

Päivi Viljakainen

**PHYSICAL ACTIVITY AND SELF-
EFFICACY AMONG THE FORMER
MALE EMPLOYEES OF THE
KYMENLAAKSO PAPER INDUSTRY**

Master's Thesis
Health Promotion

May 2016



KYAMK
University of Applied Sciences

Tekijä	Tutkinto	Aika
Päivi Viljakainen	Master of Health Promotion	Toukokuu 2016
Opinnäytetyön nimi		
Fyysinen aktiivisuus ja pystyvyyden tunne irtisanottujen paperiteollisuudessa työskennelleiden miesten keskuudessa Kymenlaakson alueella		62 sivua 14 liitesivua
Toimeksiantaja		
Kymenlaakson ammattikorkeakoulu		
Ohjaaja		
Yliopettaja Sari Ranta		
Tiivistelmä		
<p>Tämän tutkimuksen tarkoituksena oli kartoittaa Kymenlaakson alueen irtisanottujen paperityöntekijöiden fyysistä aktiivisuutta, heidän pystyvyyden tunnettaan ja niiden vaikutuksia heidän terveyteen ja hyvinvointiin. Tutkimuksen lähtökohtana oli tukea ”alueellinen eriytyminen ja yhteisölliset menetelmät miesten terveyden edistämässä” -hanketta, jossa Kymenlaakson ammattikorkeakoulu on toteuttajana.</p>		
<p>Tutkimusmenetelmänä käytettiin kvantitatiivista tutkimusmetodia ja aineisto analysoitiin SPSS-ohjelman avulla. Kyselytutkimus toteutettiin ja tutkimusaineisto kerättiin huhti - toukokuussa 2014 irtisanottujen paperityöntekijöiden kokoontumisessa. Aineisto koostui 19 vastaajasta, joista kaikki olivat miehiä. Tutkimusotoksen ollessa näin pieni ei tuloksia voida yleistää, vaan ne pätevät vain koskien irtisanottuja Kymenlaakson paperityöntekijöiden ryhmää. Jotta tämän tutkimuksen tuloksia voitaisiin yleistää koskemaan irtisanottuja paperiteollisuuden työntekijöitä, tulisi tutkimus toteuttaa muillekin irtisanotuille paperiteollisuuden työntekijöille, ei vain Kymenlaakson alueella.</p>		
<p>Kymenlaakson paperiteollisuudesta irtisanotut miehet olivat fyysisesti aktiivisia ja terveitä. Kukaan heistä ei kokenut terveyttään huonoksi. He liikkuvat liikuntasuosituksen mukaisesti, silti monella heistä oli aikomus parantaa omaa fyysistä aktiivisuuttaan ja liikuntatottumuksiaan. Suurin osa vastaajista oli ylipainoisia, vaikka he liikkuivatkin suosituksen mukaisesti. Heille olisi tarpeellista järjestää neuvontaa ruokailutottumusten parantamiseksi. Useimmat heistä kaipasivat yksilöllistä neuvontaa elintapojensa parantamiseksi.</p>		
<p>Fyysinen aktiivisuus on tärkeä osa terveellistä ikääntymistä ja työssä käyvien ihmisten tulisi ylläpitää hyvää terveydentilaa, jotta jaksaisivat työskennellä eläkeikään asti ja pysyisivät terveisinä myös eläköidyttyään. Tutkittavien keski-ikä oli 54,6 vuotta. Miesten onnistuminen aikeissaan on sidoksissa heidän pystyvyyden tunteeseen. Pystyvyyden tunteen tukeminen on tärkeää suunniteltaessa terveyttä edistäviä interventioita.</p>		
Asiasanat		
fyysinen aktiivisuus, kyky, terveys, hyvinvointi, miehet		

Author Päivi Viljakainen	Degree Master of Health Promotion	Time May 2016
Thesis Title Physical Activity and Self-efficacy Among the Former Male Employees of the Kymenlaakso Paper Industry		62 pages 14 pages of appendices
Commissioned by KYAMK University of Applied Sciences		
Supervisor Sari Ranta, Principal Lecturer		
<p>Abstract</p> <p>The aim of this Master's thesis was to explore the physical activity and self-efficacy and the relations between these factors among the former male employees of the Kymenlaakso paper industry. The purpose of this Master's thesis was also to support the regional differentiation and community's methods among the men's health promotion project at the Kymenlaakso area. Quantitative research method was used for this Master's thesis purposes and the research data was analyzed by using the program Statistical Package for the Social Sciences (SPSS). Data was collected from the former employees of paper industry at the Kymenlaakso area in April-May 2014. The research data consisted of 19 respondents, all men. Because the data set was so small, no assumptions about the probability of the results of thesis in general can be done.</p> <p>The former employees of Kymenlaakso paper industry were physically active and healthy. No one of the respondents estimated their general health condition as poor. They did physical activity as it was recommended, but still most of the respondent had the intention to improve their physical habits. The intention is depending on their capability of self-efficacy. Supporting person's self-efficacy is essential when planning health promotion intervention.</p> <p>Although the respondents did physical activity regularly and at least three times in a week, still most of them were overweight. The respondents should have counseling for their dietary habits. Most of the respondents wanted a personal plan for changing their way of life. Physical inactivity is a risk factor in global mortality. The respondent's average age was 54,6 years. Physical activity is an important part of healthy ageing. People, who work should sustain their good health to accomplish their normal age of retirement and also remain in good health later in life.</p> <p>No assumptions about the probability in general of the state of physical activity and self-efficacy among the former employees of paper industry can be done. The same research should be conducted among the other former male employees of the Finnish paper industry, not only at Kymenlaakso area.</p>		
Keywords physical activity, self-efficacy, health, well-being, men		

APPREVIATIONS

- **BMI:** Body Mass Index is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2). (WHO)
- **HRQOL:** Health related quality of life is defined as an individual's or group's perceived physical and mental health over time (Kruger & al 2007)
- **NIH:** National Heart, Lung and Blood Institute
- **PA:** Physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure (WHO)
- **PF:** Physical fitness is subcategory of planned, structured and repetitive physical activity that aims to improve or maintain one or more components of physical fitness. (WHO)
- **PE:** Physical exercise
- **PC:** Physical capacity is the ability to perform daily living and leisure activities (JM van Velzen 2006)
- **SAH:** Self-assessed health
- **SCT:** Social cognitive theory
- **SPSS:** Statistical Package for the Social Sciences is a commonly-used analyzing computer program for quantitative research.
- **WHO:** World Health Organization

CONTENTS

1	INTRODUCTION	7
2	PHYSICAL ACITIVITY	9
2.1	Physical activity recommendations	10
2.2	Physical activity and weight control	12
2.2.1	Body Mass Index.....	13
2.3	Physical activity and healthy diet	15
2.4	Physical activity and work.....	16
3	SELF-EFFICACY.....	17
3.1	Self-efficacy and health	19
3.1.1	Self-efficacy and physical activity	20
3.1.2	Self-efficacy, healthy diet and weight control	21
4	UNEMPLOYED MEN'S HEALTH AND WELL-BEING.....	21
4.1	Unemployed men's physical activity and self-efficacy	22
5	AIM OF THE THESIS AND RESEARCH QUESTIONS.....	23
5.1.1	Research questions	23
6	METHODOLOGY	24
6.1	Quantitative research and questionnaire	25
6.2	Data collection and analysis	26
7	RESULTS.....	26
7.1	Background information.....	27
7.1.1	Education and work situation	27
7.2	Physical activity	30
7.2.1	Physical activity and health	31
7.2.2	Physical activity, work and social life.....	34
7.2.3	Physical activity and self-efficacy.....	36
7.3	Self-efficacy, activities and social life.....	38
7.3.1	Neighborhood and living	40
7.4	Self-efficacy and health	43
7.4.1	Self-efficacy, health and future.....	46

8	DISCUSSION	49
9	CONCLUSION.....	54
	REFERENCES	56

APPENDICES

Appendix 1. Survey on Men's Well-being questionnaire

Appendix 2. Miesten hyvinvointikysely

Appendix 3. Table of figures

1 INTRODUCTION

This Master's thesis topic is part of the Dimensional isolation and community's methods among the men's health promotion-project at Kymenlaakso area. The operator of the project is Kymenlaakso University of Applied Sciences and few of the schools teachers. The idea to participate in the project was suggested by the supervising teachers of this Master's thesis. The purpose of this Master's thesis is to explore the physical activity and self-efficacy among the former male employees of the Kymenlaakso paper industry. This thesis includes different parts: theory part and the analysis of the questionnaire of the men's well-being. Theory part of the thesis is focused mostly on the physical activity and self-efficacy. The questionnaire was analyzed altogether by the SPSS program although the focus was on the physical activity and self-efficacy.

Physical activity has beneficial health effects. Several researches have been published within the last decades convincing the beneficial health effect of regular physical activity. Epidemiological evidence supports the significant role of physical activity in health promotion and disease prevention that is why physical activity is chosen to this Master's thesis. Physical activity is defined, along with the World Health Organization (2015), as any bodily movement produced by skeletal muscles that require energy expenditure. Physical inactivity is increasing and it has been identified as the fourth leading risk factor in global mortality causing an estimated 3,2 million deaths globally.

According to several pieces of research (Lahti 2011, 7; Hagger & Chatzisarantis 2005, 7-8; WHO 2015) regular moderate physical activity – such as walking, cycling, or participating in sports – has significant benefits for health. Several researches shows that regular physical activity reduces the risk of cardiovascular diseases, diabetes, colon and breast cancer, mental disorders and depression. Also sufficient level of physical activity will decrease the risk of a hip or vertebral fracture and help weight control.

Nordic Council of Ministers (2006, 14) and McDaid & al (2015, 6-7) emphasize individuals' own responsibility of choosing their lifestyle and also emphasize individuals' responsibility for making rational choices that are not harmful for them. Lifestyle choice is an essential element in understanding the causes for an unhealthy diet, overweightness and physical inactivity. The consequences of an unhealthy lifestyle are not definite to all people. One of the reason why people choose the harmful lifestyle is the lack of the knowledge. Also the environmental influences play a significant role in individual choices. To create a supportive environment for healthy individual choices, the Nordic countries will pay attention to groups in society that have difficulties in making the healthy choices in the future. According to Lahti (2011, 10-14) the benefits of physical activity extend beyond primary prevention and combined with other healthy lifestyle behaviors, the life expectancy of a patient with the chronic illness can be increased by up to 14 years. This is important especially for men, who are more likely to have a shorter life expectancy and experience higher mortality rates associated with chronic disease.

Psychological factors have an effect on people's health behavior; one of the guiding factors of health behavior is self-efficacy (Conner & Norman 2005, 1-2). As defined by Bandura (1997, 191) self-efficacy is individuals' belief about their own capabilities to produce a certain level of performance that affect their lives. Individual's self-efficacy beliefs define how they behave, think, feel and motivate themselves.

National Institute for Health and Welfare (2015) states unemployment to have a bad influence to health and well-being. Person's good health supports the employment level and bad health seems to weaken the possibilities to be employed again. In Finland, the unemployment rate is increasing constantly and concerning is the growing number of the long-term unemployed. This Master's thesis explores the relations of self-efficacy and physical activity among the former male employees of the Kymenlaakso paper industry.

2 PHYSICAL ACITIVITY

Hagger and Chatzisarantis (2005, 7) state that people often talk about sports, exercise and physical activity in an eclectic, unstructured manner, and occasionally use the terms synonymously. In everyday life the understanding of the distinctions between these forms of physical endeavor is often unclear. Therefore it is essential that these terms are formally defined before embarking on a discussion of the importance of physical activity to health.

World Health Organization (2015) defines physical activity as any bodily movement produced by skeletal muscles that require energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling and engaging in recreational pursuits. Caspersen & al (1985, 126) states that the term physical activity should not be confused with exercise. Exercise is a subcategory of physical activity that is planned, structured, repetitive and has an objective to improve or maintain physical fitness.

Several pieces of scientific evidence have been published within the last few decades showing the beneficial health effects that regular physical activity has for health. Epidemiological evidence clearly supports the significant role of physical activity in health promotion and disease prevention. Physical activity is being associated with reducing the risks of all-cause mortality, type 2 diabetes, cardiovascular disease, hypertension and stroke. The benefits of physical activity extend beyond primary prevention and combined with other healthy lifestyle behaviors, the life expectancy of a patient with the chronic illness can be increased by up to 14 years. This is important especially for men, who are more likely to have a shorter life expectancy and experience higher mortality rates associated with chronic disease. Physical activity is also associated with mental disorders which are the most common reasons for work disability among the middle-aged in Finland. Also musculoskeletal diseases are associated with physical activity. Physical activity, as a health related behavior, is evidently an important part of a healthy lifestyle. (Lahti 2011, 10-14; Botorff & al 2014, 776; UKK Institute 2009, Van Domelen & al 136)

According to Lahti (2011, 7-15), Van Domelen & al (136) and Helldan & al (2013, 25) physical inactivity is a major threat to public health all over the world. Although in Finland the situation is not that concerning compared to other countries. Physical activity is an important part of healthy ageing. People, who work should sustain their good health to accomplish their normal age of retirement and also remain in good health later in life. People's commitment in the physical activity is affected by several factors. The common reasons for people not committing in physical activity are mentioned to be the lack of time or motivation, poor health and obesity. Age and gender are also associated the poor commitment with the physical activity. People's socioeconomic position, educational background as well as individual's health behaviors and work characteristics are also related with the commitment in the physical activity.

Along with Bottorff & al (2014, 776-796) men are less willing than women to have an annual health check or seek advice from a health professional, less willing to attend health education sessions and less interested in information concerning illness and disease prevention. In the review, Bottorff & al also state that only a limited number of physical activity intervention targeted towards men specifically is found today, but there is a growing interest in designing and evaluating programs to promote men's physical activity in the future.

As stated by Bottorff & al (2014, 796) participating in sports teams can increase adherence and enhance men's motivation of physical activity. Men engaging in physical activity with other men through professional sports resulted in increased physical activity.

2.1 Physical activity recommendations

According to Tarnanen & al (2010, 1) and WHO (2015) recommendations every adult aged 18 – 64 years should exercise at least 150 minutes a week or do at least 75 minutes of vigorous-intensive physical activity throughout the week. Also according to the UKK Institute's (2009) recommendations for health-enhancing physical activity for adults, aged 18 – 64, guide adults to do aerobic physical activity at least 150 minutes a week or 75 minutes of vigorous

physical activity a week (Figure 1). In addition the UKK Institute states every adult need at least two times a week to increase muscular strength and improve balance. Ball games, skating, dancing, strength training and sequence training are good ways to improve balance and muscle-strength. Physical exercise can be diverse to several exercise times at least 10 minute period at the time. The UKK Institute recommendation guides to divide physical activity at least three days a week. For example long walks, cycling, cross-country skiing, water running, heavy house and yard work are good ways to support moderate aerobic physical activity. As stated by Helldan & al (2013, 20) in the year 2013 in Finland, 28% of the working men walked or cycled at least 15 minutes daily on the way to work and 11% of the working men walked or cycled 30 minutes daily on the way to work.

