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A STUDY TO IDENTIFY THE HIGH-RISK BEHAVIOUR TOWARDS LIFESTYLE DISEASES AMONG ADOLESCENTS AT SELECTED SCHOOLS OF SASARAM, ROHTAS, BIHAR.

Nursing Science

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ABSTRACT

Health risk behaviour is particularly of concern during adolescence, mainly because this stage of development has been linked with increased impulsivity and propensity for risk taking that might result into disability and fatal outcomes. A number of risky behaviour begins in adolescence that affects health both at that time and in later years. A descriptive cross-sectional research design was used for this study to select 100 adolescent students by purposive sampling technique. Structured questionnaire was used to collect the data from the samples. The findings of the study concluded that the high risk behaviour particularly excessive recreational screen time, poor diet, poor physical activity and poor sleep were prevalent among adolescents.

KEYWORDS

Life style diseases, adolescents, high risk behaviour

INTRODUCTION

High risk behaviour is particularly of concern during adolescence (10-19), mainly because this stage of development has been linked with increased impulsivity and propensity for risk taking that might result into disability and fatal outcomes. Risk behaviour may be defined as activity or actions that harm the individual or others and that increase the risk of social problems, diseases, injuries disability or death. During the transition from childhood to adulthood, adolescents struggle to make life style choices to establish patterns of behaviour that affect health both at the time and in later years. Some of these behaviour contribute to the leading causes of mortality and morbidity among adolescents, such as suicide attempts, injuries and the various risks associated with unprotected sexual behaviour conditions related to tobacco, alcohol or other substance abuse.

Statement Of The Problem

A study to identify the high-risk behaviour towards lifestyle diseases among adolescents at selected schools of Sasaram, Rohtas, Bihar.

OBJECTIVES

1.To assess the high-risk behaviour towards lifestyle diseases among adolescents.

2.To associate the high-risk behaviour towards lifestyle diseases among adolescents with selected demographic variables.

METHODS AND MATERIALS

In the view of the nature of the problem and accomplish the objectives of the study descriptive cross sectional research design was used to identify high risk behaviour towards lifestyle diseases among adolescents at selected schools of Sasaram.

SAMPLING TECHNIQUE

Sampling technique used for this study was non probability purposive sampling technique to select the samples based on inclusion criteria. An approval to conduct the study at school was obtained from Dean cum Principal, College of Nursing and the Head of the school. Then an approval to conduct a study was obtained from Nursing Research Monitoring Committee (NRMC) for student's project (Ethical reference number- NNC/NRMC/BSC/2023/660).

DESCRIPTION OF THE TOOL

The tool used to collect the data is a structured questionnaire in order to identify the high-risk behaviour towards lifestyle diseases among adolescents.

It consisted of two parts, Part I and Part II.

Part I- Socio demographic data

This part of the tool consists of 16 questions describing the demographic data of adolescents such as age, sex, type of family, weight, height, BMI, residency, religion, class of study, family monthly income, education status of father, education status of mother, occupation of mother and father and with whom are they are living.

Part II- Lifestyle questionnaire

It consists of questions to identify high risk behaviour towards lifestyle diseases among adolescents, which consists of 25 multiple-choice questions having four responses with one right answer. Lifestyle questionnaire includes five aspects as follows:

- Food practices
- Physical activity practices
- Sleeping habits
- Time spent on electronic gadgets
- Substance abuse habits

SCORING AND INTERPRETATION

The high risk behaviour towards lifestyle diseases among adolescents was estimated based on the responses obtained from the self-structured questionnaire. It consists of four responses each with one right answer. Each correct answer was given a score of one and a wrong answer was given score of zero. The total attainable score in the lifestyle questionnaire is 25. Tool was validated by six experts in the field of nursing and members of ethics committee. The Investigators modified the final tool based on experts' suggestions and results of pilot study. The tool was translated from English to Hindi and to confirm the appropriateness of the language used in framing the items.

