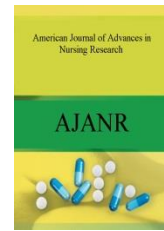




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### A STUDY TO ASSESS THE HEALTH PROMOTING BEHAVIOUR AND LIFESTYLE AMONG LATE ADOLESCENTS IN A SELECTED NURSING COLLEGE IN COIMBATORE

Sasirekha K<sup>1\*</sup>, Jebakumari Sutha A<sup>2</sup>

<sup>1</sup>Professor, Ganga College of Nursing, Coimbatore (affiliated to the Tamil Nadu, Dr. MGR Medical University, Chennai), Tamil Nadu, India.

<sup>2</sup>Vice Principal, Ganga College of Nursing, Coimbatore (affiliated to the Tamil Nadu, Dr. MGR Medical University, Chennai), Tamil Nadu, India.

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#### Key word:

Health promoting behaviour, lifestyle, adolescent.

#### ABSTRACT

**Aim and Objective:** To assess the health promoting and lifestyle among late adolescent Nursing students in Ganga College of Nursing, Coimbatore. **Materials and Methods:** A descriptive study was adopted to assess the health promoting behaviour and lifestyle among late adolescent Nursing students (30 Samples) studying in Ganga College of Nursing, Vattamalaipalayam Village, Coimbatore who filled the inclusion and exclusion criteria. Purposive sampling technique used to select the samples. Tool was prepared and validity of the tool was obtained from Subject experts. Descriptive and inferential statistics was administered to assess the health promoting behaviour and lifestyle among late adolescent nursing students. **Results:** The study finding revealed that among 30 samples, majority of the adolescent 24 (80%) are in the middle range, 6 (20%) are in the bottom range in regard to the health promoting behaviour and lifestyle. There is no adolescent who are in the top range of health promoting behaviour and lifestyle. **Conclusion:** The study results revealed that none of the adolescent are in the top range of practicing health promoting behaviour and lifestyle. Health Promoting behaviour and lifestyle should be reinforced to the younger generation to improve their general health and well-being.

#### INTRODUCTION

WHO defines 'Health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. [1] There is an intrinsically entwined relation between health of the health and prolonging life through the organized efforts of society.'

Health promotion is considered as a process that strengthens health conditions, shapes attitudes, supports behavioral changes to attain the utmost physical and

Lifestyle is a way a person lives. This includes patterns of social relations, consumption, entertainment and dress. The term lifestyle also reflects an individual's attitudes, 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 deaths. At least 50 % of the deaths in the US each year are due to unhealthy lifestyle. In India also, the situation of lifestyle diseases is quite alarming. The disease profile is changing rapidly. The World Health Organization (WHO) has identified India as of the nation

Corresponding Author

**Sasirekha K**

Email: - [krish.sasirekha@gmail.com](mailto:krish.sasirekha@gmail.com)

Research Article



that is going to have most of the lifestyle disorder in the near future. Nowadays, not only are lifestyle disorders becoming more common but they are also affecting the younger population. Hence, the population at risk shifts from 40 + to may be 30 + or even younger. [8]

Adolescents are a unique population with specific health concerns and needs. Adolescence is the peak age of onset for serious mental illness like depression and psychosis. Physical, emotional and social changes make adolescents overloaded with stress, which can result in anxiety, withdrawal, aggression, poor coping skills and actual physical illness. There is a definite need to investigate the health 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.

### Statement of the problem

A study to assess the health promoting behaviour and lifestyle among late adolescents in a selected Nursing college in Coimbatore

### Objectives of the study

- To assess the health promoting behaviour
- To evaluate lifestyle patterns of selected late adolescent among nursing students
- To associate health promoting behaviour and lifestyle of adolescents with selected demographic variables

### Hypothesis

**H1:** There is a positive correlation between behaviour and lifestyle and health of the individual

**H2:** There is a significant association between behaviour and lifestyle of adolescents with selected demographic variables

### MATERIALS AND METHODS

A descriptive study was adopted in order to assess the health promoting behaviour and lifestyle among late adolescents among nursing students in Ganga college of nursing. The study conducted over a period of one week, i.e from April 22nd 2024 to April 27t 2024. The independent variable of this study was assessing health promoting behaviour. The dependent variable were knowledge and attitude. The study was conducted at Ganga College of Nursing, Coimbatore. The study sample includes late adolescents Nursing students studying in Ganga College of Nursing. The sample size consisted of 30 adolescents (Who fulfilled the inclusion and exclusion criteria) selected by non-probability purposive sampling technique- lottery method. The study included adolescents available during the time of data collection and samples included both boys and girls. The study excluded the late

adolescents who were not willing to participate in the study.

