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TRAINEE PRESCHOOL TEACHERS PERCEPTION OF HEALTH AND WELL-BEING

**OKUL ÖNCESİ ÖĞRETMEN ADAYLARININ SAĞLIK VE
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Abstract

Schools have been considered as one of the proper environment for supporting health promotion and this has been advocated by WHO and UNESCO, world-wide institution for human being. Health promotion and health education among children are endorsed by means of schools and their roles. In the schools, the development of children's physical, mental, social and emotional development as well as their academic development are considered by teachers, particularly in the early childhood setting. However, for a teacher, who have many priorities of schooling, including building academic skills; developing scientific and artistic competencies; teaching societal, historical and cultural subjects, having a clear view of his or her own contribution to health education and promotion of children is not simple way to accomplish.

International researchers in health promotion field indicate the significance teachers' role in ensuring achievement, but suggest additional teacher training. Research state that teachers receiving additional training related to health promotion oriented to be involved in health promotion projects and have a more positive approach to health education. In this study, it is aimed to explore how trainee preschool teachers perceive their own health and wellbeing as well as how they might improve the health and wellbeing of their future preschool children. The study is conducted as a qualitative study. For data collection, the interview form is prepared for to find students' perception of the health and well-being, also how they apply health knowledge to their practice. After, the collected data were analyzed by use of content

analysis. According to the results of the study, trainee preschool teachers perceived health with emotional and physical dimensions. On the other hand, their well-being perception focused on mental health. Also, they applied health knowledge to their practice, at a minimum level.

Key Words: Health, Well-being, Preschool Education, Trainee Teacher, Perception of Health

Özet

Okullar sağlığın geliştirilmesini sağlamak için en uygun ortamlardan biri olarak görülmekte ve bu durum dünya çapında insanlar için çalışmakta Dünya Sağlık Örgütü ve UNESCO tarafından da savunulmaktadır. Sağlığı geliştirme ve sağlık eğitimi okullar ve okulların sahip oldukları görevler tarafından desteklenmektedir. Okullarda, çocukların fiziksel, zihinsel, sosyal ve duygusal alanları olduğu gibi akademik başarıları da öğretmenler tarafından geliştirilmektedir. Bu durum özellikle okul öncesi dönemde önemli görülmektedir. Öte yandan, akademik beceriler geliştirme, bilimsel ve sanatsal yeterlilikler geliştirme, sosyal, tarihsel ve kültürel konuları öğretmen gibi okulun pek çok işlevini yürüten öğretmenler için çocukların sağlıklarının geliştirilmesi ve sağlık eğitimi konularına katkıları konusunda fikre sahip olmaları kolay bir durum değildir.

Sağlığın geliştirilmesi konusunda yapılmış olan uluslararası çalışmalar, başarıyı sağlamada öğretmenlerin önemini vurgulamakta fakat ek öğretmen eğitimlerinin yapılmasını gerekli görmektedirler. Araştırmalar, sağlığı geliştirme konusunda ek eğitim alan öğretmenlerin sağlığı geliştirme projelerinde daha sık yer aldıklarını ve sağlık eğitimine karşı olumlu bir yaklaşıma sahip olduklarını göstermektedir. Bu çalışmada, okul öncesi öğretmenliği lisans programına devam eden öğretmen adaylarının kendi sağlıkları ve iyi olma hallerini nasıl algıladıkları ve okul öncesi çocuklarının sağlık ve iyi olma hallerini nasıl geliştirebileceklerini incelemek amaçlanmıştır. Bu çalışma, nitel bir araştırma olarak yürütülmüştür. Verileri toplamak için araştırmacılar tarafından öğretmen adaylarının sağlık ve iyi olma hallerine yönelik algılarını ve bu alanda sahip oldukları bilgileri uygulamalarına nasıl yansıttıklarını belirlemek için bir görüşme formu hazırlanmıştır. Görüşme formuyla toplanan veriler içerik analizi yöntemiyle analiz edilmiştir. Araştırmanın sonuçlarına göre, öğretmen adaylarının sağlığı fiziksel ve duygusal boyutu ile ve iyi olma halini ise zihinsel boyutu ile algıladıkları tespit edilmiştir. Ayrıca, sahip oldukları sağlık ve iyi olma haline ilişkin bilgileri uygulamalarında çok düşük bir düzeyde uyguladıkları belirlenmiştir.

