

HEALTH RISK BEHAVIOURS IN SCHOOL YOUTH OF RAWALPINDI

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ABSTRACT

Objectives: To assess the health risk behaviours of school youth of class tenth.

Study Design: Descriptive cross sectional study

Place and Duration of Study: Study was conducted in Rawalpindi district between the months of August 2014 to February 2015.

Material and Methods: It is descriptive, cross sectional survey conducted in Tehsil Rawalpindi. A modified structured questionnaire- Global School-based Student Health Survey (GSHS) 2014 was used. Out of 10 modules, six modules were used including dietary behaviors, hygiene, unintentional injury and violence, mental health, tobacco use and physical activity. Registered school lists with EDO, consisting of Public FG and private schools were used as sampling frames. In stage 1, schools were selected randomly by lottery method and in second stage Class 10th was selected.

Results: The analyses of results showed poor health risk behaviours in our school youth. In our study there was a gender variation in male and females health risk behaviors, female had more mental health issues like feeling of loneliness, sleeplessness and suicidal tendencies / attempts. Boys were smoking more and were more involved in physical fights and injuries.

Conclusion: Health risk behaviors in Pakistan school youth needs to be corrected. We need to inculcate the culture, attitude and healthy behaviors in them. Health behaviours must be incorporated in our society especially in the educational institutions.

Keywords: School health, Risk behaviours, Youth, Assessment.

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INTRODUCTION

Pakistan has a large cohort of 40 million youth in age group of 10 to 19 yrs¹. Youth is the hope of our future and we spend all our energies to train and groom them for the future challenges, however a large portion of this youth is having lifestyle related health problems which are largely preventable². Youth period is a transition to adulthood, which demands information, education, skills and decision-making power to function as responsible adults in society³. The little knowledge, lack of confidence and skills to make health behavior choices made them more susceptible. It places them at high risk of positive and negative peer effect⁴.

Parents and teachers are very important to improve the knowledge of school youth. It is essential to teach youth with proper knowledge

and support in developing necessary skills to make correct decisions about their lives⁴. Healthy youth are better equipped to contribute to their communities in spite of major shifts that are occurring in world they are about to inherit⁵. Youth as is time of life between childhood and maturity therefore risky actions are expected, but when these risky actions turn into patterns of behavior, causing health risks. The global interest in youth health and its awareness has reflected itself in the form of different shades of commitment to their social, mental and physical development. The school environment affects not only their attendance and academic achievements but also their behaviors⁶.

A safe and healthy school environment promotes health education and student engagement and protects them against risky behaviors. Serious health issues like unhygienic practices, smoking and safety issues like speedy driving, violence etc. can adversely affect youth

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health. However these adolescents can also adopt behaviors that decrease their risk of developing chronic diseases such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco. Almost every

MATERIAL AND METHODS

It was descriptive cross sectional study conducted in Rawalpindi between the months of August 2014 to February 2015. A sample of 550 was used for this study. In first stage, listing

