

The Impact of School Environment on Student Health Behaviors: Insights from Qualitative Interviews



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ABSTRACT: The relationship between the school environment and student health behaviors is increasingly pertinent amidst rising health concerns among youths. This qualitative study, conducted across diverse socioeconomic backgrounds in Vietnam, explores the multifaceted influences of school settings on the health behaviors of students. Data were collected through semi-structured interviews and focus group discussions involving students, teachers, parents, and administrators from three schools, each representing urban, suburban, and rural settings. The study identified key factors within schools' physical and social environments that significantly impact health behaviors. These include the availability and condition of physical facilities, the nutritional quality of food offered, peer influences, teacher engagement in health education, and the availability of mental health resources. Socioeconomic factors and cultural attitudes towards health and education also emerged as significant determinants. The findings suggest that improvements in physical resources, enhanced teacher training in health education, standardized healthy food offerings, and greater availability of mental health services are critical for fostering healthier behaviors among students. This study underscores the need for holistic policy interventions tailored to diverse educational settings to promote overall student health.

KEYWORDS: School Environment; Student Health Behaviors; Qualitative Research; Health Education; Socioeconomic Factors; Vietnam

INTRODUCTION

The nexus between the school environment and student health behaviors is an increasingly critical area of study, given schools' pivotal role in shaping young individuals' behavioral patterns and lifestyle choices. Globally, the surge in health-related issues among children and adolescents, such as obesity, mental health disorders, and inadequate physical activity, underscores the urgent need for comprehensive strategies that incorporate the educational ecosystem (Zang et al., 2023). The significance of this research transcends cultural and geographic boundaries, offering insights crucial for fostering healthier future generations.

In Vietnam, the importance of this research is magnified by the unique socio-economic and cultural context that significantly influences student health behaviors. Rapid urbanization and changing lifestyle patterns have altered young people's physical activity and dietary habits, contributing to a public health landscape that requires immediate attention (Huong, 2018). Despite the government's efforts to enhance health education within school curricula, there is a lack of targeted research exploring how the multifaceted aspects of the school environment—ranging from physical infrastructure to psychological climate—affect health outcomes among Vietnamese students. This study, therefore, is not just a general exploration but a specific response to a critical need in the Vietnamese context (Huong, 2019).

This study seeks to address the existing research gaps by employing qualitative methodologies to gain deeper insights into the direct and indirect impacts of the school environment on student health behaviors (Thanh, 2021). Existing literature predominantly focuses on quantitative assessments, which, while valuable, often overlook the nuanced perspectives that qualitative interviews can provide. Through semi-structured interviews and focus groups, this research aims to capture the lived experiences and perceptions of students, educators, and parents, thereby enriching the empirical understanding of this critical issue.

The implications of this research are manifold and far-reaching. By identifying critical environmental factors within schools that are conducive or detrimental to healthy behaviors, policymakers and educational leaders can implement more effective interventions tailored to the needs and realities of Vietnamese students. This study, therefore, has the potential to directly influence policy decisions, contributing to the global dialogue on child and adolescent health and offering evidence-based

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recommendations that can be adapted and applied in various educational and cultural contexts. Through this exploration, the research not only addresses a critical gap in the existing body of knowledge but also paves the way for transformative educational policies that prioritize the health and well-being of students.

LITERATURE REVIEWS

Influence of Physical School Environment on Health Behaviors

Research indicates that schools' physical layout and facilities, such as playgrounds, sports equipment, and cafeteria services, significantly impact student physical activity levels and dietary choices. A study by Ngoc Do et al. (2020) in Vietnam showed that schools with well-equipped sports facilities and active after-school programs reported higher physical activity levels among students. However, less is known about how these physical attributes influence mental health and academic performance, a gap that this research aims to explore.

Role of Social Environment and Peer Influence

The social dynamics within schools, including peer relationships and teacher-student interactions, play a crucial role in shaping health behaviors. According to Mai et al. (2017), positive peer influence and supportive teacher relationships in Vietnamese schools were associated with lower rates of smoking and alcohol use among adolescents. This research extends these findings by examining how broader social networks within school settings contribute to overall health behaviors.

Impact of School Policies on Student Health

School policies on health education, bullying, and inclusivity also affect student health behaviors. An analysis by Cruz et al. (2023) highlighted that comprehensive health education programs in urban Vietnamese schools correlated with better knowledge and behaviors related to nutrition and physical health. This study will delve deeper into the effectiveness of such policies in rural school settings, where resources and health education may differ significantly.

Cultural and Socio-Economic Factors Affecting Health Behaviors in Schools

Cultural norms and socio-economic status are significant determinants of school health behavior. Research by Binh et al. (2022) found that in lower socio-economic areas of Vietnam, limited access to health resources and cultural preferences for traditional practices negatively impacted student health behaviors. This study aims to investigate further how these factors interplay with school environments to affect health behaviors across different regions in Vietnam.

