Health Value and Internal Locus of Control

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INTERNAL HEALTH LOCUS OF CONTROL

Results

There was no significant relationship between the age of the participants and the health value \( r(58) = .14, p = .29 \). Moreover, there was no significant correlation between the age of the participants and the internal locus of control \( r(58) = .14, p = .27 \). The F-test revealed that there was no significant main effect for the health value group \( F(1, 56) = .6, p = .81 \). Furthermore, there was no significant main effect for gender \( F(1, 56) = .54, p = .47 \). There was a significant interaction between the health value group and the gender of the participant \( F(1, 56) = 7.90, p = .007 \). The analysis of the simple effect revealed low health value group for males \( p = .008 \) and high health value group for females \( p = .02 \). The table (Appendix A) reveals the health value levels for both male and female groups of participants. The plot (Appendix B) shows an analysis of the results posted in the table. Based on the plot, it is evident that male participants that presented a low health value had a high internal locus of control as compared to the male individuals that had a high health value. The graph also indicates that females that have a low health value also present low levels of health locus of control as compared to their male counterparts. The study also revealed that male individuals have a higher locus of control than females. However, the result only applies to the low health value group. The difference is insignificant in the high health value group. Finally, females that present high health value also have a high locus of control.

Discussion and Conclusion

It is apparent that the first hypothesis is true since gender has an influence on both the locus of control and the health value groups. However, the mean age of the participants is 23.35 years. As a result, the distribution of the ages of most of the respondents is around 20's. Consequently, there is no significance age difference among the participants. The fact that the mean age of the
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participants was 23.55 years reveals that most of the respondents were young individuals of the current generation. As opposed to older generations that presented significant gender differences in their health behaviors, younger individuals portray significantly lower levels of gender-based disparities concerning their engagement in health-related behaviors (Pudrovská, 2015).

However, as evidenced by the research conducted by Shehu and Mokgwathi (2008), individuals with more femininity attributes exhibit greater concern and care for their health. On the contrary, people that present more attributes of hegemonic masculinity exhibit increased chances of engaging in activities that impact adversely on their health. This provides an explanation for the reason behind the presentation of higher levels of personal health responsibility among women as compared to men. The third hypothesis holds for female participants. From the results, women that present high health value have a high locus of control. As a result, they exhibit higher tendencies of seeking health-promoting skills and information to engage in health-positive behaviors (Earvolino-Ramirez, 2007). Prevalence of more feminine attributes in women as compared to men explains the presentation of high health value among women that justifies the manifestation of higher levels of internal health locus of control.

According to Hampel and Petermann (2005), the prevalence of femininity attributes in women as compared to men accounts for 44% of the gender gaps in health control beliefs between both genders. On the contrary, the results of the study reveal a reverse scenario for men since it is evident that the male participants that have a high health value have a low locus of control.

In conclusion, the study is a significant milestone in determining the relationship between internal health locus of control and the health behaviors of young individuals. The results of the research; particularly the negative correlation between the internal locus of control and the health value presented by male students necessitates the introduction of health education and
sensitization measures to inform young adults about the essence of embracing health-positive behaviors. The interventions that target the development and improvement of the communal outlook, proactive health beliefs, health behaviors, and self-care among men are imperative to improve the health of male individuals.

**Limitations**

The most important limitation of the study is that the university was the only source for all of the participants. The mean age of the participants also reveals a limited age group. As a result, the findings of the study are inconclusive since they do not apply to different age cohorts. The existence of cultural differences among the university students may imply that the different races and cultures hold different beliefs and perceptions about health-related behaviors and the internal locus of control of the individual. Some races believe that it is the responsibility of doctors and medical institutions to cater for their health needs whereas others believe that taking care of one’s health is individual responsibility. Moreover, the sample population that comprises of 60 students is inadequate to make generalized conclusions from the findings of the study. As a result, there is the need to increase the scope of the sample in future research. Finally, the study used the Health Value Scale irrespective of its low reliability. As a result, the results may be different following the utility of a high-reliability scale.
References