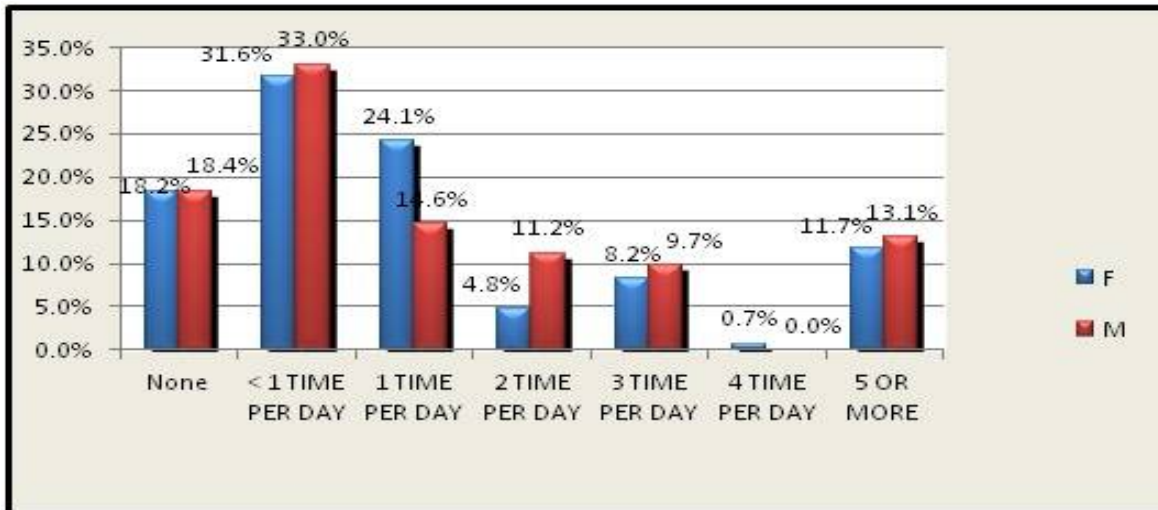


Figure-1: Drinking soft carbonated drinks in past thirty days.

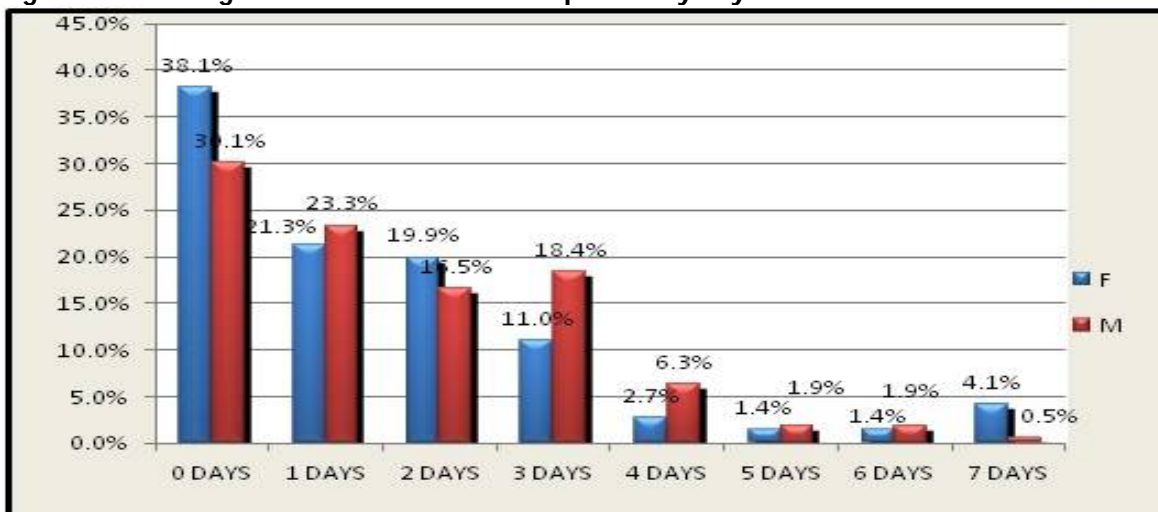


Figure-2: Eating food from fast food restaurant in past seven days.

behavior or activity has an impact on health status. These youth behaviors are influenced at all levels, by the peers, family, school and community⁷. There is now increased focus to use positive youth development interventions for preventing health risk behaviors in them⁸.

This study was conducted to assess the health risk behaviours of school youth of Rawalpindi Pakistan.

of all schools was done and by using random lottery method 10 schools were randomly selected. Within those schools the required sample was taken from class 10th. An equal proportion of gender distribution of 50% was ensured. Core module questionnaire of Pakistan Global School-based Student Health Survey was used as the study tool. Selected schools' principals were contacted for permission and coordinating date and time for survey.

The questionnaire was distributed to students of 10th class and each question explained separately. Students were asked take questionnaire home and fill it with their parents or guardian and return it on next day. Data was

RESULTS

A total of 550 questionnaires were distributed and 497 were completed and returned with a response rate was 90%. Mean Age of respondents was 15years. Gender