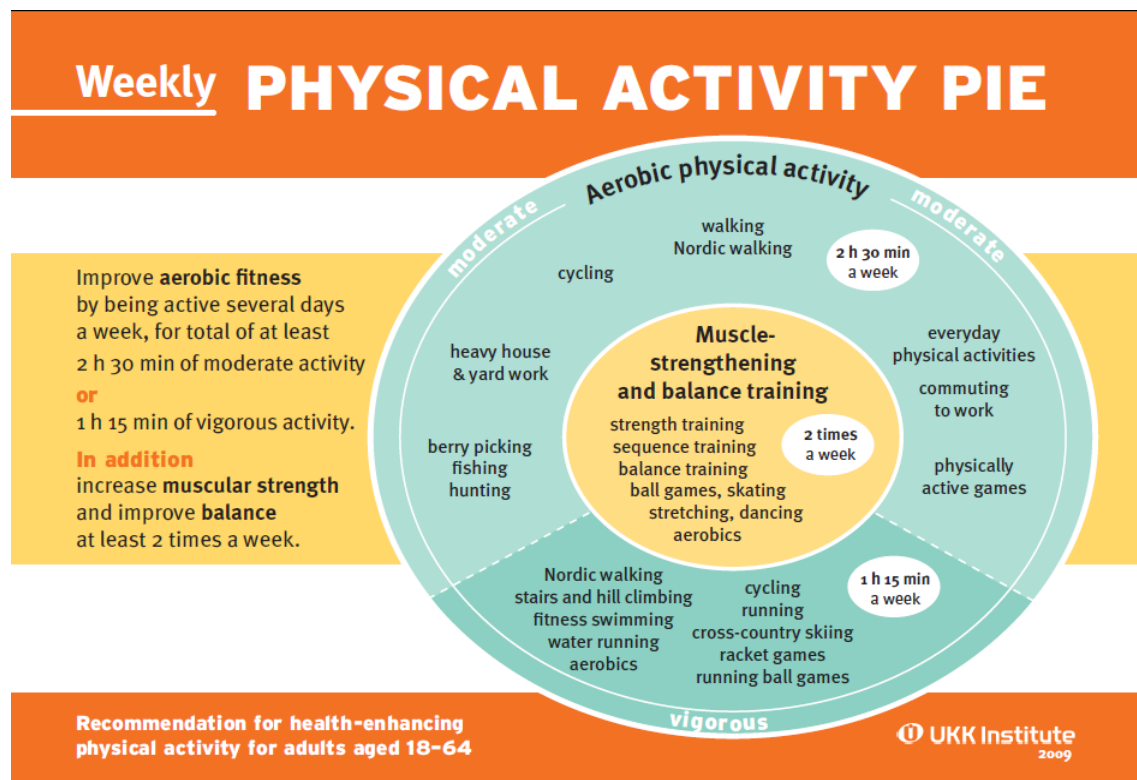


Figure 1. The UKK Institutes (2009) recommendations for physical activity for adults aged 18 – 64.

Physical training and exercise should be regular. Along with Mustajoki (2015) it is not possible to storage the long term benefits of exercise, therefore it is necessary to find out the most suitable form of training for each individual that maintains the motivation for training. Daily exercise is very essential and effective form of maintaining good physical activity. The effectiveness of daily exercise is based on the fact that it keeps the body metabolism running.

Examples for good daily physical activity methods are walking or cycling to work instead of using a car and using stairs instead of an elevator. More than a third of the working people in Finland commit less in the physical activities than it is recommended for the benefit of health. From the perspective of health, even a small amount of regular physical activity is better than none at all. (Lahti 2011, 11; UKK Institute 2009.)

According to the UKK Institute (2009) the physical demand of aerobic training can be chosen to a person's own basic level of fitness and person's own objective. For beginners moderate physical activity at least 150 minutes a week is enough and for those who are used to physical activity and are physically fit, more demanding physical activity is needed to increase their physical fitness. In addition to aerobic physical activity everyone should do also muscular strengthening physical activity and activities to improve balance at least twice a week.

2.2 Physical activity and weight control

An important effect of physical activity is the consequence of burning calories. The heavier exercise you do, the more calories will be burned. Physical exercise by itself is not so effective way to weight loss, but it is important part of preventing overweightness and obesity. Regular physical activity and healthy diet helps maintain the normal weight. Research by Kruger & al (2007, 321) of health-related quality of life (HRQOL), body mass index (BMI) and physical activity (PA) among US adults shows that physical activity is an important contributor to overweight and obesity, the promotion of regular activity helps reduce people's risk for health problems related to overweight and obesity as well as those related to inactivity. Other benefit from regular physical activity is the effect of improved fat and sugar metabolism. Consistent with the recommendations of Mustajoki (2015) and WHO (2015) every adult should increase their moderate-intensity physical activity to 300 minutes per week or equivalent for gaining additional health benefits.

Overweightness and the increasing amount of obesity all over the world are very concerning phenomenon in public health. Nowadays approximately more than 60% of the Finnish men are overweight. In the year 2000, the percent of overweight men were 70% more than in the year 1980. Several changes in the society in the last 50 years have caused the imbalance of the situation. The amount of physical work has diminished and the use of computer has increased. People drive cars more than in the past and take away food is more common than homemade meals. Also there are other known factors that promote overweightness and obesity, for example stress, lack of sleep and different kinds of mental disorders. As stated by the Special Eurobarometer 29% of adults in European Union countries reported health problems limit their daily physical activity. (Hagger & al 2005, 8-9; Eurobarometer 2007, 22; Mustajoki 2013.)

According to Botorff & al (2014, 796-797) male-specific advice and information appears to be an effective strategy engaging men in weight loss and provides additional support for taking into account gender-related factors in designing programs to support men's healthy living including physical activity. Physical activity was often reported as the key element, when men were responsive to and interested in nutritional information tailored to them.

2.2.1 Body Mass Index

In this Master's thesis weight is estimated by the Body Mass Index (BMI), which is the relation of individual's weight and height. BMI is suitable measure over 18 years old to estimate the obesity. BMI can be calculated with the formula (NIH 2015, Mustajoki 2013.):

$$\text{Weight (kg)} / [\text{height (m)}]^2$$

Body Mass Index reflects the amount of fat tissue in a body and therefore BMI is good measurement of weight. Although the waist circumference has to measure and take into account while estimating an individual's health if the person is overweight (BMI >25). Weight reduction should be considered if the waist circumference exceeds 100cm in men or 90cm in women. Waist circumference >90cm in women and >100cm in men increases considerably

the risk of cardiovascular disease. BMI categories are divided as follows (NIH 2015, Mustajoki 2013.):

Underweight = <18.5

Normal weight = 18.5–24.9

Overweight = 25–29.9

Obesity = BMI of 30 or greater

Along with Helldan & al (2013, 21-22) in the long period of time the number of overweight people has increased. From the 1980's, the small increase of overweightness is shown even yearly. In the year 2013 in Finland 59% of men were overweight and in the year 2012 the number of men was 58% (Figure 2).

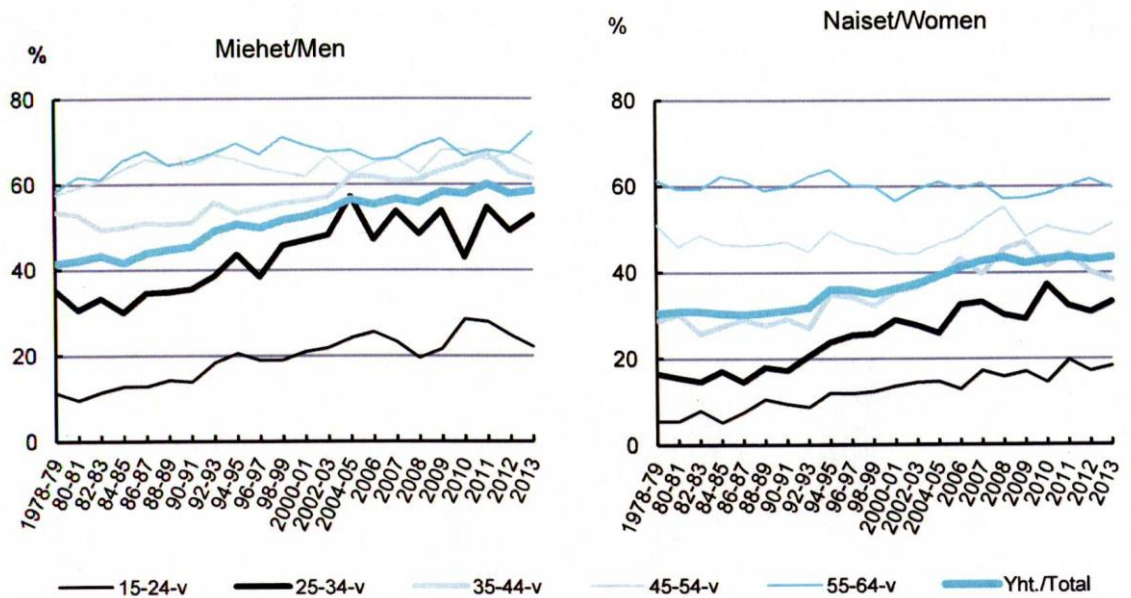


Figure 2. According to Helldan & al (2013, 21) the number of overweight people in Finland in 1978 - 2013.

Consistent with Kruger (2007, 321-322) the effect of BMI on the association between physical activity and health related quality of life is not well understood and it is possible that BMI may account for the inverse relationship between physical activity and health. In their research inactive adults reported more fair to poor HRQOL than active adults, regardless of BMI. Body mass index did not modify the association between PA and any of the health related quality of life indicators in their research. As a conclusion Kruger states: prevalence of low HRQOL is inversely related to PA participation and the

relationship is not altered by BMI status. Regardless of weight status, adults should be encouraged to engage in physical activity.

2.3 Physical activity and healthy diet

As stated by the Ministry of Social affairs and Health (2008, 46-47) the best way to improve Finnish dietary habits and physical activity is to get the opportunities available to all to exercise close to their neighborhoods and the possibility to get healthy food easily nearby. A good example of this kind of action is to support workplace canteens, good guidance to nutrition and physical education, and the integration of exercise to workplace and leisure time activities. The Finnish government's action plan for the years 2008 - 2011 included the strengthening the prerequisites for healthy lifestyles. The action plan included measures to promote healthy behavior of the whole population. Special attention was allocated to disadvantaged groups where unhealthy behavior is usual. The action plan aimed to support in different ways the physical activity and healthy nutrition among the lower socioeconomic status and social exclusion citizen.

According to WHO (2015) good nutrition is a cornerstone of a good health. Good nutrition, along with the WHO, is an adequate as well as balanced diet combined with regular physical activity to achieve or maintain good health. Poor nutrition has many detrimental effects, for example poor nutrition reduces productivity, can lead to reduced immunity, increased susceptibility to disease and impaired physical and mental development. In the 2006 the Nordic Plan of Action on better health and quality of life through diet and physical activity was published. With the Nordic Plan of Action, the Nordic ministers emphasized the importance of working for a better health and equality of life on equal terms for all Nordic citizens. (Nordic Council of Ministers 2006, 3, WHO 2015.)

As stated by the Nordic Council of Ministers (2006, 7) a significant number of people in the Nordic countries do not eat as it is recommended and approximately 50% of the people does not comply with the recommendations regarding daily physical activity. The number of overweight adults is increasing and already exceeds 40% of the Nordic countries population.

Unhealthy dietary habits, physical inactivity and overweightness have a relation to socioeconomic status in the Nordic countries. Well educated people with high socioeconomic status have healthier dietary habits and they are more physically active during their leisure time and they are not usually overweight.

2.4 Physical activity and work

The work demands imposed on the ageing employees should be reduced along with Savinainen (2004, 8-9). Ageing employees also need support to maintain, or improve their physical capacity. Age-related decline in physical capacity was shown in the Savinainen's long term study. Nevertheless an employee with poor physical capacity may perceive his workload high even if he has objectively accessed physically low workload. Physical capacity, defined by van Velzen (2006, 1000) is the ability to perform the activities of daily living and leisure time. According to Velzen (2006, 1000) physical capacity can be safe by the following outcome of measures: aerobic capacity, anaerobic capacity, muscle force, flexibility and balance and it can be influenced through practice and training. As stated by Ilmarinen (2001, 624) in the future the challenge and also a threat is the ageing of the population worldwide. According to prognoses, the European Union countries will have the oldest workforce in their history in the year 2015. Along with Lahti (2011, 11) the situation is more concerning in Finland than in the other Western societies, because in Finland the population is ageing even faster.

Savinainen (2004, 8-9) defines the health and functional capacity as the basis for working ability. Physical capacity changes are depending on the gender, the level of physical activity, muscle group and type of muscle work and chronic diseases. In Savinainen's research, men with low workload had better musculoskeletal capacity compared to the men with high workload. The employees from the upper socioeconomic groups have higher physical activity level than those who are from the lower socioeconomic groups. Physical activity level has been high for years in the upper socioeconomic groups along with Palosuo & al (2007, 8).

In Finland the age range of the employees is changing these days according to Lahti (2011, 11). The current situation of the employee's age range points out that almost 50% of the employees are 45 years old or even older. In the future there is a pressure to prevent disability retirement and lengthen the working careers throughout Europe. Lahti also states that preventing work disability and lengthening the carriers of the employees requires employees to have a healthy lifestyle including regular leisure time physical activity.

In Lahti's (2011, 7-8) research vigorously active workers during their leisure time, had better physical health than those who were physically inactive in their leisure time. High physical activity level helps to maintain a good physical health. High physical activity level has many health benefits. The risk of sickness absences, risk of disability retirement and retirement due to musculoskeletal and mental causes reduces with the workers who are physically very active. From a public health perspective vigorous physical activity to enhance fitness should be given more emphasis. Encouragement and support for doing more physical activity should be given more to those employees who are about to retire.

3 SELF-EFFICACY

Many psychological and social-psychological factors effects on people's health behavior one of the guiding factors of health behavior is self-efficacy (Conner & Norman 2005, 1-2). Defined by Bandura (1997, 191) self-efficacy is individuals' belief about their own capabilities to produce a certain level of performance that leads to success and positive outcome. Individual's self-efficacy beliefs define how they behave, think, feel and be able to motivate themselves.

People with the high self-efficacy accomplish easier the goals they set for themselves and that enhances individual's well-being in many ways according to Bandura (1994, 71-81). People, who have high believe in their capabilities, have the winning attitude to the challenges their will face. They face the difficult situations in life as challenges to be won rather than as threats to be avoided. People, who have the will and power set themselves challenging

goals and have the inner motivation to pursue the goals set. At the time of failure or setback, people who trust their capabilities easily recovers their sense of efficacy. Sense of self-efficacy is a good indicator of people's inner motivation. People with adequate self-efficacy will win the failures by believing in their knowledge and skills. People pursue difficult and challenging situations with the trust that they have a control over them. A personal accomplishment reduces the stress and lowers vulnerability to depression. (Bandura 1994, 71-81; Walker 2001, 3-4.)

