



## THE RELATIONSHIP OF SELF-ESTEEM AND HEALTH-RELATED BEHAVIORS AMONG ADOLESCENTS IN BAGUIO CITY

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**Abstract:** Health-related behaviors such as substance use, sexual activity, dietary behaviors, stress response and physical activity are often correlated to different factors such as peer pressure, family background and economic status. There are countless studies conducted that already measured the degree of relationship of health behaviors to those factors stated. Some researches showed that engagement to different health behaviors is also related to the self-esteem a person has. Most of these researches are conducted in other countries, thus results may vary in the local setting. Self-esteem plays an important role in the development of the adolescents. The Youth Risk Behavior Surveillance System (YRBSS) enumerated the different health-related behaviors that adolescents engage to.

This study aimed to determine the self-esteem of the adolescents in Baguio City, the extent of their health-related behaviors and the relationship of self-esteem and health-related behaviors among adolescents in Baguio City along with the sub-categories of the health behaviors namely; dietary behaviors, physical activity, stress response, substance use and sexual behaviors. The study was guided by the Theory of Triadic Influence (Flay and Petraitis, 1994).

The researchers utilized a descriptive correlation quantitative design. Respondents of this study include high-school students from both private and public schools. Four hundred (400) students are included in the study, 165 of them are from private schools and 235 are from public schools. The researchers used the Rosenberg's Self-Esteem Scale and YRBSS tool as their guide in assessing the level of self-esteem and the health-related behaviors of the respondents respectively. Coefficient was used to determine the relationship of self-esteem and health-related behaviors along with the variables.

The result of this study showed that the self-esteem of adolescents in Baguio City is moderate and their health behaviors are partially extensive. There is a slight correlation between self-esteem and health-related behavior. There is also a slight relationship between self-esteem and health-related behavior among adolescents in Baguio City when classified according to dietary behavior, physical activity, substance use, stress response and sexual behavior.

Based on the findings of the study, the following conclusions were drawn: a moderate self-esteem was found out from the adolescents of Baguio City in which it depends on how they perceive themselves. The adolescents have moderate engagement in the different health-related behaviors which are diet, substance use, physical activity, stress response and sexual behavior. The association between self-esteem and health-related behavior of adolescents in Baguio City is



insignificant therefore has minimal connection with each other. The adolescents' level of self-esteem and their engagement to the different health-related behaviours are independent with each other.

**Key words:** Self-esteem, Health Behaviors, Dietary Behaviors, Physical Activity, Substance Use, Stress Response, Sexual Behavior

## 1.INTRODUCTION

Adolescence is the period during which a person becomes physically and psychologically mature and acquires a personal identity, usually between 12-18 years old (Kozier and Erb, 8<sup>th</sup> Edition, 2008) such as physical changes of puberty which lay a biological foundation for the other developmental changes. Adolescence is a period of "storm and stress" and is a turbulent time charged with conflict and mood swings (G. Stanley Hall, 1997).

The researchers defined self-esteem as the overall sense of self worth of an individual. Aside from self-esteem issues, adolescence is marked by increasing involvement in health behaviors. Between the ages of twelve and twenty-five, the researchers observed the initiation of countless health risk behaviors, including alcohol and drug use, smoking, sexual behaviors, delinquency, and behaviors leading to intentional and unintentional injuries (Adolescents at risk: A Generation in Jeopardy, 2009). Self-esteem of adolescents plays an important role in their engagement to health-related risk behaviors such as physical treatment, dietary behavior, physical activity, sexual behavior, substance use, which the Youth Risk Behavior Surveillance System (YRBSS) have enumerated.

There are different contributing factors on how the adolescents developed their self-esteem. One of them is diet where it is defined as the customary amount and kind of food and drink taken by a person from day to day. Concerning physical activity, the researchers defined it as actions that could either contribute to the wellness or can lead harmful effects to the body. Female and male adolescents who have a high self-esteem are the ones who likely committed physical inactivity. Regarding substance use, the researchers defined it as the manner a person consumes drugs. Low self-esteem can be one of the main indicators why adolescents engage in using illegal drugs, drinking alcohol and the like. The researchers defined stress response as the reaction of a person does in dealing with cumulative negative life experiences. In the study entitled "Stress, Self-Esteem, and Suicidal Ideation in Late Adolescents", it is stated that as self-esteem increases, stress decreases. However, in other studies, it was found out that stress is not related to self-esteem (Effects of Stress on Self-Esteem, 2009). In terms of sexual behavior where the researchers defined it as the maladaptive sexual patterns or behaviors of adolescents such as unsafe or premarital sex, self-esteem plays an apparent role in the sexual behaviors



among adolescents, according to a study by researcher at the Indiana University School of Medicine published in the April 2002.

