

Health Capital in the Opinions of the Young in a School Community in Finland

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Abstract

This article studies the health resources of the young with the concept of health capital derived from the concept of capital. At the same time, the aim of this article is to construct a theoretical model of health capital and to verify its empirical manifestation in the opinions of the young in the school community. The research data consisted of 95 essays written by Finnish seventh-graders aged 13-14. The results show that the young are able to name both the factors that increase their health capital in the school community as well as the factors that pose a threat to it. Based on the youngsters' opinions of the health capital, four different ideal types were found: "A healthy soul lives in a healthy body", "Responsible bearer of health", "Healthy lifestyle without risking pleasure", and "Joy for the eye – strength for the health". The use of the concept of health capital may be subject to criticism, but can increase the appreciation of health. Health capital is immaterial but also profitable in economic sense as it could reduce the costs of illnesses. Teachers can increase the health capital in the school community by developing the teaching and evaluation methods and learning arrangements with sufficient knowledge of health-related issues. Positive learning experiences enhance the joy of learning and good atmosphere where the young can engage to increase their health capital.

Keywords: health capital, the young, health, health promotion.

1. Introduction

Youngsters spend a remarkable part of their time and every-day life at school. Therefore, the school experiences of the young and the school community are significant in the overall development and health of the young. Not only health education, but also many other school subjects and school surroundings provide health-related information, skills, attitudes, and values, from which the health resources develop. In addition, they reflect in the youngsters' abilities to be citizens who cherish and promote their health.

A school community may also include factors that weaken the health of the young. At its worst, a school community can pose a serious threat to their health. These kinds of threats are, among other

things, the deficiencies in the studying conditions, such as the bad ergonomics, lightning, and ventilation system in classrooms. The Finnish National Health Program called *The Finnish Health 2015* points out that the children's and youngsters' health threats are the symptoms and illnesses related to the feeling of insecurity, for example, mental problems and interruption of social development. In addition, loneliness and bullying are salient threats to youngsters' health. [1][2][3][4] The empowerment-approach suites well as a starting point for the health promotion activities that encourage the young to participate. One of its core ideas is to provide an individual with strength, influence, and operational preconditions (empowerment). Empowerment means a process that originates from oneself and is connected to one's own will, goal setting, and trust in one's own possibilities. An empowered individual is active, intrinsically directed, creative, and free actor. cf. [5][6]

When promoting the health of the young in a comprehensive way, the attention is paid not only on an individual but also on a community. Despite pupils, the whole school community, which includes the physical, psychosocial, and pedagogical surroundings, is considered. The physical environment covers the school building and its premises, the teaching and working tools as well as the school atmosphere and its nearby surroundings. The psychosocial environment consists of the school atmosphere, human relationships, the values and principles of the school, and the governance of the school. The pedagogical environment comprises pedagogical thinking, teaching strategies, and curriculum. [5][7][8][9][10][11]

Empowerment as a basis of increasing health capital helps the members of a school community to become aware of and to discover the developmental needs and resources related to the members' and the community's health as well as act in a way that it promotes the health and health capital of the young and the whole school community. The premise for the activity is to get the young to participate in defining their health-related needs and problems. The adult members of a school community participate in strengthening the health capital and the young are considered as partners in this activity. Noticing the opinions of the young when developing a school community and its operation makes it possible, for its part, that the empowerment approach can be regarded as a basis for increasing the youngsters' health capital and the health promotion activity at school. [5][7][12][13][14]

The challenging task of the present research is to get more information about the health of the young described and experienced by themselves. Studying the opinions of the young and having them participate in the health promotion work enable establishing an active and communal way of action in a school community; securing the engagement of the young in increasing their health resources and health promotion as well.

1.1 What is Health Capital?

Initially, the concept of capital originates from the classic economic science. In economics, the capital is one of the three factors of production along with the nation and work. It can be used in producing other commodities, it is produced by man, and it is not directly used in the production process like raw material. Investments increase capital. To be able to invest, the commodities that are not consumed immediately but are used in making other commodities have to be produced. [15][16] Capital has to meet certain criteria: it is a reserve that can be used when needed, it is subject to wear and tear, it can be increased, and it is investable. [17]

Several researchers combine the concept of resource with the concept of capital. Some of them think that capital consists of the unity of resources. For example, Coleman defines social capital as a sum of resources compacted in a social structure. [18] O'Rand, for one, refers to a resource store that covers various areas of life and accumulates during life as a life-span capital. [19] Based on the previous, we came up with the idea to study the entity of the youngsters' health-related resources as their health capital.

1.2 The Core Concept: the Health Capital of the Young

For example, according to Antonovsky and Pietilä, resources can be divided into inner and outer resources. [20][21] A human being uses his/her inner and outer resources when trying to move on in life to achieve his/her goals. The youngsters' inner resources are, among others, the strength of character, good self-esteem, trust, energy, the feeling of mastery, the ability to learn, know-how level, the stable system of values and beliefs, coping strategies as well as the motivation to make the positive decision concerning one's life and stick to those decisions. Inner resources are divided individually and the young may lack the control or use of them. [22][23] In this article, the inner health resources are defined as the positive things and strengths that are located in the young themselves.

