ORIGINAL RESEARCH

A study to assess the health status and lifestyle of adolescent in senior secondary school of district Fatehgarh Sahib, Punjab with a view to develop need based health action towards the health behaviour modification

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Abstract
A study to assess the health status and lifestyle of adolescent in senior secondary school of district Fatehgarh sahib, Punjab with a view to develop need based health action towards the health behaviour modification. It was concluded that a majority of adolescents have poor health status and poor lifestyle. However, a need based action was developed in the form of Pamphlet on Healthy lifestyle.
Key word- Adolescent, School, Behaviour, Health, Majority, Modification

Introduction
NCD Risk factor collaboration, Lancet conducted a survey for world- wide BMI Underweight, Overweight, Obesity from 1975 to 2016: a pooled analysis of 2416 population based measurement study in 128.9 million children, adolescents and adults . They pooled 2416 population based studies with the measurements of height and weight on 128.9 million participants aged 5 years and older, including 31.5 million aged 5 to 19 years they used a Bayesian hierarchical model to estimate trends from 1975 to 2016 in 200 countries for mean BMI. (**Danaei G 2017**)
A huge proportion of the world's population - more than 1.75 billion is young, aged between 10 and 24 years. Adolescents (aged 16 to 18 years) have specific health and development needs, and many face challenges that hinder their well-being, including poverty, a lack of access to health information and services, and unsafe environments.
Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. Conversely, overweight and obesity another form of malnutrition with serious health consequences - is increasing among other young people in both low- and high-income countries.

Problem statement
A study to assess the health status and lifestyle of adolescent in senior secondary school of district Fatehgarh sahib, Punjab with a view to develop need based health action towards the health behaviour modification.

Objectives
1. To assess the health status among adolescents of selected higher secondary school of District Fatehgarh sahib.
2. To assess the lifestyle among adolescents of selected higher secondary school of District Fatehgarh sahib.
3. To develop and implement health action towards health behaviour modification among adolescents of selected higher secondary school of District Fatehgarh sahib.
4. To find out the association between health status and lifestyle of adolescents with their selected demographic variables

Operational definitions
Assess: - It refers as to evaluate or to estimate the nature, ability or quality.
Health status: - It refers to level of health of an individual. It is a level of function and metabolic efficiency of living organism.
Lifestyle: - It refers to a way of living of individuals which they manifest in coping with their physical,psychological, social and economic environment on a day to day basis .
Health Action: -It refers to a affective health activities that decrease the risk of disease and improve the quality of life.
Health Behaviour: - It refers to any activity undertaken for the purpose of preventing disease and improving health.
Modification: - It refers to a change or alteration usuallyto improve and make something better.
Adolescents: -It refers to a period of life that extends from 16 years to 19years.

Delimitations of study
The study was delimited to
- Adolescents aged between 16 to 18 years studying in selected school of District of Fatehgarh sahib.
- Adolescents who are available at the time of data collection

Research question
What will be the health status and lifestyle of adolescents?

Assumptions
- The Adolescents may have poor health status.
- The Adolescents may have poor lifestyle

Research design
The research design Adopted for the study was descriptive research design.

Research setting
This research study was conducted at Govt. Senior Secondary School Amloh, District Fatehgarh Sahib.

Variables
Independent variables
- An independent variables is that which is believed to cause or influence the dependent variables
- In this study, the independent variables refer to lifestyle of adolescents.

Dependent variables

- Dependent variable is the responses due to the effect of the independent variables, which researcher want to predicts or explain.
- In this study, dependent variable refers to health status of adolescents.

Target population

A target population consist of the total number of people or objects which are meeting the designated set of criteria.(**S.K.Sharma, 2011)** Population of the study consisted of Adolescents of Age group 16 to 18 years studying in Senior Secondary School Amloh. Once the eligibility of sample was established, written informed consent was obtained from the Adolescents.

Sample and sampling techniques

Sampling is process of representative segment of population under the study.
(S.K Sharma,2011)
The sample was drawn by using Non-Probability purposive sampling technique.

Sample size

Sample consists of a subsets of units which comprise the population selected by investigators or researcher to participate in their research project.
(S.K.Sharma,2011)
The sample of study comprised of 100 Adolescents to assess the health status and lifestyle at Senior Secondary School of Amloh.

Reliability of research tool (S)

The reliability of an instrument is a major criterion for assessing its quality and adequacy. It is the ability of the data gathering device to obtain consistent result.
Reliability refers to the extent to which an instrument consistently measures a concept: three types of reliabilities are stability, equivalence, and homogeneity. (**S.K. Sharma, 2011)**
The reliability of self- structured 3 point Likert scale computed by split half method and it was 0.7, which was Reliable.

Ethical consideration

Ethical approval was obtained from ethical committee of Desh Bhagat University, Mandi Gobindgarh for conducting the study. Written permission had been taken from the Principals of Government senior secondary School,Gobindgarh and Government Senior Secondary School, Amloh,District Fatehgarh sahib.

