

Issues promoting and hindering girls' well-being in Northern Finland

Well-being is a complex concept that includes elements of inequality due to socioeconomics, living environment or gender. Every person also encounters unique situations and has different experiences of well-being. This qualitative study aims to describe what issues promote and hinder the well-being of girls aged 13–16 in Northern Finland. A total of 117 girls aged 13–16 living in Northern Finland were asked to write about the issues that hinder and promote their well-being. The girls' responses were analysed using content analysis. After analysis, two combining categories were discovered: issues hindering well-being were a debilitating sphere of life and negative experiences in life, and issues promoting well-being were positive subjective sensations and favourably perceived conditions. The results of this study indicate that girls' well-being is connected to their social and physical environment. As the girls' view of the issues that promote or hinder health are connected and interact with their living environment, there is also a need for health promotion measures to take into account both the individuals and the environment in which they function and live. This view challenges us to see health promotion in a broader way – a way which takes into account structural and political factors, individual consultation and empowerment.

Keywords: Well-being; Girls, Gender; Health promotion; Qualitative methods

INTRODUCTION

Since it appears that health services are not able to respond in time to prevent children and young people's alienation (The Ombudsman for Children in Finland, 2014), we need more research concerning the well-being of adolescents. Children should have the right to have their say in matters that concern them, as recommended by the United Nations Convention on the Rights of the Child. Subjectivity is also part of the World Health Organization's Health 2020 policy framework and strategy (WHO, 2012). Moreover, as health promotion is seen as a process which enables people to increase control over health (WHO, 1986), we believe that letting adolescents themselves to bring out their views helps this process. In girls' ordinary lives there may be issues that describe the experience of well-being in more ways than expertise or knowledge. The exclusion of gender in health promotion frameworks is viewed as a blind spot in health promotion by many feminist critics (Gelb *et al.*, 2011). Earlier studies have shown that health inequalities exist between genders: girls report having different symptoms than boys and the differences in symptoms seem to increase with age (Gissler *et al.*, 2014). This difference between genders was also visible in Ahonen's study (Ahonen, 2006) done in the Barents region in Finland, Russia, Norway, and Sweden; it showed that girls rated their health lower than the boys reporting more psychosocial health complaints than the boys. The difference was similar and significant in each country and in all the national data girls gave lower ratings for their subjective health.

Näyhä and Laakso (Näyhä and Laakso, 2005) found that part of the health problems in Northern Finland are related to living conditions, unemployment, and social exclusion. In addition, climate and seasonal variations have an impact on health and well-being (Sourander *et al.*, 1999). Finland is one of the northernmost countries; it lies approximately between latitudes 60° and 70° N, and longitudes 20° and 32° E and the population density is 2.0 inhabitants/km² (Regional Council of Lapland, 2012). Finland's climate is characterized by seasonal changes and in Northern Lapland the annual average temperature is a couple of degrees Celsius over zero. (Pirinen *et al.*, 2012). As Lohiniva (Lohiniva, 1999) noted, these facts combined with the long travel distances and sparse population of Northern Finland have

shaped the people and their perceptions of well-being and health. Although Ahonen (Ahonen, 2010) found that schoolchildren in the Barents region do psychosocially better than their peers in Norway, Sweden, Finland, and Russia in general, based on the results of a school health survey conducted in Finland (National Institute for Health and Welfare, 2013), girls living in Northern Finland viewed the state of their own health in some respects as being worse than girls in other parts of Finland. It seems that there is a need for research about girls' well-being in Northern Finland and, in particular, research that brings out girls' own voices, as well as the society and culture that are linked to the experience of well-being. Therefore, the aim of this study was to find out what issues promote and hinder the well-being of girls aged 13–16 in Northern Finland, as described by the girls themselves.

METHODS

A descriptive qualitative approach was chosen to obtain descriptions from the girls themselves (Polit and Beck, 2012) about the factors that promote or hinder their well-being. This study is part of a larger research project focusing on specific issues in adolescents' well-being (Reference reinserted after review).

Participants

Girls who participated in this research lived in Finnish Lapland, which is located in the North Calotte and Barents region. It is divided into 21 municipalities and is characterized by a large area and sparse population, as well as a variety of communities, identities, and cultures. Habitations and services are separated by long distances in rural areas. Girls aged between 13 and 16 attending comprehensive school in the region of Lapland in the northern part of Finland were recruited for the study. To ensure a rich variety of written responses and that girls with diverse backgrounds and perspectives participated in this research, purposive sampling (Polit and Beck, 2012) was used. A request to conduct research was sent to all existing 39 comprehensive schools in the region of Lapland, Finland. Permission was granted by 17 of these schools, and nine of those schools eventually participated in the study. These nine schools that were willing to participate and submitted responses were from rural areas, municipal centres, and cities in the region of Lapland. Together, they had approximately 720 female pupils aged between 13 and 16. Among these female students, 118 responded to our assignment; one answer was rejected because it did not address the research question, which left 117 responses suitable for analysis.