The outer resources of the young are the material and social resources. The material resources cover income and property, and the physical living and residential surroundings. The social resources are the nets that are comprised of the family, relatives, and friends as well as the service system of the society, such as health care and school system. [22][23][24][25][26] In this article, the outer health resources of the young are defined as the positive things and strengths that are situated in their surroundings. With the health resources, the young can make the positive choices related to their health and life in a health-promoting manner.

The youngsters' health capital is comprised of the entity of health resources. The more the young have health resources, the better health capital they have and the better they are able to maintain and promote their health. The less the young have health resources, the weaker their health capital is and the harder it is for them to maintain and promote their health. When the young have good health capital, they feel healthy and able. Here, the threats that decrease health capital are defined as the factors in the communities of the young that can endanger the youngsters' health and cause the young the feelings of powerlessness, helplessness, insecurity, and discontent as well as the feeling of not being able to control the changes in their life situations and taking care of themselves.

Based on the previous, health capital can be multiplied by strengthening and increasing the youngsters' inner and outer health resources and by preventing, decreasing, and eliminating the health threats that could decrease health capital. The goal is that the young would have good health capital, they would take care of themselves and their health, and they would influence on the decision-making concerning their health at the individual level and at the level of school community.

The young need sufficient health capital in order to make relevant choices concerning their health and life and to be able to promote their health. The structure of the health capital, as well as those health resources, factors, and mechanisms that increase, weaken, and strengthen it, are all relevant subjects for research. The models that are adopted in early life form a foundation for the construction of health capital.

The concept of health capital is mentioned in some scientific articles and text books; among others, Koskinen, Rask, and Åhlberg have referred to this concept. [27][28][29] However, they do not define the concept in detail nor do they connect it with health resources or its wider contexts. O'Rand points out that it would be necessary to consider the content and interconnectedness of capitals. [19]

1.3 The Purpose of This Article

This article studies the health resources of the young with the concept of health capital derived from the concept of capital. At the same time, the aim of this article is to construct a theoretical model of health capital and to show its empirical manifestation in the opinions of the young in the school community. Thus, the purpose is both to deepen and adapt the theory of the capital types as well as to further the conceptualization of the health promotion with a new perspective.

2. Methods

2.1 The Research Questions

This article answers the following questions:

1. How does the health capital of a school community appear according to the seventh-graders' opinions?

1.1. What school community factors strengthen the health capital according to the opinions of the young?

1.2. What factors weaken the health capital according to the opinions of the young?

2. What kind of ideal types can be found in the seventh-graders' opinions of the health capital?

2.2 Research Subjects and Data

The research data consisted of 95 essays written by seventh-graders. The pupils were 13-14 years old. Altogether, five classes participated in this research. In the essays, the pupils were supposed to reflect what the health resources of the young and the factors being detrimental to health at school are. The young wrote the essays in their own classes during the health education lesson and the first author of this article participated in this data collection session.

The pupils were handed total of four sheets of paper for writing the essays. Time for writing was one hour. Most of the young used the whole time and space to write their essays and none of them needed more time.

The pupils were asked to write as diversely as possible and to bring out their own opinions of the factors that promote and pose threat to health at school. To motivate them to write and to gain their trust in the writing situation was easy because the pupils already knew the first author from the first-aid practices carried out previously. Otherwise, these classes can be seen to represent usual seventh-grade pupils.

The exact subjects for the essays and the written directions were the following:

An essay about '*School as the Youngsters' Health Promoter*'.

1. The Health Resources of the Young at School

Describe with your own words what factors enhance your health at school. Explain your answer. (Use the everyday situations at school as the examples in your essay.)

2. The Factors that have a Harmful Influence on the Youngsters' Health at School

Describe with your own words which factors threat your health at school. Explain your answer. (Use the everyday situations at school as the examples in your essay.)

Participation in the research was voluntary and the participants were assured that their identity or school will not be revealed when reporting the research results. The pupils were allowed to refuse writing. They were not punished because of refusal. This essay was not any assignment that was graded in the class. The essays were written in Finnish and then written up word by word. The quotes in this article are translated into English carefully obeying the original utterances.

2.3 Analysis

At first, the research data was approached with the qualitative content analysis. The aim of the analysis was to decipher the content of the youngsters' opinions of the health resources and threats. The starting point for the content analysis was inductive because the analysis was content-based without a preset theory-based categorization structure. The two-fold metamatrixes were utilized in structuring the data.

The matrixes were composed of rows and columns. Each essay was considered as one case. As there were 95 cases, both matrixes had 95 rows. The columns of the first matrix covered those factors in the school community that the seventh-graders considered as health promoting ones whereas the other matrix included the factors that the seventh-graders named as health threats. These categories functioned as the basis for encoding the data. A word, compound words, sentence, or several sentences that included one thematic entity were used as the analyzing units. [30]

The data was dissected case by case. All the things that seemed to belong together were listed in the same column (e.g., the all statements about school dining from all the cases were written down into one column, and all those about school health care in the other column). If a case did not mention the matter in question, the box in the column was left empty. Inside the matrixes, columns were added whenever new health resources or threats emerged in the cases. The texts were written in the columns in their original form. The headings of the columns in the matrixes formed the initial subcategories of the data.

