

Health-related goals and happiness – the associations among South African youth

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Original article

Abstract

Introduction: Self-Determination Theory is a theory of motivation, health, well-being, and development. It is suggested that goals and aspirations become important in health and well-being. The health-related life goals and aspirations are often ambiguous in nature when examining happiness. The current study, therefore, aimed to examine health-related goals and subjective happiness among South African youth.

Materials and methods: Using a cross-sectional design, the study included 1411 participants with a mean age of 21.81 years, who were largely female from eight of the nine provinces in South Africa. Data was collected via a secure, online platform using the Aspirations Index and the Subjective Happiness Scale. All data in the study were analysed using the Statistical Package for the Social Sciences for both descriptive and inferential statistics.

Results: The results suggest that the health-related life goal and aspiration 'to keep myself healthy and well' was the only significant predictor of subjective happiness among the sample of South African youth. The model examined, explained 4.5% of the variance and the results suggest that the model was significant. The results suggest that the goal content and why goals and aspirations are aspired towards become important when examining health and happiness.

Conclusions: Recommendations are provided for further research into the interaction between health, happiness, well-being, and psychological flexibility to inform research and practice.

Keywords

- happiness
- health
- self-determination theory
- well-being
- youth

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Introduction

Globally, the pandemic has highlighted two very important constructs which are essential for health and quality of life outcomes – health and happiness. Health has been hampered through the restricted access to physical and psychological support and services, with an increase in sedentary lifestyles, changes in routines, heightened anxiety and abuse.^{1,2} Youth have seen a significant decline in their overall health as a result of the pandemic, not ignoring the implications on other groups in society.³ The construct of health is further exacerbated as it has implications on happiness and well-being. South African youth find their subjective experiences of happiness and well-being further strained due to limited agency, diminished resilience and coping.⁴ Considering the complexities that youth face together with the constructs of health and happiness, the current study aimed to determine the role of health-related goals and aspirations in the promotion of subjective happiness among South African youth, using a Self-Determination Theory (SDT) lens.

SDT is a theory of motivation, health, well-being, and development.⁵ One of the elements of this macro-theory is how individual goals and aspirations inform health and well-being. The empirical body of knowledge and evidence advancing SDT has honed in on how individuals' long-term goals inform the actions and behaviours they engage in. These life goals can broadly be grouped to be either (i) intrinsic or (ii) extrinsic in nature.⁵ Life goals that are intrinsic are often synonymous with 'self-determined' actions and behaviours.⁶ However, extrinsic goals and aspirations are those future goals that are associated with behaviours which are very often controlled by external factors.⁶ The intrinsic life goals and aspirations include meaningful relationships, a sense of community and personal growth.⁷ While extrinsic life goals are made up of aspirations such as fame, image and wealth.⁸ Of the seven life goals and aspirations, the one life goal and aspiration which could be either intrinsic or extrinsic in nature is the health-related life goal. The aspiration towards the health-related life goal could be informed by one of two reasons: (i) aspiring to be physically healthy, which would promote a future desired body image, which would be deemed extrinsic in nature as the reason why the goal is aspired toward is controlled and motivated by external factors; or (ii) if aspiring for health-related goals is about living a healthy lifestyle, free from illness and overall wellness then the reasons

for aspiring to the goal is informed by the internal drive to be happy, healthy, and well.⁹

The body of knowledge, which exists, suggests that aspiring for life goals or aspirations which are intrinsic in nature is associated with increased health and well-being.¹⁰ More specifically, when examining the health-related life goals and aspirations which are ambiguous in nature, it becomes important to examine the 'why' and 'how'. Hortop, Wrosch and Gagne¹¹ explain that understanding 'why' individuals pursue certain goals and aspirations over others, as well as 'how' much control these aspirations are given is important when examining subjective happiness and well-being. These constructs can better be understood as to what motivates and drives the aspirations towards the health-related goal. Ryan, Huta and Deci⁸ have also alluded to the 'what' and 'why' which becomes important when examining happiness and well-being. The contestation of health, goal motives, and happiness remains unclear,¹² therefore the current study aimed to determine whether health-related goals and aspirations promote subjective happiness among South African youth.

Materials and methods

Participants

The current study aimed to determine whether health-related goals and aspirations promote subjective happiness among South African youth, using a cross-sectional research design. A higher education institution within South Africa with campuses across the country was selected to include participants from more than one of the provinces within the country. The intended sample size was determined using the Yamane formula, where it was estimated that an approximate sample of 397 youth was needed in the study, taking into consideration the population size of the higher education institution as well as the probability error. The final sample for the study was 1411 youth, which was 71.86% more participants than the estimated approximate sample size needed initially.

