

# SUMMARY

## Health Assets for Young People's Wellbeing: THE SALUTOGENIC PERSPECTIVE

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The salutogenesis was the first model and theory systematically exploring health in terms of a development towards the health end of the health – unhealthy (ease/dis-ease) continuum (Antonovsky 1979, 1987). It was later connected to health promotion (Antonovsky 1996). Now thirty years later we have convincing evidence that health promotion is effective if run the salutogenic way (Eriksson 2007, Eriksson and Lindström 2005, 2006, 2007, 2008) and including quality of life (QoL) (Lindström 1994).

There are in fact three things that have to be in place to make health promotion effective:

- Health promotion (HP) according to the WHO Ottawa Charter (OC),
- the salutogenesis (SAL) as the process and
- quality of life (QoL) as the outcome

$$HP(OC) = SAL + QoL$$

The only necessary addition is to build in human rights as a fundament making the value of the human being as an active participating subject a rule. For children and young people this means an active use of the child convention as the value base (UN CRC)

$$HP(OC) = SAL + QoL$$

UN CRC

The evidence of salutogenic research over the life span shows there is a small but rather insignificant advantage for the male. Maybe the world as a system is constructed for the male? However, if the Salutogenesis is implemented we can demonstrate it does reduce inequity. There is a special issue regarding young people. Because of developmental issues in puberty there are periods where the female have significantly lower SOC, just as self esteem is affected in the same direction.



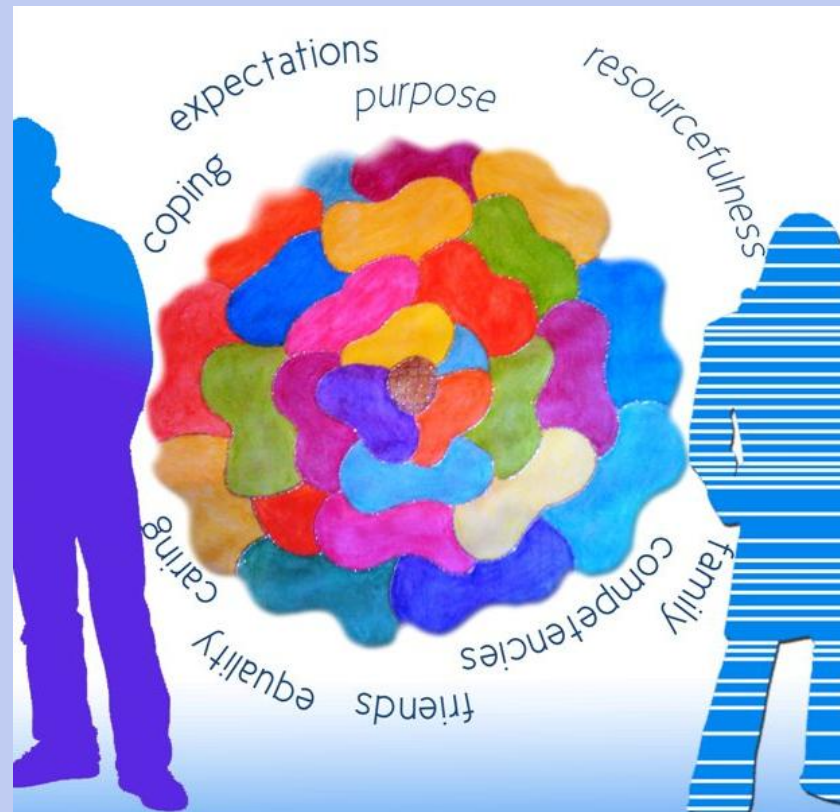
In cultural context we see the salutogenic framework works in all cultures as far as we know. Today it has been tried out in more than 50 languages on all continents of the globe.

We stand with good scientific evidence on the effectiveness of the salutogenesis. People and systems that adapt this develop a population that live longer, is more prone to choose positive health behaviour, if encountering illness or acute or chronic illness they manage better, they endure stress better. Further they perceive they have a better health, good quality of life and mental health.

The problem as we see it salutogenesis is not being implemented to the extent it should be.