Anahtar Kelimeler: Sağlık, İyi Olma Hali, Okul Öncesi Eğitim, Öğretmen Adayları, Sağlık Algısı

INTRODUCTION

There has been a shift related to views of health with the development of technology, changing life styles, innovations in health and improvements in medical field. This shift on the perception of health is from physical aspects to broader aspects such as mental, social and emotional wellbeing that influence a persons' lifestyle. With

this change, health and wellbeing have been started to be researched with clinical, psychological and educational perspectives (Fraillon, 2004). According to World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946). By depending on this definition, it can be said that health is not only related to physical aspects that only can be promoted by hospitals and health services.

Optimal health is a balance between five areas of health. These areas are physical, social, emotional, mental, and spiritual health (Hettler, 1979). In other words, the optimal health focuses on not only mental health and healthful relationships, but also nutrition and exercise. *Physical health* is functioning of the body and its all parts, organs, and systems. It includes nutrition, physical activity, preventative health care, physical safety, sexual and reproductive health and drug use. *Social health* is depending on people's reactions and behaviors in their relationships. It contains caring, empathy, trust, and feelings of belonging, compassion, and peer relationships. *Emotional health* means people's recognizing, understanding and managing their emotions, effectively. Managing emotions figures people's relationships with others, their understanding of themselves and emotional health. *Mental health* is person's cognitive and thinking processes, expressing thoughts and feelings and responding to situations, properly. It includes self-efficacy, sense of autonomy, resilience, connectedness, and optimism. Final areas of health is *spiritual health*. It means person's positive sense of belonging, meaning and purpose in life and includes values and beliefs (Hettler, 1979; Masters, 2004).

Well-being is a meaningful indicator showing that people perceive their lives as going well. Living conditions have effect on well-being and level of it. On the other hand, many indicators used to assess living conditions are inadequate to measure what people think about the quality of their relationships, their positive emotions and resilience, the realization of their potential, and their satisfaction with life, in other words their well-being (Diener, 2009; Diener & Seligman, 2004). Furthermore, well-being is associated with life satisfaction and feelings ranging from joy to depression (Diener, Scollon, Lucas, 2009; Frey & Stulzer, 2002).

According to the literature, well-being is connected with self-perceived health, longevity, healthy behaviors, mental and physical illness, social connectedness, productivity, and factors in the physical and social environment (Danner, Snowdon, & Friesen, 2001; Diener & Seligman, 2004; Lyubomirsky, King, & Diener, 2005; Wright & Cropanzano, 2000).

When examined health and well-being, it can be seen that they are fundamentals for an effective life. Because of this reason, they should be paid attention from early years to ensure an effective future life for young children. Education related to health and well-being creates an environment in which children learn the knowledge, develop understanding and skills about health and well-being. So, they will be able to use them when they need (Learning and Teaching Scotland, 2009). At

this point, early childhood education teachers are one of the first responsible people for supporting children's health and well-being. Teachers are people who should teach young children the knowledge and skills to handle with issues they face. Researches indicated that teachers have a significant roles in health promotion and education at schools, however additional training should be supported in teacher education (Jourdan, Samdal, Diagne, & Carvalho, 2008; Masters, & Donnison, 2010; Neumark-Sztainer, et al., 2006).

Teachers' all behaviors have an effect on children's behaviors. Children can learn not only positive behaviors, but also negative behaviors by observing their teachers. Because of this reason, teachers should pay attention to their all behaviors, especially health behaviors in order not to be a bad model for their children's health and well-being. In the literature, there are studies related to transferring positive health behaviors from teachers to children through role modelling (Cardinal, 2001; Clark, Blair, & Culan, 1988; Kay-Lambkin, Kemp, Stafford, Hazell, 2007). On the other hand, the transferring process of negative health behaviors has not been tested, yet (Yager, 2009). The health and wellbeing of trainee teachers is also critical for themselves because of some reasons. For example, if a trainee teacher does not have physical health, the achievement of finishing the undergraduate program will be affected, negatively and this will influence the profession (Friedman, 2003; Howard & Johnson, 2004). In the light of this information, it can be said that the health and well-being of trainee teachers and their perceptions related to these areas have an importance in their own lives and their future children in future classrooms. So, the examining the trainee preschool teachers' perception of health and well-being and to what extent they apply health and well-being knowledge to their teaching practices are thought as important.