Along with Bandura (1994, 71-81) and Walker (2001, 4-5) people who do not trust their capabilities avoid the difficult tasks and situations which they see as personal threats. They have a low interest and weak commitment to the goals they have chosen. When people face with difficult situation, they lack of the trust and will of having control over the situation. People believe that the difficult situations can be total obstacles they will not win. In that case, they cannot concentrate on how to perform the difficult task successfully. People give up easily when they face the difficulties and are slow to recover after failure or setbacks, because they do not have enough believe in their will and power. It does not require much failure for them to lose faith in their capabilities totally. People without the will, power and trust in their capabilities fall easily as victims to stress and depression.

People's low self-efficacy is related to the behavior which is bad for health along with Mäki-Opas (2009, 1-5) and Walker (2001, 4). Self-efficacy is an important factor to health behavior and essential in predicting health related behaviors. It is important to pay attention to the significant role of self-efficacy when planning health promotion interventions. Low self-efficacy is related to the factors which are evidently proved to be bad for health. Bad habits are for example regular smoking, high alcohol consumption, low leisure-time physical activity, obesity as well as to poor self-rated health. For men, the low level of education predicts low self-efficacy. In Mäki-Opas research, self-efficacy was not statistically significantly associated with gender, age, marital status or income. However, the relations between low self-efficacy and poor health were explained by lifestyle factors. Many international researches have been done related to self-efficacy and health, but in Finland only few.

3.1 Self-efficacy and health

Bandura's (2004, 144) Social Cognitive Theory (SCT) defines a *set of determinants, the mechanism through which those determinants work and the optimal ways of translating this knowledge into effective health practices*. The set of determinants of Bandura includes *knowledge of health risks and benefits, perceived self-efficacy, outcome expectations, the health goals people set for themselves and the concrete plans and strategies for realizing them, the perceived facilitators and social and structural impediments to the changes they seek*. Along with Brandt (2010, 2) and WHO (2016) health is defined as a state of complete physical, mental and social well-being. Physical and mental disorders are strongly associated with poor social and economic status for individual. Poor physical health can interfere with emotional health, while mental illness and disorders such as depression or anxiety can contribute to poor physical condition.

Knowledge of the health risks and benefits creates the precondition for a change according to Bandura (2004, 144). Insufficient knowledge of how lifestyle habits affects to people's health cause the negative effect: people have only a little reason to challenge themselves to change their harmful lifestyle habits. To defeat the obstacles to adopting new lifestyle habits and maintaining them people need additional self-influences. Individuals believe of their capability play essential role in personal change. Belief is the basis of people's motivation and action. If the people do not believe they could produce actions that have a positive effect on their lives, they have only a little motivational factor to act when they face the difficult situations. In the core belief, individual has the power to produce positive outcome by their actions. Consistent with Brandt (2010, 80) individual's optimism is a significance predictor of positive health situation and being a protective factor against mental and somatic health problems.

Health behavior is, along with Bandura (2004, 144), affected by the outcomes people expect their actions to produce. Bandura defines forms of the outcome expectations as follow: the physical outcome including the positive and negative effect of the behavior, the social approval and disapproval behavior and positive and negative self-evaluating reactions. The physical outcomes

include the positive and negative effects of the behavior and the accompanying material losses and benefits. People's behavior is partly controlled by the social reactions. The social approval and disapproval that behavior produces in one's interpersonal relationships is the major class outcome. The positive and negative self-evaluative reactions outcome concerns individual's health behavior and health status. People choose their own personal standards and regulate their behavior by their self-evaluative reactions. People rather do things that give the self-satisfaction and are self-worth than behave in the way that causes self-dissatisfaction. People set themselves their own value system and personal goal that gives motivation and guidance towards their health habits. People's long-term goals set the direction of their personal change. If there is too many competing influences at hand for distal goals, they control the current behavior. Achieved short-term goals help people to succeed more easily with their long term goals.

Along with Bandura (2004, 144-145) and Mäki-Opas (2009, 9-10) *personal change would be easy if there were no impediments to surmount*. Without having any obstacles to conquer people could easily perform and be easily efficacious. The perceived facilitators and obstacles are also determinants of health habits. Some of the obstacles are personal ones and they prevent a person behaving in the healthy way. Some of the obstacles varies depending on the situation and are caused by the environment. An individual easily observes the other individuals and their actions and compare themselves with the others and their actions especially if the person is like the observant. Perform failures of the other lowers the observers perform and the success of the other have the positive effect. People's behavior is not always a personal matter. Some of the obstacles resides in health systems. These kind of obstacles are rooted in health services and are structured socially and economically.

3.1.1 Self-efficacy and physical activity

According to Helldan & al (2013, 6) in the year 2012, 53% of Finnish men engaged the minimum of 30 minutes leisure-time physical activities at least three times a week. Along with the Mäki-Opas research (2009, 23) self-efficacy is a significant factor among work aged people in predicting

individuals physical activity level. Consistent with Mäki-Opas similar results have been found in the earlier researches, higher the self-efficacy is, the higher is the physical activity level of an individual. In Mäki-Opas research self-efficacy was also related to people's physical capacity in overall.

3.1.2 Self-efficacy, healthy diet and weight control

As stated by Helldan & al (2013, 6) highest level educated individuals in Finland follow the dietary recommendations closest. However, the overweightness has increased in all socioeconomic groups over the years among both men and women. Overweightness is still more common among the low level educated people.

Along with Mäki-Opas (2009, 23-25) dietary habits are related to individuals self-efficacy. People with the high self-efficacy have healthier eating habits than those whose self-efficacy is low. For example people with low self-efficacy eat less fruit and vegetables, less fibres and use more unhealthy fat. According to Mäki-Opas several piece of research shows the relation of self-efficacy and weight control. Self-efficacy of the overweight people is much lower than the normal weight. Also the high BMI is related to person's low self-efficacy.

4 UNEMPLOYED MEN'S HEALTH AND WELL-BEING

According to Hult (2014, 1) and Böckerman and Ilmakunnas (2008, 161-164) unemployment is one of the most important reason for human suffering in the Western world nowadays. The unemployed health and wellbeing is found to be worse than those who are working. Also National Institute for Health and Welfare (2015) states that unemployment have a negative influence to health and well-being. The health status of those who end up being unemployed is lower than the continually employed before their unemployment starts. A person who have poor health end up being unemployed more easily. In Böckerman's and Ilmakunnas research unemployment is associated with poor self-assessed health (SAH) and long-term unemployment seems to damage

person's SAH. Long-term unemployment increases the risk of poverty and weakens the possibility of making a living. Person's good health supports the employment level and poor health seems to weaken the possibilities to be employed. Worldwide the number of unemployed is constantly increasing and concerning especially is the number of the long-term unemployed.

The National Action Plan to Reduce Health Inequalities outlines proposals for strategic policy definition and the most important measures to reduce socioeconomic health inequalities in Finland. The Action Plan's objective is to reduce the social inequalities in work ability and functional capacity, self-rated health, morbidity and mortality by leveling up. In the year 2006 in Finland 10 600 work aged people died, 7500 men and 3200 women. Most common reasons for working people's deaths were alcohol, cardiovascular disease, cancer, accident and suicide. The mortality rate is found to be three times bigger with the unemployed men compared to working people. Long-term employment raises the risk for premature death. Alcohol-related cause's deaths are more common with men than women. (Ministry of Social Affairs and Health 2008:16, 9, 142; Tilastokeskus 2014.)

As stated by the National Institute for Health and Welfare (2015) person's individual choices and habits have an influence to unemployed person health. Good self-esteem and strong social network is found to have a positive influence to unemployed person's health. Otherwise long-term unemployment, continual unemployment periods, high age, finance problems, alcohol consumption and mental disorders is found to have a negative influence to unemployed person's health and well-being.

4.1 Unemployed men's physical activity and self-efficacy

According to Van Domelen & al (2011, 136) men who work full time have higher levels of physical activity than healthy men who are unemployed or are employed part time. Along with Whaley (2004, 289-294) and Lindroos (2010, 14-16) working aged adults physical activity is related to their self-efficacy and beliefs of their own capability, happiness, hopes and dreams, fears and especially the current situation in life. For the unemployed daily physical activity is very important habit to maintain the work ability and improve the

changes to be employed again. A positive attitude and commitment to physical activity enhance the positive effect of physical activity and promote psychological well-being when men experience exercise worthwhile for themselves. Individual's own motivation and positive attitude towards physical activity helps to achieve physically active lifestyle even the time of employment.

5 AIM OF THE THESIS AND RESEARCH QUESTIONS

Aim of this Master's thesis was to explore the state of physical activity and self-efficacy and the relations between these two factors among the target group. Target group of this research is the former male employees of the Kymenlaakso paper industry. Descriptive research questions attempt to seek to identify the degree or relationship that exists between two or more variables (Johnson & Christensen 2013, 100). This Master Thesis purpose is to support the regional differentiation and community's methods among the men's health promotion project at the Kymenlaakso area.

5.1.1 Research questions

Research questions of this Master's thesis are:

- How physical activity is related to self-efficacy among the target group?
- How physical activity is related to the improvement of the employment rate among the target group?

Sub questions of this Master's thesis are:

- How BMI is related to men's physical activity?
- How is the men's social life related to physical activity?
- How is earnings related to men's employment rate?
- How is the employment situation among the target group?

6 METHODOLOGY

Quantitative research method is used for this Master's Thesis purposes. Descriptive method is used, because the main aim of the descriptive method is the accurate portrayal of the characteristics of individuals, situations, or groups and the frequency with which certain phenomena occurs using statistics to describe and summarize the data. Correlation method can be used in a quantitative research. (Ingham-Broomfield 2014, 34.) In this Master's thesis the cross tabulation and frequencies are the methods mostly used.

The data was analyzed by using the program Statistical Package for the Social Sciences (SPSS). The data was analyzed by using descriptive statistics, frequencies, cross tabulations and means. SPSS is commonly-used package for quantitative research. The reliability was estimated by the chi square-test. The chi-squared test is used to determine whether there is a significant difference between the expected frequencies and the observed frequencies in one or more categories. If the p -value is $>0,05$, there is no statistical significance between variables. (Heikkilä 2014, 7) Using the parametric statistics is used when the respondent's number is more than 30. The reliability was estimated with the nonparametric statistics, because of the number of respondents ($n=19$).

The questionnaire, "Survey on men's well-being", has been created for the purposes of the regional differentiation and community's methods among the men's health promotion project at KYAMK University of Applied Sciences. In this Master's thesis focus was within analyzing the questions concerned the physical activity, self-efficacy, social life, health and background information and their relations. The survey was conducted in Finnish language. The trial of the questionnaire was not performed, because the data was already collected from the former employees of the Kymenlaakso paper industry. This Master's thesis questionnaire was also translated already in both languages Finnish and in English (Appendix 1 & 2).

6.1 Quantitative research and questionnaire

Quantitative research is a means for testing objective theories by examine the relations among the different variables. A variable is a factor that can be controlled or changed in an experiment. The work quantitative implies quantity or amounts. The attempt of quantitative research is to establish statistically significant relations, addresses questions by measuring and describing, is based on objective measurement and observation, and is concerned with correlation and causation (Ingham-Broomfield 2014, 33).

Quantitative research benefit is respondent's ability to stay anonymous. Questionnaire is the common quantitative research method and also good way to gather a large amount of data of people. Data gathered as questionnaire can be gathered by using telephone, e-mail and internet or spot. However, questionnaire based data collection has a risk for low response rate. (Vilkka 2005: 73-75.) Although this Master's thesis number of data was small (n=19) the method of quantitative research was suitable for this thesis purposes.

Questionnaire is often used method for collecting the data for quantitative research. Typical characters for quantitative research is structuring the information, different kind of measurement, using an indicator, presenting the data by numbers, objectivity of the process and results and also large number of respondents. Quantitative research purpose is to explain, describe, explore, compare or predict issues concerning human's qualities or phenomenon in nature. Quantitative research results can be described numerically, verbally and graphically. (Vilkka 2007, 17-19; 135.)

The Survey of men's well-being consist different kind of themes:

- Questions 1 – 4 related to living area, household and neighbourhood
- Questions 5 – 9 related to social life and social relationships
- Question 10 – 13 related to physical exercise
- Questions 14 – 18 related to living habits, smoking and alcohol use
- Questions 19 – 22 related to health condition and health counselling
- Background information, questions 1 – 11

In the questionnaire, different forms of questions were used. The Likert scale from 1 to 5 was used to questions 4, 5b, 9, 12, 13, 18b. The Likert-scaling is a unidimensional scaling method where the answer choices have to be two different opposites and in the middle neutral answer. It depends on the question how to put the scales in words; the scale words can be for example: completely disagree – somewhat disagree –neither disagrees nor agrees – somewhat agree – completely agree Likert-type of scales is designed to measure attitudes or opinions. (Vehkalahti 2008, 38-39.)

6.2 Data collection and analysis

Data was collected from the former employees of paper industry at the Kymenlaakso area in April-May 2014. Data include 19 respondents, all men. Former employees of the paper industry at Kymenlaakso area was gathered around to have a supporting group meeting for former employees, when the questionnaire was fulfilled. The same questionnaire, Survey on men's well-being, has been created for the purposes of the regional differentiation and community's methods among the men's health promotion project. The research data of the former employee group was given to me for my research purposes in September 2015 by the Kymenlaakso University of Applied Sciences. The data was analyzed by using the program SPSS. The data was analyzed by using descriptive statistics mostly frequencies and cross tabulations, but also means. The reliability was estimated by the chi square-test.

7 RESULTS

This chapter provides the results from the survey of men's well-being. The data was analyzed by using the SPSS program. Results chapter is divided in different categories and their subcategories. Main categories are: respondent's background information, physical activity, self-efficacy and social life; self-efficacy and health. The categories include different kind of figures to illuminate the text and the analysis.

7.1 Background information

The average age of the respondents (n=19), all men, was 54,6 years and the standard deviation was 5,68 years. Youngest of the respondents was 43 and oldest was 62 years old. Most of the respondents (n=14) were married or in a relationship, only two of the respondents were not married or in a relationship.

The respondents BMI were calculated from their height and weight (kg/m²) and divided them into three BMI categories in accordance with World Health Organization (WHO) guidelines, normal weight (18,5 - <25kg/m²), overweight (25 - <30kg/m²) and obese (> 30kg/m²). Five of the respondents were normal weight, 11 were overweight and only two were obese. One of the respondents did not answer to the question concerned weight.

The respondents (n=19) average number of people living in their household was 2,4 person and the standard deviation was 1,46 person living in the same household. Most of the men (n=10) had two people in their household. One of the respondents had seven people living in the same household and only four was living alone. Only one respondent had two people under seven years old living in the same household. Four of the respondents had, in total seven people aged 7 – 17 years old living in their household. Three of the men had, in total six people aged 18 – 24 years aged living in their household. Most of the respondents (n=11) lived with people aged 25 – 64 years, in total 12 people. Only one of the men lived with a person aged 65 – 74 years and no one lived with a person aged 75 years or older.