Data collection

One objective of collecting the written responses was to get a description of the reality of life and experiences from the girls' points of view. In addition, written responses were chosen as a data collection method because it was thought to be a good way to reach girls in a vast and sparsely populated region (Polit and Beck, 2012). In the spring of 2012, after obtaining the necessary permits and consents, a pilot study involving 28 eighth-grade girls was conducted during the school day in one comprehensive school in the region of Lapland. Their responses were submitted by computer and collected online to the researcher. After the writings were completed, the girls were asked for oral responses from the assignments comprehensibility and how it felt to write. The girls felt that some of the wording from the assignment was difficult to understand, but writing itself about the subject was not considered difficult or uncomfortable. Based on the responses received in the pilot study, the written assignment was then refined and modified into a form more understandable for adolescent girls. Detailed

instructions about how to conduct the study were sent to the principals and teachers at the participating schools in advance. The study data, which consisted of the girls' written responses (Polit and Beck, 2012; Gates *et al.*, 2013), were submitted by computer and collected online without identification data. The participating girls completed their assignments during the school day under their teachers' supervision. The research was conducted in the spring (n=62) and autumn (n=55) of 2012. The written assignment given to the girls was as follows: "Describe what things and events have improved, or would improve, your well-being, and what things and events have worsened, or would worsen, your well-being."

Data analysis

Inductive content analysis was used to analyse the written responses from the participants (Elo *et al.*, 2014). The units of analysis were words or statements that related to the same central meaning. To ensure that a clear grasp of the overall content was obtained, each girl's written responses were read from beginning to end several times. The content was then shortened by converting the girl's original expressions into simplified versions. These expressions with similar meanings were grouped into subcategories, each of which was given a descriptive name. Subcategories with similar meanings were then grouped to form generic and main categories, and then to form combining categories (Elo and Kyngäs, 2008). The categories were named using words characteristic of the content (Elo *et al.*, 2014). This process of abstraction continued until no new categories could be formed (Figure 1). One researcher (XX) had responsibility for the data analysis, and after forming the categories they were discussed and defined in the research group.

Insert Figure 1.

Ethical considerations

This study was approved by the Ethical Committee of the Northern Ostrobothnia Hospital District before it began. As required by Finland's Medical Research Act, written consent was obtained from the girls themselves, their guardians or parents, and the education boards of their communities. Attention was paid to human dignity, the consent of the participants, the voluntary nature of the study, and the anonymity of the participants throughout the research process. Submissions were not made available to anyone other than the researcher (Polit and Beck, 2012) and the girls' confidentiality and order was ensured by assigning ID numbers after submissions when analysis had begun, even if the writings were collected without identification data. Writings could not be linked back to their identities.

RESULTS

Issues hindering well-being

In the combining category "Debilitating sphere of life and negative experiences in life", girls' well-being was hindered by four issues: factors that impaired health, negative personal feelings, conflicts in social relationships, and undesirable external factors (Figure 2).

Insert Figure 2.

Factors that impaired health

Factors that influence health negatively were physical illness and an unhealthy lifestyle. The chronic diseases mentioned in the study included allergies, asthma, heart disease, celiac disease, arthritis, and migraine. One girl wrote *“My migraines negatively affect my well-being”* (G36). Acute injuries or illnesses were fever, influenza, a broken leg, general injuries, or receiving stitches. One response expressing this view was *“Except once when I fell off a horse and I had to have three stitches in my lip – that weakened my well-being for a while”* (G26). The unhealthy lifestyle referred to meant poor eating habits, getting too little rest and exercise, and the use of intoxicating substances. Poor eating habits included both eating too much and too little, or eating unhealthy food, or not eating regularly and properly. For example, as one girl wrote, *“Also, poor diet, e.g. eating too much at Christmastime, has made me feel stuffed and uncomfortable”* (G31). Some girls felt guilty for not eating healthy food products or if they were skipping meals. Eating too many treats or junk food had reduced their feeling of well-being, one response illustrated this, *“But I’d really like to break my habit of always eating sweets”* (G108).