Section a
Description of demographic data

The section describes the demographic characteristics of adolescents of Government Senior Secondary School, Amloh District Fatehgarh Sahib under the study. The Demographic characteristics are described in the terms of Age, Gender, Type of Family, Area of Residence, Education of Father, Education of Mother, Occupation of Father , Occupation of Mother and Family Income .
Frequency and the percentage distribution of Demographic characteristics are computed for describing the sample characteristics. These findings are presented in table

TABLE 4: Frequency and Percentage distribution of Demographic Characteristics of Adolescents of Government Higher senior secondary school

N=100

Sr. no	Demographic characteristics	Frequency(f)	Percentage (%)
1	**Age (in years)**		
1.1	16	30	30
1.2	17	50	50
1.3	18	20	20
2	**Gender**		
2.1	Male	50	50
2.2	Female	50	50
3	**Type of family**		
3.1	Nuclear	52	52
3.2	Joint	47	47
3.3	Extended	01	01
4	**Area of Residence**		
4.1	Rural area	68	68
4.2	Urban	32	32
5	**Education of Father**		
5.1	No formal education	37	37
5.2	Matriculation	40	40
5.3	Higher secondary	20	20
5.4	Above graduate	04	04
6	**Education of Mother**		
6.1	No formal education	46	46
6.2	Matriculation	35	35
6.3	Higher secondary	15	15
6.4	Above graduate	03	03
Sr.no.	**Demographic Characteristics**	**Frequency(f)**	**Percentage (%)**
7	**Occupation of Father**		
7.1	Government job	05	05
7.2	Private Job	18	18
7.3	Self employed	56	56
7.4	Others	21	21
8	**Occupation of Mother**		
8.1	Government job	02	02
8.2	Private job	02	02
8.3	Housewife	94	94
8.4	Self employed	02	02
9	**Family Income**		
9.1	Rs. 5,000-8,000	46	46
9.2	Rs. 8,001 – 10,000	24	24
9.3	Rs. 10,001 – 12,000	13	13
9.4	Rs. 12,001 – 15,000	14	14
9.5	Above Rs. 15,000	02	02

Table 3 depicted the frequency and percentage distribution of the adolescents. According to age it was found that maximum adolescents were in age group of 17 years(50%) followed by 16 years (30%) and 18 years (20%). As per the gender there were equal no. of females (50%) followed by males (50%). Maximum adolescents belonged to Nuclear Family (52%)

followed by Joint Family (47%) and extended (1%).Majority of the adolescents resides in Rural Areas (68%) followed byurban areas(38%). Maximum education of father of adolescents was up toMatriculation (40%) followed by no formal education (37%) and minimum above graduate with (4%). Similarly maximumeducation of mother of adolescents(46%) was with no formal education followed by matriculation (15%) and least above graduate (3%). Maximum fatherof adolescents were self-employed (56%) followed by others (21%), private job (18%) and government job (5%).On other hand most of mothers of adolescents were housewives (94%) followed by government job (2%), private job (2%) and self-employed (2%). Maximum no. of adolescents were from family having monthly income from Rs. 5,000-8,000 (46%) followed by 8,001-10,000 (24%), Rs 12,001-15,000 (14%), Rs 10,001-12000 (13%) and least with Above 15,000 (2%).

Hence, it was concluded that majority of adolescents were from rural area and belongs to nuclear family. The majority of education of mothers of adolescents had no formal education. On the other hand, maximum Father's education was up to matriculation.Maximum father of adolescents were self-employed whereas most of mother of adolescents were housewives maximum no. of adolescents were from the family having monthly income from Rs. 5,000-8,000.

Section B
Assess the level of Health Status of Adolescents
This section describes the level of health status of adolescents of Senior secondary school Amloh in terms of BMI.
Frequency and percentage distribution of criterion measurement to assess the level of health status of adolescents is computed for describing sample characteristics. The findings are present in Table-4.

Objective 1:- To assess the health status among adolescent of selected higher secondary school of District Fatehgarh Sahib.
**Table5**: **Anthropometric measure to assess the level of Health status of adolescents**
N= 100

Level of Health Status	Frequency (f)	Percentage (%)
Underweight (Below 18.5)	51	51
Normal weight (18.5-24.5)	46	46
Pre – Obesity (25.0-29.9)	03	03
Obesity Class I (30.0-34.9)	00	00
Obesity Class II (35.0-39.9)	00	00
Obesity Class III (Above 40)	00	00

Table 4depicted that maximum no. of adolescents were under weight (51%) followed by normal weight (46%), Pre Obesity (03%) respectively.