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# Health Assets for Young People's Wellbeing

## The Salutogenic Perspective

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# Disposition

- Salutogenesis
- SOC & GRRs
- Research synthesis
- SOC and adolescents health
- New research areas
- The salutogenic umbrella
- Health promotion towards life promotion





**How to manage the everyday stress?**

It depends on

**The Sense of Coherence and  
Generalized Resistance Resources**



Conceptually, salutogenesis is defined as

...

“the process of movement toward the health end of a health ease/ disease continuum.”



Antonovsky A. The salutogenic approach to aging. Lecture held in Berkeley, January 21, 1993.

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# Sense of Coherence

... is a way of thinking, being and taking action as a human being.

... is a global life orientation – a way of viewing life as coherent, structured, manageable and meaningful.

... is a confidence to be able to identify internal and external resources, use and reuse them in a health promoting manner.



# Generalized Resistance Resources

(Antonovsky 1979, 1987)

**Material** (money, housing...)

**Biological/mental** (self-esteem, intelligence ...)

**Emotional** (contact with your feelings, social relations ...)

**Physical** (heredity, healthy orientation ...)

**Existential** (beliefs, religion, meaning of life ...)

**Meaningful activities**





# Development of a strong SOC

## Psychoemotional rather than socioeconomic factors

Contact with inner feelings

(Antonovsky 1979, 1987)

Intimate relationships

(Antonovsky 1979, 1987)

Social support

(Antonovsky 1979, 1987;  
Shawn et al. 2007)

Meaningful activities

(Antonovsky 1979, 1987)

Existential issues

(Antonovsky 1979, 1987)

Load balance

(Sagy & Antonovsky 1996)

Participated in shaping the outcomes

(Sagy & Antonovsky 1996)

Consistency

(Sagy & Antonovsky 1996)

Good childhood conditions

(Antonovsky 1979, 1987)

Family conflict and neighbourhood cohesion

(Shawn et al. 2007)

# The Key ...

it is not only about the resources at disposal but the ability and flexibility to use them in a health promoting manner.

