



A Study To Assess The Life Style Habits Of Adolescents In A Selected School Of Haldwani, Uttarakhand With A View To Develop A Health Awareness Program On Healthy Life Style.

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ABSTRACT

Background: A Healthy lifestyle not only changes your body, it changes your mind, your attitude and your mood, in this study the researcher assessed the lifestyle of adolescents with a view to develop a need-based Health Awareness Program on Healthy Lifestyle in a selected school of Uttarakhand. The objectives were to identify life style practices of adolescents.

Material and method: A descriptive study was used for 250 adolescents from selected school of Uttarakhand. Convenient sampling technique was used to collect data from the adolescents studying in 9th, 10th, 11th, class. Demographic characteristics and self-reported rating scale was used for assessing the life style of adolescents. Validity, pretesting of tools was done followed by split half method (Cronbach' alpha) reliability ($r= 0.98$) for rating scale.

Results: The significant major findings of the study were that maximum number of the 128 (51.2%) adolescents in the age group of (14-17) years. Maximum number of adolescents 132 (52.8%) were male and 179 adolescents (71.6%) had healthy personal hygiene, 165 adolescents (66%) had healthy dietary habits, 141 adolescents (56.2%) had moderately healthy habits, 128 adolescents (51.2%) had moderate physical activity, 140 adolescents (56%) had healthy social interaction. 142 adolescents (56.8%) had moderate healthy recreational habits, 112 adolescents (44.8%) had moderately healthy sleep pattern. **Conclusion:** the combine score of lifestyle practices revealed that (7 Components) of 10 adolescents (4%) had poor lifestyle practices, 87 adolescents (34.8%) had moderately healthy lifestyle practices and only 153 adolescents (61.2%) had healthy lifestyle practices. **Key words:** Lifestyle, health awareness program on healthy lifestyle, adolescents

Introduction-

Adolescents account for one fifth of the world's population and have been on an increasing trend. In India they account for 22.8% of the population (as on 1st March 2000, according to the Planning Commission's Population projections). This implies that about 230 million Indians are adolescents in the age group of 10 to 19 years. The term adolescent means 'to emerge' or 'achieve identity.'

Health is a vital constituent for human growth and development. In our society "Health" has been conceptualized by many ways including physical, mental, social, emotional, sexual and spiritual well being.¹

Improper consumption of food, bad habits, personal hygiene, physical activity, recreation and social contact may lead to many health risks in the adolescents. Lifestyle of an individual incorporates prototypes of culture and behavior and their personal habits such as physical activity, diet, smoking, or alcoholism that have developed through importunate interaction with family and peers.⁴

Health requires the promotion of healthy lifestyle. In developing countries such as India where traditional lifestyles still persist, risks of illness and death are connected with lack of sanitation, poor nutrition, personal hygiene, elementary human habit, customs, and cultural patterns.² Parental pressure on study, society's expectation etc. place them at high risk for sleeplessness, unhealthy food intake, junk food at inappropriate time, tension/ stress, no time for physical activity. This stresses the need to create awareness among adolescents to inculcate healthy lifestyle practices.

With this view of need researcher planned to develop a need-based health awareness program. And promote healthy lifestyle by health awareness program among adolescents, it will help in developing healthy lifestyle and improve the lifestyle practices and health status and also preventive health of the adolescents.

Methods and material

The descriptive study design was selected for the present study and it was conducted in two phases. The first phase included assessment of lifestyle practices of adolescents of Uttarakhand. In second phase, researcher aimed to develop and administer a health awareness program on healthy lifestyle. Hence, based on the nature of study researcher adopted quantitative approach to achieve the objectives of present study. Convenient sampling was used to collect data on demographic variables and self-reported rating scale on healthy life style was used. Development of the tool is based on the research statement and objectives of the study. Instrument developed were divided in two sections. The tool was categorized into two sections as mentioned. Structured questionnaire to assess socio-demographic data of adolescents and Self-reported rating scale to assess the lifestyle. The combine interpretation of (7 Components) on lifestyle practices of adolescents was done as Poor, moderate and healthy lifestyle practices.

