

AN EXPLORATORY STUDY TO ASSESS THE HEALTH STATUS AND LIFESTYLE BEHAVIOUR OF ADOLESCENTS WITH VIEW TO DEVELOP INFORMATION BOOKLET AT SELECTED SCHOOLS OF DISTRICT CHAMBA, H.P

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Abstract

In twentieth century science and technology progressed enormously and significant advances have been made in field of prevention and treatment of disease and rehabilitation. Many of communicable diseases have been controlled but the incidence of non – communicable diseases seems to be on the rise e.g. hypertension, Ischemic heart diseases, diabetes mellitus, cancers, obesity etc. Unhealthy this is due to change in our Lifestyle like unhealthy dietary habits, physical inactivity, cigarette smoking, excessive alcohol consumption etc. increased vulnerability to non – communicable diseases. Adolescence is often described as a phase of life that begins in biology and ends in society. (Sharma, 1996). In the fast changing social scenario, globalization major changes in family structure and increased access to technology, health status of young population is a matter of concern in the present time. Thus, there is a definite need to investigate the Health Status and Lifestyle Behaviour of Adolescents rather than focus on adults since it will be far more difficult for adults to change their unhealthy habits adopted in their youth. Therefore, the aim of the present study was to assess the Health Status & Lifestyle Behaviour of adolescents in selected schools of Distt. Chamba Himachal Pradesh. An exploratory design and Convenient sampling technique was used to select 50 Adolescent girls & boys from selected Govt. School of Kakira Distt. Chamba Himachal Pradesh. Data was collected by monitoring anthropometric measurements, Blood Pressure and Psychological Wellbeing and self reported questionnaire on Health Status & Lifestyle Behaviour. Results showed that the overall Health Status mean score was 82.74 and overall lifestyle mean score was 79.24 and there is significant association was found between Health Status. Selected indicators and selected lifestyle behaviours.

Keywords : Assess, Health Status, Lifestyle, Adolescents, Information Booklet.

INTRODUCTION

Good health is a cherished goal of every individual. It is a basic personal and social need for all health continues to be neglected in day to day life until it is lost. At the individual level, health seems to occupy a secondary place. Other needs like ambition, wealth, power and prestige are viewed as more important. These needs are no doubt important, but they cannot be fully

enjoyed unless one is healthy. Good health is needed to perform ones duties efficiently.

Modern science through improved sanitation, vaccination, antibiotics and medical attention has eliminated the threat of death from most infectious diseases. However, now days too many people are dying relatively young from non – communicable diseases like heart disease, diabetes and cancer. The main contributing factors for epidemiological transition is change in our lifestyle towards the unhealthy continuum, e.g. unhealthy dietary habits, physical inactivity, tobacco use and excessive alcohol consumption etc. This means that death from lifestyle diseases like hypertension, diabetes, obesity, ischemic heart diseases and cancer are now the primary cause of death.

Lifestyle is the way a person lives. This includes patterns of social relations, consumption, entertainment and dress. The term lifestyle also reflects an individual's attitude, beliefs and essentially, the way the person is perceived by himself/herself and, at times, also how he/she is perceived by others.

This rapidly growing epidemic of non communicable diseases is responsible for 60% of the World's death. At least 50% of deaths in the US each year are due to unhealthy lifestyle ^[1]. In India also the situation is quite alarming and lifestyle diseases are taking a heavy toll. In most of these lifestyle diseases, the onset is insidious and is usually after the age of 30 years. By the time interventions are planned and implemented, the damage to health has already occurred.

NEED OF THE STUDY

Adolescents are a unique population with specific health concerns and needs and it is a significant period of human growth and maturation. More than any other age groups, young people, especially adolescents, face profound physical, psychological and social upheavals in their lives. Adolescence is peak age of onset of serious mental illness like depression and psychosis. Physical, emotional, social and sexual change makes adolescents overloaded with stress, which can result in anxiety, withdrawal, aggression, poor coping skills and actual physical illness.

It is estimated that 18.2% of Indian population is young (between 15 to 24 years of age) Govt. of India 1986:24). According to 1991 census 152.6 million people belong to this category. This age group is vulnerable because of rapid physical, psychological, sexual and emotional development. The adolescence period is characterized by rapid Physical and Psychological changes in the individuals, together with increasing demands form and influence of peers, school and wider society. ^[3]It is well documented that behaviors developed during this period influence health in adulthood (Khan, 2000). The WHO estimates that 70% of pre mature deaths among adults are due to behavior (smoking, illicit drug use, reckless driving) initiated during adolescents ^[4].

