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The Association Between Adolescent Self-Reported Physical Activity and Wellness: The Missing Piece for Youth Wellness Programs

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ABSTRACT

Purpose: Potential positive associations between youth physical activity and wellness scores could emphasize the value of youth physical activity engagement and promotion interventions, beyond the many established physiological and psychological benefits of increased physical activity. The purpose of this study was to explore the associations between adolescents' self-reported physical activity and wellness.

Methods: This investigation included 493 adolescents (165 males and 328 females) aged between 12 and 15 years. The participants were recruited from six secondary schools of varying socioeconomic status within a metropolitan area. Students were administered the Five-Factor Wellness Inventory and the International Physical Activity Questionnaire for Adolescents to assess both wellness and physical activity, respectively.

Results: Data indicated that significant associations between physical activity and wellness existed. Self-reported physical activity was shown to be positively associated with four dimensions including friendship, gender identity, spirituality, and exercise—the higher order factor physical self and total wellness, and negatively associated with self-care, self-worth, love, and cultural identity.

Conclusion: This study suggests that relationships exist between self-reported physical activity and various elements of wellness. Future research should use controlled trials of physical activity and wellness to establish causal links among youth populations. Understanding the nature of these relationships, including causality, has implications for the justification of youth physical activity promotion interventions and the development of youth physical activity engagement programs.

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IMPLICATIONS AND CONTRIBUTION

This study suggests that relationships exist between self-reported physical activity and various elements of wellness. These findings may have implications for those seeking to justify youth physical activity promotion interventions or providing ongoing funding or allocation of resources for youth physical activity engagement programs, such as policy-makers and various government bodies.

Physically inactive pursuits during childhood and adolescence, as well as poor physical fitness in adolescence, have both been associated with poor adult health outcomes [1]. This is of

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concern, given the consistent findings of insufficient physical activity among youth populations and the high prevalence of recreational, educational, and occupational activities that do not involve physical activity—particularly not at moderate or vigorous intensities [2]. The latest report from the World Health Organization (WHO) on the Health Behavior in School-Aged Children Study, with 11-, 13-, and 15-year-old pupils in 35 countries of the WHO European Region and in North America,

demonstrated that more than two thirds of young people did not report meeting the current recommendation for physical activity of 60 minutes per day at a moderate-to-vigorous intensity, on 5 or more days a week [3].

The number and magnitude of youth physical activity promotion interventions have been increasing as the preventative focus of contemporary health care moves to target younger age groups. Regular physical activity in youth has various immediate benefits, including improved musculoskeletal health, mental health, growth, and development [4]. Recent systematic reviews have found that physical activity in adolescence had positive short-term effects on self-esteem [5], positive effects on academic performance [6], and the potential to reduce depression [7]. A prospective study including 4,594 adolescents concluded that physical activity was inversely related to depressive symptoms in early adolescence [8]. The potential for physical activity interventions to provide benefits beyond physical health enhances the value of these interventions and provides justification for further research investigating the relationships between physical activity and the wellness of youth from a holistic, rather than a piecemeal, viewpoint.

Wellness has been described as focusing on lifestyle behaviors that contribute toward individuals living to their fullest potential and is often portrayed as multidimensional, whereby these dimensions contribute to make an integrated whole [9]. Although the lack of a “gold standard” definition of wellness has been highlighted as an area of concern in the field [9], several consistencies among wellness definitions and models have been identified. Wellness is often defined as being both holistic and multidimensional, with these dimensions being inter-related [9]. The majority of wellness models [10–14] contain each of the following five dimensions: social, emotional, physical, intellectual, and spiritual wellness. Additionally, some contain psychological [10], occupational [11–13], and environmental [14] wellness dimensions. Wellness is therefore an integrated construct determined by behaviors which facilitate the journey toward optimal states on multiple dimensions. The wellness paradigm offers an important point of difference from related constructs. For example, well-being has been described as the balance-point between an individual's resource pool and the challenges faced, whereby stable well-being is when individuals have the psychological, social, and physical resources they need to meet a particular psychological, social, and/or physical challenge [15]. Health-related quality of life focuses on an individual's functional health status, often with reference to illness or recovery from a disease, including evaluation of symptoms, physical function, cognitive performance, psychological condition, emotional status, and adaptation to disease [16]. The wellness construct may be particularly useful when conceptualizing the benefits (or otherwise) of positive lifestyle behaviors among youth, at a time before chronic diseases associated with negative behaviors have developed.