7.1.1 Education and work situation

The half of the respondents (n=10) were educated at the vocational school or had qualification or had participated on a course or completed a course. Half of them (n=5) had full time job at the time of the survey was conducted. Table 3 presents respondents cross tabulation between current work situation and their education level. Four of them were unemployed or laid off and one respondent had part time job or had part time retirement. No one of the respondents had the higher education, bachelor or master's degree. Only two

had the education of vocational college and three of the men had the education of upper secondary school. Four of the respondents had the education of elementary school. Most of the respondents (n=9) who was unemployed at the time of the survey was conducted had the upper secondary school or lower education level. Respondents education level does not have a relation with their current work situation ($X^2 = 3,990$; $df = 6$; $p = 0,678$).

		current work situation			total
		full time employment	part-time employment or part-time retirement	unemployment or layoff	
education level	elemantary school	2	0	2	4
	vocational school, qualification or course	5	1	4	10
	qualification or course	0	0	3	3
	vocational college	1	0	1	2
	total	8	1	10	19

Table 3. Cross tabulation between the education level of the respondents and their current work situation.

The current employment situation of the respondents was diverse almost half and half, eight of the respondents had full time employment and 10 of the men were unemployed or had been laid off. Table 4 presents the frequencies of the respondent's unemployment time in total. Four of the respondents (n=19) had never been unemployed. Only one of the men had part-time job or was on a part time retirement, it was not specified exactly. One of the unemployed or laid off respondents had not answered on how long time he had been unemployed. The duration time of the unemployed or the time being laid off had been more than a year for six of the men and less than a year for three of the respondent men. No one had been unemployed for more than five years and only one of the men had been unemployed or laid off for 2 - 5 years. One of the respondents was a student at the vocational college during the time of the survey was conducted.

		frequency	percent
unemployment time	never	4	21,1
	less than a month	2	10,5
	1-5 months	4	21,1
	6-11 months	3	15,8
	12-23 months	5	26,3
	2-5 years	1	5,3
	total	19	100,0

Table 4. Respondent's frequencies of their unemployment time in total.

Most of those respondents (n= 6) who were working at the time of the survey were working with vocational qualification from the industrial sector. Two of the working men were without vocational qualification. One of the working respondents worked as a manager or supervisor and one as a senior clerical worker. Most of the men who were working had a day job, only two of them worked in shifts. Table 5 presents cross tabulation between the respondent's yearly earnings and their current work situation. All the respondents earned less than 70 000€ in a year, the average of the earnings was approximately 30 000€. One of the respondents did not answer to the question concerned earnings.

Four of the respondents who were unemployed or laid off (n=9) at the time of the survey was conducted earned €25 000 – 29 999 in a year. One of the unemployed or laid off respondent earned €30 000 – 39 999 in a year. Rest of the unemployed or laid off respondents earned from 0 – 24 000€ in a year.

	current work situation			total
	full time employment	part-time employment or part-time retirement	unemployment or layoff	
0-4999	0	0	1	1
5000-9999	1	0	0	1
15000-19999	0	0	2	2
20000-24999	0	0	1	1
earnings 25000-29999	0	0	4	4
30000-39999	2	0	1	3
40000-49999	3	0	0	3
50000-59999	0	1	0	1
60000-69999	2	0	0	2
total	8	1	9	18

Table 5. Cross tabulation between the respondent's current earnings in Euros in a year and current work situation.

The respondent who was part time working or had part time retirement at the time of the survey was conducted earned €50 000 – 59 999 in a year. Of those respondents who were working (n=8) at the time of the survey was conducted, most of (n=5) earned €30 000 – 49 999 in a year. Two working respondents earned €60 000 – 69 999 in a year and one respondent earned only €5 000 – 9 999 in a year (Table 5). Respondents current earnings have the statistical significance with their current work situation ($X^2 = 33,167$; $df = 16$; $p = 0,007$).

7.2 Physical activity

Almost half of the respondents (n=9) did physical exercise 4 – 6 times a week in the way that they start sweating or at least got out of breath. Two respondents did physical exercise daily and eight of the men 4 – 6 times a week. One respondent chose two different choices of the answers concerning the question about physical activity level that is shown on the table 6 as a choice 4 – 6 and 3 times a week. Table 6 presents frequencies of the respondents physical exercise times. Three of the respondents did physical exercise three times a week, four of the men two times a week and one respondent a few times a year or less frequently.

		frequency	percent
physical exercise times	every day	2	10,5
	4-6 times a week	8	42,1
	*4-6 and 3 times a week	1	5,3
	3 times a week	3	15,8
	2 times a week	4	21,1
	a few times a year or less frequently	1	5,3
	total	19	100,0

Table 6. Respondent's frequencies of their physical exercise times.

7.2.1 Physical activity and health

One respondent who exercised 4 – 6 times a week estimated his general health condition as good, four respondent as quite good, three also as average and one respondent as quite poor. Two respondents did physical exercise daily. The other one of those respondents estimated his general health condition as good and the other one as average. Of those respondents (n=7) who did physical exercise two or three times a week, most of them (n=5) estimated their general health condition as quite good or average. Only one of the men did physical exercise a few times a year or less frequently and he estimated his general health condition as quite poor. All of the respondents were able to do physical activity without of having illness or injury preventing physical exercise. Table 7 present cross tabulation between the respondents physical exercise times and their general health condition. Respondents estimation about their general health condition does not have a relation with their physical exercise times ($X^2 = 15,114$; $df = 15$; $p = 0,443$).

	general health condition				total
	good	quite good	average	quite poor	
every day	1	0	1	0	2
4-6 times a week	1	3	3	1	8
4-6 and 3 times a week	0	1	0	0	1
3 times a week	0	1	1	1	3
2 times a week	1	0	3	0	4
a few times a year or less frequently	0	0	0	1	1
total	3	5	8	3	19

Table 7. Cross tabulation between the respondents physical exercise times and general health condition.

More than a half of the respondents (n=11) had the intention to improve their physical habits in the last 12 months at the time of the survey was conducted. Most of them (n=4) did physical exercise already 4 – 6 times in a week. One respondent whose intention was to improve his physical habits in the last 12 months did physical exercise few times in a year or less frequently. Less than a half (n=8) of the men did not have the intention to improve their physical habits. Most of them (n=4) did physical exercise already 4 – 6 times a week. Table 8 presents the cross tabulation between the respondents physical exercise times and their intention to improve their physical exercise habits and their current exercise times. Respondents physical exercise times does not have a relation with their intention to improve their physical exercise habits ($X^2 = 3,958$; $df = 5$; $p = 0,555$).

	intention to improve physical habits		total
	YES	NO	
every day	2	0	2
4-6 times in a week	4	4	8
4-6 and 3 times in a week	0	1	1
3 times in a week	2	1	3
2 times in a week	2	2	4
a few times in a year or less frequently	1	0	1
total	11	8	19

Table 8. Cross tabulation between respondents physical exercise times and their intention to improve their physical exercise habits.

More than a half of the respondents (n=11) thought that they do enough physical exercise in their free time instead of not doing enough physical exercise. Table 9 presents cross tabulation between the respondents physical exercise times and their opinion should they do more physical exercise in their free time and their current physical exercise times.

	respondents opinion should they do more physical exercise in their free time		total
	YES	NO	
every day	0	2	2
4-6 times in a week	2	6	8
4-6 and 3 times in a week	0	1	1
3 times in a week	2	1	3
2 times in a week	2	1	3
a few times in a year or less frequently	1	0	1
total	7	11	18

Table 9. Cross tabulation between the respondents physical exercise times and their opinion should they do more physical exercise in their free time.

One of the respondents did not answer to the question. Of those respondents (n=11) who thought they do enough physical exercise in their free time, most of (n=6) did physical exercise already 4 – 6 time a week. Two of them did physical exercise every day. Of those respondents (n=7) who thought they

should do more physical exercise in their free time, two did physical exercise 4 – 6 times a week, two of them three times a week, two also two times in week and one a few times a year or less frequently. Respondents physical exercise times does not have a relation with their opinion should the respondents do more physical exercise in their free time ($X^2 = 6,078$; $df = 5$; $p = 0,299$).

7.2.2 Physical activity, work and social life

Of those respondents ($n=9$) who did physical exercise 4 – 6 times a week, six of the men were unemployed or laid off at the time of the survey was conducted. Those respondents ($n=2$) who did physical exercise daily were unemployed or laid off. Of those respondents ($n=8$) who had full time employment at the time the survey was conducted, most of them ($n=6$) did physical exercise 4 – 6 times a week or at least three times a week (Table 10). Table 10 presents cross tabulation between the respondent's physical exercise times and their current work situation. Respondents physical exercise times seems not to have a connection with their current work situation ($X^2 = 13,656$; $df = 10$; $p = 0,189$).

	currentwork situation			total
	full time employment	part-time employment or part-time retirement	unemployment or layoff	
every day	0	0	2	2
4-6 times in a week	2	0	6	8
4-6 and 3 times in a week	1	0	0	1
3 times in a week	3	0	0	3
2 times in a week	1	1	2	4
a few times in a year or less frequently	1	0	0	1
total	8	1	10	19

Table 10. Cross tabulation between the respondents physical exercise times and their current work situation.

Of those respondents (n=8) who did physical exercise 4 – 6 times a week, four of them had been 12 – 23 months unemployed or laid off in their life at the time of the survey was conducted. The respondents who did physical exercise a few times in a year or less frequently had never been unemployed or laid off. Also one respondent who did physical exercise daily had never been unemployed or laid off. The respondent who had been employed for the longest did physical exercise 4 – 6 times a week (Table 11).

	unemployment years						total
	never	less than a month	1-5 months	6-11 months	12-23 months	2-5 years	
4-6 times a week	0	1	1	1	4	1	8
4-6 and 3 times a week	0	0	0	1	0	0	1
physical exercise times							
3 times a week	1	1	1	0	0	0	3
2 times a week	1	0	2	0	1	0	4
a few times a year or less frequently	1	0	0	0	0	0	1
total	4	2	4	3	5	1	19

Table11. Cross tabulation between the respondents physical exercise times and unemployment years.

Table 11 presents the cross tabulation between the respondents physical exercise times and men's unemployment years and their physical exercises times. Respondents physical exercise times does not have a relation with their unemployment years ($X^2 = 23,394$; $df = 25$; $p = 0,555$).

	close relationship with the people respondents work or used to work		total
	YES	NO	
every day	2	0	2
4-6 times in a week	5	3	8
physical exercise times			
4-6 and 3 times in a week	1	0	1
3 times in a week	3	0	3
2 times in a week	3	1	4
a few times in a year or less frequently	1	0	1
total	15	4	19

Table 12. Cross tabulation between the respondents physical exercise times and did they have a close relationship with the people they work or used to work.

Most of the respondents (n=15) had a close relationship with at least one person of the people they are working with at the moment or have worked with in the past. Four of the respondents were currently unemployed. Of those respondents (n=15) who had a close relationship with at least one person of the people they are working with or have worked with in the past had approximately 32,1 person close to them and the standard deviation was 101,10 person. Of those respondent (n=15) who had a close relationship with the people they are working, most of the respondents (n=10) did physical exercise more than three time in a week (Table 12).

7.2.3 Physical activity and self-efficacy

Respondents were asked to estimate how likely they believe they will be able to maintain or increase their physical exercise activity and follow through the plans to do their physical exercise even they have worries and problems. Five of the respondents believed that they were very likely to maintain or increase their physical exercise at the time of worries and problems. Also five of the men believed that they were quite likely to maintain or increase their physical exercise at the time of worries and problems. Five of the men believed there is no significance. Only four of the respondents believed that it is quite unlikely that they could maintain or increase their physical exercise at the time of worries and problems. No one thought that maintaining or increasing physical exercise would be very unlikely at the time of worries and problems.

Most of the respondents (n=7) believed that they were able to maintain or increase their physical exercise activity and follow through the plans to do their physical exercise even they would be little depressed. One of the respondents believed that being able to maintain or increase physical exercise activity and follow through the plans to do physical exercise would be very unlikely. Six of the men believed it would be quite unlikely. Seven of the respondents believed that being able to maintain or increase physical exercise activity and follow the plans to do physical exercise were very likely at the time of depression. Three of the respondents believed there is no significance.

Two of the respondents believed that it is very likely that they could maintain or increase their physical exercise activity and follow through the plans to do their physical exercise at the time of being nervous. Seven of the respondents believed there is no significance. Three of the respondents thought that it is quite unlikely maintain or increase their physical exercise activity and follow through the plans to do their physical exercise at the time of being nervous. No one believed that it is very unlikely maintain or increase their physical exercise activity and follow through the plans to do their physical exercise at the time of being nervous.

At the time respondents felt themselves tired, only one believed it would be very likely to maintain or increase physical exercise activity and follow through the plans to do physical exercise. Only three of the men believed it would be very unlikely. Also three of the respondents believed that it is quite unlikely maintain or increase physical exercise activity and follow through the plans to do physical exercise. Six of the respondents believed there is no significance. Also six of the men believed that maintain or increase physical exercise activity and follow through the plans to do physical exercise would be quite likely at the time they felt themselves tired.

Most of the respondents (n=10) believed that being busy makes no significance to maintain or increase physical exercise activity and follow through the plans to do physical exercise. Only one believed that it would be very unlikely and also one believed it would be very likely. Four of the respondents believed that to maintain or increase physical exercise activity and follow through the plans to do physical exercise would be quite unlikely.

Three of the men believed it would be quite likely to increase physical exercise activity and follow through the plans to do physical exercise at the time of being busy.

The respondent was asked to estimate what effect increased amount of physical exercise would have in terms of improving their own health. Most of the respondents (n=12) estimated the effect would be great. Only two of the men estimated increased amount of physical exercise would have only little effect on improving their own health. One of the men estimated there might be some effect. Three of the respondent estimated the effect extremely great. One of the respondents did not answer to the question concerned the increased amount of physical exercise and the effect of health.

More than a half of the respondents (n=9) estimated the effect of increased amount of physical exercise great to prevent the onset of an illness. Three of the men estimated the effect only a little. Also three of the respondents estimated there is some effect on preventing the onset of an illness if physical exercise amount is increased. Three of the men estimated the increased amount of physical exercise extremely great prevent the onset of an illness. One of the men did not answer the question.

7.3 Self-efficacy, activities and social life

Most of the respondents (n=12) were not a member of a community or communities on the internet or in the social media. Seven of the respondents were a member of a community or communities on the internet or in the social media. Only six of those respondents who were a member of a community or communities on the internet or in the social media answered to the statements relating to their use of the internet and social media. Three of the respondent who was not a member answered to the statements relating their use of the internet and social media. Of those respondents who answered to the statements one completely agreed to share values that are personally important to him on the community on the internet or in social media they are a member in. Four somewhat agreed, three completely disagreed and one of the respondent did not disagree or agreed. No one of the respondents somewhat disagreed.

Three of the respondents who answered to the statement, internet or social media community where they are a member in, represents the same values as they do completely agreed, two somewhat agreed, one did not disagree or agreed, three completely disagreed and no one somewhat disagreed. One of the respondents completely agreed internet or social media community they are a member in, acts to achieve goals that he appreciated. Three of the respondents somewhat agreed, also three completely disagreed and two of the respondents did not disagree or agreed. No one of the respondents somewhat disagreed. Five of the respondents somewhat agreed the internet or social media community they are a member in to support them. One of the respondents completely agreed and three of the respondents completely disagreed. No one of the respondents somewhat disagreed or chose “not disagree” or “agree”.