Therefore helping adolescents establish healthy lifestyles and avoid developing health risk behaviors is crucial and should be started before these behaviors are firmly established.

There is a definite need to investigate the health status and lifestyle behavior of adolescents rather than focus on adults since it will be far difficult for adults to change their unhealthy habits adopted in youth. So, present study aimed to assess the health status and lifestyle behavior of adolescents.

OBJECTIVES

1. To assess the health status of sample adolescents on selected variables.
2. To assess the lifestyle of sample adolescents on selected variables.
3. To find an association between selected health indicators and lifestyle variables among the sample adolescent group.
4. To plan and execute need based intervention program to create awareness about health status and healthy lifestyle.

HYPOTHESIS

The study proposes to test the following hypothesis: -

H₀ - There will be significant association between selected lifestyle variables and health status among sample adolescents at the level of $p < 0.05\%$.

H₁ - There will be no significant association between selected lifestyle variables and health status among sample adolescence at the level of $p < 0.05\%$.

MATERIAL AND METHOD

Research Approach: For the presence study, quantitative approach was adopted to assess the Health Status and Lifestyle Behavior of Adolescents at selected schools of District Chamba Himachal Pradesh.

Research Design: For the present study, Exploratory Study Design is utilized to achieve the objectives of the study.

Target Population: For the present study population was Adolescents (Boys and Girls) of selected schools of District Chamba HP.

Sample Size: The Sample and Sample Size of present study was 50 Adolescents.

Sampling Technique: Convenient Sampling Technique was used for present study.

Dependent Variables: Dependent variable was Health Status indicators like Body Mass Index (BMI), Blood Pressure, Psychological Wellbeing and Subjective Health Complaints.

Independent Variables: Independent variables was Lifestyle Behaviours of Adolescents like

Dietary Habits, Physical Activity, Smoking, Alcohol and Drug use and Sleeping Pattern.

Demographic Variables: Age in years, Type of family, Family monthly income, Educational Status of Father, Educational Status of Mother, Occupation of Father, Occupation of Mother, Dietary Habits, Type of Health Services, Number of earning members and Sources of Information.

Description of the Tool:

Part I: Sample characteristics such as Age in years, Type of family, Family monthly income, Educational Status of Father, Educational Status of Mother, Occupation of Father, Occupation of Mother, Dietary Habits, Type of Health Services, Number of earning members and Sources of Information.

Part II: Anthropometric Measurements and Blood Pressure Measurement.

Part III: Psychological Wellbeing Index (WHO) and Subjective Health Complaint Performa.

Part IV: Self Reported Questionnaire regarding health Status and Lifestyle Behaviour of Adolescents (32 items each)

ETHICAL CONSIDERATION:

Written permission was obtained from Principal’s of all three schools. Written consent was also taken from the Parents of adolescents for their participation in the study. They were also informed about their right to refuse from participation in the study. The adolescents were assured that the information given by them will be kept confidential and will be used only for research purpose.

DATA ANALYSIS AND INTERPERTATION

Section A

Table 1. Frequency and Percentage distribution of Sample characteristics (N =50)

Sr. no.	Sample Characteristics	N	%	df	X ²
1	Age				
	a) 12 – 13	4	8	3	0.068 ^{NS}
	b) 14 – 15	17	34		
	c) 16 – 17	20	40		
	d) 18 – 19	9	18		
2	Type of Family				
	a) Joint	11	22	2	0.001*
	b) Nuclear	35	70		
	c) Extended	4	8		
3	Family Income				
	a) < 5000	12	24		