Any level of self-esteem may lead to a negative or positive reaction with the environment and health-related behavior may be caused by the adolescents' level of self-esteem. Since most of these researches were conducted outside the country, the researchers would also like to conduct a research about this in order to see if the results vary here in the Philippines. The study aims to determine the relationship of self-esteem and health related behaviors along with dietary behavior, physical activity, substance use, stress response and sexual behavior.

The researchers were guided by the theory of Triadic Influence (Flay & Petraitis, 1994). The theory was intended to account for factors that have direct and indirect effects on behavior. The three streams were cultural-environmental, social situation-context, and intrapersonal. Cultural-environmental stream is comprised of culture, religion, values, evaluation, informational, environment, knowledge and expectancies which would influence one's attitude; social situation-context is composed of other behaviors & attitudes, perceived norms, bonding & motivation to comply which influence social normative beliefs; and intrapersonal stream discusses competence, social skills, sense of self & self determination.

The research has five variables: dietary behavior, physical activity, substance use, stress response, and sexual behavior. Dietary behaviors are under intrapersonal stream. Physical activity is under the three streams of triadic influence which are intrapersonal, social-situation and cultural environment influence, in which adolescents decide to do activities concerning physical activity. Substance use is under the three streams of triadic influence. Adolescents who use one drug are more likely to use another one. Stress response is under intrapersonal influence that begins with fundamental and stable characteristics of the individual adolescents (e.g., their personalities and biological makeup's). Sexual behavior falls under cultural-environmental influence and according to Triadic Influence Theory the cultural or attitudinal stream begins in the general cultural environment in which adolescents mature. The sense of self can be a triggering factor for an individual to perform a specific act that would reflect in his or her behavior. An individual's self esteem level may stimulate him to do specific acts that would either benefit or harm his health.

## **2.METHODOLOGY**

The study utilized a descriptive correlational quantitative research which aimed to describe the relationship among variables rather than to infer cause-and-effect relationships (Polit and Beck, 2004). The study was conducted in Baguio City and the respondents from the different schools were randomly selected by lottery. The following schools were the schools



drawn by researchers for the sampling were as follows: Easter Colleges High School Department, Saint Louis Pacdal, Saint Louis School Center – High School Department, Saint Louis University Laboratory High School, Magsaysay National High School, Mil-an National High School- Loakan Annex, BCNHS- Bakakeng Annex, BCNHS-Aurora Hill Annex. Sample size was determined by the formula for standard proportions. The sample size utilized by the researchers was 400 using stratified sampling to have an equal percentage of female and male. The schools were randomly selected.

The Rosenberg’s Self-Esteem Scale was the most widely used self-esteem measure in social science research and a valid and reliable one-dimensional measure of self-esteem. The tool used by the researchers was based on Youth Risk Behavior Surveillance System (YRBSS). It provides information regarding violence-related behaviors and other health related behaviors such as physical treatment, dietary behaviors, sexual behaviors, and physical activity. The tool was pretested to 14 students which was divided into two 7 males and 7 females, from Baguio Central University Laboratory High School where they understood it well and took them 5-10 minutes to answer.

Data gathering were done in randomly selected secondary schools in Baguio City. Stratified Proportional sampling method was used so that the group would have equal percentages of respondents coming from all the secondary schools in Baguio City. Upon the approval of the principals of the schools to conduct the study, the researchers introduced themselves to the respondents. The group proceeded to the floating of the questionnaires. When the researchers were reviewing the answered questionnaire the researchers noticed that some of the questionnaires are incomplete in data, so the group disregarded the questionnaire. The researchers computed a mortality of 128 questionnaires. So to have a complete sample size, the group floated certain amount of questionnaires with an additional of 5% of the computed sample size in case attrition occurs again.

Data would be tabulated to identify frequencies for each category. The weighted mean was used to determine the level self-esteem and health related behaviours of the respondents. The tables below show the different categories and their interpretation that would be used in the result of the study.

<b>Level of Self-Esteem</b>	
Mean	Interpretation
0.00-1.00	Low Self-esteem
1.01-2.00	Moderate Self-esteem
2.01-3.00	High Self-esteem

<b>Frequency of Engagement in Health-Related Behaviors</b>	
Mean	Interpretation
1.00-1.74	Low Engagement
1.75-2.49	Moderate Engagement
2.50-3.24	High Engagement
3.25-4.00	Very High Engagement

The group utilized the Pearson Product Moment Correlation Coefficient to answer the relationship of self-esteem and health-related behavior. The degree of relationship would be interpreted based on the following ranges of the correlation coefficient.