Most of the respondents (n=14) had a close relationship with someone they knew through their hobbies or due their activities within association or a church. Five of the respondents did not have a close relationship with someone they knew through their hobbies or due their activities within association or a church. The range of the close relationship with someone they knew through their hobbies or due their activities within association or a church were from two people up to 30 people. Most of the respondents had more than 10 people in a close relationship with them due their hobbies or other activities they had. One respondent who had close relationship with people due hobbies or other activities did not answer with how many people.

Respondents were asked to specify all the relevant alternatives if they had a close relationship with someone they know through their hobbies or due their activities within an association or a church from the options given. Three of the respondents specified district or village community as their activity they participate in regularly. Nine of the respondents regularly participate in voluntary organization or accusation activity. Five of the respondents regularly participate in hunting, fishing or boating. Three respondents went regularly to church. Eight of the respondents participate regularly in labor union activities and also eight of the respondents participate regularly in sports team or organization activities. One respondent participated in culture or art regularly

and seven respondents specified other activities as their activity they regularly participate in.

7.3.1 Neighborhood and living

Most of the respondents (n=13) had a close relationship with at least one of the people living in their neighborhood. Six of the respondents did not have a close relationship with the people living in their neighborhood. The range of the close relationship that the respondents (n=13) had was from one person up to 10 people in their neighborhood. Most of the respondents had four or less people in a close relationship with the respondents living in their neighborhood. Of those respondents (n=13) who had a close relationship with the people living in their neighborhood, most of (n=8) did physical exercise at least 4 – 6 times in a week. All of the respondents (n=6) who did not have close relationship to their neighbors did physical exercise at least two times in a week. Table 13 presents cross tabulation between the physical exercise times of the men and did they have a close relationship with their neighbors. Respondents physical exercise times does not have a relation with did the men have a close relationship with their neighbors ($X^2 = 9,165$; $df = 5$; $p = 0,103$).

		close relationship with the neighbors		total
		YES	NO	
physical exercise times	every day	1	1	2
	4-6 times a week	7	1	8
	4-6 and 3 times a week	0	1	1
	3 times a week	3	0	3
	2 times a week	1	3	4
	a few times a year or less frequently	1	0	1
	total	13	6	19

Table 13. Cross tabulation between the respondents physical exercise times and did they have a close relationship with the neighbors

The average of the living time in the current home town of the respondents (n=19) was 46,3 years and the standard deviation was 16,50 years. One of the men had lived in his current home town just two years and one of the respondents have live already 62 years in his current home town. The average of living years of the respondents (n=19) in their current residential area was 40,3 years and the standard deviation was 19,80 years. One of the respondents had lived in his current residential area already for 62 years and one of the men had lived just two years in his current residential area.

Most of the respondents (n=11) somewhat agreed living in a good residential area. Seven of the men completely agreed living in a good residential area and one of the men neither disagreed nor agreed to the question. No one of the respondent completely disagrees or even somewhat disagree living in a good residential area. Most of the respondents (n= 10) somewhat agreed people having similar values in their residential area. Only two completely agreed people having similar values in their residential area but no one completely disagreed or somewhat disagree people having similar values in their residential area. Seven of the respondents neither disagree nor agree.

Most of the respondents (n=8) somewhat agreed their neighbors and themselves expect similar things from their residential area. No one completely disagree, but one of the men somewhat disagree their neighbors and himself expect similar things from their residential area. Four of the men completely agreed to expect similar things from their residential area than their neighbors and them. Six of the respondents neither disagree nor agreed.

Most of the respondents (n=8) somewhat agreed to recognize most of the people living in their residential area by their looks. No one of the men completely disagree recognizing the people by their look in their residential area and only one respondent somewhat disagreed. Six of the respondents completely agreed recognizing the people living in their residential area by their looks. Four of the men neither disagree nor agree. No one of the respondents completely agreed to only few of their neighbor knowing them. Five of the men somewhat agreed, seven of the men somewhat disagreed and four of the men completely disagreed only few of their neighbors knowing them. Three of the respondents neither disagreed nor agreed. Eight of the

respondents completely agreed and also eight of the men somewhat agreed to have their residential area as cozy and comfortable place to live in. Only one respondent somewhat disagreed and no one completely disagreed their residential area as cozy and comfortable place to live in. Two of the respondents neither disagree nor agreed.

No one of the respondents completely agreed that it is important to them that they know what their neighbors think of what the respondents do. Most of the respondent (n= 9) neither disagreed nor agreed. Three of the respondents somewhat agreed it is important to them that they know what their neighbors think what they do. Five of the men somewhat disagreed and two of the men completely disagreed it is important to them that they know what their neighbors think what they do.

Two of the respondents completely agreed to have no influence on what their residential area is like. Four of the men somewhat agreed and seven of the men neither disagreed nor agreed. Three of the respondent somewhat disagreed and also three completely disagreed to have no influence on what their residential area is like. Two of the respondents completely agreed that the residents can solve problems in their residential area if there would be problems. Six respondent somewhat agreed, two of the respondents somewhat disagreed and six of the respondents neither disagreed nor agreed that the residents can solve problems in their residential area if there would be problems. No one of the respondents completely disagreed and one respondent did not answer to the question.

Five of the respondents completely agreed it is important to them to live in their residential area. Seven of the respondents somewhat agreed, four of the men somewhat disagreed and three neither disagreed nor agreed, no one completely disagreed. Most of the respondents (n=13) somewhat agreed people getting along well in their residential area. Three of the men completely agreed and also three of the men neither disagreed nor agreed. No one of the respondent completely disagreed or even somewhat disagree people getting along well in their residential area. Seven of the respondents completely agreed to believe they will live for a long time in their current apartment. Six of

the men somewhat agreed and six of the men neither disagreed nor agreed. No one of the respondents completely disagreed or somewhat disagreed.

7.4 Self-efficacy and health

Most of the respondents (n=15) never smoked or used snuff. Only three of the men smoked daily or used snuff daily. One of the respondents smoked or used snuff every now and then. Two of the respondents drank beer, wine or other alcoholic beverages four times a week or more often. One of the men never drank alcohol. Most of the respondents (n=7) used alcohol 2 – 4 times a month. Four of the men drank alcohol once a month or less often and five of the men 2 – 3 times in a week.

Most of the respondents (n=7) consumed 3 – 4 portions of alcohol on those days they drank alcohol. One portion equals a small bottle (33cl) of beer or cider, a glass of wine, a small (8cl) of strong wine or one shot (4cl) of strong alcohol. One respondent consumed alcohol 10 portions or more on those days he drank. Two men drank 7 – 9 portions, three 3 – 4 portions and five of the respondents consumed 1 – 2 portions of alcohol on the days they drank.

Two of the respondents consumed six or more portions of alcohol on the days they drank, every day or almost every day. Only one of the men never drank six portions of alcohol on a one day. Most of the respondents (n=10) drank six or more portions of alcohol on a one day less frequently than monthly. Four of the men consumed six or more portions on a one day once in a month and two of the men once in a week. Six of the respondents thought they should reduce their alcohol consumption, 13 of the respondents did not feel that they should reduce their alcohol consumption. One respondent thought reducing he's alcohol consumption is quite unlikely. Four of the respondents thought neither unlikely nor likely and also four men thought they could reduce their alcohol consumption quite likely. Three of the respondents thought they could very likely to reduce their alcohol consumption. Seven of the respondents did not answer.

Most of the respondents (n=8) estimated their general health condition as average. Three of the men thought their general health condition is good. Also three of the men thought their general health condition is quite poor. Five of the respondents estimated their general condition as quite good. No one estimated their general health condition as poor. Table 14 presents the frequencies of the respondent's general health condition.

		frequency	percent
general health condition	good	3	15,8
	quite good	5	26,3
	average	8	42,1
	quite poor	3	15,8
	total	19	100,0

Table 14. Respondent's frequencies of their general health condition.

Of those respondents (n=8) who estimated their general health condition as average, only one respondent's weight was normal according to BMI categories. Rest of them was overweight. Those respondents (n=3) who estimated their general health condition as good, one was normal weight and two was overweight. Of those respondents (n=3) who estimated their general health condition as quite poor, two was obese and one respondent as normal weight. Two of the respondents (n=5) who estimated their general health condition as quite good was obese; one was overweight and two as normal weight. Table 15 presents cross tabulation between respondent's general health condition and their BMI scale. Respondents general health condition seems not to have a relation with their BMI scale ($X^2 = 5,046$; $df = 6$; $p = 0,538$).

		BMI scale			total
		normal weight	overweight	obesity	
general health condition	good	1	2	0	3
	quite good	2	2	1	5
	average	1	6	0	7
	quite poor	1	1	1	3
	total	5	11	2	18

Table 15. Cross tabulation between the respondent's general health condition and their BMI scale.

Of those respondents who wished to improve their health habits, eight would like to have personal counseling, five not and six of the men did not answer. Three of the men wanted group counseling, eight did not and eight did not answer to the question. Only two of the respondents wanted health campaign carried out at the workplace, eight did not and nine did not answer to the question. Most of the respondents (n=11) wanted a personal plan for changing way of life, four not and four did not answer to the question. Two of the respondents did not want any counseling on how to change their health habits, eight did not answer to the question.

Those respondents, who considered group counseling a suitable option for improving their health habits, wanted rather male counselor instead of a female and wanted the participants of the group counseling to be rather males than females. Seven of the respondents wanted a group counseling lead by a female counselor; seven did not answer the question. Three men did not answer the question where the counseling was led by male, but most of the respondents (n=10) wanted a group counseling lead by a male. Eight of the respondent did not answer the question where the counseling group participants were mostly female, only four of men wanted most participants to be female. Seven of the respondents did not want a group mostly female. Most of the respondents (n=8) wanted the participants of group counseling to be male, six did not and five did not answer to the question.

The respondents were asked to think how well the people close to them support them in the way of life that fosters their own health. Only one respondent thought people close to him not give him support at all. Two of the men had very much support of the people close to them. Five of the respondent thought having only little support from the people close to them. Also five of the men thought they are having quite much of a support and six of the men thought to have some extent in the way that support fosters their own health.

7.4.1 Self-efficacy, health and future

The respondents were asked to estimate their situation relating their experiences, thoughts and emotions during the last two weeks before the questionnaire was fulfilled. Most of the respondents (n=8) felt themselves hopeful for their future every now and then. Two of the respondents felt themselves hopeful for their future all the time, five of the respondents often and only three of the respondents not so often. One respondent did not answer to the question. Of those respondents (n=8) who felt themselves hopeful for their future every now and then, one estimated his general health condition good, two as quite good, three as average and two as quite poor. Of those respondents (n=2) who felt themselves hopeful all the time estimated their health condition as quite good and the other respondent as average. Table 16 presents cross tabulation between the respondent's general health condition and their estimation about their future. Respondents general health condition seems not to have an effect with their estimation about their future ($X^2 = 9,757$; $df = 9$; $p = 0,371$).

		hopefull for my future				total
		not often	every now and then	often	all the time	
general health condition	good	0	1	2	0	3
	quite good	2	2	0	1	5
	average	0	3	3	1	7
	quite poor	1	2	0	0	3
	total	3	8	5	2	18

Table 16. Cross tabulation between the respondent's general health condition and their estimation about their future.

Most of the respondents (n=8) felt themselves useful every now and then during the last two weeks before the questionnaire was fulfilled. Six of the men thought that they are useful often, three of the men all the time and one men thought not to be useful often. One respondent did not answer the question. Most of the respondents (n=9) thought they were able to relax often. Five of the men thought they are able to relax every now and then and one respondent all the time. Four of the men thought they were not able to relax so often. Of those respondents (n=9) who thought they were able to relax often, three estimated their general health condition as good, also three as average, two respondent as quite good and only one as quite poor. Table 17 presents cross tabulation between respondent's general health condition and their capability to relax. Respondents general health condition does not have a relation with their capability to relax ($X^2 = 5,591$; $df = 9$; $p = 0,780$).

	able to relax				total
	not often	every now and then	often	all the time	
good	0	0	3	0	3
quite good	1	2	2	0	5
average	2	2	3	1	8
quite poor	1	1	1	0	3
total	4	5	9	1	19

Table 17. Cross tabulation between the respondent's general health condition and their capability to relax.

Eight of the respondents thought they could process their problems often, six thought every now and then and one thought he could process his problems all the time. Two of the respondents thought not to be able to process their problems so often and one respondent thought never to be able to process his problems. One respondent did not answer to the question. Most of the respondents (n=11) thought they could think clearly often, five of the respondents thought every now and then and one thought all the time. One respondent thought he could not think clearly often. One respondent did not answer to the question.

Most of the respondents (n= 8) felt closeness to another human often during the last two weeks before the questionnaire was fulfilled. Four of the respondents felt closeness every now and then, three of the respondents not often and one respondent never. Two of the respondents felt closeness to another human all the time and one respondent did not answer to the question.

Most of the respondents (n=10) were able to make decisions on matter concerning them often and four of the respondents all the time. Three of the respondents were able to make decisions every now and then, one respondent not often and one did not answer to the question.

8 DISCUSSION

This Master's thesis aim was to explore the state of physical activity and self-efficacy and the relations between these factors among the former male employees of the Kymenlaakso paper industry. Thesis purpose was also to support the regional differentiation and community's methods among the men's health promotion project at the Kymenlaakso area. Hopefully the men's health promotion project will benefit from this researches result. A quantitative method was used in this research and the data was analyzed with the SPSS program and the reliability was estimated by the chi-squared test. Because of the research data was so small ($n=19$) no assumptions about the probability in general of this thesis results can be done.

Statistically reliable results of the data analysis, estimated by the chi-squared test, were not seen. Almost all the chi-squared test results p -value were $> 0,05$ when the relation is not statistically significant between the variables. (Heikkilä 2014, 7) Almost all the cross tabulation variables analyzed have no relation or did not have an effect to each other, except the respondents current earnings related with their current work situation. Because of the small group of data ($n=19$), the cross tabulations cell frequencies are relatively small and that affects the interpretation of the chi-squared test. Although the results does not have the statistically significance, the significance of the content is seen with in this research group of men. The focus with this thesis results has been to explore the relations between physical activity and self-efficacy among the former male employees of the Kymenlaakso paper industry, although the whole questionnaire was analyzed by the SPSS program. Analyzing the whole questionnaire gave wider impression about the group of former male employees of the Kymenlaakso paper industry in general.

The same questionnaire could be used in the future for research purposes of the former employees of Finnish paper industry to find out if the results would be similar or differ from this thesis results. Also other professions former employees could be compared to this research group and also other gender. In this research group all the former employees were men. Although the questionnaire could be reformed partly or improve the instructions for how to answer to the questions. With couple of the questions the respondents in this

research did not understand or misunderstand the question or the answer choices. In some questions the answer choices should have been limited to only one choice. The questionnaire should have included more specific questions about especially of physical activity for getting more specific detail about respondent's physical activity habits and their level of physical activity. Also research of physical activity and self-efficacy of former employees of other professionals than paper worker men could be compared to this thesis results.