Hence it was concluded that majority of adolescents of government senior secondary school Amloh were underweight.
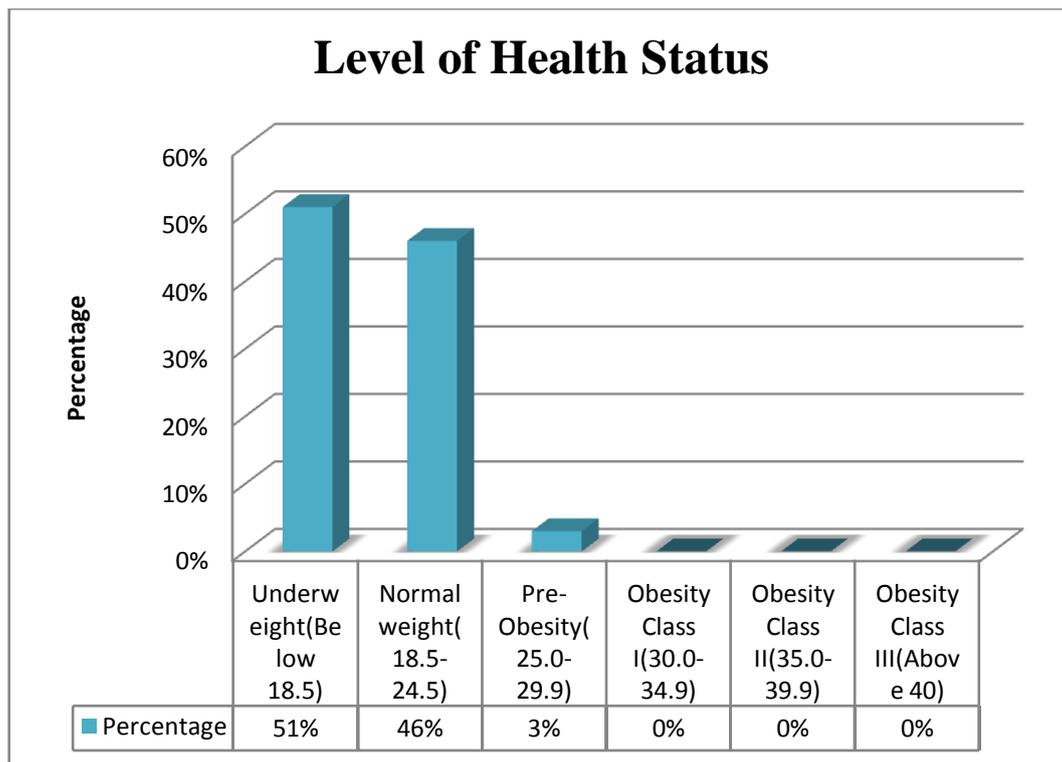
Figure 2 Bar diagram showing the level of health status of adolescents

Delimitations of study

The study was delimited to

- Adolescents aged between 16 to 18 years studying in selected school of District of Fatehgarh sahib.
- Adolescents who were available at the time of data collection.

Results

The present study revealed that,According to age it was found that maximum adolescents were in age group of 17 years(50%) followed by 16 years (30%) and 18 years (20%). As per the gender there were equal no. of females (50%) followed by males (50%). Maximum adolescents belonged to Nuclear Family (52%) followed by Joint Family (47%) and extended (1%).Majority of the adolescents resides in Rural Areas (68%) followed by urban areas(38%). Maximum education of father of adolescents was up toMatriculation (40%) followed by no formal education (37%) and minimum above graduate with (4%). Similarly maximum education of mother of adolescentswas (46%) with no formal education followed by matriculation (15%) and least above graduate (3%). Maximum father of adolescents were self-employed (56%) followed by others (21%), private job (18%) and government job (5%) .On other hand most of mothers of adolescents were housewives (94%) followed by government job (2%), private job (2%) and self-employed (2%). Maximum no. of adolescents were from family having monthly income from Rs. 5,000-8,000 (46%) followed by 8,001-10,000 (24%), Rs 12,001-15,000 (14%), Rs 10,001-12000 (13%) and least with Above 15,000 (2%).

Hence, it was concluded that majority of adolescents were from rural area and belongs to nuclear family. The majority of education of mothers of adolescents had no formal education. On the other hand, maximum Father's education was up to matriculation. Maximum father of adolescents were self-employed whereas most of mother of adolescents were housewives

maximum no. of adolescents were from the family having monthly income from Rs. 5,000-8,000.

Maximum no. of adolescents were under weight (51%) followed by normal weight (46%), Pre Obesity (3%) respectively. A majority of adolescents have poor lifestyle (92%), followed by average lifestyle (8%) and good lifestyle (0%) respectively.

Hence it was concluded that majority of adolescents of Government senior secondary school of Amloh were underweight and had poor lifestyle.

Chi square test use to associate the level of health status and lifestyle with selected demographic variables. The chi square value shows that there was a significance association ($p \leq 0.05$) of the level of health status with their demographic variables (occupation of mother and education of mother). There was no significance association($p \leq 0.05$) between the level of health status and other demographic variables (i.e age, gender, type of family, area of residence, education of father, occupation of father and family income). The calculated chi square values were less than the table value at the 0.05 level of significance.On the other hand the findings of study also suggest that there was significance Association between the lifestyle and demographic variables (i.eEducation of Father & Type of Family). There was no significance association($p \leq 0.05$) of the lifestyle and selected demographic variables (i.e Age, Gender, Area of Residence, Education of Mother, Occupation of Father, Occupation of Mother and Family income).

Interpretation and conclusion

It was concluded that a majority of adolescents have poor health status and poor lifestyle. However, a need based action was developed in the form of Pamphlet on Healthy lifestyle.

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