The tool consisted of two parts i.e., Data collection tool and structured questionnaire tool. The data collection tool consists of two sections. Section A consists of demographic variables and Section B consists of a semi-structured questionnaire and the health promoting behaviour was assessed through Modified Adolescent Health Promotion Scale (AHPS). It is composed of 25 items and has the following 7 sub scales: Health and Exercise, Psychological health, Nutrition, Environmental concern, social concern, Accident prevention/Safety and sense of purpose. The modified AHPS score of each field was obtained by totaling the scores of subjects at sub scales, and the total AHPS score was obtained by totaling the scores of all of the sub scales.

Permission to use the tools was sought from the experts through email. In the majority of occasions, the original English versions of the scales and questionnaires were utilized.

### Ethical consideration

Ethical approval was obtained from the Institutional Ethics Review Board and formal approval was obtained from the from the management of Ganga College of Nursing Coimbatore to conduct the study in the nursing college and also from the heads of the respective college. The researcher has followed fundamental ethical principles like the right to freedom from harm and discomfort, respect for human dignity. The researcher gave full freedom to the participant to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions at any time during the course of the study. One visit was made to meet the students and distribute the consent and assent forms, later on two visits were made for data collection, hence minimum of three visits were made in each class. Class hours were not disturbed for the students as the study conducted after the chief hours. The investigator has maintained the study participants privacy throughout study. The investigator has administered the same questionnaire for all the late adolescents.

### Statistical Analysis

The data from the proforma were entered in Microsoft excel 2016 and analyzed using Statistical Package for Social Sciences (SPSS) version 17.0. Descriptive statistical was used to describe the demographic variables. Mean  $\pm$  SD were used to summarize the total modified AHPS score. Multiple linear regression model was used to assess the association between socio-demographic variables and adolescent health promotion behaviour.



**RESULTS**

**Socio-demographic Characteristics**

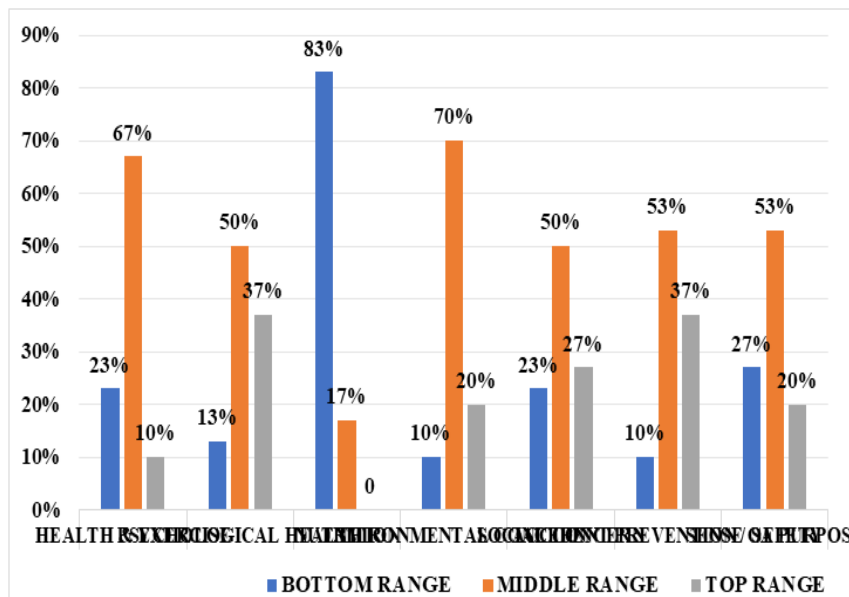
A total of 30 Nursing students from Ganga College of Nursing participated. The mean age of the students was 14.9 (±1.4) years. It is observed that, more than half (57%) were female and male (43%). Majority of the participants were Hindu (80%), followed by Christians (17%) and Muslim (3%). Most of the students (73%) live in a joint family followed by nuclear (27%). Majority of the student birth order are second born (44%), followed by first born (33%) then third born (20%) and 3% of students were single born. More than half (60%) the students had at least one sibling, 34% have two siblings and 3% of students had no sibling and more than two respectively. The majority of the students belonged to the upper class (26.2%) and lower-middle-class (23.4%). More than half of the students (52.2%) were from schools located in the rural area. About 53% of the students were from English medium and the 47% of the students learned in Tamil-medium of education. Most of the students fathers occupied with others work (40%) , 33% were salaried employees 20% fathers were government staff and 7% are businessmen. Regarding mothers occupation, majority of the mothers were house wife (60%), 17% do other work ,13% were salaried employee and only 10% are government staff.among the students , the family

income is above 20000 is 40% , 30% were between 10000- 15000, 17% of the students family with below 10000 income and 13% of the family with 15000-20000 income.

