



School differences in adolescent health and wellbeing: Findings from the Canadian Health Behaviour in School-aged Children Study

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ABSTRACT

The goal of this study was to assess the relationship between student- and school-level factors and student health and wellbeing outcomes, and to estimate the variability present at each of the student and school levels for each of three selected health-related outcomes.

The data are from the 2006 Canadian Health Behaviour in School-aged Children (HBSC) study in which Grades 6–10 students ($N=9670$) and administrators ($N=187$) were surveyed. The three outcome measures are Self-Rated Health (SRH), Emotional Wellbeing (EWB), and Subjective Health Complaints (SHC). Individual and school-level effects on the three outcomes were estimated using multi-level modeling. Both individual and school-level factors were associated with students' health. Gender, family wealth, family structure, academic achievement and neighbourhood were significant student-level predictors. We identified random associations between the student-level variables and reported health outcomes. These random effects indicate that the relationships between these student variables and health are not consistent across schools. Student Problem Behaviours at the school were significant predictors of SRH and SHC, while Student Aggression and the school's average socioeconomic standing were significant school-level predictors of EWB. Findings suggest that the environment and disciplinary climate in schools can predict student health and wellbeing outcomes, and may have important implications for school initiatives aimed at students who are struggling both emotionally and academically.

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Introduction

Adolescents spend a substantial portion of their lives in school settings. Their experiences in schools not only affect their academic development but also strongly influence their social-emotional and physical health development, both positively and negatively (Wells, 2000). Specifically, students' health behaviours and their views of themselves are related to their lives in school (Anderman, Maehr, & Midgley, 1999). In addition to the direct teaching of academic skills, schools provide opportunities for adolescents to develop relationally, emotionally, and behaviorally in ways that often have lasting impacts on their lives (Willms, 2004). Given these important impacts of schools, it is not surprising that the values and expectations of society as a whole are reflected in our schools. Educators find themselves under constant demand to validate and legitimize their roles in a changing society, shifting the emphasis on the various outcomes of schooling (Paulus, 2005). Academic outcomes are certainly important facets of "effective

schools" (Rutter, Maughan, Mortimore, Ouston, & Smith, 1979), but they are not the only ones that matter (Hargreaves, 2001). The shifting expectations of schools have resulted in efforts to address students' physical and mental health in addition to conventional academic outcomes.

In response, there has been an ongoing call for school reform efforts to incorporate affective (psychological and emotional) outcomes in conjunction with academic (cognitive) outcomes (Fitz-Gibbon, 2006; Hegarty, 1994; Huebner & McCullough, 2000; Phillips, 1993; Weare & Gray, 2003). These efforts may be particularly important because physical and mental health problems in childhood and adolescence may compromise academic functioning (Field, Diego, & Sanders, 2001; Needham, Crosnoe, & Muller, 2004; Thies, 1999). Moreover, it is becoming more apparent that educational attainment is closely linked to health promotion efforts in school (Paulus, 2005), and how schools promote student wellbeing through their organization and structure (Markham & Aveyard, 2003). Earlier research by Knuver and Brandsma (1993), employing models that examined relationships at the student and school levels, found that schools that were effective in the cognitive outcomes were also effective in promoting the affective outcomes. Therefore, it is reasonable to state that the dimensions that

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constitute effective and good schools, and those that promote the health and wellbeing of students, may not be discrete. These dimensions likely overlap, and efforts to improve student health through broad school interventions contribute to a school's educational aims (Paulus, 2005).

Comprehensive School Health initiatives and their European counterpart, Health Promoting Schools (HPS) have been proposed as having the potential to develop the positive health attributes of students (St. Leger, 2000), and their mental and social wellbeing (Lister-Sharp, Chapman, Stewart-Brown, & Sowden, 2000). HPS principles are rooted in social-ecological models that emphasize the need to address a setting's organizational and structural features (Dooris, 2004). However, there is a lack of operationalisation of these dimensions, particularly as they relate to a school's environment and its links with the community (Deschesnes, Martin, & Jomphe Hill, 2003). As such, identifying school factors and conditions that are associated with student health and wellbeing would be useful for developing HPS initiatives. In response to the need to identify such factors, this study examines the relationships between student- and school-level factors and student health and wellbeing outcomes. Our work was guided by the following research questions.

- To what extent do student health and wellbeing outcomes vary across schools?
- What are the student-level factors that are associated with students' health and wellbeing outcomes?
- What are the school-level factors, as reported by administrators that are associated with students' health and wellbeing outcomes?
- Does the relationship between school-level and student-level variables vary across different school conditions?