The purpose of this study is to explore trainee preschool teachers' perception of health and well-being and to what extent they apply health and well-being knowledge to their teaching practices to improve the health and wellbeing of their children. Furthermore, the study is also aimed to attract attention on students' health, health behaviors, and well-being of at university level.

METHOD

The study was conducted as a qualitative study. The phenomenological research design was used in order to examine the trainee preschool teachers' perception of health and well-being. As data collection tool, an interview form was constituted by researchers with the help of literature. The interview form was designed to find trainee preschool teachers' perception of the health and well-being, also to what extent they apply health knowledge to their school practice. Data were collected by face-to-face interviews by the researchers. Each interview took approximately 30-40 minutes. After data collection process, all interviews were transcribed. To analyze the data, content analysis method was used. Trainee preschool teachers' responses were analyzed by using codes and categories, and direct quotation from trainee teachers' responses were taken to support analytic claims in the findings section. Besides these interviews, a group of activity reports of school practices (16 group report) were

examined for determining to what extent trainee teachers apply health and well-being knowledge to their teaching practices.

The trainee preschool teachers from two Faculties of Education, Department of Preschool Education from two different universities were invited to participate in the study. The convenient sampling method was used to specify the participants so the students from universities in Izmir were chosen for the study. 270 students have been invited for the interview and 164 (%60.74) of these students agreed to participate in the study. Then, the researchers conducted interviews with these 164 trainee preschool teachers between November, December 2013 and January 2014. Only six students, who participate in the study, were boys. The reason for this predominantly females can be that female students prefer to be preschool teacher in Turkey, mostly. The mean ages of participants were 22.23 (± 0.754) and they were 21 to 25 years old. 43.3 % of the participants lived with their friends. Furthermore, 23.2 % of them had an illness and used medication. This medication mostly suggested by a doctor (71.0 %). But it was remarkable that 29.0 % of the participants use medications via a pharmacists', friends', or a herbalist's advice. Also, mostly they got their health information from the internet (57.5 %). 47 % of participants stated that one of the family members had a health problem and of these, 88.2 % of them was father, mother or both of them.

FINDINGS

In this part of the study, the findings are presented towards the purpose of the study. Firstly, the findings obtained from interviews conducted with participants are presented. Then, the findings related to activity reports of school practices are given by means of tables.

Table 1 - Defining health

Category	N	%
Emotional	219	48,5
Physical	151	33,4
Mental	17	3,8
Social	6	1,3
Spiritual	5	1,1
Whole	27	6,0
Total	452	100,0

Considering the definition of health (Table 1) the trainee teachers used a total of 452 different expressions. These statements are examined in the categories of optimal health and nearly half of them state the emotional health. Respectively, after the physical, mental, social and spiritual health categories has taken place. 219 expressions are in emotional category, 151 of them are in physical category, 17 of them are in mental category, 6 of them are in social category, 5 of them are in spiritual category. Only 6% of responses (27 responses) in all categories evaluated 'health as a whole'

Table 2 - Requirements to be healthy

Category	N	%
Physical	383	69,8
Emotional	62	11,3
Mental	23	4,2
Social	10	1,8
Spiritual	9	1,6
Total	549	100,0

When asked 'What should be done to be healthy?', participants replied with 549 different expressions. As it can be seen in Table 2, 69.8% of the responses are related to physical category, 11.3% of them are related to emotional category, 4.2% of them are related to mental category, 1.8% of them are related to social category, and 1.6% of them are related to spiritual category.

Table 3 - Requirements for own health

Category	N	%
Physical	236	80,8
Mental	20	6,8
Emotional	11	3,8
Social	3	1,0
Spiritual	1	0,3
Nothing	21	7,2
Total	292	100,0

The trainee preschool teachers were asked for defining requirements for their own health. In Table 3, it can be seen that the trainee teachers said that they mostly (80,8%) do physical activities to be healthy. Besides physical category, mental category includes 20 responses, emotional category includes 11 responses, social category includes 3 responses, and spiritual category includes only 1 response. From physical category, 109 of the participants said «*I'm watching my diet*» and 49 of them said «*doing sports*».