**Health promoting and lifestyle behaviour of students**

The mean and standard deviation of modified AHP scale score of the students was assess for each sub scale with top range, middle range and bottom range.

In regard to Health and Exercise, majority 67% of them were in the middle range and 23% were in the bottom range practising health promoting and lifestyle behaviour. In Psychological health sub scale 50% were in middle range,37 % in top range and 13% were in bottom range.As a part of Nutrition sub scale , majority 83% in bottom range and 17% in middle range. In regard to Environmental concern, most of them 70% in middle range, 20% wee in top range and 10 % in bottom range. In Social concern, half of them 50% in middle range, 27 % in top range and 23 % in bottom range.In regard with accident prevention / Safety half of them 53% in middle range, 37% in top range and 10 % in the bottom range. A sub scale sense of purpose, majority 53% in middle range, 27% in bottom range and 20 % in top range. (FIG- 1) N=30



**Figure 1:** Assessment of health promoting behaviour and lifestyle in sub scale level among late adolescents



**Table 1: Mean and Standard Deviation of health promoting behaviour and lifestyle among late adolescent with selected demographic variables**

Parameters	Mean score	Standard deviation	Mean %
Health and exercise	12.23	0.574	61.1%
Psychological health	14.4	0.564	72%
Nutrition	11.86	0.430	59%
Environmental concern	10.7	0.276	71%
Social concern	12.16	0.282	81%
Accident prevention / safety	18	0.838	72%
Sense of purpose	7.56	0.382	75%

The above Table 1 depict the mean and standard deviation of health promoting behaviour and lifestyle among late adolescent with selected demographic variables.

**Table 2: Association Between Health Promoting Behaviour and Lifestyle with Selected Demographic Variables**

S.No	Demographic Data	Level of health promoting behaviour and lifestyle			CHI Square Value (x <sup>2</sup> ) (d=1)	Level of Significance (p)
		Bottom range	Middle range	Top range		
1	Gender				8.91	0.01*
	a) Male	3	14	0		
	b) Female	3	10	0		
2	Birth Order				2.89	0.05
	a) Less than 1	4	7	0		
	b) More than 2	2	17	0		
3	No. of siblings				4.13	0.05*
	a) With Siblings	5	24	0		
	b) Without Siblings	1	0	0		
4	Family Income				6.71	0.01*
	a) Below 15000	3	11	0		
	b) Above 15000	3	13	0		

**Note:** \* indicates significant association between health promoting behaviour and lifestyle of adolescents

The above table 2 depicts the degree of association between health promoting behaviour and lifestyle with selected demographic variables which was obtained using Chi Square test. The result showed that there is a significant association between health promoting behaviour with gender, sibling status and the family income.

## DISCUSSION

Though there have been many studies on adolescent health behaviour and lifestyle there are very few studies in India that assess the health promoting behaviour and lifestyle of the late adolescents. In the present study, it was observed that more than half of the selected students (80%) middle range adolescents had good health promoting behaviour and lifestyle. In sub scale analysis it was observed that scores for Social concern was highest (81%) and Nutrition was lowest (59%). This can be compared with the Iranian study where the students have moderate level of health

promoting behaviour and high scores were observed for life appreciation and low scores were health responsibility. Similar results were obtained by a Turkish study where life appreciation had higher scores and nutrition, exercise behaviour had lowest scores.

A study by Langton et al. analysed the family structure and adolescent health behaviour and concluded that adolescents living with both biological parents had better health promoting behaviour than adolescents living with single parents. This is similar to our study where students living in the nuclear and joint family had higher health promoting scores for health responsibility and stress management than students living with single parent. This signifies the role of family in promoting the health behaviour and lifestyle of adolescents. Further study is required to find out the actual role of family in influencing the health promoting behaviour and lifestyle of adolescent.



### Limitations

The study was limited only to the late adolescent age group due to non availability of samples. The researcher encountered difficulty in obtaining setting permission from schools to conduct similar study for school going adolescents

### CONCLUSION

The study was aimed to assess the health promoting behaviour and lifestyle among late adolescents among the nursing college. The result of the study showed that nursing students had reasonable good orientations towards health behaviour. Poor health behaviour practices were noted for food practices and physical activity. Attention need to be paid for healthier food choices, with main focus of fruits and vegetables in daily diet. Sedentary lifestyle among the students was alarming. Health promotion planning to motivate students for regular physical activity with the purpose of promoting health and preventing diseases is necessary. Nurse led educators should raise the concern

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about the health promoting lifestyles in early adolescents stage itself.

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**Contributors**

SK: Conceptualization of the study, collection, analysis of the data, writing the manuscript, finalized the manuscript and will act as the guarantor of the paper; JS: Edited and critically evaluated the manuscript.