### 3.RESULTS AND DISCUSSIONS

This chapter presents the data gathered which were statistically treated, presented, analyzed in tables and interpreted in relation to the problems and hypotheses specified in the study. It presents the data on the self-esteem and health-related behaviors among adolescents in Baguio City.

Table 1  
Relationship of Self-Esteem and Health Related Behaviors

	Mean	Interpretation
Self-Esteem	1.77	ML
Health Related Behaviors	2.69	MR
r=-0.14		Almost negligible to slight

LEGEND:

Self-Esteem

0.00-1.00 – Low Level (LL)

1.01-2.00 – Moderate Level (ML)

2.01-3.00 – High Level (HL)

Health Related Behaviors

1.00-2.00 – Low Risk (LR)

3.01-4.0 – Moderate Risk (MR)

3.01-4.00 – High Risk (HR)

Table 1 showed the general mean of health behavior and self-esteem of high school students in Baguio City. The mean of the self-esteem of the high school students in Baguio City is 1.77 and interpreted as moderate level of self-esteem. The mean of health behavior of the high school students in Baguio City is 2.69 and interpreted as moderate risk. The correlation of self-esteem and health behavior is -0.14 and would fall under negative almost negligible or slight correlational with each other.

This showed that the high school students having moderate risk of health behavior has moderate level of self-esteem. This also showed that the level of the self-esteem does not affect the health behavior and vice versa. According to a research, self-esteem is not significantly correlated with any of the health behaviors tested in their research (School Attendance, Health Risk Behaviors, and Self-esteem in Adolescents Applying; Ani L. Sttss, MD, Et Al. Barbara K. Tinkeliwan, NIA, Katherine Freenian, Dr Ph, and Stanford B. Frieinan Md). In this matter, it is also stated in another journal that the health behaviors exhibited by teenagers are multi factorial.



These factors included environmental and social factor. These are the leading determinants of the behaviors of the teenager. According to a research, the level of self-esteem may not be an adequate explanation of why young people engage in behaviors that were ultimately detrimental to their health. It was more likely that, though they are labeled such by health promotion practitioners, smoking, alcohol consumption and drunkenness were generally not perceived by young people as being a risk to their health. Young people were not motivated by the delayed consequences of involvement in or abstention from such behaviors and may, in fact, derive self-esteem from involvement, through the kudos attached and the rebellious connotations (Self-Esteem And Health-Risk Behaviours: Is There A Link? by E Mullan & S Nic Gabhainn, 2002). This implied that self-esteem was not a big factor in determining the behavior of the high school students. As a teenager grows, they were exposed to different stimuli that might attribute to their present behavior. In contrast to other studies, a research found out that health behavior was positively and robustly associated with greater self-esteem (Health Behavior and Academic Achievement Among Adolescents: The Relative Contribution of Dietary Habits, Physical Activity, Body Mass Index, and Self-Esteem, Álfgeir Logi Kristjánsson, MS, Inga Dóra Sigfúsdóttir, PhD, John P. Allegrante, PhD).

It implied that the nurse should not only focus on physiologic aspects of an individual but also on the psychological aspects which includes perception, cognition etc. Moreover, our respondents were high school students, the results of the study may not be generalized to other population. According to a research, young adults were an important population to study, however, as behaviors developed during adolescence and young adulthood may provide the foundation for health practices throughout the lifespan (Attachment Relationships And Health Behaviour: The Mediation Role Of Self-Esteem by Erik T. Huntsinger And Linda J. Luecken, 2003). In addition, interventions that aimed to protect adolescents from engaging in risk behaviors by increasing their self-esteem were likely to be most effective and cost-efficient if they were aimed at the family and school domains (Associations Among Adolescent Risk Behaviours And Self-Esteem In Six Domains, Wild LG, Flisher AJ, Bhana A, Lombard C.)

In relation to the Theory of Triadic Influence, having slight co-relation between self-esteem and health related behaviors signifies that cultural-environmental, social situation-context, and intrapersonal streams still had a direct effect on health related behavioral change and self-esteem or vice versa. According to a research, due to the correlational nature of the study, cause and effect relations cannot be determined. It is possible that health behavior causally effects self-esteem (Attachment Relationships and Health Behavior: The Mediation Role Of Self-Esteem By Erik T. Huntsinger And Linda J. Luecken, 2003).

