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**A STUDY OF INDIVIDUAL HEALTH PRACTICES
IN RELATION TO
HEALTH LOCUS OF CONTROL BELIEFS
AND HEALTH VALUE**

A thesis presented in partial fulfilment
of the requirements for the degree
of Master of Arts in Psychology
at Massey University

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ABSTRACT

Health-related behaviour has become a major focus of public concern because of the realisation that lifestyle factors are important in the etiology of many of today's illnesses. The present study was designed to increase the understanding and prediction of preventive health behaviour by investigating individual health beliefs. As a result of major theoretical and methodological shortcomings, previous research has not been entirely consistent in this area. However, overall trends suggest that the locus of control beliefs construct, which deals with individual perceptions of the causality of outcomes, is an important variable in the prediction of preventive health behaviour although the amount of variance explained by these factors in past studies has not been very large.

The aim of the present study is to investigate whether the locus of control construct, in conjunction with the value an individual places on his/her health, have a significant effect on preventive health behaviour.

A questionnaire which included the Multi-dimensional Health Locus of Control Scale (Wallston, Wallston and DeVellis 1978), was administered to a sample of first year university students. A comprehensive range of preventive health behaviours was measured in order to obtain an accurate index of preventive health behaviour participation. The perceived efficacy of the preventive health behaviours was also measured as research into the Health Belief Model (Rosenstock 1966) suggests that it is an important factor in the prediction of health-related behaviours. Comparisons were made between those subjects who valued their health highly and those for whom health had a lower priority.

Results confirm the hypothesis that health locus of control beliefs, in conjunction with health value, account for a significant proportion of the variance in preventive health behaviour. Furthermore, when only those preventive health actions which were perceived by subjects as being very

healthy were considered, the ability of health locus of control beliefs and health value to predict preventive health behaviour increased.

The results of this study indicate the importance of measuring locus of control beliefs in conjunction with the value placed upon health, when assessing their ability to predict preventive health behaviour. The study also highlights the importance of measuring a comprehensive range of preventive health behaviours which subjects perceive as being effective in health promotion, rather than a small number of preventive health beliefs with no measure of their perceived efficacy. Practical implications of this research and future research directions are suggested.

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