The investigator prepared the tool based on the literature review and purpose of the study. The tool was validated by seven experts, one expert from pediatric medicine, two experts from nutrition department and four experts in the field of nursing. Total items present in the tool were fourty. And there was 100% agreement for fourty. As per the expert's suggestions modification done and final tool was prepared. Reliability of the rating scale questionnaire was established test retest method and the tool was found to be reliable (0.98)

RESULTS

Sample characteristics- the sample consists of 250 students from selected school. Quantitative approach was adopted for the study. The aim of the analysis was to reduce, organize and interpret the data in a meaningful way. The data was analyzed according to the objectives of the study. The data collected was tabulated and analyzed using SPSS 22.0 version.

Study findings- The findings of the study are organized and presented under 2 sections-

Section-I: Frequency and percentage distribution of socio-demographic characteristics

Section- II: Frequency and percentage distribution of life style practices of adolescents

Self-Reported Rating Scale on Life Style

It deals with the research tool that will be used to assess the life style of adolescents. The research tool consisted 7 components, for assessing the life style of adolescents, Rating scale will be used to collect the data regarding habits of adolescents age group of 14-17 year.

SECTION-I: Frequency and percentage distribution of socio-demographic characteristics

The data shows that majority of adolescents 128 (51.2%) were in the age group of (14-15) years and 122 (48.8%) adolescents were in age group of (16-17) years. Maximum of the adolescents 132 (52.8%) were male and 118 (47.2%) adolescents were females. Most of the adolescent fathers 96 (38.4%) educational status was Post-graduation, 78 (31.2%) were graduate, 58 (23.2%) were intermediate and only 18 (7.2%) were just high school passed out.

Maximum 93 (37.2%) mother's educational status was graduate, Majority of the adolescents 158 (63.2%) fathers were employed in private job and most of the 221 (88.4%) mothers were home maker and only 4 (1.6%) were in government job. Maximum number of the adolescents 200 (80.0%) were residing in rural area, while 151(60.4%) adolescents belonged to nuclear family, and 99 (39.6%) belonged to joint family. Most of the adolescents 135 (54.0%) were having family income between Rs. 15,000-30,000, and only 14 (5.6%) adolescents were having family income between Rs. 75,001 and above.

Maximum number of adolescents 159 (63.6%) had non-vegetarian diet, and 91 (36.4%) adolescents were vegetarian. Majority of adolescents 199 (79.6%) were not getting any pocket money and only 19 (7.6%) were getting pocket money between Rs. 100-300. Maximum number of adolescents 227 (90.8%) were having 1-3 siblings, and only 6(2.4%) were single child of their parents. Most of the adolescents 126 (50.4%) were underweight a per Body Mass Index, and only 1 (0.4%) adolescent was in the obesity category. Most of the adolescents 148 (59.2%) had fallen sick in past 6 months, and around 102 (40.8%) adolescents did not had any history of sickness in the past 6 months.

SECTION: II Data regarding lifestyle practices of adolescents as Self- Reported by Rating Scale

The data of personal hygiene habits was categorized into healthy personal hygiene habits, moderate personal hygiene habits and poor personal hygiene habits and is described in below figure 4 it can be inferred that 179 (71.6%) adolescents had healthy personal hygiene habit, 59 (23.6%) adolescents had moderate personal hygiene habit and only 12 (4.8%) adolescents had poor personal hygiene habit.

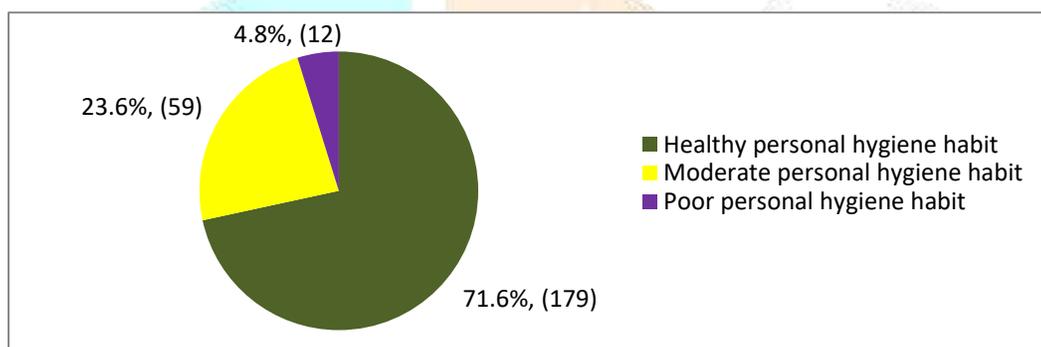


Figure 4: Pie diagram on personal hygiene habits of adolescents

SECTION: II (B) Data regarding dietary habit of adolescents

The data of dietary habits of adolescents was categorized into healthy dietary habit, moderate dietary habit and poor personal hygiene habit and is described in below figure 5 it can be inferred that 165 (66%) adolescents had healthy dietary habits, 74(29.6%) adolescents had moderate dietary habit and only 11 (4.4%) adolescents had poor dietary habit.