**Table 2**  
 Relationship of Self-Esteem and Health Related Behaviors when these Classified According to Diet, Physical Activity, Substance Use, Stress Response, Sexual Behaviors

Category	r	Interpretation
A. Dietary Behavior	-0.07	Almost negligible to slight
B. Physical Activity	-0.08	Almost negligible to slight
C. Substance Use	-0.11	Almost negligible to slight
D. Stress Response	-0.20	Almost negligible to slight
E. Sexual Behavior	-0.02	Almost negligible to slight

**LEGEND:**

- ± **1.00** - Perfect relationship
- ± **0.80 to ± 0.99** - Very strong / Very high
- ± **0.60 to ± 0.79** - Strong / High
- ± **.40 to ± 0.59** - Moderate / Substantial
- ± **0.20 to ± 0.39** - Weak / Small
- ± **0.01 to ± 0.19** - Almost negligible to slight
- 0.0** - No correlation

Table 2 described the relationship of the different variables to the self-esteem. Results showed that Stress Response has the highest relationship with regards to self-esteem and the lowest would be the variable Sexual Behavior. The tables below represented the different categories and their relationship to self-esteem.

**Table 2a**  
 Relationship of Self-Esteem and Health Related Behaviors  
 When Classified According to Diet

A. Dietary Behavior	Mean	Interpretation
Skipping meals.	2.06	MR
Eating the following:	2.02	MR
a. chips and junk foods.		
b. fruits and vegetables.	2.76	MR
c. chocolate, candy and cake.	2.72	MR
d. street foods like kikiyam, fishball, isaw, barbecue, etc	2.21	MR
e. food in fastfood chains like Jollibee, McDo, Chowking, KFC	2.23	MR
f. processed foods like hotdogs, noodles, canned goods etc.	2.28	MR
Drinking:	2.83	MR
a. water at least 8 glasses a day.		
b. softdrinks	2.08	MR
c. coffee more than 3 cups a day.	1.72	LR
Eating meals on time.	2.32	MR
Eating less when I am emotional.	2.29	MR
Eating even when I am not hungry.	2.63	MR
r=-0.07		Almost negligible to slight

**LEGEND:**

- 1.00-2.00 – Low risk (LR)
- 2.01-3.00 – Moderate risk (MR)
- 3.01-4.00 – High risk (HR)



Table 2a shows that the relationship of self-esteem and health related behavior among adolescents in Baguio City when classified according to diet was almost negligible to slightly no correlation having a degree of correlation of  $-0.07$ . Drinking water at least 3x a day got the highest risk with a weighted mean of 2.83. This means that this item has a moderate risk with regards to diet when determining its relationship to the level of self-esteem. Drinking coffee 3x a day got the lowest mean of 1.72; this means that this item has a low risk with regards to diet when determining its relationship to the level of self-esteem.

According to BMC Public Health, dieting and eating disorder in adolescents were major public health problems. Moreover undertaking a diet tends to be common among adolescents and the reason for doing so was not always related to weight status. Although it is often thought of as only an "anecdotal contention that low self-esteem is a trait of eating disorders" (Wilfiam, 1993), this fact has been empirically proven time and time again. In some cases, evidence for this relationship was so strong that it is even thought by some researchers that chronic low self-esteem was a necessary prerequisite for disordered eating (Silverstone, 1992). Eating disorders also exhibit other traits associated with low self-esteem, such as problems with their overall self-image, excessive concern over weight and shape, and globally negative attitudes about their self-control and discipline (Button, 1997). Low self-esteem plays a prominent role in many multifactorial theories of the etiology of eating disorders.

In the theory of Triadic Influence, posts that a complex set of social, attitudinal and intrapersonal factors influenced individuals' health-related behaviors. The theory assumed that individuals' behaviors were shaped, in part, by their perceptions of the health-related attitudes and behaviors of others. It further assumes that individuals were especially motivated to adopt attitudes and behaviors of others with whom they have strong social bonds, such as their immediate circle of friends. Peers influence may have a great effect on the dietary selection of teens. They set standards for acceptable food habits, dining location, and even the timing of meals. Teens' eating habits may mirror what their friends were eating and the food served at their hangouts. They could also effectively act as role models for healthy food choices, by encouraging teens to eat healthy and by eating healthy foods themselves. Diet is a factor to consider in relation to our theory which is Triadic Influence Theory. Diet is under the stream of intrapersonal since diet could be influenced by environment the way it perceived the social situation, then goes to attitudes toward the behavior, self efficacy or behavioral control that leads to social normative beliefs which could be an intentions that pass to a behavior.