The participants in the study mostly identified as being female (73%; $n = 1030$) where the mean age was 21.81 years ($SD = 4.50$), who came from eight of the nine provinces in South Africa. The largest representative province in the sample was Gauteng province (57%; $n = 802$) and the least representative province in the sample was the Free State province (0.5%; $n = 7$) (see Table 1).

Table 1. Demographic details

Variable	n	%
Persons' Age (SD)	21.81 (SD = 4.50)	
Gender	Female	73.0
	Male	26.5
	Non-binary	0.5
Province	Eastern Cape	8.0
	Free State	0.5
	Gauteng	56.9
	KwaZulu-Natal	19.1
	Limpopo	0.9
	Mpumalanga	0.6
	North West	0.8
	Western Cape	13.0
No answer	3	0.2

Instruments

Data for the study was collected using a self-report, online questionnaire that included three sections, namely: (i) a brief demographic details questionnaire, (ii) the Aspirations Index,¹³ where only the health-related goals and aspirations are reported on in this study, and (iii) the Subjective Happiness Scale.¹⁴ The Aspirations Index allows participants to rate their goals and aspirations on the importance that they place on each goal and aspiration, grounded within the SDT. The participants rated their responses to the items using a 4-point Likert scale where 1 represented 'not important' and 4 represented 'very important'. The goals and aspirations usually assessed by the Index include image, fame, wealth, community, health, meaningful relationships, and personal growth. In the current study, only the items related to health were included. Examples of the items included can be found in Table 2. The Aspirations Index has previously been used in South Africa with Cronbach alpha scores (α) equalling 0.8015. The Subjective Happiness Scale provides an assessment of the participant's overall happiness, where responses are assessed using a Likert scale on 7-points, where 1 represented 'not very happy/ less happy' and 7 represented 'very happy/ more happy'. The Subjective

Happiness Scale has previously been used in South Africa with reported Cronbach alpha scores of 0.7416.

Procedure

After ethical approval was granted by the Independent Institute of Education's research ethics committee, additional permission was applied from each of the higher education institutions that were invited to partake in the study. When permission was granted by the higher education institution, the academic manager/ student manager (or an equivalent member of staff) was informed about the study in order to grant permission to access the student population. Upon receiving access to the student population, a date and time were agreed upon which would not impact the academic operations of the higher education institution. The higher education institutions' information technology team was contacted where the information letter, informed consent form, and the secure link which directed participants to the secure, online platform study were provided. The higher education institutions' information technology team made contact with their students to ensure the protection of personal information within the institution. Once the communication was sent to the participants and they accessed the link, they were directed to the secure, online platform where the data were collected. All cookies and IP address collectors were disabled to ensure the confidentiality, anonymity and no tracking of the participants in the study. The secure, online platform allowed participants to consent to participation as well as complete the online, self-administered questionnaire at a time which was convenient for them. The online questionnaire remained open for two weeks after which the questionnaire was closed. It took participants approximately 20–30 minutes to complete the online questionnaire.

Ethical consideration

The Independent Institute of Education's research ethics and postgraduate committee provided ethical approval and permission for the research to be conducted (IIE Reference: R.15531). An application was made to the higher education institutions that formed part of the study. In addition, participants completed electronic consent forms prior to partaking in the research study. Participation was voluntary, while confidentiality and anonymity of the participants were maintained. The participants in the study were aware that all the

data collected would be used for dissemination to promote the generation of knowledge. Overall, the following ethical principles were adhered to within the study: (i) informed consent, (ii) voluntary participation, (iii) confidentiality, (iv) ensuring no harm is caused to participants as a result of participation, and (v) the process from sampling, data collection as well as the analysis was conducted in a fair and equitable manner.

Data analysis

All the data collected was analysed by making use of the Statistical Package for the Social Sciences (SPSS V27). Descriptive and inferential statistics were used to satisfy the intended aim of the current study. After the data was coded and cleaned, the descriptive statistics included quantitatively describing the data using means and frequencies. The inferential statistics included examining whether the assumptions for the following analyses were met before they were run: (i) Pearson's correlation to examine the associations between the health-related goals and aspirations and subjective happiness of the participants, which was followed by

(ii) linear regression analysis to predict the interaction and variance explained between the health-related goals and aspirations and subjective happiness.

Results

Descriptive statistics

Health-related goals and aspirations: The overall health-related goals and aspirations sub-scale was made up of five items reflected in Table 2. The results for the health-related goals and aspirations for the participants suggest that the participants found the health-related goals and aspirations of 'being physically fit', 'keeping healthy and well', 'being relatively free from any illness/ sickness' and 'having a physically health lifestyle' as being very important, while 'feeling good about the level of physical fitness' as being important (see Table 2). The results suggest that for the health-related goals and aspirations, the overall sample found it to be very important ($M = 3.53$; $SD = 0.49$).

