

THE ROLE OF MORAL SELF-AWARENESS IN ADOLESCENT PREVENTIVE HEALTH BEHAVIOR

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Abstract: Adolescence is a developmental period in which young people gradually become more responsible for decisions that affect their own health. Choices related to nutrition, physical activity, sleep, substance use, personal safety, hygiene, and help-seeking are increasingly made outside direct parental supervision. At the same time, adolescents begin to think more deeply about personal values, responsibility, identity, and the consequences of their actions. This article considers moral self-awareness as a possible psychological factor in preventive health behavior. Moral self-awareness is understood as the adolescent's capacity to recognize and evaluate personal values, motives, emotions, and behavior in relation to internal moral standards. Drawing on the works of Uchqun Mamanazarov on adolescent moral self-awareness and international research on moral identity and self-regulation, the article proposes that moral self-awareness may influence health-related behavior through responsibility, reflection, future-oriented thinking, and behavioral self-regulation. Existing research does not yet provide sufficient evidence to claim a direct causal relationship between moral self-awareness and preventive health behavior. Therefore, the article presents this relationship as a theoretically grounded model that requires further empirical testing.

Keywords: moral self-awareness, adolescence, preventive health behavior, moral identity, self-regulation, health responsibility.

Introduction

Adolescents often know more about health risks than their actual behavior might suggest. A young person may understand that smoking is harmful, lack of sleep affects concentration, physical inactivity increases health risks, or ignoring symptoms may create future problems. Yet possessing this information does not automatically mean that healthier choices will follow.

This gap between knowledge and behavior is one of the more difficult issues in adolescent health psychology. Preventive health behavior is usually explained through health knowledge, perceived risk, parental supervision, self-efficacy, peer influence, or access to healthcare. These explanations are important, but they do not completely

answer a more personal question: Why does one adolescent begin to experience health protection as his or her own responsibility while another continues to view it primarily as an external rule?

This question brings moral self-awareness into the discussion. Mamanazarov describes moral self-awareness as a process through which an individual becomes aware of personal moral values, beliefs, feelings, and behavior and is able to evaluate them. In his work on adolescence, moral development is not reduced to simply knowing what society considers right or wrong. Reflection, self-evaluation, emotional experience, responsibility, and behavior are treated as interconnected components.

Such an understanding may have relevance beyond traditional moral education. Protecting one's health can also require responsibility, self-control, reflection, and the ability to act consistently with personally accepted values.

Moral Self-Awareness During Adolescence

Adolescence is a particularly important stage for moral self-awareness because the young person begins to reconsider values that were previously accepted mainly from parents and teachers. Rules are increasingly questioned. An adolescent may ask why a rule should be followed, whether he or she personally agrees with it, what kind of person he or she wants to become, and what consequences a decision may have.

This change is psychologically significant. Behavior based only on external supervision is fragile. When the parent, teacher, or other authority figure is absent, the rule may lose its regulatory power. Internalized values function differently. When a young person connects a behavior with personal responsibility or identity, the decision is no longer simply "What am I allowed to do?" but "What decision is consistent with what I believe?"

Mamanazarov's studies of adolescent moral self-awareness emphasize precisely this transition from external norms toward reflective, internally evaluated behavior. This idea can be applied to preventive health decisions.

For example, an adolescent who refuses a harmful behavior only because a parent may find out is functioning under external regulation. Another adolescent may make the same choice because he or she has connected health protection with future goals, responsibility, or care for family members. The behavior appears identical from the outside, but the psychological mechanisms are different.

Moral Identity and Behavior

International research on moral identity provides a useful comparison. Aquino and Reed argued that moral identity becomes psychologically important when moral characteristics become central to the person's understanding of the self. Hardy and Carlo later emphasized that moral identity may help explain why moral beliefs sometimes become actual behavior.

Studies involving adolescents have linked stronger moral identity with greater social responsibility, altruistic behavior, environmental concern, and lower levels of some externalizing behaviors. These findings do not prove that moral identity directly creates healthy behavior. However, they support the broader idea that values become more behaviorally influential when they are integrated into self-concept.

This principle is relevant to adolescent health. Knowledge may tell an adolescent that an action is risky. Self-awareness may add another question: “Is this choice compatible with the person I want to become?”