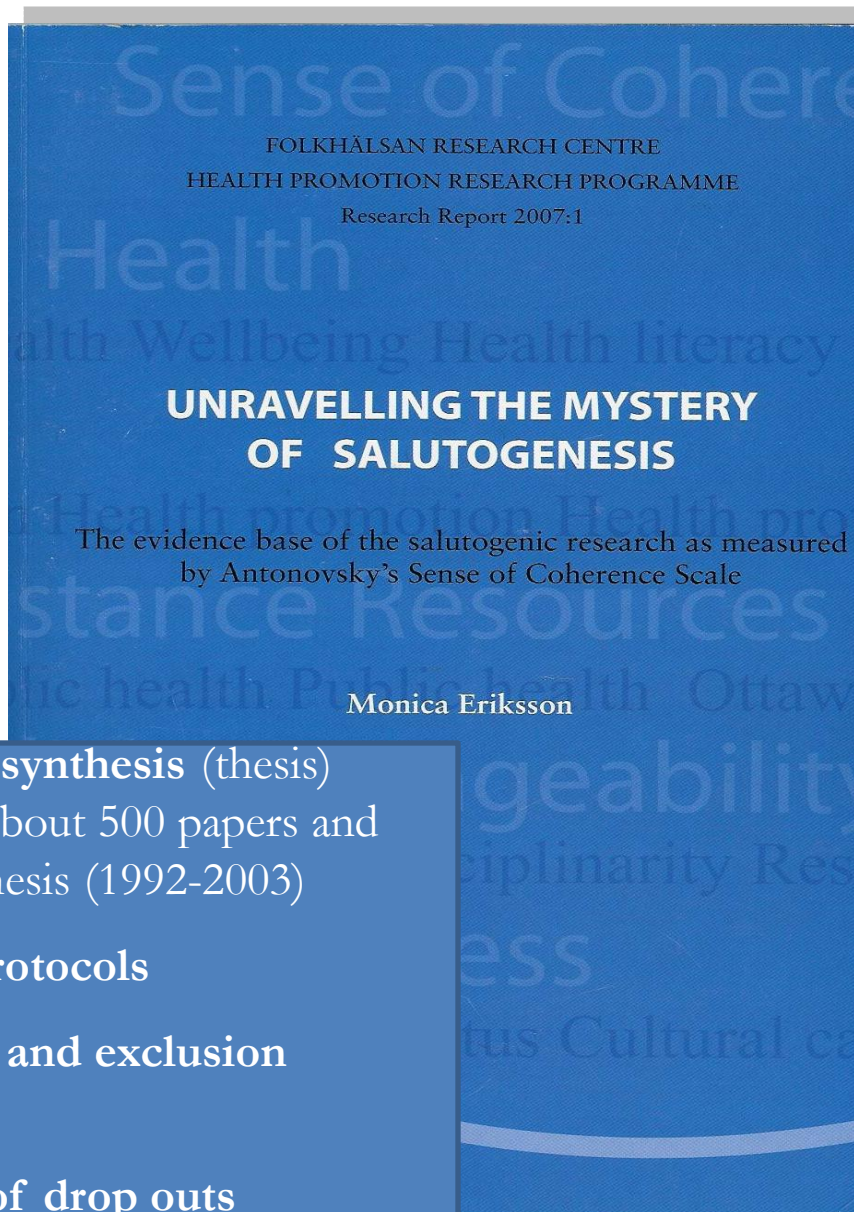




Individual  
Group  
Society







**Research synthesis** (thesis)  
based on about 500 papers and  
doctoral thesis (1992-2003)

**Review protocols**

**Inclusion and exclusion  
criteria**

**Analysis of drop outs**

**Personal communication with  
authors**

**About 450 papers 2004-2009**



**Thematic reviews**

**SOC & age**

**SOC & working life**

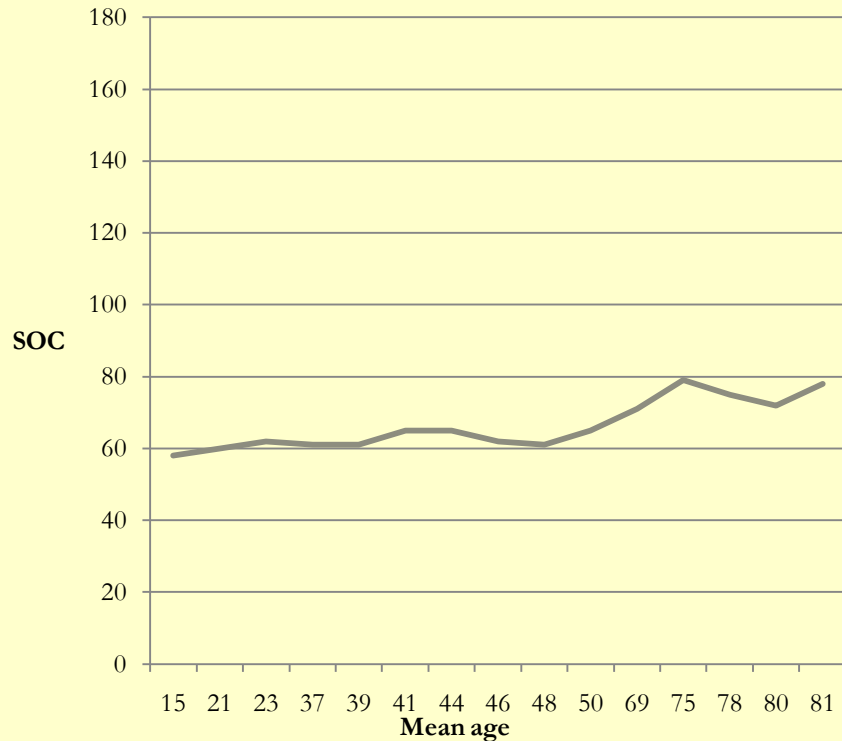
**SOC & adolescent  
health**

**SOC & health  
behaviour**

# SOC and AGE

## Mean SOC by Mean Age

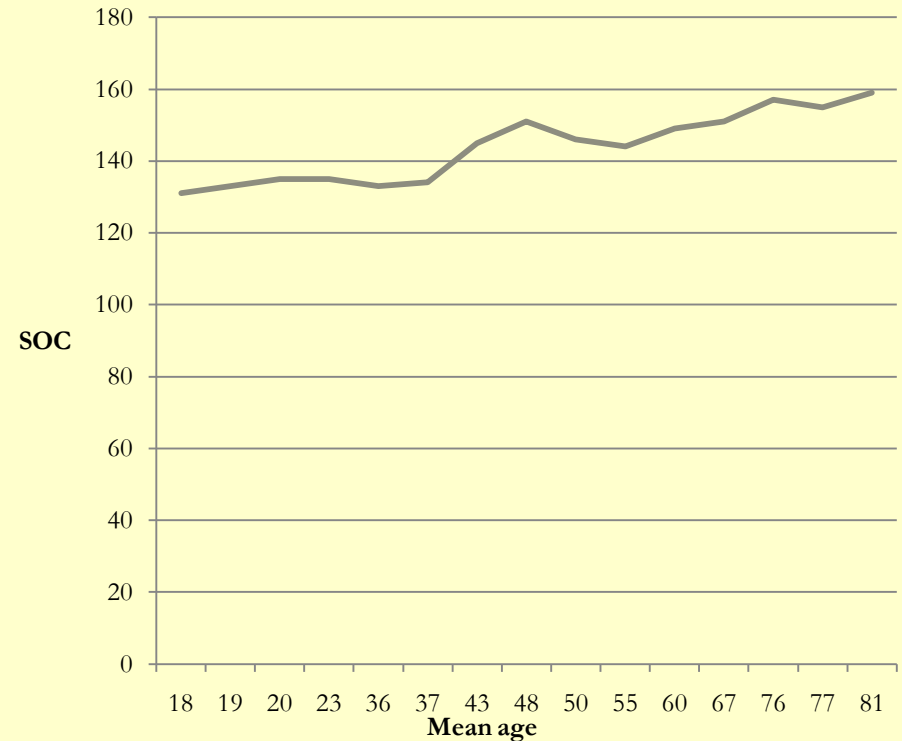
based on 15-81-year-aged general populations  
(16 studies using SOC-13, 1993-2003)



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## Mean SOC by Mean Age

based on 18-81-year-aged general populations  
(15 studies using SOC-29, 1994-2008)



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**Eriksson M, Lindström B. Life is more than survival: Exploring the links between Antonovsky's salutogenic theory and the concept of resilience, some conceptual considerations.** In: Celinski MJ, Gow KM (eds.) Continuity versus creative response to challenge; The primacy of resilience and resourcefulness in life and therapy. Accepted March, 2010. **Do not yet refer!**

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# Generally - A strong SOC

- ... the stronger the SOC the fewer the symptoms of mental illnesses
- ... protects against anxiety, depression, burnout and hopelessness