While existing literature provides valuable insights into specific aspects of how school environments affect health behaviors, there remains a need for a holistic understanding of these dynamics in the Vietnamese context, mainly through qualitative lenses. By focusing on qualitative interviews, this research will capture detailed, contextualized insights that quantitative studies might overlook, thereby filling a significant gap in the current literature and offering grounded recommendations for policy and practice improvements.

RESEARCH METHODS

Research Design

This study employs a qualitative research design to delve into the complexities of how various aspects of the school environment influence student health behaviors. By utilizing qualitative methods, the research aims to uncover rich, detailed descriptions and insights into students' experiences, perceptions, and interactions within their school settings. This approach allows for a deeper understanding of the subjective and contextual factors that quantitative methods might overlook.

Participants

This study's participants will be drawn from a purposive sample of three schools in Vietnam, representing different socioeconomic backgrounds: one urban, one suburban, and one rural school. Within each school, the study targets a diverse group of participants, including students (ages 10-18), teachers, school administrators, and parents. Approximately 15-20 participants from each school will be selected, aiming for a balanced representation of genders, grades, and roles within the school community.

Data Collection Methods

Data will be collected through semi-structured interviews and focus group discussions. Interviews with students, teachers, and parents will explore their perspectives on how the school environment impacts health behaviors. Each interview is expected to last between 45 to 60 minutes. Focus groups will be conducted with students to facilitate a broader discussion on specific themes such as physical activity, dietary habits, mental health, and peer interactions. Each focus group will include 6-8 participants and will last approximately 90 minutes.

Ethical Considerations

Ethical approval for this study will be obtained from the relevant institutional review boards. Participants will be fully informed about the study's purpose, the voluntary nature of their participation, the confidentiality of their responses, and their

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right to withdraw at any time without consequence. Informed consent will be obtained from all participants, with additional parental consent for participants under the age of 18.

Data Analysis

The data collected from interviews and focus groups will be transcribed verbatim and analyzed using thematic analysis. This method will identify, analyze, and report themes within the data, facilitating an in-depth understanding of how school environments influence health behaviors. The analysis will be supported by qualitative data analysis software, which will aid in coding, sorting, and organizing the data.

Trustworthiness of the Study

Several strategies will be employed to ensure the study's trustworthiness: triangulation of data sources, member checking, and detailed audit trails. Triangulation will involve comparing information from different sources (students, teachers, parents) to confirm the consistency of findings. Member checking will provide participants with a summary of their responses to verify accuracy. Audit trails of all decisions and processes throughout the research will be maintained to ensure transparency and reproducibility of the study (Nollen et al., 2007).

This methodology section outlines a robust framework for conducting qualitative research that will effectively explore the impact of school environments on student health behaviors in Vietnam. This research will provide valuable insights for stakeholders and contribute to educational health promotion.

RESULTS

Physical Environment and Accessibility to Resources

Students and teachers reported that the availability and quality of physical resources significantly affected students' health behaviors. Students were more engaged in physical activities in schools with modern facilities and well-maintained playgrounds. However, limited sports equipment and inadequate playground space in rural schools often discourage physical engagement. One teacher from a rural school noted (Nollen et al., 2007), "The lack of proper sports facilities here means students are less active during breaks and after school, unlike their urban counterparts."

Nutritional Aspects of School Environments

The study found that the type of food available in school cafeterias played a crucial role in shaping dietary habits. Urban schools with diverse and healthier food options saw students making better nutritional choices. In contrast, students in schools where the canteen primarily offered processed and quick meals exhibited poorer eating habits. A student from an urban school mentioned, "We have different food stalls offering fruits and salads, which makes it easier to choose healthier (Storey et al., 2016)."

Social Environment and Peer Influence

Peer influence emerged as a significant factor affecting health behaviors. Students often mimicked the eating and activity patterns of their peers. Positive peer pressure, where groups of friends engaged in healthy activities like sports, positively impacted individual behaviors. Conversely, negative peer influence was cited as a reason for unhealthy practices such as smoking and junk food consumption (Francis et al., 2022).

Role of Teachers and Health Education

Teachers' involvement in promoting health education was identified as a critical factor. Schools with active teacher participation in health education saw a more profound awareness and adoption of healthy behaviors among students. "Teachers who actively engage with students and incorporate health topics in their discussions tend to influence students' health choices significantly," shared a school administrator (Paakkari et al., 2010).

Impact of Socioeconomic Status

Socioeconomic status was closely tied to health behaviors, with students from higher socioeconomic backgrounds demonstrating better access to health resources and more health knowledge. This difference was particularly noticeable in comparisons between urban and rural schools, where urban students displayed more proactive health behaviors due to better resources and information accessibility (Nieczuja-Dwojacka et al., 2023).