Too little rest was also considered a factor that impaired well-being. The main reason for this was not getting enough sleep, as one girl described *“...if I do not get enough sleep I’m pretty edgy”* (G57). Not getting enough sleep resulted from the girls sleeping poorly, not going to bed early enough, or not being able to fall asleep in the evening. Being a bad riser in the morning affected well-being, for example *“On weekdays, usually I sleep too little, maybe about seven or eight hours, but at the weekend I tend to sleep for a long time. It’s hard for me to wake up early in the mornings”* (G116). Too little exercise reduces well-being mainly because, even in the girls’ own opinions, they spend too much time on their computers. Descriptions like *“I spend a lot of time on the computer, sometimes up to nine hours a day. I know that it degrades my well-being, but I love the computer”* (G46) and just *“...lack of exercise”* (G105) illustrated this.

The use of intoxicating substances, such as drinking alcohol and smoking, impaired girls’ well-being *“When I’m drunk and have done something stupid I regret it later”* G17. The bad behaviour that can result from drinking was also considered to reduce well-being, according to a comment *“My own well-being is degraded by my tobacco and alcohol use, even though it seems they temporarily improve my life”* (G109).

Negative personal feelings

Factors such as negative activity, unfavourable emotions and school stress had an impact on negative personal feelings. In this context, “negative activity” includes feelings of failure and dishonesty, such as lying to or keeping secrets from parents. Failures were linked to an overall feeling of not doing well, not doing well despite trying hard, or not getting support after poor performance. Descriptions like *“... although sometimes I try to do my tasks and work as well as possible, people are not satisfied”* (G3) and *“... failures, especially if someone laughs at my failures”* (G20) illustrated these negative feelings the girls had. Unfavourable emotions were linked to perceived stress and low self-esteem. Low self-esteem was reported directly as poor self-confidence or disappointment with themselves, as one girl wrote *“Problems with friends, fairly low self-esteem that I had before”* (G99). A guilty conscience and not being content with oneself also played a part in how low self-esteem was experienced. What others think of them also affects girls’ well-being, with explanations like *“The fact that my parents tell me they are disappointed in me degrades my well-being”* (G22) describing it.

School stress was linked to having a lot of schoolwork and fear of receiving poor grades. School attendance, preparing for exams and homework were linked to perceived school stress and descriptions like *“I get sad if I get bad grades in school, or if school just isn’t going well”* (G4) and *“I get stressed very easily, and it has worsened my well-being considerably from all the pressure and haste at school”* (G19) reflects this approach. Girls had expectations of succeeding at school, and the fear of getting not good enough grades was discouraging, *“School is the worst thing for my health”* (G110). Stress from schoolwork resulted in insomnia, lack of appetite, migraine, and depression. This feeling of stress was sometimes strengthened by parental expectations.

Conflicts in social relationships

Conflicts in social relationships related to difficulties in family relationships and discord with friends, which reduced the girls’ well-being. The girls’ concept of family included grandparents and siblings’ families, as one girl described *“My well-being is affected by my poor relationship with my brother and his family”* (G33). Difficulties in family relationships were linked to quarrelling between family members and relatives as well as disappointments in the family, *“The things that have been bad for my well-being for the most part are related to family relationships”* (G8).

Discord with friends included arguing with friends and a fear of being ignored. When there was strife and disagreement between friends, it significantly worsened the well-being of girls, and some of them felt almost physically ill *“Disputes between my friends actually make me feel physically sick, so I try to avoid conflicts”* (G18). Also, girls talking behind each other’s backs or otherwise betraying the trust of a friend were perceived as bad things. Saying mean things about friends was also seen as an unfortunate matter. Bullying in particular seemed to leave severe and long-lasting traces. This was illustrated by a girl, who described *“If I hear that someone is saying bad things about me, that’s certainly the biggest reducer of my well-being”* (G60).

Undesirable external factors

Undesirable external factors included unpleasant incidents and uncomfortable conditions. Unpleasant incidents were bad news or sad events, as one of the girls explained *“If a big incident has occurred, such as a school shooting”* (G40). Bad news was linked with, for example, violent events – both close to home and abroad. Other unpleasant incidents were when something bad had happened to a girl’s loved ones, such as severe illness or even death, *“... and of course all the bad news that I hear, or if bad things happen to people close to me”* (G14). Uncomfortable conditions included bad weather conditions and other external factors that gave the girls unpleasant feelings. These included unpleasant noises or temperature fluctuations. Some of the writings included descriptions like *“These things make me feel bad: gloomy, dark weather, and melancholy music”* (G7) and *“... are lights that are too bright, feeling too hot, being in a cramped place, stale air, very high-pitched sounds”* (G73).