The Indivisible Self-Model of Wellness (IS-Wel) is an empirically-based model, developed from a factor analysis of Wellness Evaluation of Lifestyle data [17], a previously developed instrument established to measure wellness. The IS-Wel is grounded in Adlerian counseling theory that emphasizes the indivisibility of the self. This is what Adler defined as holism, and it is based on a single, higher order wellness factor that includes all wellness components [18]. The IS-Wel model is shown in Figure 1, and it comprises five higher order factors of the self (creative self, coping self, social self, essential self, and

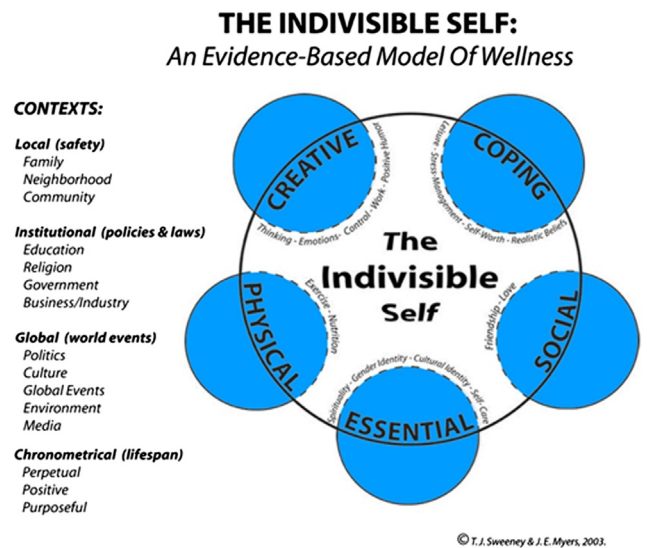


Figure 1. The indivisible self model of wellness, as measured by the Five-Factor Wellness Inventory, including the five higher order factors, and dimensions of which they are comprised. Reprinted with permission.

physical self). The creative self higher order factor includes the dimensions of thinking, emotions, control, work, and positive humor. The coping self higher order factor includes the dimensions of leisure, stress management, self-worth, and realistic beliefs. The social self higher order factor includes the dimensions of friendship and love. The essential self higher order factor includes the dimensions of spirituality, gender identity, cultural identity, and self-care. The physical self higher order factor contains the dimensions of exercise and nutrition.

Positive associations between youth self-reported physical activity and wellness would add to the body of literature supporting the potential inclusion of physical activity as a component within youth wellness programs. Additionally, positive associations between physical activity and wellness would add to the growing evidence base emphasizing the potential value of youth physical activity engagement and promotion interventions, beyond the many established physiological and psychological benefits of increased physical activity. The purpose of this study was to explore the associations between adolescents' self-reported physical activity and wellness domains.

Existing literature indicates that some elements of wellness may be more strongly associated with self-reported physical activity than others. For example, positive associations may be present between physical activity and the IS-Wel dimensions of nutrition [19], self-worth [20], self-care [21], friendship [22], thinking [6], and cultural identity [23]. It is also expected that the exercise subscale (measured in the IS-Wel model as engagement in, and perceptions of exercise and physical activity [24]) may also be positively associated with self-reported physical activity levels. However, this relationship may have an element of circularity, given the content similarities between these two outcomes. Conversely, it is expected that self-reported physical activity may not be associated with a number of IS-Wel dimensions among youth, including realistic beliefs, work, positive humor, love, and emotions [24].

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