek, 1998). In other words,

individuals with good mental well-being are characterised by a strong, motivating set of life goals and a commitment to these goals linked to their personal development. Jámbori has investigated the role of the school environment in influencing adolescents' motivation and vision of the future. He found that there is a significant difference between boys and girls: girls are more motivated and have more positive attitudes towards school, while boys are more depressed and less motivated. They also have very different ideas about their future: girls have more concrete ideas about their future, both in terms of participating in education and starting a family, while boys tend to focus more on possessions and happiness (Jámbori, 2003; Jámbori, 2007). Thus, the immediate and extended family milieu, as well as environmental factors and stimuli at school, have a significant impact on adolescents' self-esteem and the development of their life goals.

As we can see, the healthy psychological development of adolescents is influenced by many factors. We are now adding the third factor, which we believe to be of paramount importance: social impact. Social life plays a vital role in the lives of adolescents, during which time they 'level up' in the development of social relationships: they learn to accept, to be true first to themselves, then to others, and to adapt. It is in the company of friends and peer groups that they can develop themselves, learn about their identity and develop their social skills. All this has a positive impact on their developing personality, but it is also often the case that a group of friends can have a negative impact on the individual, either in terms of values or behaviour. Young people then try to find out who they are, push their boundaries and as a result they may engage in unhealthy behaviours such as smoking, drinking, irresponsible sexual behaviour, possibly drug use (Költő et al., 2013). In most cases, they do this to fit in, under the influence of friends. In this case, even if there is a good parent-child relationship, peers have a stronger influence on each other than parents have on the adolescent (Hüse et al., 2016). Peer pressure thus leads to more frequent risky behaviour (Pikó, 2010).

The need to fit into a peer group is very strong at this age, and this can make adolescents more impressionable, making them more likely to adopt the values and norms of the group and thus more likely to be persuaded to engage in health risk behaviours. However, peer groups can also provide a safe environment for adolescents, and the level of peer devotion they receive from their friends can play an important and positive role in their lives. For the latter developmental effect to be effective, adolescents need to be able to build peer and mutual relationships, and to develop and maintain close and lasting relationships (Kasik et al., 2021; Jaccard et al., 2005). Choices made during school years have a significant impact on health behaviour and will determine health in adulthood. Positive experiences can be protective for health, while negative experiences can be a risk (Karácsony et al., 2020; Karácsony et al., 2022.)

1.4. The impact of contemporary or peer education

Adolescence is a time of rebellion, so young people often distrust anyone who tries to limit them. If an adult tries to give good advice or a message, young people often take it as an attack. To avoid this familiar mechanism, peer education and peer support programmes have been developed. The idea is that students with the right background and communication skills can pass on their knowledge and give advice to young people at school, as information from a peer is more credible and accepted by the students because the teacher is also "one of them". Through interactive sessions, students are involved in the discussion, mobilised and a climate of trust is created in which they can be convinced of the importance of healthy lifestyles, responsible relationships and the negative effects of harmful addictions. To be a credible peer educator, you need to be non-smoking, sober, drug-free and empathetic. In this

way, peer educators are looked up to in their communities and can become potential role models for young people. (Simon, 2019).

The method of peer education in health promotion programmes is well known internationally, its effectiveness is considerable and it is supported by various psychological and sociological theories. Moreover, it is beneficial not only for the target group, but also for the peer educator, who develops his/her knowledge, social attitudes and personality (Lehotsky et al., 2018).

Peer education as a pedagogical method in the field of health promotion became relevant in the second half of the 20th century. The number of peer health promotion programmes increased from the 1970s onwards, as health behaviour and thus individual responsibility for health promotion became more important. While most of the early initiatives focused on risk behaviours such as smoking and substance use, in recent decades peer educators have also been trained for sexuality education programmes, working with peers of similar age to provide education and prevention. In Hungary, the most widely published peer educator programme is the TANTUdSZ programme of the Faculty of Health Sciences of Semmelweis University. Their results show that their health promotion peer education programmes have been effective to varying degrees in all age groups. There was a clear positive change in knowledge, but also in attitudes, skills and health behaviour in several cases (Feith et al., 2015; Feith et al., 2016; Feith et al., 2020).

2. Methods of the planned research programme

The target population of the study is 10th grade students, the planned sample size is 120 students, equally divided by gender. The study will be conducted in a secondary school in Miskolc with the written permission of the headmaster and the written consent of the parents of the students. We have a research ethics approval for the study.

Self-evaluation, motivation and peer relationships will be assessed with a questionnaire, followed by the implementation of the contemporary health promotion programme (2 x 45 minutes in all three topics). We will then measure the effectiveness of the programme.

To create our questionnaire, we used some questions from the HBSC research questionnaire and validated psychological tests. The HBSC is an international research on the health behaviour of school-age children, conducted in cooperation with the WHO. Hungary has been participating in this large-scale project, which consists of four-year research cycles, since 1985. The last representative data collection took place in 2022. The fact that one group of questions in our questionnaire is taken from the HBSC research questionnaire is important to us, as it allows our results to be compared with the results of the national measurement.