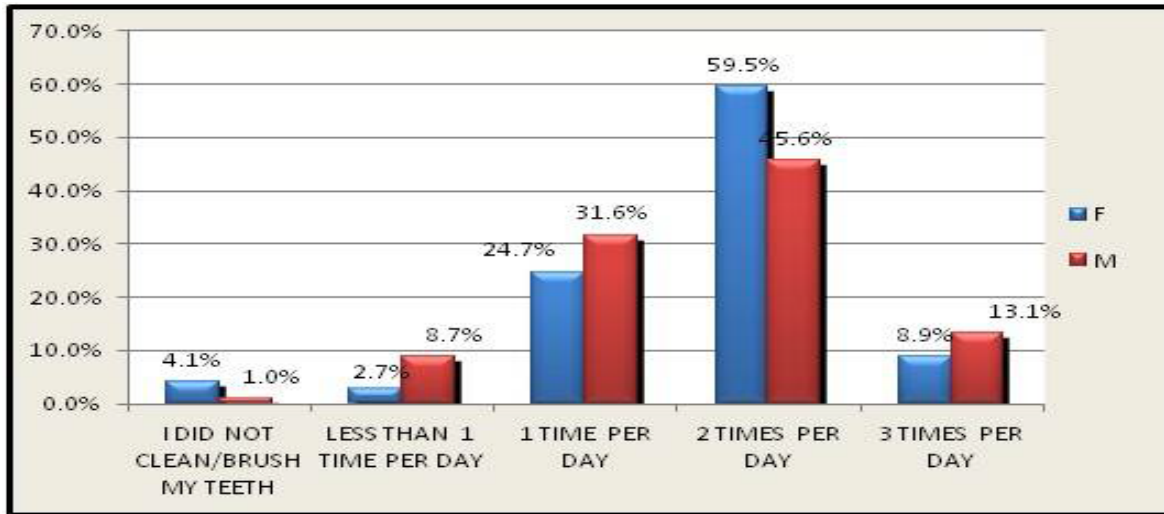


Figure-3: Cleaning or brushing teeth during the past 30 days.

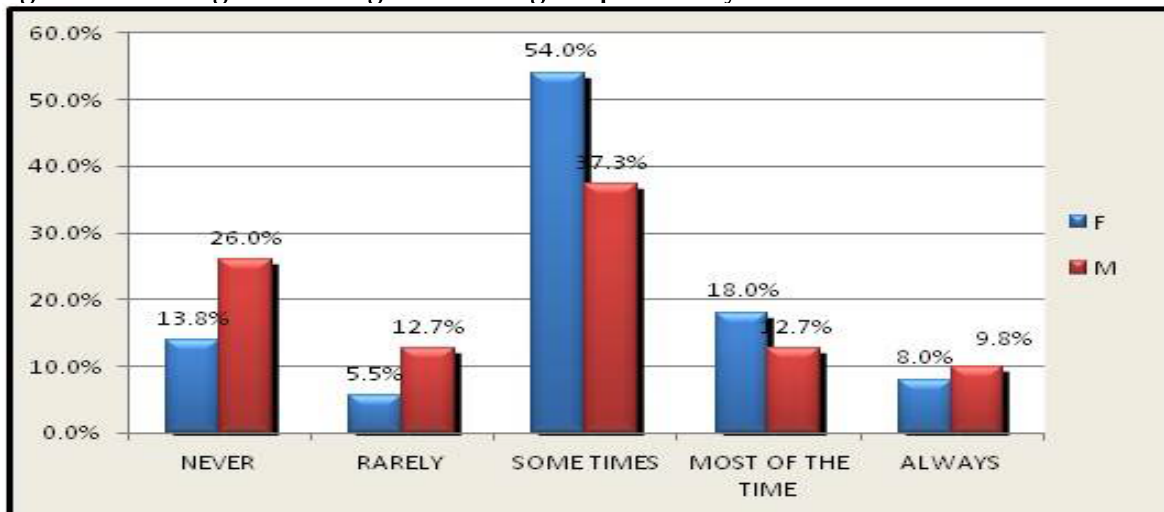


Figure-4: Sleeplessness at night due to worries during past 12 months.

entered and analyzed in SPSS version 20. Simple frequencies and percentages were generated to present the results.

Ethical approval for the study was sought from Armed Forces Post Graduate Medical Institute (AFPGMI) Rawalpindi. Students were given the right of consent from their parents or guardians. Confidentiality of information and anonymity of respondents was ensured.

distribution among the school respondents was 58% and 42% males. So the response rate was more in females.