Table 4 - Factors affecting health

Category	N	%
Physical	320	70,3
Emotional	102	22,4
Mental	23	5,1
Social	10	2,2
Total	455	100,0

The participants were asked to describe what affects their health. In Table 4, it can be seen that 70.3% of statements placed in the physical category, 22.4% of them placed in emotional category, 5.1% of them placed in mental category, and 2.2% of them placed in social category. In physical category, 117 participants stated «*nutrition*» and 90 participants stated «*mood or psychology*» affecting their health.

Table 5 – Disturbing factors of health

Category	N	%
Physical	178	56,7
Emotional	107	34,1
Mental	25	8,0
Social	4	1,3
Total	314	100,0

In Table 5, it can be seen that more than half of responses (178 responses) said that disturbing factors of health are related to physical category. 107 responses are related to emotional category. 25 of them are related to mental category, and only 4 of them are related to social category. By the way, 9 of the participants said «school/exams» and 2 participants said «country agenda» affect their health.

Table 6 – Well-being perception

Category	N	%
Mental health	125	41,1
Health and wellness	78	25,7
Physical health (fitness, nutrition)	74	24,3
Resilience and self-esteem	9	3,0
Spiritual health	9	3,0
Social health – communication	6	2,0
Vocational health	1	0,3
Issues in health (drugs, smoke and alcohol, sexual health)	1	0,3
Body image	1	0,3
Total	304	100,0

In Table 6, it can be seen that how trainee preschool teachers defined well-being. Total 304 responses were given by participants and 125 of them reflect to mental issue, 78 of them are related to health and wellness, 74 of them are related to physical health, 9 of them are related to resilience and self-esteem, 9 of them are related to spiritual health, 6 of them are related to social health, 1 of them is related to vocational health, 1 of them is related to issues in health, and 1 of them is related to body image. It can be said that trainee preschool teachers' perception of wellbeing mostly (41,4%) depend on the «mental health». It's remarkable that 'issues in health (drugs, smoke alcohol and sexual health) only said once for defining well-being.

Table 7 - Requirements for well-being

Category	N	%
Physical	185	62,0
Emotional	57	19,2
Spiritual	21	7,0
Mental	20	6,7
Social	10	3,4
Don't know	5	1,7
Total	298	100,0

When trainee preschool teachers were asked what requirements are for well-being, they gave 298 different responses. 62,0% of the responses are related to physical category, 19,2% of them are related to emotional category, 7% of them are related to spiritual category, 6,7% of them are related to mental category, 3,4% of them are related to social category. 5 of the participants pointed that they do not know the requirements for well-being. The physical category includes adequate and balanced nutrition, doing sports, hygiene and sleep.

Table 8 – Developmental domains in student reports

Developmental Domains	N	%
Cognitive development	191	29,1
Motor development	165	25,2
Language development	148	22,6
Social-emotional development	134	20,4
Self-care skills	18	2,7
Total	656	100,0

A total of 16 different practice groups reports examined and find that there were 656 activities prepared. In Table 8, it is seen that which developmental domains are used in different activities. During these activities, the most studies were seen in the cognitive domain (191). In 165 activities, motor development domain is used. In 148 activities, language development domain is used. In 134 social-emotional development domain is used. Noting here that in 656 of all prepared activities, 18 times the skills of self-care activities were arranged. Also only 36 of all activities were related directly to health.

Table 9 - Subjects of health related activities in the reports

Subject of the activities	N
Emotional health (identifying emotions)	9
Hygiene, microbes	8
Importance of washing hands	6
Protection of body from cold	3
Nutrition	3
Teeth brushing	3
What should we do when we have illness	2
The importance of water for health	1
Body and its parts recognition	1
Total	36

As it can be seen in Table 9, trainee preschool teachers used different subjects in health-related activities. Only 36 activities of total 656 were health related activities. When examined the subjects of health related activities in the reports, there was only physical and emotional health activities planned in practice reports. In these activities, subject of 9 activities is identifying emotions, subject of 8 activities is hygiene, subject of 6 activities is importance of washing hands, subject of 3 activities is protection of body from cold, subject of 3 activities is nutrition, subject of 3 activities is teeth brushing, subject of 2 activities is what should we do when we have illness, subject of 1 activity is the importance of water for health, and subject of 1 activity is body and its parts recognition.