Table 2b  
Relationship of Self-Esteem and Health Related Behaviors  
When Classified According to Physical Activity

B. Physical Activity	Mean	Interpretation
Exercising (brisk walking, jogging, running, weight lifting).	1.91	LR
Spending more than 2 hours in watching television during my free time at home.	2.96	MR
Participating in sport activities (basketball, badminton, table tennis, volleyball, swimming, etc.) including dancing, meditation, yoga, etc.	2.52	MR
Preferring riding than walking when going somewhere even if it is only walking distance.	2.12	MR
Sleeping at least six hours a day.	2.06	MR
Using computer for social networking.	2.82	MR
Doing household chores such as scrubbing the floor, sweeping the floor, etc.	1.44	LR
$r=-0.08$		Almost negligible to slight

LEGEND:

- 1.00-2.00 – Low risk (LR)
- 2.01-3.00 – Moderate risk (MR)
- 3.01-4.00 – High risk (HR)

In Table 2b, spending more than 2 hours in watching television during free time at home had the highest weighted mean with 2.96, in which it showed that most of the respondents had been spending more than two hours in watching TV, while in doing household chores such as scrubbing the floor, sweeping the floor, etc. had the lowest weighted mean with 1.44, which showed that least of them engage in doing household chores like scrubbing the floor, sweeping the floor, etc. The relationship of the self-esteem with the behavior is -0.08 from Pearson's Product Moment of Correlation which were interpreted as having a negligible to slight correlation. Though in a research conducted at New Brunswick, Canada showed that physical activity levels were significantly related to self-esteem. The research also showed that females who were physically active were less likely to experience low levels of self-esteem, which was often the case for females during early adolescence. ( Tremblay, Inman, Willms 2000, The Relationship Between Physical Activity, Self-esteem, and Academic Achievement in 12-year old Children). While in another research study showed that self-esteem of adolescents declined throughout the teen years as well as physical activity. In these research studies, they focused physical activities as engaging sports in school. In our research, the adolescents have a moderate engagement in sports activities at 2.52 weighted mean.

As a nurse, promoting health is one of its duties. Hence, these adolescents should be taught how physical activities help them. But as the generation progress, technology advance as well and as a result, many manual things became instant such as scrubbing the floor with coconut husk to using an electric floor polisher. Though technology is a given phenomena, there are other

things that can be done to promote physical activity like sports. Doing such may help prevent them predispose to different cardiovascular diseases. Self-esteem has a slight correlation to physical activity in our research but some other researches do. Even such the case, it is still the nurse's role to do health promotion for the welfare of the adolescents.

In the Triadic Theory, one's behavior is said to be affected by three streams; Cultural-environmental, social context and intrapersonal. In relation to physical activity, the slight correlation on this subcategory falls on the cultural-environmental aspect wherein as technology advance, physical activity of the adolescents decrease as shown by the highest scores on watching TV for more than 2 hours and using social networking.

Table 2c  
Relationship of Self-Esteem and Health Related Behaviors  
When Classified According to Substance Use

C. Substance Use	Mean	Interpretation
Smoking at least one cigarette a day.	1.40	LR
Drinking beverages containing alcohol.	1.02	LR
Using marijuana, cocaine and/or rugby.	1.27	LR
Using over the counter drugs for ailment.	1.30	LR
r=-0.11		Almost negligible to slight

LEGEND:

1.00-2.00 – Low risk (LR)

2.01-3.00 – Moderate risk (MR)

3.01-4.00 – High risk (HR)

Table 2c showed that the relationship of self-esteem and health related behaviour among adolescents in Baguio City when classified according to substance use is almost negligible to slightly no correlation having a degree of correlation of -0.11. Smoking at least one cigarette a day has the highest mean of 1.40 which showed a low risk. Drinking beverages containing alcohol got the lowest mean of 1.02 which showed low risk. It implied that when it comes to the variable which is substance use, the adolescents have low risk.

According to the study "Drug Use and its Negative Effect on Self-Esteem" by Bill Will, a person's low self-esteem may lead to drug use. This were often due to the fact that a person realizes deep down that drug use is a destructive thing to be done yet they do it anyway. However the use of alcohol and drugs among adolescents continue to be serious concern. According to the study review of self-esteem research by Robert W. Reasoner, having a high percentage of youths become involved as a part of peer social scene, many grow to depend upon drugs or alcohol to feel a personal void (Reasoner).