Table 2. Variable descriptive statistics

Variable	n	M	SD
To be physically healthy ^a	1405	3.55	0.66
To feel good about my level of physical fitness ^a	1402	3.35	0.76
To keep myself healthy and well ^a	1403	3.65	0.60
To be relatively free from sickness ^a	1402	3.60	0.61
To have a physically healthy lifestyle ^a	1399	3.47	0.71
Overall health ^a	1390	3.53	0.49
In general, I consider myself ^b	1403	4.83	1.51
Compared with most of my peers, I consider myself ^b	1401	4.56	1.69
Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you? ^b	1397	4.53	1.69
Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you? ^b	1400	3.98	1.91
Overall subjective happiness ^b	1389	4.49	1.35

^a Responses were based on a Likert scale, where: 1 – not very important and 4 – very important.

^b Responses were based on a Likert scale, where: 1 – not very happy/ less happy and 7 – very happy/ more happy.

Subjective happiness: The results suggest that participants considered themselves as being somewhat happy ($M = 4.83$; $SD = 1.51$) when compared with their peers ($M = 4.56$; $SD = 1.69$). Furthermore, the results also suggested that the participants were neutral when they compared themselves to others who might not be very happy ($M = 3.98$; $SD = 1.91$). Overall, subjective happiness for the participants was categorised as somewhat happy ($M = 4.49$; $SD = 1.35$; see Table 2).

Inferential statistics

When examining the associations between health-related goals and aspirations and subjective happiness for youth, it was seen that there were significant positive associations among all the health-related goals and aspirations (see Table 3). The results in Table 3

suggest slightly stronger correlations between subjective happiness and to 'keep myself healthy and well' ($r = 0.197$; $p \leq 0.01$) as well as the overall health-related goals and aspirations score ($r = 0.189$; $p \leq 0.01$), which is a composite score of the health-related goals and aspirations. The results do suggest stronger associations being found between the health-related goals and aspirations (see Table 3). To better understand the associations and interactions, a linear regression analysis was performed. The results from the regression analysis suggest that in the model examined, only to 'keep myself healthy and well' as a health-related goal and aspiration was a significant predictor for 'subjective happiness' among the youth in the study ($\beta = 0.13$; $p \leq 0.01$; see Table 4). The results of the regression analysis indicates that the model explains 4.5% of the variance, and that the model is significant [$F(5;1368) = 12.86$; $p \leq 0.001$].

Table 3. Variable correlation matrix

	1	2	3	4	5	6	7
1 To be physically healthy	1						
2 To feel good about my level of physical fitness	0.451**	1					
3 To keep myself healthy and well	0.568**	0.368**	1				
4 To be relatively free from sickness	0.267**	0.243**	0.346**	1			
5 To have a physically healthy lifestyle	0.601**	0.448**	0.616**	0.333**	1		
6 Overall health	0.786**	0.711**	0.773**	0.575**	0.857**	1	
7 Subjective happiness"	0.156**	0.075**	0.197**	0.099**	0.168**	0.189**	1

** – Significant at 0.01 level (2-tailed).

Table 4. Regression of subjective happiness on individual health goals

Subjective happiness	<i>b</i>	SE <i>b</i>	β	<i>t</i>
(Constant)	2.56			
To be physically health	0.10	0.07	0.05	1.34
To feel good about my level of physical fitness	-0.05	0.06	-0.03	-0.83
To keep myself healthy and well	0.30	0.08	0.13*	3.65
To be relatively free from sickness	0.06	0.06	0.03	0.97
To have a physically healthy lifestyle	0.12	0.07	0.06	1.68

Subjective happiness: $\Delta R^2 = 0.045$

Discussion

The life goal and aspiration of health can be both intrinsic or extrinsic in nature, depending on the goal content and why the life goal and aspiration become important.^{17,18} The results of the study indicate that there are significant associations between the various life goals and aspirations which make up the overall healthy life goal and aspiration. These aspirations display elements of both extrinsic properties (such as ‘to be physically healthy’) as well as intrinsic properties (such as ‘to be relatively free from sickness’).

However, when we examine the interaction between the individual life goals and aspirations which make up the overall healthy life goal in the Aspirations Index, we find that only the life goal and aspiration ‘to keep myself healthy and well’ to be a significant predictor of subjective happiness among the South African youth in the study. What could be the possible explanations for the interaction found in the current study? Where individuals or youth placed a greater emphasis on the life goal and aspiration orientation favouring intrinsic goals, this could indicate life goals and aspirations that promote happiness and well-being.^{19,20} Another explanation, which Bradshaw and colleagues¹⁹ allude to is that the difference in the extent to which individuals or youth value some life goals and aspirations over others could inform what is seen in the current study regardless of whether the aspiration is wholly intrinsic or extrinsic in nature.