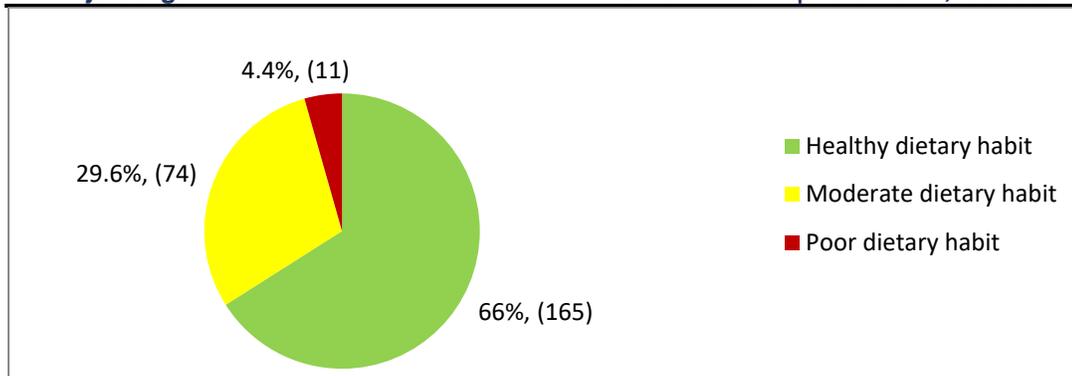


Figure 5: Pie diagram on Dietary Habit score of adolescents

SECTION: II (C) Data regarding healthy habits adolescents

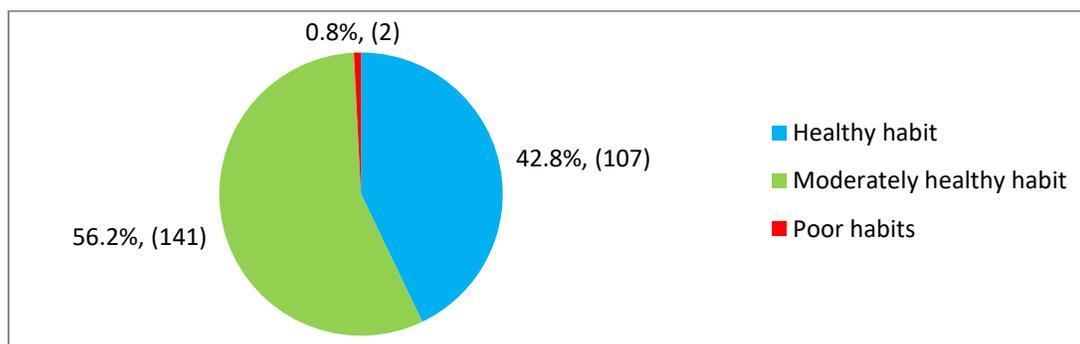


Figure 6: Pie diagram on Healthy Habits score of adolescents

The data of healthy habits was categorized into Healthy habit, Moderate healthy habit and Poor habits and is described in below figure 6 it can be inferred that 107 (42.8%) adolescents had healthy habits, 141 (56.2%) adolescents had moderate healthy habit and only 2 (0.8%) adolescents had poor habits.

SECTION: II (D) Data regarding physical activity of adolescents

The data of physical activity was categorized into Healthy physical activity, Moderate physical activity and Poor physical activity and is described in below figure 7 it can be inferred that 88 (35.2%) adolescents had healthy physical activity, 128(51.2%) adolescents had moderate physical activity and only 34(13.6%) adolescents had poor habits.