Consistent with the Theory of Triadic Influence, Cultural-environmental, social context and intrapersonal repeatedly had been found to be associated with substance use among adolescents (Kelli and Traci). In relation to substance use, the slight correlation on this subcategory falls on the social context and intrapersonal aspect in which when a person

Table 2d  
Relationship of Self-Esteem and Health Related Behaviors  
When Classified According to Stress Response

D. Stress Response	Mean	Interpretation
Engaging in street fights when provoked.	1.41	LR
Vending my anger through hurting others physically.	1.38	LR
Expressing anger by destroying things	1.82	LR
Expressing my frustrations by a. verbalizing to someone.	3.10	HR
b. seeking support system	2.60	MR
c. going out with friends	2.37	MR
Feeling confident or more confident/challenging others with close friends.	2.15	MR
Expressing my frustrations by hurting myself.	2.96	MR
$r=-0.20$		Almost negligible to slight

LEGEND:

- 1.00-2.00 – Low Risk (LR)
- 2.01-3.00 – Moderate Risk (MR)
- 3.01-4.00 – High Risk (HR)

The table 2d showed that the relationship of self-esteem and health-related behavior among adolescents in Baguio City when classified according to stress response was almost negligible to slight with a correlation coefficient of -0.1917. This implies that adolescent's level of self-esteem has a little or nothing to do with how people perceive stress. Though some studies said otherwise, some said that self-esteem and health-related behavior like stress response has a high relationship, it is generally believed that people with high self-esteem may be better able to handle stressful situations (Stress and Gender in Relation to Self-esteem of University Business Students, 2011). Another study said that as self-esteem increased, stress and suicidal thoughts decreased; as stress increased, suicidal thoughts and self-esteem increased (Stress, self-esteem, and suicidal ideation in late adolescents, 2002).

The table 2d showed the Relationship of Self-esteem and Health-Related Behavior among Adolescents in Baguio City when classified according to Stress Response. The item expressed frustration through verbalizing to someone got the highest mean having a weighted mean of 3.1. This means that this item has a high risk in regards to Stress Response when determining the level of Self-esteem. The items expressed frustration by hurting themselves

(2.96) and expressed feelings by seeking support system (2.60) both got the 2<sup>nd</sup> and 3<sup>rd</sup> highest weighted mean. This means that these items have a moderate risk in regards to Stress Response when determining the level of Self-esteem. As what one journal said, the task of making new friends is in itself stressful but when successfully achieved could add to social acceptance or recognition which inevitably increases self-esteem (Stress and Gender in Relation to Self-esteem of University Business Students, 2011). However, the items vented anger through hurting others physically (1.38), engaged in street fights when provoked (1.41) and expressed anger by destroying things (1.82) got the 3 lowest weighted mean which means it has a low risk in regards to Stress Response when determining the level of Self-esteem. Adolescents who didn't have the ability to seek others when getting stress were more violent on themselves since they cannot express their stress to others, these adolescents cannot handle stressful situations leading to decreased self-esteem, as stated in the Stress and Gender in Relation to Self-esteem of University Business Students, 2011, as the number of stressful life experiences increased (overall stress), the levels of self-esteem decreased.

In the Triadic Influence Theory specifically in the Intrapersonal stream where the theory states that sense of self can be a triggering factor for an individual to perform a specific act that will manifest in his/her behavior, an individual's self-esteem level may stimulate him to do specific acts that will either benefit or harm his health. The findings of this research showed an almost negligible to slight correlation between the self-esteem and stress response, though the theory and the findings seems to be against with each other, the findings did not totally contradict the theory since just a sample were used for the study and not a population and the theory did not assure a level of relationship between self-esteem and health-related behavior.

Table 2e  
Relationship of Self-Esteem and Health Related Behaviors  
When Classified According to Sexual Behavior

E. Sexual Behavior	Mean	Interpretation
Engaging in sexual intercourse.	1.14	LR
Using contraceptive methods.	1.22	LR
Having sexual fantasies.	1.32	LR
Watching pornographic videos or read pornographic magazines.	1.26	LR
Masturbating	3.45	HR
Engaging in sex with different sexual partners.	1.04	LR
r=-0.02		Almost negligible to slight

LEGEND:

- 1.00-2.00 – Low Risk (LR)
- 3.01-4.0 – Moderate Risk (MR)
- 3.01-4.00 – High Risk (HR)