The matrixes were checked carefully row by row in order to be sure that the statements of each case were situated into the right columns. In the next phase, the data was analyzed column by column. The empty boxes in the columns were removed and the boxes that included text were detached. These boxes were combined successively under the column headings and at the same time, it was checked again whether a box was under the right column heading. This was how the isolated cases were erased from the data. This method also made it possible to move the boxes under the right heading if necessary. [30] After this, the authentic contents under the column headings were resolved and the based on this, the column headings were defined as the actual subcategories. The matrixes worked as a tool for abstracting. They supported the follow on analyses and conclusions. After analyzing the data by inductive content analyzing method, the theoretical framework functioned to make further interpretations.

After the qualitative content analysis, the research data was approached with a type analysis launched by Swedish Bo Eneroth. [31] Like this, it was possible to create the different ideal types of the ideas of the young concerning the health capital. The type analysis is also called character analysis. In the analysis, the nature of the research phenomenon was grouped into the categories, dimensions, and features to find caricaturing examples that describe the ideal types occurred in the data. Usually, it is possible to separate some diverging feature entities or types from the research data, in which every case of the data can be categorized with certain criteria. In order to be valid, the classification has to meet some terms. The types have to be exclusionary, for example the types called “*workhorse*” or “*lazy-bones*”. A singular case cannot belong to both types at the same time. In addition, the types have to cover the whole data; in other words, the researcher has to be able to situate all cases in the types. As a result, a sufficient amount of types has to be defined to meet this precondition. [32]

The type analysis does not have to lead to a result that these types would exist as such in reality. Therefore, the cases do not have to include all the features that are defined in the types. One the other hand, a type cannot include all the features that the actual phenomenon has in reality. An ideal type is simplified and often an extreme characterization that even involves partly different cases but which still has some typical, common features. An ideal type is a sort of descriptive name for a group. However, an ideal type has to be credible and so close to the truth that it could exist in reality as well. The cases in a data are categorized close to those types that they are equivalent the most. With analysis, it is possible to find out, which type includes most of the cases in a data. [31]

At the beginning of a type analysis, every case was analyzed at a time as its own entity. The purpose was to recognize the distinctive features of the opinions on the health capital in every case and the description about the characteristics of different opinions were drawn based on which the cases could be categorized. Based on the data analysis and descriptions, the various opinions on health capital and the ideal types behind the opinions were defined. With the ideal types, an impression of the gamut of the youngsters’ opinions on health capital can be made. After knowing the youngsters’ opinions on health capital, their strengths can be further developed.

3. Results

3.1 Factors That Strengthen the Health Capital of the Young in the School Community

The positive things that enhance health in the school community are human relationships, health promoting studying conditions, and health education. The positive human relationships include the

confidential peer relationships and a balanced relationship between a teacher and a student. The health promoting school conditions consists of a good atmosphere at school, well-operated school dining, proper studying environment, functional school health care, and well-balanced working order at school. These youngsters' health promoting factors in the school community can be regarded as *the outer health resources of the young*.

The confidential peer relationships and a supportive relationship between a teacher and a pupil are especially important human relationships at school. The friend whom one can lean on and trust in even in the most difficult situations form the basis for the secure relationships for the young in the school community. (The number after the quotation refers to the ordinal number of the case.)

I enjoy being with good friends...I can talk with them about the matters that worry me (2).

The teacher being in a good mood makes me feel good (91).

In addition to the positive features for health that were related to the school community, the pupils evaluated having strengths of this kind. According to the data, these strengths were the responsibility of taking care of their health and the joy of learning.

When I walk to school or go by bike, I am exercising and it has an effect on the fact that my head won't hurt. (63)

Taking care of one's health equals conforming to the healthy life style, abstinence, and non-smoking. According to the results, the joy of learning referred to learning new things and successful studying.

It feels good when having performed well in an exam; then you will have a good grade in your report that helps in getting in the high school later on. (78)

These strengths in the young themselves are considered as *the inner health resources of the young*. The outer and inner resources can together form a significant part of the health capital.

3.2 Factors That Diminish the Health Capital of the Young in the School Community

According to the opinions of the young, the school community also includes factors that can diminish the health capital. These factors are fatiguing studying, insecure human relationships, deficiencies in the studying conditions at school, the young neglecting to care for their health, and the modeling of unhealthy behavior by members of the school community. Demanding school work and, on the other hand, it being frustrating makes the school work fatiguing. Adults' exercise of power in the school community and peer bullying cause insecurity in the human relationships at school. Deficiencies in the studying conditions at school are the unsuitable facilities, strict rules at school, problems in the school dining arrangements, and insufficient school health care services. Members of the school community also model unhealthy behavior such as coming school when sick, neglecting to take care of personal hygiene, and smoking. Neglecting one's health manifests itself as unhealthy life style and using stimulants.