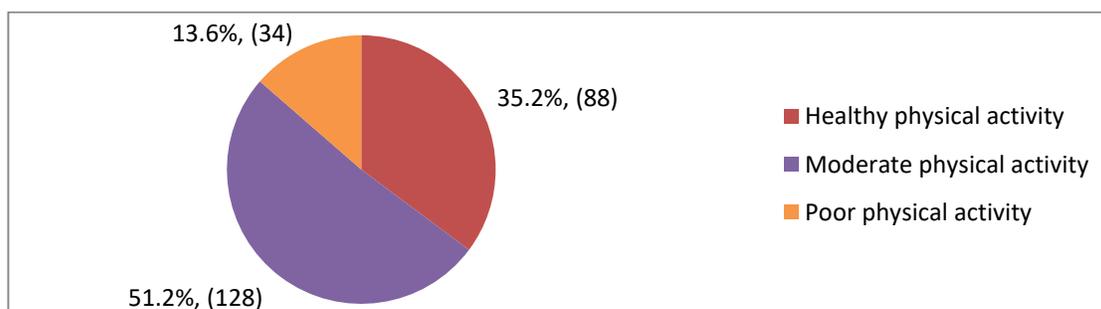


Figure 7: Pie diagram on Physical Activity score of adolescents

SECTION: II (E) Data regarding social interaction of adolescents

The data of social interaction was categorized into Healthy social interaction, Moderate social interaction and Poor social interaction and is described in below figure 8 it can be inferred that 140 (56%) adolescents had healthy social interaction, 79(31.6%) adolescents had moderate social interaction and only 31(12.4%) adolescents had poor social interaction.

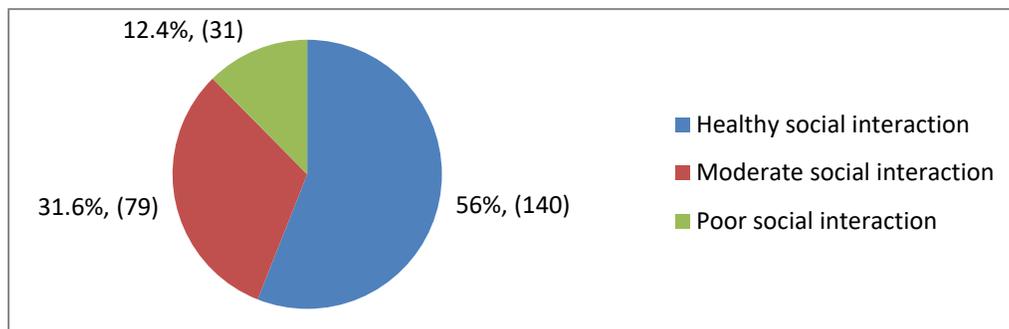


Figure 8: Pie diagram on social interaction habits score of adolescents

SECTION: II (F) Data regarding recreational activity

The data of recreational activity was categorized into Healthy recreational habits, Moderate recreational habits and Poor recreational habits and is described in below figure 9 it can be inferred that 87(34.8%) adolescents had healthy recreational habits, 142(56.8%) adolescents had moderate recreational habits and only 21(8.4%) adolescents had poor recreational habits.

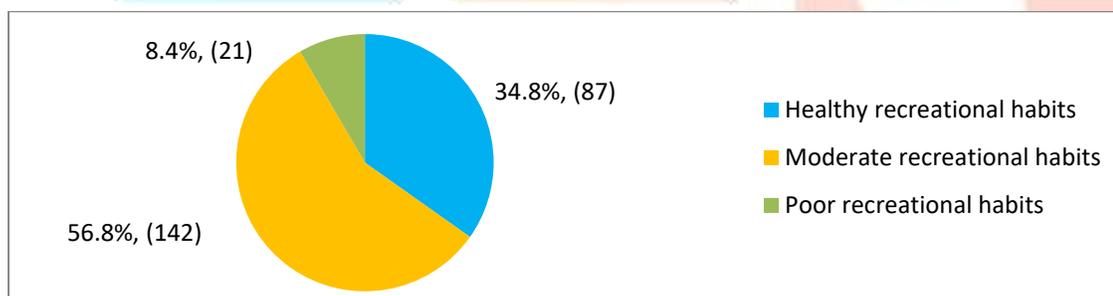


Figure 9: Pie diagram on Recreational Habits score of adolescents

SECTION: II (G) Data regarding sleep pattern of adolescents

The data of sleeping pattern was categorized into Healthy sleeping pattern, Moderate sleeping pattern and Poor sleeping pattern and is described in below figure 10 it can be inferred that 84(33.6%) adolescents had healthy sleeping pattern, 112(44.8%) adolescents had moderate sleeping pattern and only 54(21.6%) adolescents had poor sleeping pattern.