DISCUSSION, CONCLUSION & RECOMMENDATIONS

The study is aimed to explore trainee preschool teachers' perception of health and well-being and to what extent they apply health and well-being knowledge to their teaching practices to improve the health and wellbeing of their children. In this part of the study, findings are discussed in the light of literature. According to the findings of the study, trainee preschool teachers perceived health with physical dimension and well-being with mental dimension. Also, they applied health knowledge to their practice, at a minimum level.

According to the results of the study, pre-service preschool teachers perceive health with its emotional aspect and physical aspect. In Chan & Kitzmann's study (2010), while in-service early childhood teachers perceived health with its psychosocial aspect, student-teachers perceived health with its physical aspect. The result of the study shows a set of similarity with the result of Chan & Kitzmann's study. In these two studies, teacher candidates perceive health with physical dimension. Furthermore, Harris (1994) stated that young people thinks that exercise – physical aspect – is related to health, but it does not have effect on social and psychological aspect of human being. It can be said that people perceive health with its physical aspect in the studies found in the literature. On the other hand, it is interesting that participants define health mostly in the emotional category but they stated that they need physical things to be healthy in this study. Because of this contradiction, it can be concluded that trainee preschool teachers are aware of the emotional aspect of health but they do not know what they can do for their emotional health. They think that they can only improve their health, physically. So, they expressed physical requirements to be healthy.

Results of the study indicated that trainee preschool teachers think physical factors' negative effect on health, commonly. Especially, nutrition is perceived as a negative effect on health. Besides this, they perceived physical factors have a negative impact on their own health, too. These two findings support each other. Generally, trainee preschool teachers think that physical factors affect their health, negatively. It can be said that they indicated the negative effect of physical factors because they

comprehend health with its physical aspect. All these findings related to physical aspect of health are consistent with each other.

According to the literature, a wide range of threats to university students' health and wellbeing affect their lives. Many of them are related to physical aspect of health. These are alcohol consumption (Clements, 1999, Roche & Watt, 1999), smoking, and drug use (Webb et al., 1996), poor nutrition (Racette et al., 2005), lack of physical activity (Racette et al., 2005), and also their sexual behaviors (Brown & Venable, 2005). It can be concluded that the study supports the literature.

When examined the findings of the study, it can be seen that trainee preschool teachers perceived well-being as an emotional condition, health indicator, and a part of physical health. Besides this, they think that physical requirements are needed for well-being. Like health perception, trainee preschool teachers' perception of well-being is more related to physical aspect when compared to the other aspects. It can be concluded that they emphasized the physical side of well-being, so they think that they have a control over their well-being because it is easier to control physical conditions when compared to the emotional, social, and mental conditions. According to Yager (2009), university students think that they can improve their own well-being. This study shows a similarity with Yager's study.

According to the findings related to the practice reports of trainee preschool teachers, they applied health knowledge to their practice, at a minimum level. 656 activities were investigated, but only 36 of them were related directly to health. It can be concluded that this ratio is inadequate. Besides, in health related activities, they used these subjects such as identifying emotions, hygiene, importance of washing hands, protection of body from cold, nutrition, teeth brushing, what should we do when we have illness, the importance of water for health, and body and its parts recognition. It can be seen that there is a diversity of subjects used by trainee teachers. On the other hand, all of them are related to physical health. This finding is similar to the previous findings related to physical health.

To sum up, health and well-being definition of trainee teachers were limited. Trainee preschool teachers perceived health with emotional and physical dimensions. They significantly less emphasis the social, spiritual and mental health. On the other hand, their well-being perception focused on mental health. Also, they applied health knowledge to their practice, at a minimum level.

As recommendations, these suggestions can be stated. Teacher education programs should include more detailed lessons related to health and well-being. Teacher education programs' students should be supported to use theoretical knowledge in their school practices. The dimensions of health and well-being should be taught to trainee teachers for sustaining their own health and their children's health. In addition to this study, future studies related to the objective of this study should be conducted by adding observation method.

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