According to the opinions of the young, schoolwork takes a lot of their time and diminishes the time to spend with friends and hobbies.

School-exams-homework-school-exams-homework, one does not have time to play ball in the yard, because there is always this huge homework to do! (12)

The thick and fast working pace school day prevents it from being organized into the working and rest periods. Boring teachers and unilateral teaching and evaluation methods result in frustration toward studying.

The young think that the schoolwork is controlled by too strict rules. These rules are for example the demand for unconditional silence in the classes. It troubles the young. On the other hand, in the classes, where there were constant noise and disturbance, concentration and working became more difficult. In order to eliminate the restlessness in the classes and to secure learning, the members in the school community should together agree on the reasonable rules that maintain working peace but also enable relaxation.

Some of our class mates make noise and it disturbs my concentration. (32)

Sometimes, I feel uneasy at classes when we have to be totally quiet. (12)

The young named as problems in school dining the bad quality of the food and poorly organized dining arrangements (in spite of the fact that school lunch is free of charge in Finnish schools). The youngest pupils at the upper level of comprehensive school have to wait for the lunch break and to queue for longer time than others. They do not have much time for eating. In the queue, the situation may sometimes culminate in disruptive behavior and bullying.

... raw potatoes (40)... too greasy and salty (93)

Long queues, all of us do not go to eat because of the long queuing time (70)

The availability of the school health care services does not satisfy the young. They are discontented with the insufficiency of amount of the school nurse's consulting hours, the length of the waiting time, and the nurse's busyness. The unavailability of the school health nurse's services may be due to the decreased resources for the school health care. The nurse's present resources seem to be too low compared with the manifold problems of the young. The health problems of the today's young and threats are diverse and often difficult. To solve these problems prerequisites putting one's heart into the youngsters' issues as well as multi-professional cooperation between authorities. It is the case of value and prioritization questions, in other words, on what the limited resources of the society should be focused. If the problems of the young are not adhered early and extensively enough, it might result in a greater amount of increasingly ill adults earlier in the future.

The health nurse is at her practice never when the advice is needed. (26)

According to the young, some of the adults in the school community smoke in the school area despite the fact that the school is engaged with the health promotion and complying with the healthy life style. This poses a credibility cap to the profitability of investing in the promotion of the healthy life style and health. How to create a non-smoking school community should be deliberated comprehensively together. Also, the significance of the adults' positive example for the young should be considered at school. The adults in the school community should feel responsible for the example of health-related behavior given by them.

The research results expand on the contents of the core concepts in the research and give information about the 13-14-year-old youngsters' opinions about health resources and threats in the context of a school community. Based on the opinions of the young, the health resources are situated both in the young themselves and in the school environment. The aim of this research was to concretize the essence of the concept of health capital in a school community and to build a theoretical model that describes the health capital of the young (Figure 1).