Most of the respondents did physical activity regularly as it was recommended and at least three times in a week or even more. Consistent with the recommendations (Tarnanen & al 2010,1; WHO 2015; UKK Institute 2009) every adult should exercise at least 150 minutes in a week or do at least 75 minutes of vigorous-intensive physical activity throughout the week. Physical activity can be diverse for several exercise times at least 10 minutes period at the time. In this research the physical activity level of the respondents was estimated by the number of times of physical activity and the physical reactions of the body, for example sweating and getting out of breath. Even most of the respondents did physical activity regularly and as often as it is was recommended; still most of them had the intention to improve their physical habits. The intention to improve physical activity is depending on the person's capability of self-efficacy. According to Bandura (1994, 71-81) persons who doubt their capabilities shy away from difficult challenges and they have a low aspirations and weak commitment to the goals they have chosen. It would be interesting to know, did the respondents improve their physical habits as they planned and have they been able to keep up their intentions. More than half of the respondents thought they would be able to maintain or increase their physical activity even they have worries and problems and even being a little depressed. Almost half of the respondents had doubts maintaining or increasing their physical activity at the time they felt themselves tired. Being busy did not make any significance for most of the respondents.

Most of the respondents were overweight, but only two were obese. A good thing was that every respondent were able to do physical activity without any illness, injury or overweightness or obesity preventing their physical activity. Physical inactivity has been identified as the fourth leading risk factor in global

mortality causing an estimated 3.2 million deaths globally (WHO 2015). Along with the several pieces of research (Lahti 2011, 7; Haggard & al 2005, 7-8; WHO 2015; UKK Institute 2009) regular physical activity has significant benefits for health and also helps the weight control. The respondents should pay attention more their dietary habits, because they did physical activity as it was recommended but most of them were still overweight. As stated by Bandura (2004, 144) beliefs of personal efficacy play a central role in personal change. People's knowledge of the health risks and benefits creates the precondition for change. The high BMI is related to person's low self-efficacy (Mäki-Opas 2009, 23-25). Almost half of the respondents wanted counselling for improving their health habits. The respondents might benefit the most of the counselling concerned dietary habits. Most of the respondents also wanted a personal plan for changing their way of life. However it was not clear did the respondents participate in already some kind of counselling, it was not asked.

Men engaging in physical activity with other men through sports resulted in increased physical activity (Bottorf & al 2014, 796). Most of the respondents had more than 10 people in a close relationship with them due their hobbies or other activities. Also half of the respondents participate regularly in sports team or organization activities. Regular participation in sports teams or other organizational activities help the respondent's capability to keep up good health, physical activity level and also keep up their social life.

Physical activity is an important part of healthy ageing and working people should maintain good health until their normal retirement age and also remain good health later in life. The average of the respondents were 54,6 years at the time the survey was conducted. The benefits of the respondent's physical activity level extend beyond their prevention of the risks of having for example: type 2 diabetes, cardiovascular disease, hypertension and stroke (Lahti 2011, 10-14). The life expectancy can increase many years because of the regular physical activity, especially for men, who are more likely to have a shorter life expectancy and higher mortality rates associated with chronic disease. Physical activity has also associated of prevention mental disorders which are the most common reason for work disability among the middle-aged in Finland (Lahti 2011, 10-14). Also along with Bandura (1994, 71-81) and Mäki-Opas

(2009, 1-5) low self-efficacy is related to people falling easily as victims to stress and depression. Evidently self-efficacy is also related to the behavior which is bad for health and self-efficacy is an important factor to health behavior. Physical and mental disorders are associated with poor social and economic status for individual (Brandt (2010, 2). Self-efficacy is essential part of health and that is why it should be taken into consideration when planning health promotion interventions.

Yearly earnings, average approximately €30 000 in a year, were quite high among the respondents, even almost half of the respondents were unemployed at the time the survey was conducted. It was not clear did the respondents estimate the yearly income from the time they had employment or from the time of being unemployed. No one of the respondents had the higher education, bachelor or master's degree. Health behaviour and socioeconomic position are mentioned to be correlated with engagement in physical activity (Lahti 2011, 7-15). With this thesis research group physical activity level was high, although respondents were not so well educated. According to Hult (2014, 1) and Böckerman and Ilmakunnas (2008, 161-164) health and wellbeing of the unemployed is found to be worse than those who are employed. Also National Institute for Health and Welfare (2015) states that unemployment have a negative influence to health and well-being. Most of the former male employees of the Kymenlaakso paper industry estimated their general health condition as average as or better than average. No one estimated their general health condition as poor even almost half of the respondents were unemployed. Overweightness is more common within the people of lower level education (Helldan & al 2013, 6), that was shown also within this small research group of men.

Even though the respondent's level of physical activity was high, that by itself might not help to improve the employment rate among the target group. Even though physical activity is found to have beneficial health effects and good health supports the employment level. Common economic situation and many other factors have an influence also to employment situation all over the world today and in Finland. The number of unemployed is constantly increasing and especially the number of the long-term unemployed is growing. A person who have poor health end up being unemployed more easily.

Strong sense of efficacy enhances person's well-being in many ways. People approaches threatening situation with assurance that they have a control over them. They are also be able to heighten and sustain their efforts in the face of failure and quickly recover their sense of efficacy after failure or setback (Bandura 1994, 71-81). Most of the respondents felt themselves hopeful for their future every now and then. Only two of the respondents felt themselves hopeful for their future all the time. However still, most of the respondents were able to make decisions on matter concerning them often and four of the respondents all the time. Most of the respondents were able to relax often and most of them estimated their general health condition at least average. No one estimated their general health condition as poor.

Most of the respondents estimated the increased amount of physical exercise to have a great effect on improving their own health. Brandt (2010, 2) defines health as a state of complete physical, mental and social well-being. Most of the respondents were not a member of a community or communities on the internet or in the social media and also most of the respondents had close relationship with several people they work or used to work with. Also most of the respondents had a close relationship with their neighbors. Respondents also mentioned several activities they participate in, for example voluntary organization activity, hunting, fishing, boating, labor union activities and activities of church. Participating different kinds of activities help to prevent loneliness and promote the social well-being of these respondents.

Finnish paper industry has gone a lot of changes during the past years and many workplaces have lost in the field of paper industry. Slow recovery will be seeing today but still the Finnish paper industry is not at the same state as it was in the past, giving many workplaces to people and offering quite good standards of living in general. To achieve reliable assumptions about the probability in general of this thesis results; the state of physical activity and self-efficacy among the former employees of paper industry, the same research should be conducted among the other former male employees of Finnish paper industry, not only Kymenlaakso area.

CONCLUSION

This Master's thesis results are valid only within this group of former male employees of the Kymenlaakso paper industry; because of the research data was so small. No assumptions about the probability of this thesis results in general can be done. This Master's thesis aim was to explore the physical activity and self-efficacy and the relations between these factors among the former male employees of the Kymenlaakso paper industry. If assumption about the probability in general of the state of physical activity and self-efficacy among the former employees of paper industry, the same research should be conducted among the other former employees of Finnish paper industry or former employees of other field of industry.

The former male employees of Kymenlaakso paper industry were physically active and healthy. No one of the respondents estimated their general health condition as poor. They did physical activity as it was recommended, but still most of the respondent had the intention to improve their physical habits. The intention is depending on their capability of self-efficacy. Even though the respondents did physical activity regularly and at least three times in a week, still most of them were overweight. The respondents should have counseling for their dietary habits. Good thing was that every respondent were able to do physical activity without any illness, injury or overweightness preventing their physical activity. Physical inactivity has been identified as the fourth leading risk factor in global mortality causing an estimated 3,2 million deaths globally (WHO 2015). Along with several pieces of research (Lahti 2011, 7; Haggard & al 2005, 7-8; WHO 2015) regular physical activity has significant benefits for health and also help the weight control.

The respondent's average age was 54,6 years, half of them were unemployed at the time survey was conducted and most of them were married or in a relationship. Physical activity is an important part of healthy ageing and working people should maintain good health until their normal retirement age and also remain good health later in life. More specially targeted health promotion interventions should be done among ageing men who are still working. The respondents had people in a close relationship with them due their hobbies or other activities and most of the respondents participate

regularly in sports team or organization activities. They seem to have also social activity in their life in different forms of activities.

The high BMI is often related to person's low self-efficacy and in this research most of the respondents were overweight. Physical activity has associated the prevention of mental disorders which are the most common reason for work disability among the middle-aged in Finland (Lahti 2011, 10-14). Also as stated by Bandura (1994, 71-81) and Mäki-Opas (2009, 1-5) low self-efficacy is related to people falling easily as victims to stress and depression. Self-efficacy is evidently related to the behavior which is bad for health and self-efficacy is an important factor to health behavior. Physical and mental disorders are associated with poor social and economic status for individual (Brandt 2010, 2). No one of the respondents had the higher education, bachelor or master's degree. Health behaviour and socioeconomic position are mentioned to be correlated with engagement in physical activity (Lahti 2011, 7-15). Supporting person's self-efficacy is essential when planning health promotion intervention.

REFERENCES

Badr H. E. & Moody P.M. 2005. A Predictor for Smoking Cessation Contemplators in Kuwaiti adults. *International Journal of Behavioral Medicine* 4:273–277.

Bandura A. 1986. *Social foundations of thought and action: Social cognitive theory*. Prentice-Hall, Englewood Cliffs, N.J. Available at: <https://www.uky.edu/~eushe2/Bandura/BanEncy.html> [Accessed 15 November 2015].

Bandura, A. 1994. Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior*. New York Academic Press Vol. 4, pp. 71-81.

Bandura, A. 1997. *Self-efficacy: The exercise of control*. New York: Freeman.

Bandura A. 2004. Health promotion by social cognitive means. *Health Education & Behaviour* 31: 143–164. Available at: <http://heb.sagepub.com/content/31/2/143.full.pdf+html> [Accessed 11 November 2015].

Brandt P. R 2010. *Psychology of Emotions, Motivations and Actions: Psychology of Optimism*. Nova. Available at: <http://site.ebrary.com/xhalax-ng.kyamk.fi:2048/lib/kyam/reader.action?docID=10681002&p00=self-efficacy+health&ppg=17> [Accessed 30 November 2015].

Bottoff J. L, Seaton C. L, Jonhson S. T, Caperchione C. M, Oliffe J. L, More K, Jaffer-Hirji H. & Tillotson S. M. 2014. An Updated Review of Intervention that Include Promotion of Physical Activity for Adult Men. *Sports Med* (2015) 45:775-800.

Böckerman P & Ilmakunnas P. 2008. Unemployment and self-assessed health: Evidence from panel data. *Health Economics* (2009) 18: 161-179. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/hec.1361/epdf> [Accessed 16 April 2016].

Caspersen C. J, Powell K. E. & Christenson G. M. 1985. Physical Activity, Exercise and Physical Fitness: Definitions and Distinctions for Health-Related Research. Public Health Reports March-April 1985, Vol. 100 No. 2: 126-131.

Conner M. & Norman P. 2005. Predicting Health Behaviour. Research and practice with social cognition models. Open University press. Berkshire.

European Commission, Eurobarometer, Health in the European Union 2007. Available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_272e_en.pdf [Accessed November 13 2015].

Greasley P. 2008. Quantitative Data Analysis Using SPSS: An Introduction for Health and Social Sciences. Open University Press. Available at: <http://site.ebrary.com.xhalax-ng.kyamk.fi:2048/lib/kyam/reader.action?docID=10229874> [Accessed 1 November 2015].

Hagger M. & Chatzisarantis N. 2005, Social Psychology of Exercise and Sport. McGraw-Hill Professional Publishing. Available at: <http://site.ebrary.com.xhalax-ng.kyamk.fi:2048/lib/kyam/reader.action?docID=10409195&ppg=1> [Accessed 11 October 2015].

Heikkilä T. 2014. Muuttujien väliset riippuvuudet – esimerkkejä. Edita Publishing Oy. Available at: <http://www.tilastollinentutkimus.fi/5.SPSS/Riippuvuudet.pdf> [Accessed 18 May 2016].

Helldán A, Helakorpi S, Virtanen S. & Uutela A. 2013. Health Behaviour and Health among the Finnish Adult Population, Spring 2013. Terveystieteiden tutkimuskeskus. Available at: https://www.julkari.fi/bitstream/handle/10024/110841/URN_ISBN_978-952-302-051-1.pdf?sequence=1 [Accessed 1 December 2015].

Hult M. 2014. Työttömien terveys ja hyvinvointi: haastattelututkimus. Pro gradu, Itä-Suomen yliopisto. Available at:

http://epublications.uef.fi/pub/urn_nbn_fi_uef-20140849/urn_nbn_fi_uef-20140849.pdf [Accessed 16 April 2016].

Ilmarinen J. 2001. Ageing Workers in Finland and in the European Union: Their Situation and the Promotion of their Working Ability, Employability and Employment. The Geneva Papers on the Risk and Insurance, Vol.26.

Available at:

https://www.genevaassociation.org/media/238019/ga2002_gp26%284%29_ilmarinen.pdf [Accessed 10 November 2015].

Ingham-Broomfield R. 2014. A nurse's guide to Quantitative Research.

Australian journal of advanced nursing. Volume 32, Number 2 Available at:

<http://web.b.ebscohost.com.xhalax-ng.kyamk.fi:2048/ehost/pdfviewer/pdfviewer?sid=a4792fb0-bf0b-46a9-adfb-684134812e3b%40sessionmgr111&vid=9&hid=124> [Accessed 3 November 2015].

Johnson R. Burke & Christensen L. 2014. Educational research: Quantitative, Qualitative, and Mixed Approaches. Needham, Massachusetts. Fifth edition. SAGE Publications Ltd.

Kruger J., Bowles HR., Ainsworth BE. & Kohl HW. 2007, Health-related quality of life, BMI and Physical activity among US adult (> 18 years): National Physical Activity and Weight Loss Survey 2002. International Journal of Obesity 31, 321-327.

Lahti J. 2011. Leisure-time physical activity, health related functioning and retirement. A prospective cohort study among the middle-aged employees.

University of Helsinki. Available at:

<https://helda.helsinki.fi/bitstream/handle/10138/27947/leisuret.pdf?sequence=1> [Accessed 3 November 2015].

Lindroos S. 2010. Liikunta-aktiivisuuden lisääminen. pitkäaikaistyöttömien kokemuksia tuetulta liikuntajaksolta. Pro gradu, Jyväskylän yliopisto. Available at:

https://jyx.jyu.fi/dspace/bitstream/handle/123456789/22894/URN_NBN_fi_jyu-201002041182.pdf?sequence=4 [Accessed 07 May 2016].

Luszczynska A. & Schwarzer R. 2005. Social cognitive theory. In Conner Mark & Norman Paul. Predicting health behaviour: Research and practice with social cognition models. Open University press. Berkshire. 127–169.