The table shows that the overall correlation of self-esteem and sexual behaviour was -0.01671 and interpreted as almost negligible to slight correlation. The findings or result of our research study was somewhat similar to a journal entitled Self-esteem and adolescent sexual behaviours, attitudes, and intentions: a systematic review, where the result of the study between self-esteem and the various behaviour/attitude/intention variables had no statistically significant association. (Self-esteem and adolescent sexual behaviours, attitudes, and intentions: a systematic review, 2005). In contradiction to this result, the research study entitled The Relationships between Self-esteem, Binge Drinking and Sexual Risk Behaviours among Young Women proved that Self-esteem and sexual risk behaviours had a statistically significant positive correlation. (The Relationships between Self-esteem, Binge Drinking and Sexual Risk Behaviours among Young Women, ). Though the study had a different population and was only limited in young women, it still showed a significant correlation between self-esteem and sexual behaviour. The result of the study implies that adolescent's level of self-esteem has a little or nothing to do with engaging into sexual behaviours. As another contradiction to the result, a study entitled Self-esteem, emotional distress and sexual behaviour among adolescent females: Inter-relationships and temporal effects mentioned that adolescents who had lower self-esteem at baseline reported initiating sex earlier and having had risky partners. Alternatively, adolescents with more emotional distress at baseline were less likely to have had a previous STD, had more partners per year of sexual activity and a history of risky partners. ( Self-esteem, emotional distress and sexual behaviour among adolescent females: Inter-relationships and temporal, 2004).

In the table 2.E, the item masturbating got the highest score having a weighted mean of 3.45. This means that this item has a high risk in regards to Sexual Behaviour when determining the level of self-esteem. The items engaging in sex with different sexual partners (1.035), engaging in sexual intercourse (1.135), and using of contraceptive methods (1.2225) were the three lowest weighted mean which means it has a low risk in regards to Sexual Behaviour when determining the level of Self-esteem.

In relation to our theory, the Theory of Triadic Influence, sexual behaviour falls under the cultural-environmental influences and social situation. Under the first stream, cultural-environmental, sexual behaviour was influenced by ethnicity (Self-esteem and adolescent sexual behaviours, attitudes, and intentions: a systematic review, 2005). The self-esteem and risk in engaging to sexual behaviour also depends on the ethnicity of the person. Then under the second stream, social-context, self-esteem differs from home, peers, and school (Self-Esteem and Adolescent Sexual Behaviour among Students at an Elite Bolivian School, 2000). This means that the interaction to other people or the environment of a person also has an impact to his or her self-esteem and his or her risk in engaging to sexual behaviour.

Table 3a  
 Relationship of Self-Esteem and Health-Related Behavior  
 When Grouped According to Gender  
 N = 400

Gender	Sample size (n)	Correlational Coefficient (r)	Significance level (p)	Interpretation
Male	209	-0.01	0.92	Do not reject Ho: There is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to gender.
Female	191	0		
p=0.05				

Table 3a showed that there is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to males and females. It implied that when it comes to the variable gender, the relationship of self-esteem and health related behaviors of males and females are not significantly different from one another.

A previous research supported the study that there is no significant difference between self-esteem and health related behaviors of males and females, because gender does not moderate the relationship between the self-esteem and health-related behaviors (Stress and Gender in relation to Self-esteem of University Business students, 2011). This study is contradictory to some researches in which the relationship of self-esteem and health-related behaviors of males and females shown that there was a statistically significant difference with one another, which shows that males scored significantly higher level of self-esteem than females (Self-esteem and optimism in rural youth: Gender differences, 2010).

In relation to the theory of Triadic Influence, getting the relationship of self-esteem and health-related behaviors when group according to gender would fall under one stream of the theory which is social-situation context, because this stream includes expectation of other people on a certain individual regarding his or her gender and there are certain rules that one expect from a male and vice versa which can affect the individual's behavior.

Table 3b  
Relationship of Self-Esteem and Health-Related Behavior  
When Grouped According to Ethnicity  
N = 400

Ethnicity	Sample size (n)	Correlational Coefficient (r)	Significance level (p)	Interpretation
Cordilleran	232	0	0.24	Do not reject Ho. There is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to ethnicity.
Non-Cordilleran	168	-0.12		
p=0.05				

Table 3b showed that there is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to Cordilleran and Non-Cordilleran. It implied that when it comes to the variable ethnicity, the relationship of self-esteem and health-related behaviors of Cordilleran and Non-Cordilleran are not significantly different from one another. However, the relationship of self-esteem and health-related behaviors in Non-Cordilleran is higher than Cordillerans.