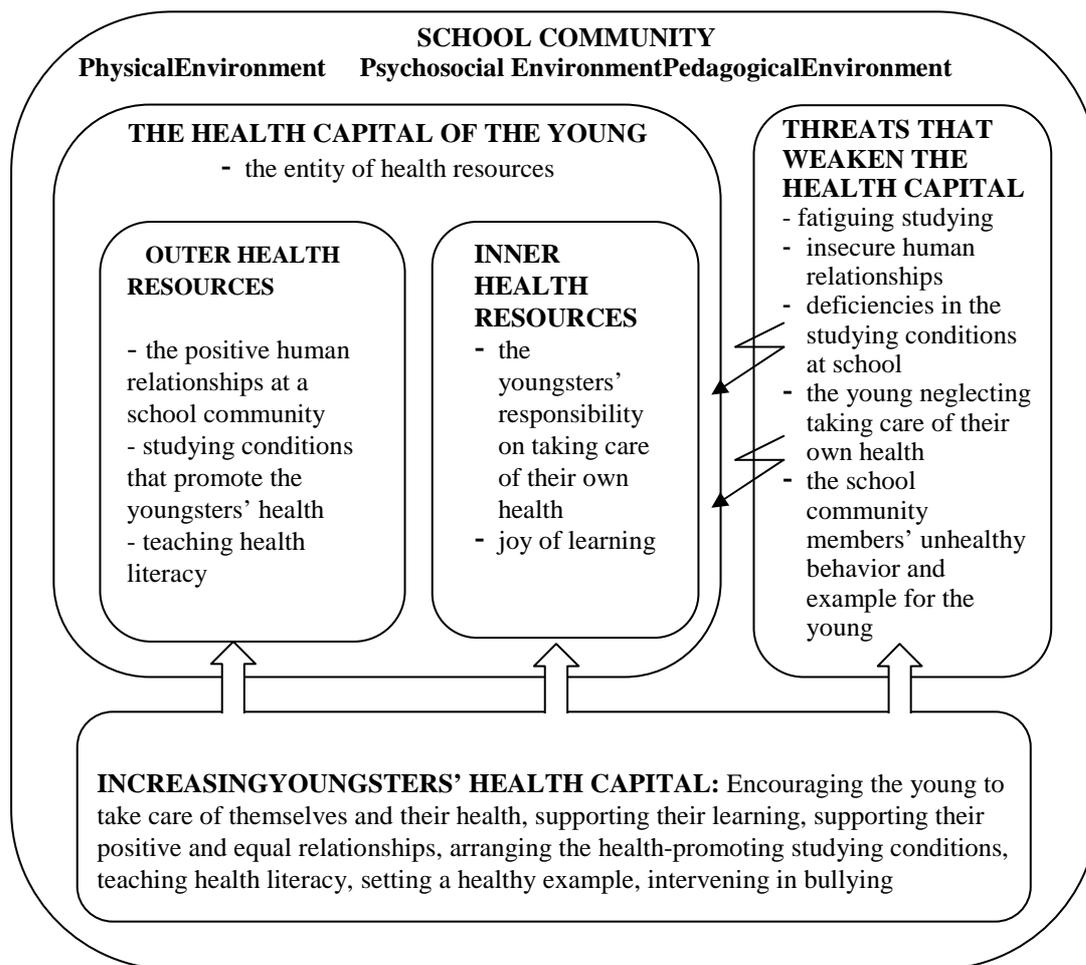


Figure 1. The health capital of the young in a school community

3.3 The Classification of the Ideas of the Young concerning the Health Capital

A type analysis was done in the data in order to collect and point out the differences in the opinions on the health capital. Four ideal types that describe the gamut of the opinions of the young were drawn from the data.

The first type represents the traditional health education thinking: *A healthy soul lives in a healthy body*. This perspective focuses on the matters that relate to the healthy ways of living, such as the significance of physical exercise, nutrition, sleep, tidiness, and abstinence. Their absence is a threat to health. In the essays of the young, who typified this type, their own sport and workout hobbies were highlighted relating also to the dutiful exercising and giving up amenities.

Responsible bearer of health has a wider idea of health capital than the first type. The exemplars of this type recognize not only the usual health-related issues but also the significance of the human relationships, teaching, and learning for health. "A responsible bearer of health" gives reasons for his/her opinion, recognizes his/her own role in the health promotion, deliberates the reasons and causes of the actions and failure, worries about the class mates' bullying or exclusion.

The third idea of health capital is *hedonistic*. The exemplars of this type consider primarily the things that bring joy, pleasure, enjoyment, and thrive as the health capital. In this type, convenience, easiness, and painlessness are appreciated. The factors, that pose a threat to health, are for their part

things for which one has to work for and made the effort, or which do not bring joy or pleasure. This type could be described with the following quotation: Healthy life style without risking pleasure”.

The last type is called *Joy for the eye – strength for health*. The exemplars of this type consider creative doing and aesthetics crucial for health. Beautiful environment and the possibility to participate in making art produce good feeling. The physical surroundings are significant in an aesthetic sense, whereas a bleak, colorless, and boring environment as well as the lack of creative activities and artistic freedom pose a threat to health.

None of the youngsters represented just one of the above mentioned ideal types. Their thinking consisted of the features of one or several ideal types. They were categorized in that type to which their opinions equaled the best. Based on this categorization, 41 of the young represented the hedonistic idea of health capital, 33 the traditional thinking of health education, 12 the responsible and comprehensive view of health promotion, and 4 of them considered the aesthetics as important for health.

4. Discussion

4.1 The Youngsters' Health Capital and Development Challenges at a School Community

The relationship between the staff and the young should be developed in the daily life at school and take care that the staff and the young are aware of these social goals. A good atmosphere at school is a precondition for functional relationships at a school community. This atmosphere is affected by the relationships between students, teachers, and school administration. The atmosphere can be improved by the good learning and studying conditions. All members of a school community have to help for their part in creating a good atmosphere as it grounds on the community members' actions for each other. In order to prevent exclusion, the members of a school community should support every youngster's participation and actively build the community spirit at school.

Especially important relationships at school are the confidential peer relationships and a supportive teacher-student relationship. Friends that one can put reliance on and trust even in the most difficult matters are the foundation for the safe relationships among the young. Equality and tolerance should be present in the everyday life at school. It is important that the members of a school community confront each other as equals and actively develop a dialogue that is based on trust. A teacher has to notice all the young equally without forgetting their individuality. Positivity and equality in the human relationships at school could be increased and the psychosocial environment at school developed by the school personnel, parents, and pupils deciding the rules and rearing principles that determine the school work together. The young need well-defined limits that secure their safety and balanced growth and development. Based on the trust, justice, and communication between the members of a school community, the communal models for operation that increase the youngsters' resources, and prevent the youngsters' unhealthy life-style, can be built. This kind of action can, at its best, effectively increase the health capital of the young and direct their health-related behavior in a good direction. [33][34]

Investing in the youngsters' social security is a salient means to creating a safe school environment where bullying does not exist. The young consider it relieving if an outsider intervenes in bullying because in a community where bullying takes place, the pupils experience a collective guilt of not intervening or being afraid of intervening in bullying. Bullying should be defined in a sufficiently comprehensive way so that it would involve not only the relationships between individuals but also the community. Strengthening the youngsters' self-esteem and togetherness of a class is not enough when trying to eliminate bullying. The youngsters' attitudes, the norms and activities of a group should be affected in a way that the classmates would not support the bullies by their own attitudes or actions. [35][36][37][38][39] Bullying is a problem that concerns the whole community and should be recognized and openly discussed even when the bully is an adult member of the school community. Bullying situations should always be interfered. Ignoring bullying enhances creating such a culture

where bullying is tolerated and where it will be rooted. It is hard for a school where human relationships are insecure to act in a way that promotes the youngsters' health capital.