In addition to background factors, our questions relate to subjective well-being and we examine the components of health behaviour (dietary habits, physical activity, risk behaviour, sexual behaviour). The validated psychological tests have been chosen so that we can measure the three variables under investigation (motivational life goals, self-esteem and social relationships). Therefore, the Abbreviated Aspiration Index, Rosenberg's Self-Esteem Scale and sociometry are included.

3. Expected results

It is expected that the peer educator health promotion programme will have a positive impact on the three target areas (self-esteem, motivation, social relationships) and that higher self-esteem, the emergence of motivating life goals, the culture of social relationships and the strengthening of social competence will have a positive effect on health behaviour.

4. Conclusion

Adolescents are an important target group for health promotion due to increased health risks and risk behaviours. Negative peer pressure is the phenomenon described in many studies in which young people persuade each other to use alcohol or drugs, to smoke and to have an irresponsible sex life. At the same time, if young people can influence each other negatively, this phenomenon can also be reversed in the direction of positive influence. This is what peer education as a method is based on. After reviewing the relevant literature, we have concluded that it supports the conclusions we have drawn from the literature to support the development of the proposed programme.

References

- [1] Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: W. W. Norton. ISBN:0393311449
- [2] Rivnyák, A., Láng, A., Péley, B., Nagy, G., Nagy, E., Bóna, A. (2020). Az identitásfejlődés felmérése serdülőkorban kérdőív magyar adaptációja (AIDA-Hungary) serdülők nem klinikai mintáján. *Magyar Pszichológiai Szemle*, 75(2), 247–269. <https://doi.org/10.1556/0016.2020.00015>
- [3] Kroger, J. (2004). *Identity in Adolescence. The Balance between Self and Other*. London: Routledge. ISBN: 9780203346860
- [4] Csibi, S., Csibi, M. (2013). Az önértékelés és a megküzdés szerepe a serdülők egészségvédő magatartásában. *Mentálhigiéné és Pszichoszomatika*, 14(3), 281–295. <https://doi.org/10.1556/Mental.14.2013.3.5>
- [5] V. Komlósi, V., A., Rózsa, S., S. Nagy, Z., Sági, A., Köteles, F., Jónás, E. (2017). A vonásönbecsülés/önértékelés kérdőíves mérésének lehetőségei. *Alkalmazott pszichológia*, 17(2), 73–108. <https://doi.org/10.17627/ALKPSZICH.2017.2.73>
- [6] Tringer, L. (2019). Az identitás. *Vigilia*, 84(4), 293–294.
- [7] Körössy, J. (1997). Az énkép és összefüggése az iskolai teljesítménnyel. In A. Mészáros (Ed.), *Az iskola szociálpszichológiai jelenségvilága* (pp. 67-85). Budapest: ELTE Ötvös Kiadó.
- [8] Harmatiné Olajos, T. (2011). Szülők, óvodások, szorongások – az iskolakezdés lelki terhei. In M. Chrappán (Ed.), *Az iskolakezdés pedagógiai kihívásai* (pp. 6-7). Debrecen: Magyar Óvodapedagógiai Egyesület. ISBN: 9789634734291
- [9] Mező, F. (Ed.) (2010). *Tehetségkutatás - határon innen és túl...* Debrecen: Kocka Kör Tehetséggondozó Kulturális Egyesület. p. 86-93. ISBN:9789638748881
- [10] André, C., Lelord, F. (2013). *Önbecsülés*. Park Kiadó, Budapest. ISBN:9789633555293
- [11] Lobanov-Budai, É. (2012). A szülői nevelési stílus és az önértékelés kapcsolata a serdülők egészség-magatartásának tükrében. *Acta Sana „Mens sana in corpore sano” Az egészségügyi és a szociális ellátás elmélete és gyakorlata*. A Szegedi Tudományegyetem Egészségtudományi és Szociális Képzési Kar Tudományos Kiadványa, 7(2), 42–43.
- [12] Pikó, B. (2002). *Egészségtudatosság serdülőkorban*. Akadémiai Kiadó, Budapest.