Self-Regulation as a Bridge

The most convincing psychological pathway between moral self-awareness and preventive health behavior may be self-regulation. Many preventive behaviors require choosing a long-term benefit over an immediate reward.

Going to sleep on time may compete with social media. Healthy eating may compete with convenience. Refusing a substance may compete with peer acceptance. Seeking medical advice may compete with embarrassment or fear. In each case, the adolescent needs more than information. The adolescent needs to regulate behavior.

Research on self-regulation has consistently linked stronger self-regulatory ability with more favorable developmental and health-related outcomes. This makes self-regulation a plausible mediator. Moral self-awareness may help establish a personally meaningful reason for behavior, while self-regulation helps translate that reason into action.

A possible sequence is: moral reflection → personal responsibility → self-regulation → preventive behavior. This sequence should not be assumed to be automatic. An adolescent may believe strongly in responsibility and still struggle with impulse control, peer pressure, emotional distress, or environmental barriers. That is why moral self-awareness should be viewed as one contributing factor rather than a complete explanation.

Responsibility Toward the Future Self

Preventive behavior is unusual because its benefits are often delayed. The adolescent frequently gives up something immediate in order to reduce a risk that may not become visible for years.

This developmental challenge makes the idea of responsibility toward the future self especially important. A teenager may not feel any immediate consequence after several nights of insufficient sleep or occasional risky behavior. Preventive reasoning requires the ability to connect present actions with future outcomes.

Moral self-awareness may strengthen this connection when adolescents begin to regard care for their future wellbeing as part of personal responsibility. This idea must be handled carefully. Unhealthy behavior should not be described as immoral behavior.

Health is influenced by family circumstances, socioeconomic conditions, mental health, access to services, culture, peer environments, and many other factors beyond personal moral choice. The useful argument is narrower: moral self-awareness may strengthen internally motivated responsibility for health where meaningful personal choice exists.

Peer Influence and Independent Choice

Adolescent preventive behavior often occurs in social situations. A young person may know what is healthier but face strong pressure to behave differently in order to belong to a group.

This creates a conflict between external social approval and internal values. Mamanazarov's work on adolescent moral self-awareness gives particular importance to reflection, social relations, self-evaluation, and the development of independent moral judgment.

From this perspective, one possible function of moral self-awareness is to help the adolescent separate the question "What does my group expect?" from the question "What do I believe is right for me?" This does not guarantee resistance to peer influence, but the capacity to compare social pressure with internal standards is likely to be an important developmental resource.

A Conceptual Model

Based on the available literature, the following theoretical pathway can be proposed: Moral self-awareness → perceived personal responsibility → reflective self-regulation → preventive health behavior.

The relationship may also depend on family support, peer norms, health literacy, self-esteem, future orientation, emotional wellbeing, socioeconomic conditions, and access to healthcare. These variables should be included in future empirical studies.

For example, moral self-awareness could be measured together with preventive behavior, health responsibility, and self-regulation. Mediation analysis could then test whether self-regulation actually explains part of the association. Such a design would provide stronger evidence than simply demonstrating a correlation.

Practical Implications

Adolescent health education often tells young people what they should and should not do. That approach is sometimes necessary, but it can remain superficial.

A reflective approach would also ask adolescents to examine the meaning of their decisions. Questions might include: What kind of future do you want for yourself? What responsibility do you think you have toward your own health? What happens when your values and your friends' expectations conflict? What makes a health-related rule personally meaningful to you?

These questions are consistent with Mamanazarov's emphasis on reflection and internally meaningful moral development. They also avoid simple moralizing. The

purpose is not to tell adolescents that healthy people are morally better. The purpose is to strengthen conscious decision-making.

Conclusion

Moral self-awareness may provide an important new perspective for understanding adolescent preventive health behavior. Its possible contribution lies in helping young people connect health-related decisions with personal responsibility, identity, long-term goals, and self-regulation.

At present, however, direct empirical evidence remains insufficient. The relationship should therefore be treated as a research hypothesis rather than an established fact.

Future studies should test whether moral self-awareness predicts preventive health behavior independently of health knowledge, family influence, peer norms, and socioeconomic factors. Particularly important is the question of mechanism.

If a relationship exists, researchers need to determine whether moral self-awareness influences health behavior through responsibility, self-regulation, future orientation, or another psychological process.

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