Issues promoting well-being

In the combining category “Positive subjective sensations and favourable perceived conditions”, girls’ well-being was promoted by four issues: beneficial lifestyles, encouraging feelings, favourable social relationships, and a pleasant state of being (Figure 3).

Insert Figure 3.

Beneficial lifestyle

In this context, a beneficial lifestyle involved getting enough sleep, and having appropriate nutrition and good personal hygiene. The girls recognized that getting a sufficient amount of sleep is beneficial to their health; sleep deprivation hampered their lives and this was reflected by the descriptions *“Exercise and sleep make me feel better. Then I have the energy to go to school and meet my friends. Also, the right kind of food is important. I would not be able to live normally if I didn’t eat five meals a day. Sleeping is also very important as it allows the brain to rest. At school I can get involved in more activities when I’m not tired all the time”* (G31). Food was an important source of well-being, not only in the sense of nutritional value, but also due to taste sensations and the possibility to eat a healthy diet, *“Food also makes me feel good, especially the kind of food I enjoy”* (G18).

Pleasing hobbies included invigorating exercise as well as inspiring art and culture. The hobbies that were most frequently mentioned were sports or exercise. Girls felt that doing exercise makes them feel better, and thus improves their well-being and lifts their mood, *“Exercise has improved my mood whenever I’m depressed, and frankly, I am depressed very often”* (G12). Other hobbies mentioned were dancing, reading, listening to music, drama groups and baking. As stated by one girl, *“Having hobbies makes me feel better”* (G2).

Encouraging feelings

Overall good feelings came from positive issues in daily life and feeling significant, success in school, and the joy that comes from taking care of animals and spending time with them. Positive factors in daily life included pleasant everyday events, as *“Just small things in a day will put a smile on your face, for example: getting likes on Facebook, someone opening a door for you, or getting a little praise or success”* (G38) as well as small things like greetings and smiling. Succeeding in what you try to do, even small successes, was a factor promoting girls’ well-being. Receiving compliments or praise made the girls feel good overall, as did happy people in general. Feeling significant consisted of recognition and acknowledgement, according to a girl *“When I get praised and when I get the feeling that I matter to other people”* (G14). Being accepted for who you are was meaningful to the girls, and having the notion that you do not have to try to please everybody. Being listened to and being understood also made the girls feel important.

Success in school meant knowledge of how to do well in school and educational achievement as one girl explained, *“When I feel like I am doing well in school, it makes me feel better”* (G111). It was about enjoying going to school and having the feeling of being good enough; it was about the feeling of a job well done, being able to perform and feeling competent, *“When I am doing well in school and I’m not stressed about it”* (G18). Taking care of animals and being with them brought the girls joy and was felt to be rewarding. Spending time with different kind of animals and pets was described as relaxing event. The following examples of descriptions illustrated what animals meant to girls well-being: *“Being with horses and working in the stables. I have always been around horses. They are the greatest thing in my life and they improve my health and well-being”* (G110) and *“My dogs enhance my well-being. When I’m doing things with them I can rest my mind and let my thoughts wander”* (G58).

Favourable social relationships

Positive matters related to family were closeness to and assistance from the family, along with sharing experiences with family members. Empowering friendships that were reliable, having supportive friends and spending time with friends also all had positive effects: *"Friends, family and relatives help me feel better, because they give me support in various matters and situations"* (G24). Closeness and assistance in terms of family meant having good relations with family members: having someone you can turn to in times of need and just knowing they are there for you. A sense of belonging was important and family gatherings, parties and holidays were enjoyable moments, as described by one girl *"Just laughing together with my family and spending time with them. Holidays, when the whole family gathers to spend time together – I think those are the best moments in life, as well as getting together with a big group of friends"* (G6).

Empowering friendships meant having reliable and supportive friends and spending time with friends. Having friends was seen as important and just being with them felt relaxing and nice, like *"... just casually hanging out with friends. I think having friends is one of the single most important things for my well-being"* (G19). Having friends was important because it meant having someone to share concerns and even secrets with. Also having someone whom you can trust and defends you was viewed as important. Being noticed, being smiled at, laughing together and not being alone were significant to girls' well-being. As one girl wrote *"I have really good friends, which is really important to me and it improves my well-being. At school I don't have to be alone because I have lots of friends"* (G109).