Learning about health and health literacy is crucial for spontaneous health promotion. However, supporting the youngsters' health literacy is not always realized in a systematic and planned way in the everyday life at school. Therefore, the health-related issues should be noticed when planning not only the teaching of health education but every education. Besides contents, health perspective should be extended to cover the selection of teaching and evaluation methods and learning environment as well. Such methods should be used in teaching that enable transforming health-related information more adjustable in everyday life and supportive to the youngsters' healthy choices. Special attention should be paid on the youngsters' readiness to take care of themselves as well as their ability to function and do school work.

Developing health-related teaching, teaching methods, and settings into its own field of pedagogy would secure that health is not just manifested in curricula and strategies but would be a value that was truly realized in teaching and learning at school. This point of view challenges the development of teacher education and teachers' in-service education. In order to be able to increase the health capital of the young, school should provide all the young with the positive and successful learning experiences and joy of learning.

The operations models that are communal by nature and that strengthen the resources and prevent the unhealthy ways of life among the young can be constructed based on the confidence, justice, and communication between the members of a school community. This kind of activity can, at its best, efficiently increase the health capital of the young and direct their health-related behavior in a better direction. [33][40][41][42]

The development in schoolwork should focus, among other things, on balancing the teaching arrangements, learning tasks, and the overwhelmingly encumbering teaching period system as well as on diversifying the teaching and evaluation methods. Then, the demands of the schoolwork are in balance with the inner resources of the young and thus create premises for a good working drive and qualitative learning results.[43][44] From the point of view of the above-mentioned research results, the development of health pedagogy seems justifiable.

Surprisingly, the students did not mention anything related to spiritual health. With religion as a required subject in the Finnish schools and current discussions in the Finnish Lutheran church about gay marriages, these issues could have been commented by the students. It certainly represents an opportunity for collaboration between health and religion teachers.

The study took place in Finland, which is a highly educated and wealthy country; therefore, there are limitations in the generalizability of the findings to other countries.[45] For example, we noted that the students were upset with some of the school dining arrangements and some students had to wait for their food at lunch time. This would not be a concern for students who live in the developing or other poorer countries such as in those in Central or South America. They would gladly wait to have a good lunch. Neither do the Finnish people have to worry about the quality of water. Similarly, the fact the Finnish schools have a school nurse is a wonderful aspect of the Finnish school healthy program; but at the same time, it is worth remembering that many schools throughout the world do not have an assigned school nurses. It is worth pointing out that the students in this research come from rural northern Finland, not from urban southern Finland where the living conditions are different. These students may have different kind of opinions and worries of health than those who live in Helsinki.

The research results are in line with, for example, Antonovsky's way of dividing the resources into the inner and outer ones. [20][22] This division is not, however, clear and unambiguous. For example, human relationships consist of elements from both of these resources. Nevertheless, this division helps focusing on the actions that increase health capital: some of the actions are focused on an individual level, whereas the others on community level. Increasing the health resources of the young at school is not enough; also the threats to health have to be recognized, prevented, diminished, or eliminated. cf. [45][46][47][48] Without considering these factors, it will be hard for the school to be a community that increases the health capital of the young consistently. [48][49][50][51][52][53] The further development of the model that describes the youngsters' health capital provides that it is tested with new data, and that the concepts it includes were further analyzed at the abstract-concrete dimension, and that the mutual logic between the concepts is checked. [54]

4.2 The Ideal Types and Opinions of Health Capital

The responsible idea of health capital is the widest one. In addition to the traditional positive health-related behavior, it covers the consequential health factors such as learning and taking care of other people. In the traditional view, health is connected with the ordinary but central areas of health such as nutrition, exercise, rest, and hygiene. The hedonistic and aesthetic ideas of health capital present a narrow but important perspective on health. The emphasis is on the thought that one can and should enjoy life and one can pursue and cherish not only health but also beauty.

The views of the health capital differ from each other on how conscious one is of one's own role and responsibility in health promotion. In the responsible view, one is clearly and widely aware of one's own role and responsibility but in a narrower way than when it comes to the traditional view. In the hedonistic and aesthetic ideas of health capital, this recognition is unclear. All opinions of the young concerning the health capital have strengths. Nor are the exemplars of any of these opinions hopeless from the point of view of health. Along with growing up and life experience, youngsters' idea of the health capital can become wider and more responsible. The opinions of the young epitomize the juvenile culture but they can reflect the values of our society more widely as well. Either way, the result challenges the educators to the serious value debate and revision of the direction.