McDaid D, Sassi F. Merkur S, 2015. Promoting Health, Preventing Disease, The economic case. European Observatory on Health System and Policies Series. Open University Press. New York. Available at: <http://www.oecd-ilibrary.org/docserver/download/0115401e.pdf?expires=1465305123&id=id&acname=guest&checksum=E6BDF6BD1125AB7AC5127866B9DDDF97C> [Accessed 06 June 2016].

Mustajoki P. 2013. Lihavuus. Lääkärikirja Duodecim. Available at: http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00042 [Accessed 11 October 2015].

Mustajoki P. 2014. Painoindeksi (BMI). Lääkärikirja Duodecim. Available at: http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk01001 [Accessed 11 October 2015].

Mustajoki P. 2015. Liikunta ja painonhallinta. Lääkärikirja Duodecim. Available at: http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=tta00009&p_haku=tta00009 [Accessed 09 October 2015].

Mäki-Opas J. 2009. Pystyvyyden tunteen yhteys terveyttä määrittäviin tekijöihin. Pro gradu, Kuopion yliopisto. Available at: http://epublications.uef.fi/pub/urn_nbn_fi_uef-20090095/urn_nbn_fi_uef-20090095.pdf [Accessed 12 October 2015].

National Heart, Lung and Blood Institute NIH. Available at:
http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
[Accessed 11 October 2015].

National Institute for Health and Welfare 2015. Hyvinvointi- ja terveyserot, työllisyys. Available at: <https://www.thl.fi/fi/web/hyvinvointi-ja-terveyserot/eriarvoisuus/hyvinvointi/tyollisyys> [Accessed 04 May 2016].

Nordic Council of Ministers 2006. A better life through diet and physical activity. Nordic Plan of Action on better health and quality of life through diet and physical activity. Available at: <http://norden.diva-portal.org/smash/get/diva2:701045/FULLTEXT01.pdf> [Accessed 22 October 2015].

Palosuo H, Koskinen S, Lahelma E, Prättälä R, Martelin T, Ostamo A, Keskimäki I, Sihto M, Takala K, Hyvönen EI. & Linnanmäki E. 2007. Terveysten eriarvoisuus Suomessa, Sosioekonomisten terveyserojen muutokset 1980–2005. Sosiaali- ja terveysministeriön julkaisuja 2007:23. Available at:
<http://www.thl.fi/attachments/kouluterveyskysely/Julkaisuja/passthru.pdf>
[Accessed 22 October 2015].

Savinainen M. 2004. Physical Capacity and Workload among Ageing Workers. Academic dissertation, Faculty of Medicine of the University of Tampere. Available at:
<https://tampub.uta.fi/bitstream/handle/10024/67415/951-44-6048-0.pdf?sequence=1> [Accessed 14 November 2015].

Sosiaali- ja terveysministeriön julkaisuja 2008:16. Kansallinen terveyserojen kaventamisen toimintaohjelma 2008-2011. Available at:
<https://www.julkari.fi/bitstream/handle/10024/114049/Julk200816.pdf?sequence=1> [Accessed 11 October 2015].

Stutts W. C. 2002. Physical activity determinants in adults. Perceived benefits, barriers, and self-efficacy. *Official journal of the American Association of Occupational Health Nurses* 50: 499–507.

Tarnanen K, Kesäniemi A, Kettunen J, Kujala U, Kukkonen-Harjula K. & Tikkanen H. 2010. Liikunta on lääke (Liikunta -suositus) Käyvän hoidon potilasversiot 8.11.2010. Available at:
http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=khp00077&p_haku=liikuntatottumukset [Accessed 09 October 2015].

Tilastokeskus 2014, Kuolemansyyt. Available at:
http://www.stat.fi/til/ksyyt/2013/ksyyt_2013_2014-12-30_kat_004_fi.html
[Accessed 03 May 2016].

UKK Institute 2009. Available at: <http://www.ukkinstituutti.fi/en/> [Accessed 14 April 2016].

Uutela, A. & Härkäpää, K. 1993. Terveyskäyttäytymisen kognitiiviset teoriat ja mallit. In Kuusinen, K-L. *Terveyspsykologia*. WSOY. Juva. 35–51.

Vehkalahti K. 2008. *Kyselytutkimuksen mittarit ja menetelmät*. Tammi, Helsinki.

Van Domelen D. R, Koster A, Caserotti P, Brychta R, Chen Kong Y, McClain J. J, Troiano Ri. P, Berrigan D, Harris T. B. 2011. Employment and Physical Activity in the U.S. *American Journal of Preventive Medicine* 2011;41: 136 – 145. Available at: <http://www.ajpmonline.org/article/S0749-3797%2811%2900262-5/pdf> [Accessed 03 May 2016]

Van Velzen J.M. 2006. Physical capacity and walking ability after lower limb amputation: a systemic review. *Clinical Rehabilitation* 2006;20: 999 – 1016. Available at:
<http://dspace.uvu.vu.nl/bitstream/handle/1871/28953/191477.pdf;jsessionid=0995F980F978080140D629E8F078263E?sequence=1> [Accessed 15 November 2015].

Whaley D.E. 2004. Seeing isn't always believing: Self-perceptions and physical activity behaviours in adults. In Weiss M.R. Developmental sport and exercise psychology: A lifespan perspective. Morgantown. WV: Fitness Information Technology: 289 – 332.

Vilkkä H. 2007. Tutki ja mittaa, Määrällisen tutkimuksen perusteet. Kustannusyhtiö Tammi. Helsinki. Available at: <http://hanna.vilkkä.fi/wp-content/uploads/2014/02/Tutki-ja-mittaa.pdf> [Accessed 03 October 2015].

Walker J 2001. Control and the psychology of health. Theory, measurement and applications. Open University Press. Philadelphia.

WHO, World Health Organization, Health topics. Nutrition 2015. Available at: <http://www.who.int/topics/nutrition/en/> [Accessed 11 October 2015].

WHO, World Health Organization, Health topics. Physical activity 2015. Available at: http://www.who.int/topics/physical_activity/en/ [Accessed 11 October 2015].

WHO, World Health Organization, Media centre. Physical activity 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs385/en/>, , [Accessed 11 October 2015].

WHO, World Health Organization, Trade, foreign policy, diplomacy and health 2016. Available at: <http://www.who.int/trade/glossary/story046/en/> [Accessed 06 June 2016].

SURVEY ON MEN'S WELL-BEING

This survey examines men's well-being in your home town and, more specifically, in your residential area. The aim is to identify means to support men's own activity in matters relating to their well-being. The survey is primarily carried out in Kymenlaakso Region but it is also sent to other parts of Finland. All answers will be processed anonymously.

1. How long have you lived in your current residential area?

Approximately ___ years

2. How long have you lived in your current home town? _____ years.

3. How many people live in your household? _____

How many of the people living in your household are (do not include yourself):

under 7 years old? _____

7–17 years old? _____

18–24 years old? _____

25–64 years old? _____

65–74 years old? _____

75 years or older? _____

4. Below, you'll see statements relating to your neighborhood. For each statement, circle the number that reflects your opinion.

The scale is: 1 = completely disagree, 2 = somewhat disagree, 3 = neither disagree nor agree, 4 = somewhat agree, 5 = completely agree.

I live in a good residential area

1 2 3 4 5

In my residential area, people have similar values

1 2 3 4 5

My neighbor and I expect similar things from our residential area

1 2 3 4 5

I recognize most of the people living in my residential area by their looks

1 2 3 4 5

My residential area is a cozy and comfortable place to live

1 2 3 4 5

Only a few of my neighbors know me

1 2 3 4 5

It is important to me that I know what my neighbors think of what I do

1 2 3 4 5

I have no influence on what my residential area is like

1 2 3 4 5

If there is a problem in our residential area, the residents can solve it

1 2 3 4 5

It is important to me to live in this residential area

1 2 3 4 5

People get along well in this residential area

1 2 3 4 5

I believe I will live in my current apartment for a long time

1 2 3 4 5

5a. Are you a member of a community or communities on the Internet or in social media?

Yes _____

No _____

If the answer is "No", go to item 6.

5b. Read the four statements below relating to your use of the Internet and circle the number that reflects your view on the statement on a scale of 1 – 5; 1 = completely disagree, 2 = somewhat disagree, 3 = don't disagree and don't agree, 4 = somewhat agree, 5 = completely agree.

On the Internet or in social media, I'm a member of a community that

a) shares values that are personally important to me

1 2 3 4 5

b) represents the same values as I do

1 2 3 4 5

c) acts to achieve goals that I appreciate

1 2 3 4 5

d) supports me

1 2 3 4 5

6. Do you have a close relationship with any of the people you are working with at the moment or have worked with in the past? If you have, with how many people?

Yes1 ----> with _____ people

No2

I'm currently unemployed3

7. Do you have a close relationship with any of the people living in your neighborhood? If you have, with how many people?

Yes1 ----> with _____ people

No2

8. Do you have a close relationship with someone you know e.g. through your hobbies or due to your activities within an association or a church? If you have, with how many people?

Yes.....1 ----> with _____ people

No.....2

8.1 If you answered 'Yes' to the previous question, specify the activities you regularly participate in. Specify all relevant alternatives!

a) district or village community	yes	no
b) voluntary organization or association	yes	no
c) hunting, fishing, boating	yes	no
d) church	yes	no
e) labor union	yes	no
f) sports team or organization	yes	no
g) culture or arts	yes	no
h) other activities	yes	no

9. Below, you'll see statements relating to experiences, thoughts and emotions. For each statement, circle the number that reflects your situation during the last two weeks.

The scale is: 1 = never, 2 = not often, 3 = every now and then, 4 = often, 5 = all the time.

I have felt hopeful for my future	1	2	3	4	5
I have felt myself useful	1	2	3	4	5
I have been able to relax	1	2	3	4	5
I have processed my problems	1	2	3	4	5
I have been able to think clearly	1	2	3	4	5
I have felt closeness to another human being	1	2	3	4	5
I have been able to make decisions on matters that concern me	1	2	3	4	5

10. How often do you do physical exercise long enough to get at least moderately out of breath and start sweating?

- a) every day
- b) 4–6 times a week
- c) 3 times a week
- d) 2 times a week
- e) once a week
- f) 2–3 times a month
- g) a few times in a year or less frequently
- h) due to injury or illness, I am unable to do physical exercise

11. During the last 12 months, have you had the intention to improve your physical exercise habits?

- a) Yes
- b) No

11b. Do you think you should do more physical exercise in your free-time?

- a) Yes
- b) No

12. Estimate how likely you think you'll be able to maintain or increase your physical exercise activity on a scale of 1 to 5; 1 = very unlikely, 2 = quite unlikely, 3 = no significance, 4 = quite likely, 5 = very likely.

I believe I can follow through with my plans to do physical exercise

- a) even if I have worries and problems
 - b) even if I am a little depressed
 - c) even if I am nervous
 - d) even if I am tired
 - e) even if I am busy
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 |

13. Estimate what the effect on your life would be if you increased the amount of physical exercise.

The scale is: 1 = no effect whatsoever, 2 = only little effect, 3 = some effect, 4 = great effect, 5 = extremely great effect.

What effect would an increased amount of physical exercise have in terms of

- | | | | | | |
|--|---|---|---|---|---|
| a) improving your health? | 1 | 2 | 3 | 4 | 5 |
| b) preventing the onset of an illness? | 1 | 2 | 3 | 4 | 5 |
| c) increasing satisfaction with your life? | 1 | 2 | 3 | 4 | 5 |

14. Do you smoke (cigarettes, cigars or pipe) or use snus?

- a) Yes, daily
- b) Every now and then
- c) Never

15. How often do you drink beer, wine or other alcoholic beverages? Take into account also the occasions when you only drink a little e.g. a bottle of beer or a small glass of wine.

- a) never
- b) once a month or less often
- c) 2-4 times a month
- d) 2-3 times a week
- e) 4 times a week or more often

16. On those days that you drink alcohol, how many portions do you usually consume?

One portion equals a small bottle (33 cl) of beer or cider, a glass (12 cl) of a small glass (8 cl) of strong wine, or one shot (4 cl) of strong alcohol.

- a) 1-2 portions
- b) 3-4 portions
- c) 5-6 portions
- d) 7-9 portions
- e) 10 portions or more

17. How often do you drink six or more portions on one day?

- a) never
- b) not every month
- c) once a month
- d) once a week
- e) every day or almost every day

18a. Do you think you should reduce your alcohol consumption?

Yes No

18b. If you think you should reduce your alcohol consumption, how likely would you be able to do that? Answer on the scale of 1 to 5; 1 = very unlikely, 2 = quite unlikely, 3 = neither unlikely nor likely, 4 = quite likely, 5 = very likely.

1 2 3 4 5

19. In your opinion, is your general health condition at the moment

- a) good
- b) quite good
- c) average
- d) quite poor
- e) poor

20. If you wished to improve your health habits, what kind of counselling would you like to have?

- | | | |
|---|-----|----|
| a) personal counselling | yes | no |
| b) group counselling | yes | no |
| c) health campaign carried out at the workplace | yes | no |
| d) personal plan for changing way of life | yes | no |
| e) I don't want counselling on how to change my health habits | yes | no |

21. If you consider group counselling a suitable option, in what kind of group would you like to participate?

- | | | |
|------------------------------------|-----|----|
| a) Led by a female counsellor | yes | no |
| b) Led by a male counsellor | yes | no |
| c) Most of the participants female | yes | no |
| d) Most of the participants male | yes | no |

22. How well do you think the people close to you support the kind of way of life that fosters your own health?

- a) Not at all
- b) Only little
- c) To some extent
- d) Quite much
- e) Very much

Background information

1. How much do you weigh?kg

How tall are you?cm

2. What year were you born?

3. At the moment, are you

- 1 married/in a registered relationship/living with someone
- 2 not married
- 3 separated or divorced
- 4 widow(er)

4. What is the highest degree of your education?

Elementary school	1
Vocational school, qualification or course	2
Upper secondary school	3
Vocational college	4
Higher education, bachelor's degree	5
Higher education, master's degree	6

5. Circle the alternative that best describes your current situation.

Full-time employment	1
Part-time employment or part-time retirement	2
Unemployment or layoff	3
- Duration of unemployment: less than a ____ more than a year ____	
Student	4
Retirement	5
Military or non-military service	6
Parental leave or stay-at-home dad	7

6. How long have you been unemployed or laid off in your life?

- a. Never
- b. Less than a month
- c. 1-5 months
- d. 6-11 months
- e. 12-23 months
- f. 2-5 years
- g. More than 5 years

7. If you are a student, where do you study?

- a) upper secondary school
- b) vocational college
- c) university of applied sciences
- d) university

8. In which of the following occupational positions are you?

- a) employer or entrepreneur
- b) manager or supervisor
- c) senior clerical worker
- d) clerical worker
- e) employee with vocational qualifications
- f) employee without vocational qualifications
- g) not working

9. In what field are you working?

- a) wholesale and retail sale
- b) industry
- c) construction and real estate
- d) transportation and warehousing
- e) information and communication
- f) agriculture, forestry, fishing
- g) education and research
- h) social and health services
- i) public administration
- j) other
- k) not working

10. Do you do shift work or have a 9-to-5 job?

- a) shift work
- b) 9-to-5 job
- c) not working

11. How much do you earn in a year (in euros)?

- - 4 999
- 5 000 – 9 999
- 10 000 – 14 999
- 15 000 – 19 999
- 20 000 – 24 999
- 25 000 – 29 999
- 30 000 – 39 999
- 40 000 – 49 999
- 50 000 – 59 999
- 60 000 – 69 999
- 70 000 – 79 999
- 80 000 – 89 999
- 90 000 – 99 999
- 100 000 -

Thank you for your answers!