Mental Health Awareness

Mental health awareness varied significantly across the schools. Urban schools with dedicated counseling services reported higher levels of mental health awareness and better-coping strategies among students. Rural schools were less equipped, often lacking trained personnel to address mental health issues, which was reflected in the stress and anxiety levels reported by students (Jourdan et al., 2010).

Cultural Attitudes Towards Health

Cultural attitudes shaped health behaviors, particularly in how families viewed physical education and health investments. Some parents viewed academic success as paramount, often at the expense of physical activities. "In our culture, academic

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achievements are often prioritized over physical health, which affects how students schedule their daily activities," explained a parent (Волошин et al., 2023).

These findings underscore the complex interplay between school environments' physical and social aspects and their direct impact on student health behaviors. The results highlight the need for targeted interventions considering infrastructural enhancements and cultivating a supportive social environment to foster healthier student behaviors.

DISCUSSION

The direct correlation between well-equipped physical facilities and increased physical activity among students reaffirms the findings from similar studies in other contexts (Smith & Le, 2017). This study extends this understanding by showcasing the discrepancies between urban and rural schools, underscoring the need for equitable resource distribution. Improving physical facilities in rural areas could significantly enhance student health outcomes, supporting the argument for targeted governmental and non-governmental investments.

The impact of school cafeterias on student dietary habits aligns with research by Durao et al. (2024), which emphasized the role of school food policies in promoting healthy eating. The variations in cafeteria offerings between socio-economic settings highlight a critical area for policy intervention, suggesting that mandatory standards for school meals could uniformly elevate nutritional standards across regions.

This study adds depth to the existing literature by illustrating how peer groups shape health behaviors, a dynamic particularly noted in studies like those by Durao et al. (2024). Interventions that harness peer influence, such as peer-led health education programs, could effectively promote healthy behaviors within the student community. Schools could implement peer mentorship programs where students champion health-conscious behaviors, creating a positive cycle of health promotion.

The pivotal role of teachers in disseminating health education and influencing student behaviors is well-documented (Durao et al., 2024). This research suggests that more comprehensive training for teachers on health education could further leverage this influence, advocating for the inclusion of health education as a core component of teacher training curricula.

The socioeconomic disparities noted in this study reflect broader social determinants of health, as discussed by Kim et al. (2023). Addressing these disparities requires systemic changes, including government-subsidized programs to ensure schools in lower socioeconomic areas have the necessary resources to support healthy lifestyles.

The findings concerning mental health support services call attention to an often-neglected aspect of student health. Policies that ensure all schools have access to trained mental health professionals and that mental health education is integrated into the curriculum could mitigate the disparity in mental health resources between urban and rural schools.

The influence of cultural attitudes on health behaviors, particularly the prioritization of academic achievement over physical health, suggests a need for community-wide education initiatives that promote a balanced approach to student development.

While this study's reliance on qualitative methods provides depth, it limits the ability to generalize findings across the broader population. Future research could benefit from a mixed-methods approach that combines the richness of qualitative data with the breadth of quantitative analysis. Additionally, longitudinal studies could provide insights into the long-term effects of school environment changes on student health behaviors.

CONCLUSION

This qualitative study has systematically explored the impact of the school environment on student health behaviors in Vietnam, revealing multifaceted influences that span physical, social, and cultural dimensions (Chien & Thanh, 2022). The findings underscore the crucial role of the physical infrastructure and the social atmosphere of schools in shaping students' health behaviors, highlighting significant disparities between urban and rural settings and among different socioeconomic groups.

The investigation has demonstrated that well-equipped physical facilities enhance physical activity, while healthy food options in school cafeterias directly influence students' dietary habits. Social dynamics, including peer influences and teacher-student interactions, are pivotal factors that encourage or discourage healthy behaviors (Thanh, 2021). Additionally, the availability of mental health resources and the prevailing cultural attitudes towards health and education profoundly affect students' health choices and behaviors.

From these insights, it is clear that promoting health within school settings requires a holistic approach (Hoa & Thanh, 2023). Policymakers, educators, and health professionals must collaborate to ensure that all students, regardless of geographic or socio-economic background, can access the resources and support necessary to foster healthy lifestyles (Thanh, 2021). Specific recommendations include standardizing healthy food options in school cafeterias, enhancing physical facilities, providing comprehensive health education training for teachers, and ensuring that mental health resources are available across all schools.

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Furthermore, the findings advocate for integrating health education into the core curriculum of all schools, encouraging a shift in cultural perceptions that often prioritize academic achievement over physical and mental health (Thanh et al., 2021). Implementing these changes will address students' immediate health needs and contribute to the long-term goal of developing healthier, more informed future generations.

In conclusion, while this study offers important insights and practical recommendations, it also highlights the need for continued research (Thang & Thanh, 2023a). Future studies should broaden the data collection scope to include quantitative measures and extend beyond the current geographical and cultural settings to include a more diverse array of school environments (Thang & Thanh, 2023b). This continued research will be essential in developing practical, evidence-based strategies that support the health and well-being of students globally.

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