The stage of life and development of the young may partly explain the results. The wider societal connections of health are difficult to perceive at the age of 13 to 14. However, the pleasure and enjoyment-centered attitude, "everything to me immediately"-style, is worrying. It is important to recognize what kind of impressions the young have of health capital and health promotion in order to be able to affect them. This could turn the youngsters' health-related behavior in a more positive direction. In addition, these ideal types give the uninitiated an insight the variety of health-related thinkers that exist among the young.

4.3 The Evaluation of the Concept of the Health Capital

The new concepts of capital have been greatly criticized and using them is always risky. Using the concept of capital more widely outside the concrete, material inputs has been criticized. Calling capital something that does not have the markets, market price, or complementary costs and that does not require any actual investments – for example, the human, cultural, and social capital – has been considered inappropriate and subject to cause ambiguity. [55]

The criticism is grounded on the thought that the traditional concept of capital is unambiguously definable and had established its use. The new concepts of capital confuse the conceptual clarity. Ruuskanen has considered the social relationships as capital and assessed the concept of social capital by Hjerppe's criteria for the capital. [17][56] According to Hjerppe's criteria, capital is a reserve that is in use when needed, it is consumed, it can be accumulated and invested in.

This reflection and criteria can be used when assessing the concept of health capital as well. In order to be regarded as capital, the health capital has to be a reserve that the young can consciously use in order to carry out their health-related intentions. The positive relationships at school, health supporting studying conditions, health literacy, and teaching of health literacy, the youngsters' responsibility to take care of their own health and learning are resources that form a reserve that the young can use in order to cherish and promote their health. The capital has to be accumulated and invested in. Among other things, what it comes to the health-related information, skills, and know-how as well as to the physical and mental health the health capital can be increased. The original concept of capital is also connected with the thought of consuming it when in use. For example, the physical capability "is subject to wear and tear" as it weakens along with ageing; but on the other hand, the physical capability decreases if not taken care of or utilized for example by exercising.

The health capital does not fully conform to the criteria for capital: it is immaterial, such as the human capital, personal capital, and social capital. If the fact, that the health capital eases the functioning of the young by promoting their health (in other words, is a profitable resource), is regarded as sufficient, the criteria for capital are fulfilled. The health capital, for its part, enables economic activities and

therefore, it is a felicitous expression regarding to the original use of the concept. For an individual, good health and health capital are profitable in economic sense as they save him/her from the costs of working ability and capacity illnesses and treatments. From the society's perspective, the national health is of great importance. Good national health secures the supply of the workforce and stability as well as saves tax revenues to other purposes. However, the health and health capital cannot be considered important only for economic profits. This capital also enables the individuals to express themselves in diverse ways.

Regardless of the above mentioned criticism, using the concept of health capital is justified. This concept complements Bourdieu's and O'Rand's way of dissecting the capitals. [19][57][58] The health capital is partly comprised of the same elements as Bourdeau's and O'Rand's capital types. However, health adds specific content to it. Defining the inner and outer resources as health resources when the young use them to promote their health as well as defining the health capital as the entity of the health resources and as a part of other capital types provides a theoretical framework for studying the health promotion and a new perspective for the resource-based health promotion activity. Defining the health capital as a capital type of its own is also reasonable because this concept of capital is positive by nature: The capital is something worth acquiring and investing. The use of the concept of health capital can, for its part, increase the appreciation of health.

4.4 Limitations

This research produced information on the opinions of the young concerning the health capital in the school community. The research results can be utilized to increase the health capital of the young and to prevent and fix the threats to health that diminish the health capital of the young. The research results also imply what things are important to the young concerning health. In addition, the results give suggestions to the planning and implementing the interventions meant to increase the health capital. They can function as a part of a more extensive analysis on a school community. cf. [59] [60] The results can also be used when planning the teachers', health nurses', and other personnel's basic and in-service education at school.

The reliability of this research was evaluated both from the point of view of the data and the conclusions. Thus, the most essential means for ensuring the reliability of this research was the detailed description of the whole research process, researcher triangulation where other researcher analyzed the data and the way it was interpreted cf. [61], as well as the evaluations of the research results given by the young who participated in the research. Two of the participants were asked to look through the research report carefully and give feedback whether the results and conclusions correspond to their opinions on the school community or not. The youngsters thought that the conclusions corresponded well to their opinions. The reliability of the conclusions could have been checked furthermore by arranging a conversation with each class that participated in this research concerning the research results and the reliability of the conclusions to make it possible for all the young that participated express their opinions on how well the results and conclusions match the situation at their school community.

The quality of the data could have been enhanced and more in-depth information could have been gotten if the young were also interviewed. During an interview, the data can be completed and specified by asking supplementary questions from an interviewee. [62] Whereas essays as data are collected once and therefore, the data can be weaker and more superficial than a data collected by interviews. Thus, the evidence that the data of this kind offer can remain pettier than it could be if collected by interviews. On the other hand, it is not obviousness that the young would be willing to speak with a relatively strange people. By writing, one may still open out easier.