In relation to Theory of Triadic Influence, getting the relationship of self-esteem and health-related behavior when grouped according to Ethnicity would fall under the two streams of the theory which is Socio-cultural environment and Intrapersonal. Connection between self-esteem and health behavior focuses on the intrapersonal aspect which states that sense of self affects one's thought and later on the individual's behavior. Grouping the samples according to Ethnicity falls under Socio-cultural environment because the theory states that the changes in values, opportunity and environment among different cultures may take effect on their behaviors. Therefore, dividing the sample according to ethnicity which is Cordillerans and Non-Cordillerans aimed to identify possible difference between two ethnicities that have varying values as stated by the theory. And the researchers concluded that differences on values and culture of Cordillerans and Non-Cordillerans do not significantly affect the outcome of the relationship of self-esteem and health-related risk behavior.

Many factors were related to self-esteem development in adolescence and on previous research, ethnicity is one (Phinney, Cantu, & Kurtz, 1997). Supporting researches that also came up with negative relation between self-esteem and ethnicity states that level of self-esteem does not seem to vary much by race or by ethnicity (Gecas and Burke 1995), various social factors related to race and ethnicity (such as social class and racial composition of schools and communities) do affect self-esteem. Moreover, according to research entitled Race or Ethnicity and Self-Esteem in Families of Adolescents, a study that explores self-esteem and perceived

competence in a sample of adolescents, their mothers, and their fathers from three racial or ethnic groups: African American, Hispanic, Latino or Latina, and Caucasian, Adolescents' reports of perceived competence and global self-worth did not differ across racial or ethnic groups.

Table 3c  
Relationship of Self-Esteem and Health-Related Behavior  
When Grouped According to Type of Institution  
N = 400

Type of Institution	Sample size (n)	Correlational Coefficient (r)	Significance level (p)	Interpretation
Public	310	0	0.10	Do not reject Ho: There is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to type of institution.
Private	90	-0.15		
p=0.05				

Table 3c showed that there is no significant difference between the relationship of self-esteem and health-related behavior when grouped according to public and private institution. It implied that when it comes to the variable type of institution, the relationship of self-esteem and health-related behaviors of adolescents from Public and Private Institutions are not significantly different from one another. According to Osterman (2000), positive school involvement is a significant factor in determining students' sense of belongingness and satisfaction therefore it is expected that students who feel connected with the school are more motivated to achieve academically and less motivated to engage in anti-social behavior than students who feel disconnected from it. School connectedness factors such as engagement in school activities, feeling part of the school, and feeling teachers treated students fairly, were protective against nearly every health risk behavior (Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger and Udry, 1997). Harter (1988) commented that if a student achieves an acceptable level of accomplishment and if this achievement is important to him and is likewise valued by significant others in his or her life, then the student will develop positive self-esteem. Marsh (1990) also stated that high levels of achievement help maintain high level of self-esteem. Another study presented that self-esteem flourishes in student's abilities to succeed in school. Self-esteem flourishes in schools in which students feel that they belong to an important group and in which individual membership is recognized and acknowledged (Comparative Study of Private and Public Schools Student Engagement and School Effectiveness Indicators, 2008). As a conclusion, the relationship of self-esteem and health related behavior does not merely depend on the type of institution. Whether the school is public or private, the relationship of self-esteem and health-related behavior of adolescents will depend on their connection or feeling of belongingness or worth to a particular institution.





Accomplishments and achievements will help adolescents increase their self-esteem which will lead adolescents to be less motivated in engaging to harmful health-related behaviors.

In relation to the theory of Triadic Influence, the relationship of self-esteem and health-related behaviors when group according to type of institution would fall under one stream of the theory which is intrapersonal because as the theory stated, the sense of self can be a triggering factor for an individual to perform a specific act that will reflect in his/her behavior. The individual's self-esteem will depend on his sense of worth and belongingness in a specific institution. Therefore, the type of institution will not merely vary one's self-esteem. It is still up to the individual feelings and perception that may have an effect to his self-esteem and therefore can cause an individual to perform a specific task whether it is a good or bad behavior.

#### **4. CONCLUSIONS**

Basing on the findings, we concluded that:

1. There is almost negligible to slight correlation between self-esteem and health-related behaviors of adolescents in Baguio City.
2. The relationship between self-esteem and health-related behaviors among adolescents when behaviors were classified according to Dietary Behavior, Physical Activity, Substance Use, Stress Response and Sexual Behavior has an almost negligible to slight correlation on each category.
3. There is no significant difference in terms of relationship of self-esteem and health-related behaviors when grouped according to Gender, Ethnicity and Type of Institution.

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