	b) 5001 - 10000	14	28		
	c) 10001 - 15000	17	34	4	0.000*
	d) 15001 - 20000	4	8		
	e) > 20000	3	6		
4	Education of Father				
	a) Informal	11	22		
	b) Up to 10 th	16	32	3	0.000*
	c) Up to 12 th	15	30		
	d) Grad. & Above	8	16		
5	Education of Mother				
	a) Informal	14	28		
	b) Up to 10 th	15	30	3	0.000*
	c) Up to 12 th	14	28		
	d) Grad. & Above	7	14		
6	Occupation of Father				
	a) Labourer	8	16		
	b) Pvt. Job	10	20	4	0.000*
	c) Govt. Job	17	34		
	d) Self Employee	15	30		
7	Occupation of Mother				
	a) Labourer	6	12		
	b) Pvt. Job	15	30	4	0.000*
	c) Govt. Job	19	38		
	d) Self Employee	10	20		
8	Dietary Habits				
	a) Vegetarian	23	46	48	0.000*
	b) Non - vegetarian	27	54		
9	Type of Health Services				
	a) Govt. Hospital	23	46		
	b) Pvt. Hospital	17	34	2	0.556 ^{NS}
	c) Others	10	20		
10	Earning Members				
	a) One	18	36		
	b) Two	25	50	3	0.000*
	c) Three	7	14		
11	Sources of information				
	a) T.V.	23	46		
	b) Newspaper	10	20	3	0.007*
	c) Health worker	8	16		
	d) Others	9	18		

The above Table (1) shows that Majority of the adolescents (40%) were at the age of (16 - 17 years) and (70%) were belongs to nuclear family. Majority of adolescent having family income (34%) & (28%) 5001 - 15000, Education of parents (32%) & (30%) of parents had education up to 10th. Maximum parents both Father & Mother (34%) and (38%) were on Govt. Job, maximum (54%) adolescents were non - vegetarian, 46% adolescents goes to Govt. Hospitals for type of health services & 50% adolescent belongs to family having 2 earning members and most of adolescent (46%) use Television as a source of Information.

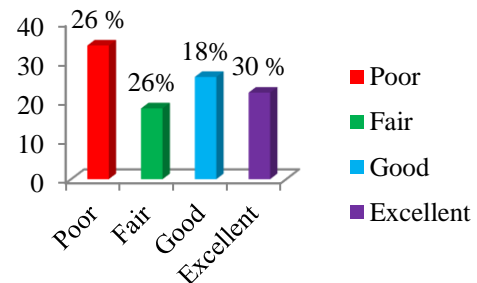
Section B

Table 2. Frequency and percentage distribution of adolescents according to Health Status Criteria

N = 50

Level of Health Status	Scale	n	%
Poor	32 - 56	13	26
Fair	57 - 80	13	26
Good	81 - 104	9	18
Excellent	105 - 128	15	30

Figure 1



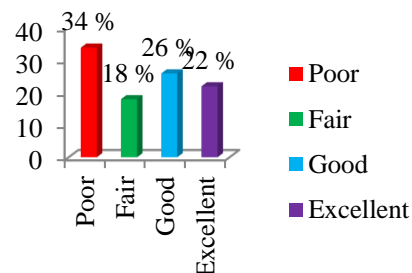
The Table 2 shows that maximum number 15(30%) adolescents were having excellent level of Health Status followed by 13(26%) were in Poor and 13(26%) were in Fair level of Health Status followed by only 9(18%) adolescents have Good level of Health Status.

Table 3. Frequency and percentage distribution of adolescents according to Lifestyle Behaviour Criteria

N = 50

Level of Lifestyle Behaviour	Scale	n	%
Poor	32 - 56	17	34
Fair	57 - 80	9	18
Good	81 - 104	13	26
Excellent	105 - 128	11	22

Figure 2



The Table 3 shows that minimum 17(34%) adolescents were having Poor Lifestyle Behavior followed by 13(26%) adolescents having Good level of Lifestyle Behavior followed by 11(22%) were having Excellent and only 9(18%) were found in Fair level of Lifestyle Behavior.

Section C

Table 4. Association between selected health indicators and lifestyle variables among the sample adolescents

	BMI	Blood Pressure	Psychological Wellbeing
Dietary Habits	t = 1.1736 p = 0.2434 ^{NS}	t = 56.75 p = 0.000*	t = 6.1817 p = 0.000*
Physical Activity	t = 2.83 p = 0.0056*	t = 66.99 p = 0.000*	t = 2.9073 p = 0.004*
Alcohol Tobacco & Drug use	t = .7283 p = 0.4681 ^{NS}	t = 68.06 p = 0.000*	t = 5.8321 p = 0.000*

Sleeping Pattern	t = 0.8301 p = 0.4085 ^{NS}	t = 60.13 p = 0.000*	t = 4.29 p = 0.000*
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*=significant

NS=non – significant

Table 4 shows that corresponding to Dietary Habit, Blood Pressure and Psychological wellbeing was less than ($P < 0.05$). There were significant relationship found between these variables but Dietary Habits and Body Mass Index (BMI) found to be Non Significant in the present study.