DATA COLLECTION PROCEDURE

The data were collected from the adolescents studying in selected schools of Sasaram. Written permission was sought and obtained from the authorities concerned. The period of data collection was for two weeks. About 100 adolescents were selected as per the inclusion criteria with prior informed consent were taken to participate in the study. Initially good rapport was maintained with the adolescents and the purpose of the study was explained to them. Adolescents were

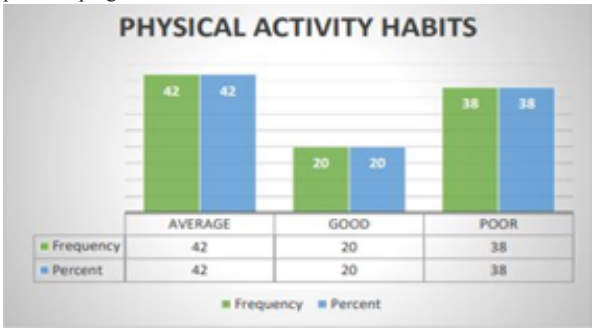
made comfortable and the privacy was maintained. Instructions to answer the questionnaire were given. The self structured questionnaire were given to the participants and the responses were collected. The collected data were analyzed by using descriptive and inferential statistics. The level of significance for the study was fixed as $p<0.05$ level.

RESULTS

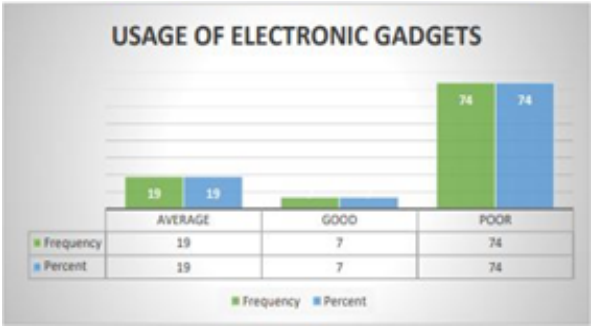
The study results revealed that among 100 adolescents, 22(22%) of them were between 11-13 years of age, 78(78%) of them were between 14-16 years of age. With regard to gender, 65(65%) of them were males, 35(35%) of them were females. In the concern of types of family, among 100 adolescents, majority 62(62%) of them belonged to joint family and 35(35%) of them belonged to nuclear family and 3(3%) of them were from extended family. In the terms of BMI, among 100 adolescents 29(29%) of them were underweight, 55(55%) of them had ideal body weight, 14(14%) of them were found to be overweight and 2(2%) of them were obese.

In the area of residency, 42(42%) of adolescents lived in rural areas, 34(34%) of adolescents lived in urban areas and 24(24%) of them lived in semi urban areas. In terms of place of stay 99(99%) of adolescents stayed at their home, 1(1%) of them stayed in the hostel.With regard to religion, majority of them 99(99%)were Hindus, and 1(1%) of them were Muslims. In the concern of study, majority of them 96(96%) studied in 8th standard and 4 (4%) of them studied in 9th standard.With regard to income, 12 (12%) of their monthly family income was less than Rs.5000, 12 (12%) of their monthly family income was between Rs.5001-Rs.10000, 22 (22%) of their monthly family income was between Rs.10001-Rs.15000 and 53 (53%) of their monthly family income was above Rs.15000.

Assessment of high risk behaviour towards lifestyle diseases among 100 adolescents was done using self structured questionnaire and the results revealed that with regard to food habits 43% of them were in the average category, 54% of them were in good category and 3% in poor category. With regard to physical activity habits majority of them 42% were in the average physical activity habits, 20% were in good physical activity habits and 38% had poor physical activity habits. The results with regard to sleeping habits most of the adolescents i.e. about 96% had good sleeping habits and only 4% expressed that they had poor sleeping habits.



With regard to the usage of electronic gadgets most of the adolescents i.e. 74% were in poor category, about 19% of sample were in average category and only 7% of them were in the good category. According to substance abuse habits, about 79% of samples were in average category and 21% were in poor category.



There was no significant association found between the high risk behaviour related to lifestyle diseases and socio-demographic variables of the adolescents. This study was well supported by a study done by Farhad Shekari,et al., who conducted a cross sectional web-based survey on high-risk behaviors among adolescents. The results revealed that the standardized prevalence rates of cigarette smoking, hookah use, alcohol consumption, substance abuse and unsafe sex at confidence interval 95%, were 18.5, 9.1, 9.2, 8.3 and 14.5 respectively. About 18% of boys and 1.5% of girls were identified to be in the high-risk class category.

CONCLUSION

High risk behaviors particularly excessive recreational screen time, poor diet, decreased physical activity, poor sleep quality and substance abuse are prevalent among adolescents. Young people must be supported to find ways to improve or maintain their health. Lifestyle diseases are a threat to the socioeconomic aspects of nations globally and appropriate actions for their management are the need of the moment.

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