- ... is strongly and positively related to health resources such as optimism, hardiness, control, and coping
- ... Parents' SOC has an impact on childrens' health
- ... SOC predicts good health and QoL

(Eriksson 2007)



# SOC and health behaviour

- The stronger the SOC the healthier behaviour in general
- A person with a strong SOC has a lower level of alcohol consumption, less use of tobacco and drugs, exercise more frequently and makes healthier food selection

**Andersen S, Berg JE.** Addiction Research & Theory 2001;9(3):239-251; **Ullrich-Kleinmanns et al.** Suchttherapie 2008;9(1):12-21; **Bergh H, Baigi A, Fridlund B, et al.** Public Health 2006;120:229-236; **von Ah D, Ebert S, Ngamvitroj A, et al.** Tobacco Induced Diseases 2005;3(1):27-40; **Hassmén P, Koivula N, Uutela A.** Prev Med 2000;30:17-25; **Lindmark U, Stegmayr B, Nilsson B, et al.** Nutr J 2005;4(9):doi:10.1186/1475-2891-4-9; **Myrin B, Lagerström M.** Scand J Caring Sci 2006;20:339-346.

# SOC and Adolescents health

Koushede V. et al. J Adolescents health 2009;45:149-155



**Aim:** Examine the association between headache, SOC and medicine use

**Sample:** Danish students (grade 7 and 9) N = 1393 response rate = 93 %

**Results:** Adolescent with weak SOC used medicine to cope with headache to a greater extent than adolescents with a strong SOC

# Parent's SOC and children's food intake pattern

Ray C, Suominen S, Roos E. J Epidemiol Community Health 2009; 2009;63(12):1005-1009.