MIESTEN HYVINVOINTIKYSELY

Olemme tutkimuksessamme kiinnostuneita miesten hyvinvoinnista kotikaupungissasi ja asuinalueellasi. Tavoitteena on löytää keinoja tukea miesten omaa aktiivisuutta hyvinvointiin liittyvissä asioissa. Kysely tehdään laajemmin Kymenlaakson alueella, mutta se ulottuu myös koko Suomen alueelle. Vastaukset käsitellään nimettömänä.

1. Kuinka pitkään olet asunut asuinalueella, jossa nyt asut?

Noin ____ vuotta

2. Entä nykyisellä paikkakunnalla? _____ vuotta.

3. Monenko hengen kotitaloudessa asut? _____

Kuinka moni kotitalouteenne kuuluvista on (älkää laskeko itseänne mukaan):

alle 7-vuotias? _____

7–17-vuotias? _____

18–24 -vuotias? _____

25–64-vuotias? _____

65–74-vuotias? _____

75 vuotta täyttänyt? _____

4. Seuraavaksi luen sinulle väittämiä, jotka koskevat naapurustoasi. Luettuani väittämän, vastaa parhaiten omaa mielipidettäsi koskeva vaihtoehto. Vastausvaihtoehdot ovat: 1 täysin eri mieltä 2 melko eri mieltä, 3 en samaa enkä eri mieltä 4 melko samaa mieltä, 5 täysin samaa mieltä.

Mielestäni asuinalueeni on hyvä asuinpaikka

1 2 3 4 5

Ihmiset asuinalueellani jakavat samoja arvoja

1 2 3 4 5

Minä ja naapurini haluamme samoja asioita asuinalueeltamme

1 2 3 4 5

Tunnistan ulkonäöltä suurimman osan asuinalueeni asukkaista

1 2 3 4 5

Asuinalueeni tuntuu kodikkaalta ja hyvältä alueelta asua

1 2 3 4 5

Vain muutama naapureistani tuntee minut

1 2 3 4 5

Minulle on tärkeää mitä naapurini ajattelevat toimistani

2 3 4 5

Minulla ei ole vaikutusvaltaa siihen, millainen asuinalueeni on

1 2 3 4 5

Jos asuinalueellani esiintyy jokin ongelma, pystymme muiden asukkaiden kanssa ratkaisemaan sen

1 2 3 4 5

Minulle on tärkeää asua juuri tällä asuinalueella

1 2 3 4 5

Ihmiset tulevat hyvin keskenään toimeen tällä asuinalueella

1 2 3 4 5

Uskon asuvani nykyisessä asunnossani vielä pitkään

1 2 3 4 5

5a. Onko sinulla internetissä tai sosiaalisessa mediassa yhteisö tai yhteisöjä?

Kyllä _____ Ei _____

Jos vastaus on ei, siirry kohtaan 6.

5b. Luen internetin käytöstä neljä väittämää, joihin voit vastata antamalla sopivan vaihtoehdon asteikolta 1 – 5: 1 täysin eri mieltä 2 melko eri mieltä, 3 en samaa enkä eri mieltä 4 melko samaa mieltä, 5 täysin samaa mieltä.

Minulla on internetissä tai sosiaalisessa mediassa yhteisöjä,

a) joiden kanssa voin jakaa henkilökohtaisesti tärkeitä asioita

1 2 3 4 5

b) jotka edustavat samoja arvoja kanssani

1 2 3 4 5

c) jotka toimivat niiden tavoitteiden puolesta, joita arvostan

1 2 3 4 5

d) joilta saan tarvittaessa tukea

1 2 3 4 5

6. Onko sinulla entisissä tai nykyisessä työpaikassasi läheisiä henkilöitä ja jos, niin montako?

Kyllä..... 1 ----> _____ läheistä henkilöä

Ei..... 2

En ole työssä.....3

7. Asuuko naapurustossasi sinulle läheisiä henkilöitä ja jos, niin montako?

Kyllä..... 1 ----> __läheistä henkilöä

Ei 2

8. Onko sinulla muita läheisiä henkilöitä esimerkiksi harrastusten, yhdistystoiminnan, kirkon tms. parissa. Ja jos, niin montako?

Kyllä..... 1 ----> _____ läheistä henkilöä

Ei..... 2

8.1 Jos vastauksesi on Kyllä, niin missä seuraavista toiminnoista olet säännöllisesti mukana? Kerro kaikki vaihtoehdot!

a) kaupunginosa- tai kyläyhteisötoiminta	kyllä	ei
b) vapaaehtoisjärjestö- ja yhdistystoiminta	kyllä	ei
c) metsästys, kalastus, veneily	kyllä	ei
d) seurakunnan toiminta	kyllä	ei
e) ammattiyhdistystoiminta	kyllä	ei
f) urheilujoukkue tai -järjestö	kyllä	ei
g) kulttuuri- tai taidetoiminta	kyllä	ei
h) Muu toiminta	kyllä	ei

9. Seuraavaksi esitän joitakin väittämiä kokemuksista, ajatuksista ja tunteista. Arvioi jokaisen kysymyksen kohdalla, mikä parhaiten kuvaa kokemuksiasi viimeisen kahden viikon aikana.

Käytä seuraavaa asteikkoa: 1 ei koskaan, 2 harvoin, 3 silloin tällöin, 4 usein, 5 koko ajan.

Olen toiveikas tulevaisuuteni suhteen	1	2	3	4	5
Olen tuntenut itseni hyödylliseksi	1	2	3	4	5
Olen pystynyt rentoutumaan	1	2	3	4	5
Olen käsitellyt ongelmiani	1	2	3	4	5
Olen ajatellut selkeästi	1	2	3	4	5
Olen tuntenut läheisyyttä toisten ihmisten kanssa	1	2	3	4	5
Olen pystynyt tekemään päätöksiä asioistani	1	2	3	4	5

10. Kuinka usein harrastat vapaa-ajan liikuntaa vähintään puoli tuntia niin, että ainakin lievästi hengästyit ja hikoilet?

- a) päivittäin
- b) 4–6 kertaa viikossa
- c) 3 kertaa viikossa
- d) 2 kertaa viikossa
- e) kerran viikossa
- f) 2–3 kertaa kuukaudessa
- g) muutaman kerran vuodessa tai harvemmin
- h) en voi vammaan tai sairauden vuoksi harrastaa liikuntaa

11. Oletko viimeisen vuoden aikana aikonut parantaa liikuntatottumuksiasi?

- a) Kyllä
- b) En

11b. Koetko tarvetta lisätä vapaa-ajan liikuntaasi?

- a) Kyllä
- b) En

12. Seuraavaksi pyydän arvioimaan, miten uskot pystyväsi ylläpitämään tai halutessasi lisäämään liikunta-aktiivisuuttasi, kun vastausvaihtoehdot ovat: 1 hyvin epävarmasti 2 melko epävarmasti 3 ei ole vaikutusta 4 melko varmasti 5 hyvin varmasti

Uskon pystyväni toteuttamaan liikuntasuunnitelmani

- | | | | | | |
|--|---|---|---|---|---|
| a) vaikka minulla olisi huolia ja ongelmia | 1 | 2 | 3 | 4 | 5 |
| b) vaikka olisin alakuloinen | 1 | 2 | 3 | 4 | 5 |
| c) vaikka olisin jännittynyt | 1 | 2 | 3 | 4 | 5 |
| d) vaikka olisin väsynyt | 1 | 2 | 3 | 4 | 5 |
| e) vaikka olisin kiireinen | 1 | 2 | 3 | 4 | 5 |

13. Seuraavaksi pyydän arvioimaan liikunnan lisäämisen vaikutuksia omaan elämään. Vastausvaihtoehdot ovat seuraavat: 1 ei lainkaan 2 vain vähän 3 jossain määrin 4 paljon 5 hyvin paljon.

Missä määrin uskot liikunnan lisäämisellä voivasi

- | | | | | | |
|-----------------------------------|---|---|---|---|---|
| a) parantaa terveyttäsi? | 1 | 2 | 3 | 4 | 5 |
| b) välttää sairastumisen riskiä? | 1 | 2 | 3 | 4 | 5 |
| c) lisätä tyytyväisyyttä elämääsi | 1 | 2 | 3 | 4 | 5 |

14. Tupakoitko tai nuuskaatko? (savukkeita, sikareita, nuuskaa tai piippua)

- a) Kyllä, päivittäin
- b) Satunnaisesti
- c) En lainkaan

15. Kuinka usein käytät olutta, viiniä tai muita alkoholijuomia? Koeta ottaa mukaan myös ne kerrat, jolloin nautit vain pieniä määriä, esim. pullon keskiolutta tai tilkan viiniä.

- a) ei koskaan
- b) noin kerran kuussa tai harvemmin
- c) 2-4 kertaa kuussa
- d) 2-3 kertaa viikossa
- e) 4 kertaa viikossa tai useammin

16. Kuinka monta annosta alkoholia yleensä olet nauttinut niinä päivinä, jolloin käytit alkoholia?

Tarvittaessa: Yksi alkoholiannos on pullo (33 cl) keskiolutta tai mietoa siideriä, lasi (12 cl) mietoa viiniä, pieni lasi (8 cl) väkevää viiniä, ravintola-annos (4 cl) väkeviä.)

- a) 1-2 annosta
- b) 3-4 annosta
- c) 5-6 annosta
- d) 7-9 annosta
- e) 10 tai enemmän

17. Kuinka usein olet juonut kerralla kuusi tai useampia annoksia?

- a) en koskaan
- b) harvemmin kuin kerran kuussa
- c) kerran kuussa
- d) kerran viikossa
- e) päivittäin tai lähes päivittäin

18a. Koetko tarvetta vähentää alkoholin käyttöäsi?

Kyllä Ei

18b. Jos koet tarvetta vähentää alkoholin käyttöä, niin kuinka varmasti pystyisit vähentämään sitä? Vastaa asteikolla yhdestä neljään, jossa 1 on hyvin epävarmasti 2 melko epävarmasti 3 en varmasti enkä epävarmasti 4 melko varmasti 5 hyvin varmasti.

1 2 3 4 5

19. Onko oma terveydentilasi nykyisin mielestäsi yleensä:

- a) hyvä
- b) melko hyvä
- c) keskitasoinen
- d) melko huono
- e) huono

20. Minkälainen ohjaus sinua kiinnostaisi, jos haluaisit parantaa terveystottumuksiasi?

- | | | |
|--|-------|----|
| a) yksilöllinen ohjaus | kyllä | ei |
| b) ryhmäohjaus | kyllä | ei |
| c) työpaikalla tapahtuvaan yleinen terveyskampanja | kyllä | ei |
| d) yksilöllinen elintapojen muutossuunnitelma | kyllä | ei |
| e) en halua ohjausta terveystottumusteni muuttamiseksi | kyllä | ei |

21. Minkälainen ryhmä sinua kiinnostaisi, jos osallistuisit ryhmäohjaukseen?

- | | | |
|--|-------|----|
| a) Naispuolinen ohjaaja | kyllä | ei |
| b) Miespuolinen ohjaaja | kyllä | ei |
| c) Osallistujat ovat pääasiassa naisia | kyllä | ei |
| d) Osallistujat ovat pääasiassa miehiä | kyllä | ei |

22. Kuinka paljon koet sinulle läheisten ihmisten tukevan elintapoja, jotka ylläpitävät omaa terveyttäsi?

- a) Ei lainkaan
- b) Vain vähän
- c) Jossakin määrin
- d) Melko paljon
- e) Hyvin paljon

Taustatiedot

1. Mikä on painosi?kg
Pituutesi?cm

2. Minä vuonna olet syntynyt?

3. Oletko tällä hetkellä

1 avioliitossa/rekisteröidyssä parisuhteessa/avoliitossa

2 naimaton

3 asumuserossa tai eronnut

4 leski

4. Mikä on korkein suorittamasi tutkinto?

Kansakoulu tai peruskoulu	1
Ammattikoulu, -tutkinto tai -kurssi	2
Lukio tai ylioppilas	3
Opistotason tai ammattikorkeakoulututkinto	4
Korkeakoulu, alemman asteen tutkinto	5
Korkeakoulu, ylemmän asteen tutkinto	6

5. Mikä seuraavista vaihtoehtoista sopii elämäntilanteeseesi?

<i>Rengasta sopivin vaihtoehto.</i>	
Kokopäivätyössä	1
Osa-aikatyössä tai osa-aikaeläkkeellä	2
Työtön tai lomautettu	3
- Työttömyyden pituus: alle vuoden_____ yli vuoden____	
Opiskelija	4
Eläkkeellä	5
Varusmies- tai siviilipalveluksessa	6
Perhevapaalla tai koti-isä	7

6. Kuinka pitkään olet ollut työttömänä tai lomautettuna elämäsi aikana?

- a. En lainkaan
- b. Alle kuukauden
- c. 1-5 kuukautta
- d. 6-11 kuukautta
- e. 12-23 kuukautta
- f. 2-5 vuotta
- g. Yli 5 vuotta

7. Jos olet opiskelija, missä opiskelet?

- a) lukiossa
- b) toisella asteella
- c) ammattikorkeakoulussa
- d) yliopistossa

8. Mihin asemaan seuraavista vaihtoehtoista kuulut?

- a) työnantaja tai yksityisyrittäjä
- b) johtavassa tai esimiesasemassa
- c) ylempi toimihenkilö
- d) alempi toimihenkilö
- e) ammattikoulutuksen saanut työntekijä
- f) työntekijä ilman ammattikoulutusta
- g) en ole työssä

9. Mikä on toimialasi, jolla työskentelet?

- a) tukku- ja vähittäiskauppa
- b) teollisuus
- c) rakennus- ja kiinteistöala
- d) kuljetusala ja varastointi
- e) informaatio ja viestintä
- f) maa-, metsä- ja kalatalous
- g) koulutus tai tutkimus
- h) sosiaali- ja terveyspalvelut
- i) julkinen hallinto
- j) jokin muu
- k) en ole työssä

10. Teetkö päivä- vai vuorotyötä?

- a) vuorotyö
- b) päivätyö
- c) En ole työssä

11. Kuinka paljon tulosi ovat vuodessa?

- _ 4 999
- 5 000 – 9 999
- 10 000 – 14 999
- 15 000 – 19 999
- 20 000 – 24 999
- 25 000 – 29 999
- 30 000 – 39 999
- 40 000 – 49 999
- 50 000 – 59 999
- 60 000 – 69 999
- 70 000 – 79 999
- 80 000 – 89 999
- 90 000 – 99 999
- 100 000 -

Kiitos vastauksistasi!