Pleasant state of being

This category included looking forward to leisure time included summer holidays and journeys, and congenial weather related to pleasant weather conditions and summertime, *"A holiday or a trip – that's when you realize your dream is true!"* (G40). Planning vacations and trips and looking forward to them increased well-being, for example *"Just planning summer vacations"* (G14). During holidays, the girls had the possibility to meet friends and make new friends. In particular good weather, sunshine and warmth was pleasing to the girls. Summer was awaited and enjoyed. Expressions like *"Sunny weather increases my energy and makes me more positive"* (G16) and *"... and the fact that summer is coming"* (G19) illustrated this.

DISCUSSION

The aim of this study was to find out what issues promote and hinder the well-being of girls aged 13–16 in Northern Finland, as described by the girls themselves. As the WHO European child and adolescent health strategy (2014a) notes, we should enable children and adolescents to realize their full potential for health, development, and well-being, it was therefore essential to ask the girls themselves. As a result, some issues that affected them were ones that they had no control over (e.g. the weather or bad news), while others were matters which they had the opportunity to influence (e.g. lifestyle and behaviour). And there were issues like school, family and friends that simultaneously promote and hinder girls' well-being. It seems that the girls in this study knew how to promote their well-being; the implementation, however, was dependent on other factors than mere knowledge.

Diener (Diener, 2000) defines that well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfilment, and positive functioning, which was also seen in written responses of our study. Girls' well-being was promoted by having good social relationships with family and friends and this is congruent with findings in previous studies (Derdikman-Eiron *et al.*, 2011; Spein *et al.*, 2013; Camara *et al.*, 2014). In addition, our results agree with findings from Kostenius and Hertting's (2015) study where they state that good relationships increase well-being. Ahonen (Ahonen, 2006) found in his study, that girls generally had less social contact than boys and in Finland the pupils had the least friends compared to Sweden, Russia and Norway. How girls' perceive and experience well-being was wide and extended beyond girls themselves; it was affected by occurrences, incidences, and happenings in their environment and social relationships. As Ryzhkova *et al.*, state (2006), the social environment, in which a human lives and develops, is made up of a complex interrelationship between various economic, social, national and age-related factors.

The limitations of the study relate to the voluntary nature of the data collection process and the integrity of the written responses. It is possible that the girls felt obligated or pressured to answer because the written responses were gathered during the school day and some girls might not have responded truthfully. Other limitations relate to the analysis process. Because the written responses were ambiguous, in some cases it would have been reasonable to assign a given meaning unit to multiple categories. There was a discussion on the credibility of the findings within the author's research group (Elo *et al.*, 2014.) A preliminary study of 28 girls was conducted before the main study. This was used to evaluate and specify the data collection method. In the study, purposive sampling was used to ensure the study included girls with diverse backgrounds (Polit and Beck, 2012), and a reasonably large sample of written responses were collected from the girls to ensure data saturation, which supports the trustworthiness of this study. After two rounds of inductive content analysis, similar upper and main categories emerged. Although, some of the girls' original sentences are presented in the text, it is possible that during the translation process some of the subtle meanings of the girls' original statements may have been lost. Although the results of this study are limited to perceptions of girls living in Northern Finland, the process of data collection and analysis, and particularly giving voice to girls could be replicated in other settings. Ultimately, the reader makes judgment about the appropriate research methodology (Houghton *et al.*, 2013).

Based on this study, an unhealthy lifestyle was one of the issues impairing well-being in Northern Finland. Thus we can recommend that healthcare professionals and school nurses should listen to girls and encourage and advise them to pay attention to basic needs like nutrition, sleep, and exercise. As Larsson *et al.*, (Larsson *et al.*, 2014) concluded school nurses can tactfully provide adolescent girls with knowledge and health guidance adjusted to individual needs and empowering the individual girl to participate in her own health process. School stress that girls seem to perceive could be relieved for example by recognising the importance of positive feedback. Girls' well-being was affected by social interactions and human relations, so quality and sustainability in these should be supported. In addition to personal advice and support, as the World Health Organization (WHO, 2014 b) suggests, there should be cooperation between environmental, social, and economic policies in Northern Finland. Because conditions and circumstances in Northern Finland seem to have an impact on health and well-being, it would be beneficial to get a more detailed description of these determinants underlying some of the choices and options for healthy lives. To obtain this description, it would be relevant in the future to refine and deepen these issues of well-

being of girls living in Northern regions by interviewing them. This would provide further knowledge of the specific characteristics and its significance for girls and their well-being.

Funding

This work was supported by a grant from the Finnish Foundations of Nursing Education.

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