**Finnish children aged 10-11 years and their parents  
(n = 772 child-parents pairs)**

**An association between a stronger parental SOC and  
children's food intake pattern**

- **less irregular meal pattern**
- **more frequent intake of nutrient dense foods**
- **less frequent intake of energy rich foods**





## SOC AND ORAL HEALTH

Stronger SOC was associated with more frequent toothbrushing behaviours among Iranian adolescents (Dorri et al. 2010)

Brazilian mothers' SOC was an important psychosocial determinant of the oral health status among preschool children (Bonanato K et al. 2009)

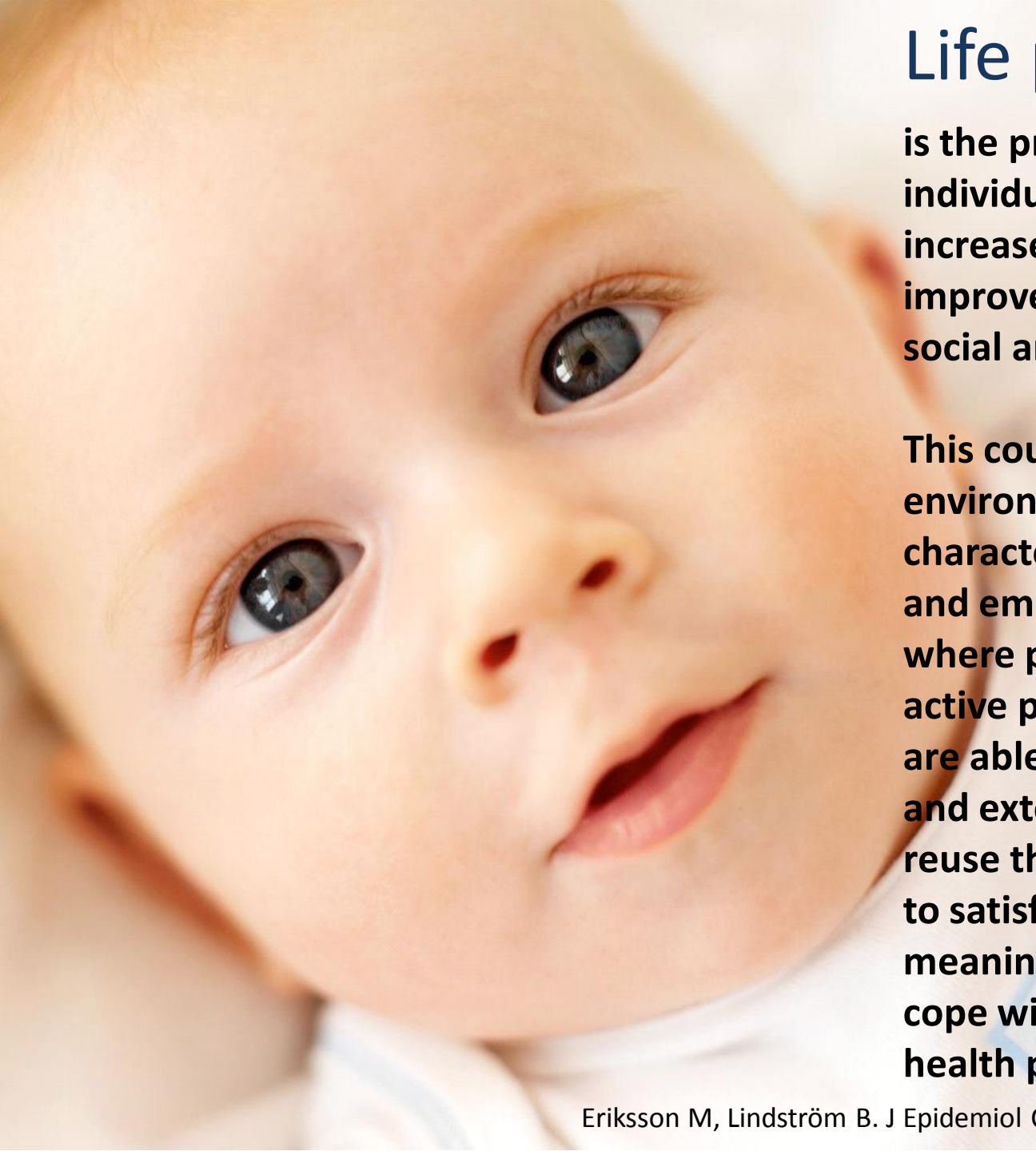
Strong support for an association between SOC and more favourable oral health-related behaviours among South-African adolescents (Ayo-Yusuf et al. 2009)

Eriksson M, Lindström B. In: Morgan A, Davies M, Ziglio E. (Eds.) International health and development: Investing in assets of individuals, communities and organisations.: Springer; 2010.