Research context

Schools are increasingly recognized as social systems with the potential to enhance the health of their populations (Rowling & Rissel, 2000). These developments are rooted in social-ecological models of health that generally reflect a broad vision of wellbeing that encompasses physical activity, mental and emotional wellbeing, and social cohesion at both the organizational and community levels (Dooris, 2004). Accordingly, the "health promotive capacity of an environment must be defined in terms of the multiple health outcomes resulting from people-environment transactions" (Stokols, 1992, p. 19) and the environmental resources or constraints that could influence personal and collective wellbeing.

The underlying premise of HPS is that longer-term health improvements will only ensue if initiatives are integrated into a broader, multi-faceted health promotion strategy that supports sustained change and moves "beyond the individual to encompass the school environment, structural issues and organizational practice" (Inchley, Muldoon, & Currie, 2007, p. 66). The aims of HPS include improving student healthy behaviours and lifestyles through increased physical activity and improved nutritional practices. Certainly, these outcomes are most often examined in empirical research. Recently, mental health and emotional wellbeing outcomes are also being considered, both as ends in themselves and as pathways to improving academic performance.

Within education, conceptual frameworks examining school effectiveness research view "schooling as a multi-level or nested phenomenon in which the activities at one level are influenced by those at a higher level" (Rumberger & Palardy, 2004, p. 237). Because student-level variables are nested within the higher level

school variables, analyses using hierarchical linear modeling (HLM) enable the disentangling of student and school effects on student indicators and can account for the non-independence of observations within groups (Ma & Klinger, 2000; Raudenbush & Bryk, 2002). HLM analyses allow the separation of two potential sources of variability between schools: school inputs and school processes (Palardy, 2008). School inputs include compositional factors, school resources, and school structures. Compositional factors consist of the social and economic characteristics of the neighbourhood in which the school is located, the demographic composition, and the academic aspirations of the student body. The social characteristics of schools predict school engagement, achievement, and drop-out rates, even after controlling for the effects of students' individual background characteristics (Rumberger & Palardy, 2004; Willms, 2002). The school inputs are considered exogenous to the practices of the school's administrators and teachers (Rumberger & Palardy, 2004; Willms, 2002) yet create a normative environment that promotes or undermines academic learning.

In contrast, school processes are endogenous and have been described as Type B effects, because when statistical adjustments are made for the effects of other factors, they provide a better and more appropriate basis for comparing the performance of schools (Raudenbush & Willms, 1995). School processes refer to how schools are organized and managed, teaching practices within schools, and the climate schools create for student learning (Rumberger & Palardy, 2004). Variations in school processes and practices have been examined in relation to students' academic achievement (Lee, 2000; Ma & Willms, 2004), young people's health complaints (Karvonen, Vikat, & Rimpela, 2005), students' physical and mental health (Ma, 2000), and adolescent risk and health behaviours (Maes & Lievens, 2003). Findings from these studies indicate that differences in school processes are associated with differences in these student outcomes. While variations in outcomes have been identified between settings, there is a continued need to examine the underlying causes of these variations (Duncan, Jones, & Moon, 1998).

Nonetheless, the interactions between-school inputs and processes are complex and are considered to be a function of broader geographic units, such as neighbourhoods. The communities where people live have been linked to variations in individual-level health indicators (e.g., Sampson, 2003; Sellstrom & Bremberg, 2006). Recent studies in education have also hypothesized school factors as intermediaries of the neighbourhoods within which they are located. Schools as mediators of neighbourhood effects have been examined in relation to educational attainment (Brännström, 2008; Kauppinen, 2007) and academic streaming (Kauppinen, 2008). Support for the theoretical frameworks underlying these studies derives from Social Control Theory (SCT) (Jencks & Mayer, 1989, 1990). The SCT as applied to school contexts suggests that schools situated in disadvantaged neighbourhoods may find it difficult to attract and retain qualified teachers and staff compared to schools in more affluent neighbourhoods, and they can also differ on the range and quality of resources available to them (Kauppinen, 2008; Nash, 2003; Wilson, 2004).

One suggested mechanism linking characteristics of a neighbourhood to a school's context is through the 'contagion theory' (Jencks & Mayer, 1989, 1990), which has been the standard explanation for the compositional effects of schools (Dreeben & Barr, 1988 as cited in Kauppinen, 2008). According to the contagion theory, the socioeconomic composition of a neighbourhood determines what kind of behavioural norms are transmitted through peer influence. This contagion of behaviours and attitudes from peers may occur in the school setting. Accordingly, the school neighbourhood may affect its social composition and determine the prevailing educational orientations and normative school ethos

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