Table 4 also depicts that in relation to Physical Activity all Health indicators were found to have association between Physical Activity and BMI, Physical Activity and Blood Pressure, Physical Activity and Psychological Wellbeing at the level of $P < 0.05$.

It was also observed in Table 4 the Lifestyle variables smoking, alcohol and Drug use also shows significant association with Blood Pressure and Psychological Wellbeing at level of $P < 0.005$. But smoking, alcohol and Drug use was shown to be non – significant with Body Mass Index (BMI) variable.

It was also shown in Table 4 that Lifestyle variable, sleeping pattern found to be significant with Health Indicators i.e. blood pressure and psychological wellbeing at the level of $P < 0.05$. But found to be non – significant with Body Mass Index (BMI) variable

MAJOR FINDINGS

- With regards of health responsibility/Physical Health more than half of (52%) boys have Poor & Fair Physical Health & (48%) boys have Good & Excellent health status & (48%) girls have Fair & Poor & (42%) girls have Good & Excellent Physical Health Status.
- Similarly in relation to Social health (60%) boys & (64%) girls have excellent social Interpersonal relations. But (40%) boys & (36%) girls have Poor Interpersonal/Social Health.
- In relation to Spiritual health (64%) boys & (44%) girls have Poor Spiritual Health & only (36%) boys & (56%) girls have excellent Spiritual health. So girls are more spiritual than boys.
- Similarly (68%) boys & (44%) girls have Poor Mental health only (32%) boys & (56%) girls have excellent Mental Health.
- With regards to Body Mass Index (60%) Boys & (52%) girls were found under weight. Only (28%) boys & (26%) girls have normal BMI (18.5 – 24.9) & (8%) boys and (8%) girls were found over weight. (4%) & (6%) boys & girls were obese respectively.
- Similarly (68%) boys & (70%) girls were having Normal Blood Pressure. Only (28%) boys & (48%) girls were found in Pre – hypertensive state.
- In relation to Psychological wellbeing of adolescent boys & girls (64%) boys & (48%) girls having good well being & (36%) boys & (62%) girls are having Poor state of Psychological wellbeing.
- In relation to subjective health complaints study finding shows that 48% adolescents having stomach & Bowel problems, (36%) Back Pain (64%) having Headache most of the time most of the time during last 30 days. Most of the boys complained about arms, shoulder, joint pains due to over activeness & not taking adequate nutrition for their health. Chest pain is seen very rarely in (48%) of adolescent. But about

- (54%) of adolescents complaint about dizziness very rarely. Whereas about half of adolescents (51%) complaint Fatigue & (58%) of adolescents found trouble in sleeping.
- With regards to Dietary Habits majority of (60%) boys & (58%) girls have Poor dietary habits and only (40%) boys & (52%) girls were found Good and Excellent Dietary habits.
 - In relation to Physical Activity maximum (44%) boys & (68%) girls were found to be active but (56%) boys were found Poor Physical Activity due to sedentary lifestyle & (32%) girls were found Poor Physical activity due to sedentary lifestyle habits.
 - In relation to smoking alcohol and drug use about (52%) boys and (36%) girls were found with habits of using smoking, alcohol and drugs in their lifestyle behaviour. But (48%) boys & (64%) girls were found to be aware with bad effects of these things on health. Boys were found to be mostly involved in smoking, alcohol and drug use habits.
 - Regarding sleeping pattern the result shows that maximum (60%) boy and (44%) girls having Poor sleeping pattern whereas (40%) boys and (56%) girls having excellent sleeping pattern.

CONCLUSION

From the finding of the study it can be concluded that there is a strong relationship between the Scio Demographic variables like Type of family, Family income, Parents Educational Status, Occupation of Parents, Dietary Habits, Type of Health Services, Earning members in family and Source of information etc. All were found significant at level of < 0.05 with health status & lifestyle of adolescents.

It is also revealed from findings of the study that Health Status Indicators (BMI, Blood Pressure, Physical Wellbeing, Subjective Health Complaints, Health responsibilities, Mental health, Social & Spiritual health etc.) found significantly associated with lifestyle (such as Dietary habits, Physical activity, Smoking, Alcohol & Drug use, Sleeping pattern) of adolescents. From all the above mentioned findings it can be concluded that the adolescents with Poor lifestyle behaviour definitely have poor impact on their health Status also.

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