Despite debates which exist, a central thesis which could be suggested is that of eudemonic thinking as part of the life goal and aspiration process. Easier understood as the ‘what’ or ‘why’ of the life goal and aspiration. Eudemonic thinking informs the decision-making process about the importance individuals place on certain life goals and/or aspirations. We are able to understand how the values and functions associated with life goals and aspirations inform the understanding of well-being for the individual.²¹ The results for South African youth, in the current study, outline how placing importance on the health-related life goal and aspiration of keeping healthy and being well suggests both the physical aspect of health as well as the mental aspect, informing how this health-related life goal and aspiration was the only health-related goal to significantly predict subjective happiness in the sample.

When using the SDT lens, it is also important to note that the theory does not solely examine health and well-being as being informed by the process of eudemonic thinking during the decision-making process, but that it is how the individual navigates their daily encounters in how they ‘live’ and ‘function’, which often is depicted through the basic psychological needs which could

either satisfy or frustrate the promotion of happiness, health, and well-being.⁸ The current study, however, did not examine the basic psychological needs as a vehicle for the living and functioning associated with well-being as alluded to by Ryan and Huta,²¹ but that only one perspective was examined which was eudemonic thinking in the interaction with happiness for the youth. It also provides an opportunity for future studies among South African youth to examine the decision-making process as well as how the basic psychological needs are either satisfied or frustrated in examining happiness, health, and well-being.

South African youth find themselves in a unique and diverse setting where the proximal and distal risk factors which impede their health, happiness, and well-being includes biological (such as nutritional status, overweight and obesity), familial (parental and familial dysfunction), community (recreation, safety, community health access and services), physical environment, and policy and institutional factors (health system interventions and quality).²² These proximal and distal risk factors could shape the life goals and aspirations related to health, particularly when considering the ‘what’ and ‘why’ associated with the life goals and aspirations in search of subjective happiness. But how would one be able to mitigate these factors which impede on the health and happiness of South African youth, keeping in mind the interaction between ‘to keep healthy’ and well as well as ‘subjective happiness’? Psychological flexibility in the attainment and aspirations of life goals, such as being healthy and well could inform interventions as well as mitigate these factors to further develop the promotion of health and happiness of South African youth. Psychological flexibility has been described as ‘the pursuit of valued goals despite the presence of distress’.²³ Recent evidence suggests that psychological flexibility, important for South African youth who encounter factors which might hamper their health, happiness and well-being, is strongly associated with subjective happiness, which is fundamental to health outcomes.^{23,24} Examining the significant interaction between the life goal of ‘being healthy and well’ and subjective happiness in the current study can be explained by recent developments where the goals and aspirations related to health, while still being aware of the pressures (such as the distal and proximal risk factors), become important to living well and promoting subjective happiness.²³ The emerging field of psychological flexibility provides a lens to help understand some of the interactions between the health-related life goal of ‘being healthy and well’ and that of happiness experienced among South African youth. It also provides an opportunity for further investigation into the

interactions between psychological flexibility, health-related goals, happiness, and well-being in a diverse and collectivist setting like South Africa and the African continent more broadly.

The findings present some key reflections for research and practice, these include: (i) understanding the value of health-related interventions that promote health, happiness, and eudemonic well-being through a psychological flexibility lens, (ii) the need for an investigation into the eudemonic thinking process where there is a place for decision-making constructs to promote understandings of health, happiness, motivation and development of young people, and (iii) to understand how interventions which promote physical activity, fitness, and health informs the 'what' and 'why' of participants and the associations with happiness.

The current study provides a glimpse into health-related goals and aspirations and the subjective happiness of South African youth. Not to negate the contributions of the current study, limitations exist in that the sample only included youth in higher education. To fully understand the associations examined it could be suggested that future studies include youth both engaged and not engaged in higher education, which would provide a more accurate reflection of the associations and interactions examined.

Conclusions

Establishing whether health-related goals and aspirations promote subjective happiness among South African youth was the central aim of the current study. The ambiguous nature of health-related goals meant they could be either intrinsic or extrinsic in nature, informed by SDT. Despite the ambiguity, the current study found the health-related goal and aspiration of being healthy and well to be the only significant predictor of subjective happiness among South African youth. The understanding that the 'what' and 'why' health-related goals are aspired to as well as how psychological flexibility could inform our understanding of the drivers of subjective happiness, due to proximal and distal risk factors for South African youth, is introduced to timeous, current academic discussions.

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