- [13] Mcgee, R., Williams, S. (2000). Does low self-esteem predict health compromising behaviours among adolescents? *Journal of Adolescence*, 23(5), 569–582.
<https://doi.org/10.1006/jado.2000.0344>
- [14] Reker, G. T., Wong, P. T. P. (1988). *Aging as an individual process: Toward a theory of personal meaning*. In: J. E. Birren & V. L. Bengston (Eds.), *Emergent theories of aging* (pp. 214–246). Springer Publishing Company.
- [15] Damon, W., Menon J., Bronk, K. C. (2003). The development of purpose during adolescence. *Applied Developmental Science*, 7, 119–128. https://doi.org/10.1207/S1532480XADS0703_2
- [16] Shek, D. T. (1998). Adolescent positive mental health and psychological symptoms. A longitudinal study in Chinese context. *Psychol: Int. J: Psychol Orient*, 41, 217–225.
- [17] Jámbori, Sz. (2003). Az iskolai környezet szerepe a serdülők jövő-orientációjának a kialakulásában. Szegedi Tudományegyetem, Pszichológiai Tanszék. *Magyar Pedagógia*, 103(4), 481–497.
- [18] Jámbori, Sz. (2007). *Hogyan tervezik a serdülők a jövőjüket?* SZEK Juhász Gyula Felsőoktatási Kiadó, Szeged.
- [19] Költő, A., Zsiros, E. (2013). Serdülők lelki egészsége –A magyar iskoláskorú fiatalok mentális egészségének alakulása 2002 és 2010 között. *Education*, 2, 187–200.
- [20] Hüse, L., Huszti, É., Takács, P. (2016). A gyermekvédelem peremén. Negatív életesemények hatása a kamaszok és fiatalok egészségkárosító magatartására. *Metszetek*, 5(4), 80–108.
<https://doi.org/10.18392/METSZ/2016/4/5>
- [21] Pikó, B. (2010). Közösségi hatóképesség és más társas befolyás szerepe a serdülők dohányzásában és alkoholfogyasztásában. In: B. Pikó [Ed.], *Védőfaktorok nyomában. A káros szenvedélyek megelőzése és egészségfejlesztés serdülőkorban* (pp. 87–102). Budapest: L'Harmattan.
- [22] Kasik, L., Tóth, E., Jámbori, Sz., Gál, Z. (2021). Barátságfunkciók serdülőkorban – a McGill Friendship Questionnaire magyar változatának pszichometriai mutatói. *Mentálhigiéné és Pszichoszomatika*, 22(4), 331–351. <https://doi.org/10.1556/0406.22.2021.011>
- [23] Jaccard, J., Blanton, H., & Dodge, T. (2005). Peer influences on risk behavior: An analysis of the effects of a close friend. *Developmental Psychology*, 41(1), 135–147.
<https://doi.org/10.1037/0012-1649.41.1.135>
- [24] Karácsony, I., & Benkő, B. (2020). Pszichoszociális erőforrások (Antonovsky salutogenetikus modellje alapján) és a szabadidőben végzett testmozgás kapcsolatának vizsgálata 16-18 éves fiatalok körében. In Z. Varga, M. Komáromy, & T. Csákvári (Eds.), *III. Zalaegerszegi Egészségturizmus Konferencia Tanulmánykötet* (pp. 72-81). Pécsi Tudományegyetem, Egészségtudományi Kar, ISBN: 978-963-429-533-4.
https://etk.pte.hu/public/upload/files/Egturizmus/III_Zalaegerszegi_Egeszsegturizmus_Konferencia_Tanulmanykotet.pdf

- [25] Karácsony, I., Máté-Póhr, K., Komlósi, Kálmánné, Ferenczy, M. (2022). Health behaviour among high school students investigating the relationship between psychosocial components of school and risk behaviour. *ERUDITIO – EDUCATIO*, 17(2), 79–88.
<https://doi.org/10.36007/eruedu.2022.2.079-088>
- [26] Simon, T. (2019). Kortársoktatás a Semmelweis Egyetemen 1988-2008. F. Feith (Ed.), *Egészségfejlesztés és nevelés. A kortársoktatás pedagógiai módszertana elméletben és gyakorlatban*. Akadémiai Kiadó, Budapest.
- [27] Lehotsky, Á., Falus, A., Lukács, Á., Füzi, A. R., Gradvohl, E., Mészárosné, D. S. et al. (2018). Kortárs egészségfejlesztési programok közvetlen hatása alsó tagozatos gyermekek kézhigiéniés tudására és megfelelő kézmosási technikájára. *Orvosi Hetilap*, 159(12), 485–490.
<https://doi.org/10.1556/650.2018.31031>
- [28] Feith, H. J., Melicher, D., Falus, A. (2015). TANTUdSZ program. Utószó helyett a TANTUdSZ programról. In A. Falus, D. Melicher (Eds.), *Sokszíniű egészségtudatosság, Értsd, csináld, szeresd!* (pp. 293-297). SpringMed, Budapest. ISBN: 978 615 5166 58 7
- [29] Feith, H. J., Melicher, D., Máthé, G., Gradvohl, E., Füzi, R., Falus, A., et al. (2016). Tapasztalatok és motiváltság: magyar középiskolások véleménye az egészségvédő programokról. *Orvosi Hetilap*, 157(2), 65–69. <https://doi.org/10.1556/650.2015.30338>
- [30] Feith, H. J., Mészárosné, D. S., Lukács, J. Á., Falus, A. (2020). Hatékonyság és reflexió - a kortársoktatás pedagógiai módszere az egészségfejlesztés területén. *Magyar Tudomány*, 181(1), 79–89. <https://doi.org/10.1556/2065.181.2020.1.8>