Health Behaviours

39.9% students were doing nothing about their weight; 18.4% were trying to gain weight while 13.8% trying to lose weight. More females (28.5%) were trying to lose weight as compared to 13.8% males. Similarly more males (20.4%) were trying to gain weight males as compared to 16% females. About 60% males reported they

always take breakfast in comparison with 36.8% females. In past 30 days, daily fruit intake was more in males (76%) as compared to females (63%). 13% females and 11% males did not eat vegetables on daily basis in past 30 days.

Only 23% students did not have carbonated drinks in past thirty days. More males were taking carbonated drinks than females. 11.2% males and 4.8% females drank carbonated drinks twice daily. Only 36.90% students had not eaten food from fast food restaurant in past seven days. 38% females did not eat food from fast food restaurants in comparison with the 30% males while the rest of them are usually taking food from the fast food restaurants. 4% females did not clean or brush their teeth in comparison with 1% males. There were 63.10% students, washed their hands before eating three times per day in past thirty days. 23.80% students washed their hands before eating two times per day in past thirty days. Before meals, 68% females always wash their hands in comparison with 65% of males in the past 30 days. 47.40% females and 61.8% males washed their hands under running water. 92% females wash their hands always with soap as compared to 87% males.

48% students did not receive any serious injury during past 12 months. 52% males and 47% females did not get serious injury, while 4% female students reported broken bone or dislocated joint in comparison with 13% males. More females (41%) got injury at home in comparison with 27% males. More males (21%) got injury in school sports in comparison with only 7% females. 16% students reported bullied in past thirty days. Bullying was almost similar in females (27%) and males (22%). About 12% students reported that they were hit, kicked, pushed and locked during past 30 days.

When asked about the feeling of loneliness, 14% females never felt lonely in comparison with the 41% males. About 40% females felt hard focusing on school homework in comparison with the 20% males. 72% of females said they could not go to sleep properly while only 50% of males reported this problem. A significant proportion of 16% students reported

they made plans of suicide in past 12 months; it was 22% in females while 5% in males.

11% students had one close friend and 23% students had two or more close friends. 13% of females did not have close friends in comparison with 5% of males. 60% of males have three or more close friends in comparison with the 41% of females having three or more friends. When asked about ever smoking rate, 77% of females never smoked a cigarette in comparison with 73% of males. About 4% had smoked during past 30 days; higher in males (7.4%) as compared to 2% in females. Those who were smoking 19% of females never tried stopping smoking in comparison with 10% of males. 64% student's parent or guardians used tobacco in any form. Mothers of 20% students used tobacco where as both parents of one percent used tobacco. Father or the male guardian smoked cigarettes in 20% respondents. With reference to physical activity, 22% students did not do any physical activity in leisure domain during past seven days. Proportion of students doing physical activity on a daily basis was 25% in females and 26% in males. Watching TV for more than seven hours a day was more in females (11%) as compared to 6% male students.

DISUCSSION

The results of the study were similar to the past studies in some domains however there were some variations. In this study 23% students did not have carbonated drinks in past thirty days with higher frequencies in males but in Global School Health Survey (GSHS) of Pakistan proportion of carbonated drinks use was more in females as compared to males. However the hygiene finding regarding hand washing and brushing teeth are almost similar to the finding in GSHS.

The proportion of students with bullying was also similar in this study as compared to other studies like GSHS in Pakistan. This shows that bullying has been a constant problem in schools here in Pakistan. The results of mental health modules also show slight increase in proportion of students feeling lonely or thinking of committing suicide, which is not a positive sign. This highlights the increasing

problem of mental stress in our school youth. Gender dimension of mental health also showed more stress in females as compared to male students. The trend of smoking has been on the rise in schools especially in females students, which needs to be addressed.

CONCLUSION

The future burden of disease can be managed by changing life style behaviours at the school youth level when health risk behaviours and pattern are being established. This largely depends on awareness and knowledge that can be imparted to our school youth by parents, teachers and friends. Additionally, schools need to have a culture of health hygiene, provision of clean water, proper toilets, good sanitation, healthy eating and no-smoking atmosphere.

CONFLICT OF INTEREST

The study has no conflict of interest to

declare by any author

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