The developmental phase of the 13-14-year-old young affects their impressions of various things and how they express them. Finding one's own identity, cutting loose from parents and other authorities, and becoming independent are typical of this developmental phase. Due to the prevailing developmental phase, certain things are important to the young. This priority can change along with maturing depending on the way the developmental tasks are solved. The young who participated in this research were in the developmental phase during which they look at things from their own

perspective and they might find it difficult to accept others', especially authorities', opinions on matters. The young may take a negative view of parents and other authorities who represent the opposite side that they have to rebel against. Then, excesses can happen easily when the youngsters' opinions exemplify a general negative attitude toward the adults' actions and values; therefore, the data may not give a truthful idea of the youngsters' opinions.

Making reliable conclusions was enhanced by the fact that the first author is a mother of two school age children, a public health nurse by education, a health care teacher and licentiate of health sciences, and works daily with the adolescents. She has a 30-year-long experience on working at a school community and of the juvenile culture. Furthermore, she knew the community that participated in this research, which, for its part, may have improved the reliability of the conclusions. On the other hand, along with the long experience, she may have gotten a certain way to perceive the youngsters' matters and reality. This can also make it more difficult to notice the new and different.

4.5 Conclusions

A fundamental factor in the accumulation of the youngsters' health capital is making the goal clear. It means mutual value debate about the health as one of the desirable values in the school community and how it should be concretized in the every-day work at school. The significance of health and increasing the health capital should be considered in the school community together with the teachers, the young, the other school personnel, and the parents.

According to the opinions of the young, their health capital at school is good. Still, they think that there are factors in the school community that diminish their health capital. The knowledge of these opinions gives the members of a school community a variety of possibilities to influence and chances to make decisions that increase the health capital of the young and to have the young participate in the health promotion activities. Addressing the youngsters' health in the school community at the individual and communal level, and considering both the psychosocial, pedagogical, and physical environments, secures the holistic way of supporting the healthy growth and development and of accumulating the health capital of the young.

The ability of the young to take care of their health can be supported by the adults' healthy example as well as by the genuine commitment of the school and all the members of the school to the conforming to the healthy life-style and appreciating the health. Constant value debate between all the members in the school community is necessary.

How the decisions influence on the health of the young should be considered in all planning and decision making concerning the school activity? The school should write up a health promotion strategy that is resource-based and leans on the mutually accepted values and also take care of its determined implementation. This kind of action would help the culture of the positive health promotion to root as a part of the every-day work at school and secure deliberate accumulation of the health capital of the young.

The strengths in the ideas of the health capital of the young should be further developed. The aim is that the young would have a responsible conception of the health capital with the emphasis on an extensive unimpelled health promotion and that the conceptions would show in doing and acting.

The health capital can be considered as a capital type of its own and as a part of other capitals. It provides a framework compilation to study the health resources and develops the conceptualization of the health promotion further. More specific empirical testing for the concept of the health capital helps developing an instrument for measuring the health capital.

4.6 Translation to Health Education Practice

At the communal level, the support and development operations should be focused primarily on the schoolwork, working conditions, and the interactional relationships at school. The creation of the positive atmosphere and democratic, young-centered relationships between a teacher and a student should be enhanced at school. The young should have a true possibility to affect their education and

studying conditions. When it comes to the human relationships, a special attention should be paid on the situation of the lonely, friendless young in order to prevent exclusion.

Supporting the young to learn about health and to develop health literacy should be systematically carried out at school. It means that the health perspective should be noticed widely in all teaching and other activities at school. The teachers' preparedness to support the development of the health literacy should be taken care of by offering them opportunities to attend in-service education. It is worth reflecting whether the specific health pedagogy should be developed in order to secure the realization of the health perspective in teaching.

The teaching and evaluation methods, teaching arrangements, and the period system should be developed and diversified in a way that they would support the learning, coping, and the health of the young. The school should provide all the young with the positive learning experiences that produce the joy of learning in order to maintain their learning and studying motivation. The youngsters' disruptive behavior and bullying have to be intervened in not only in the individual situations but concerning the groups and the whole community and all of its members. In order to be able to prevent and handle these kinds of situations, the school has to have the concrete terms of reference of the early intervention. Furthermore, the school has to take care of the tidiness and amenities of the facilities, fresh air, the condition of the working spaces, and ergonomics, well-designed school dining, and sufficient school health care services.

Noticing the opinions of the young when planning and carrying out the interventions to increase the health capital would make it easier for the young to engage in this activity. However, the opinions of the young as such are not necessarily sufficient enough but should be complemented with the views of other members in the school community and professionals. It is important to listen to the opinions of the young and to have them participate in the health promotion activities. In this way, the participative and empowerment approach is implemented in increasing the health capital of the young; and thus, they become engaged in this activity. The health resources of the young should be estimated and strengthened systematically in co-ordination with the school system and school, as well as the young and their families order to secure the continuous and sufficient health capital for the young.

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