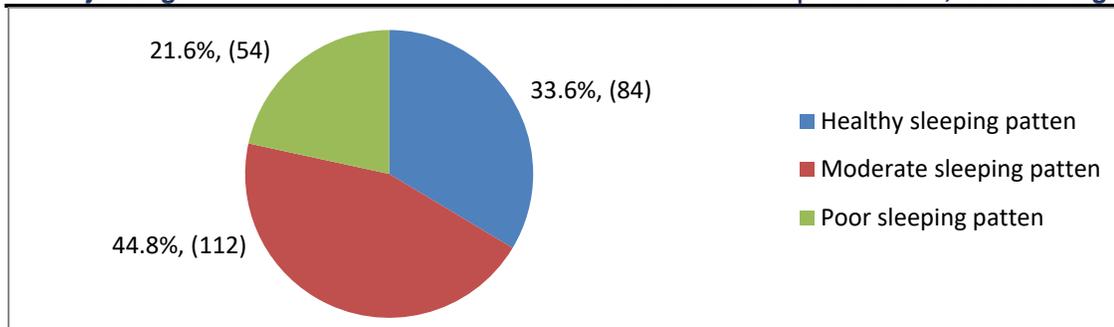


Figure 10: Pie diagram on Sleeping Pattern score of adolescents

SECTION II: Data regarding lifestyle practices of adolescents

The data of lifestyle practices of adolescents was categorized into Healthy lifestyle practices, Moderate lifestyle practices and Poor lifestyle practices and is described in below figure 11 it can be inferred that 153(61.2%) adolescents had healthy lifestyle practices, 87(34.8%) adolescents had moderate lifestyle practices and only 10(4%) adolescents had poor lifestyle practices.

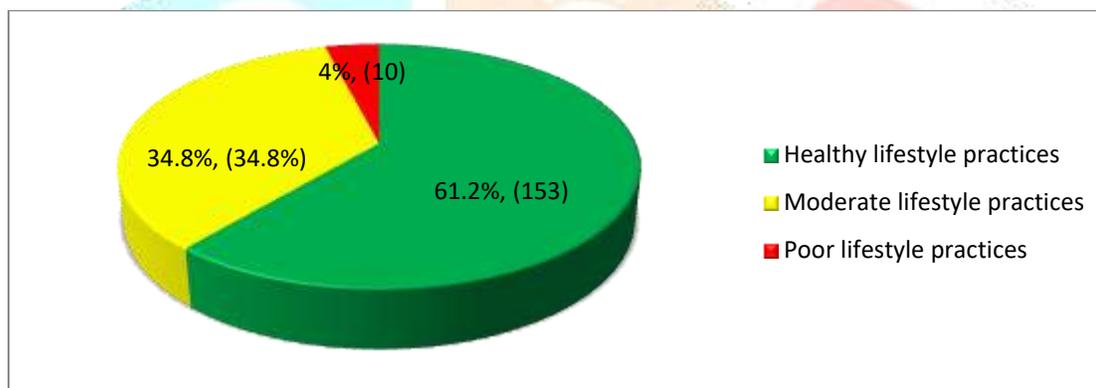


Figure 11: Pie diagram on Lifestyle Practices score of adolescents

Develop and deliver a need-based awareness program on healthy life style

According to the need identified by the researcher based on lifestyle practices of adolescents the researcher planned and prepared the need based awareness program to the adolescents

Conclusion- The study began with an intention to assess lifestyle practices of adolescents and its relation to health status, health awareness and health complaints. Identify lifestyle practices of adolescents showed that there is a fundamental need to improve lifestyle practice in relation to prevent health. The present study was supported by other studies, which ensures that the adolescents were identified to have an unhealthy lifestyle. The results also address the health status of adolescents. In this study 153(61.2%) adolescents had healthy life style practices, while 87(34.8%) had moderately healthy lifestyle practices and only 10(4%) adolescents had poor lifestyle practices. So, it can be concluded that adolescents should be made aware about the importance of healthy lifestyle and its implications in their future life. Having an adequate diet especially the importance of

having breakfast at proper time and in required quantity and quality is very essential for a healthy and sound body.

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