# Salutogenesis

## An assets approach

<b>Learned resourcefulness</b> (Rosenbaum)	<b>Self-efficacy</b> (Bandura)	<b>Hardiness</b> (Kobasa)	<b>Coping</b> (Lazarus)
<b>Learned optimism</b> (Seligman)	<b>Cultural capital</b> (Bourdieu)	<b>Social capital</b> (Putnam)	<b>Empowerment</b> (Freire)
<b>Learned hopefulness</b> (Zimmerman)	<b>Quality of Life</b> (Lindström)	<b>Resilience</b> (Werner)	<b>Locus of control</b> (Rotter)
<b>Sense of coherence</b> (Antonovsky)	<b>Connectedness</b> (Blum)	<b>Flourishing</b> (Keyes)	<b>Wellbeing</b> (Becker)
		<b>Action competence</b> (Bruun Jensen)	<b>Ecological system theory</b> (Bronfenbrenner)
			<b>Interdisciplinarity</b> (Klein)



# Life promotion ...

**is the process of enabling individuals, groups or societies to increase control over, and to improve their physical, mental, social and spiritual health.**

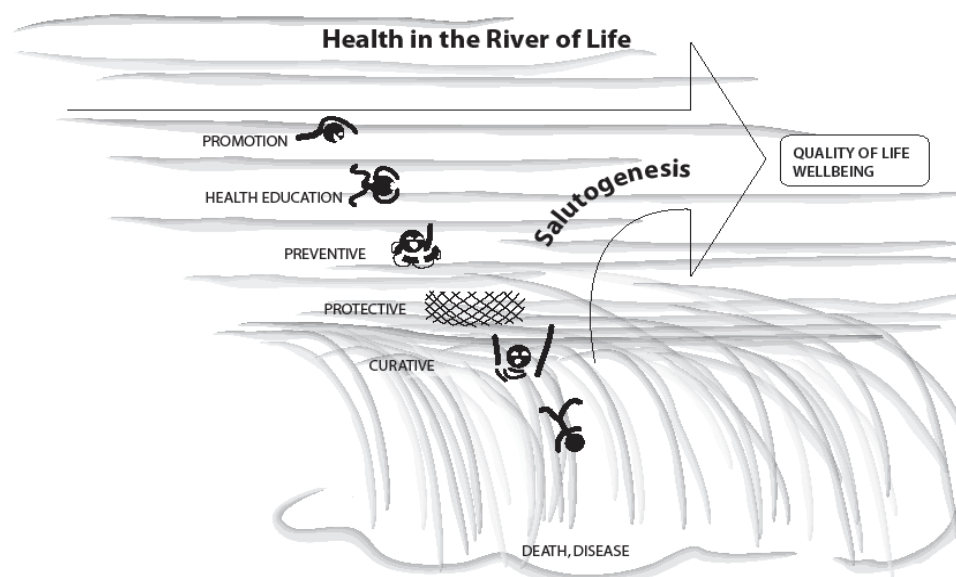
**This could be reached by creating environments and societies characterized of clear structures and empowering environments where people see themselves as active participating subjects who are able to identify their internal and external resources, use and reuse them to realize aspirations, to satisfy needs, to perceive meaningfulness and to change or cope with the environment in a health promoting manner.”**



# Health in the River of Life

## Health Promotion Research

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“ Life promotion is the process of enabling individuals, groups or societies to increase control over, and to improve their physical, mental, social and spiritual health. This could be reached by creating environments and societies characterized of clear structures and empowering environments where people see themselves as active participating subjects who are able to identify their internal and external resources, use and reuse them to realize aspirations, to satisfy needs, to perceive meaningfulness and to change or cope with the environment in a health promoting manner.”



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