

# Health behavior on perspective of nutritional habits among late adolescents in Jaffna

K. Pathmasany

**ABSTRACT:** The period of transition from childhood to adulthood is considered as adolescence with accelerated physical, biochemical and emotional development. There are many physical and psychological changes resulting in the influence of hormonal activity. Although relatively healthy compared to other age groups, adolescents are vulnerable to a number of physical and mental health problems. The adolescence stage is a period in human life cycle where the final growth spurt occurs with increase in height and weight. Most adolescents in Sri Lanka are facing serious health challenges due to socioeconomic and political issues in the country. The objective of this study is to provide an overview of this school health survey to present key indicators of health behavior on perspective of nutritional habits among late adolescents in Jaffna district and to evaluate the health status and health behavior patterns. The study was designed with a questionnaire to evaluate whether there are important differences among males and females regarding these indicators. Advanced level students from the Government schools of three different areas in Jaffna district were randomly selected. It was found from the responses that in general the health status of the student population is good and psychologically they are happy with low percentage of violence. Further attention and qualitative research is essential to identify the casual factors associated with the unhealthy behavior patterns.

**Key Words:** late adolescence, biochemical development, Jaffna, emotional development, transition, Health behavior

## Introduction

Adolescence is defined as the period from the onset of puberty to the termination of physical growth and attainment of final adult height and characteristics that occurs during the second decade of life. This stage is characterized by rapid physical growth, significant physical and psychological changes, and evolving personal relationships (Srilakshmi, 2007). Adolescence is a period of greatly enhanced awareness of and attention to physical status and wellbeing (WHO, 2000). Although relatively healthy compared to other age groups, adolescents are vulnerable to a number of physical and mental health problems (Rosen, 2004; WHO, 2000). This is an important developmental period for understanding the nature, course, and treatment of depression (Peterson et al., 1993).

Chronic as well as acute health conditions such as diabetes, heart diseases, depression, injuries and sexually transmitted diseases are increasingly prevalent and recognized in adolescents (Prior et al., 2005) however, mental health problems of adolescence are often neglected or not given adequate attention by medical practitioners or by health and education authorities because adolescence are generally considers less likely to develop psychological problems In Sri Lanka adolescents are facing a series of health challenges entrenched in the environmental and political problems and the economic and social disparities seen in the country (Perera et al., 2007). Adolescence is a good time for children and youth to begin taking responsibility for their physical health from what they eat to keeping fit. In addition to maintaining a healthy diet and being active each day, adolescents should get a good night's sleep; receive dental checkups and a physical checkup regularly (DeHart et al., 2004).

Many adolescent health problems are correlated with educational performances, family relationship, poverty, and the general life styles and they are affecting adolescents at younger ages (Jeffrey, 1992).

This study was carried out with the objective to provide an overview of school health survey to present key indicators of health behavior among late adolescents in Jaffna implementation of health promotion activities targeted at this age group and to evaluate the difference between male and female participants regarding these indicators. The survey is to explore health behavior patterns in Advanced level students in the Jaffna District.

## **Methodology**

The target populations for this survey were both male and female participants from the group of older adolescents (age 16-18) in three areas of Jaffna district (Vadamaradchi, Thenmaradchi and Valikamam region). 300 random study samples were drawn from advanced level students from the Government schools in selected areas (100 students from each area). A close ended questionnaire was distributed among the individuals to find out the information about, nutritional health, allergic conditions, medication, perceived worm treatment and dental care every six months, recreation and other activities, psychological wellbeing, physical activity, use of alcohol, tobacco or drugs, school violence and sexual health. Data entry and analysis were completed using Microsoft excel.

## **Results and discussion**

There is no other developmental period during which individuals grow more than during the period of adolescence. These years are the time to form positive habits that will improve adolescents' long-term health and wellbeing

(DeHart et al., 2004). Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation (Mulye et al., 2009).

**Table 1: Age distribution of male and female participants**

Age	Male			Female		
	16	17	18	16	17	18
Percentage	30	38	32	31	36	33

The proportion of underweight students observed in this sample may indicate the need for further study to distinguish between those students who may be malnourished. Intervention in improving food habits among students should be considered. Poverty, poor eating habits and lack of knowledge of a healthy diet may be the major contributing factor for malnutrition and obesity among adolescents.

**Table 2: Health indicator by gender (n=290)**

Variable	Gender	
	Male (n=144)	Female (n=146)
Nutritional health	Yes=65% No=35%	Yes=63% No=37%
Allergy	Yes=36% No=64%	Yes=31% No=69%
Medication	Yes=15% No=85%	Yes=8% No=92%
Worm treatment	Yes=23% No=74%	Yes=28% No=72%
Dental care	Yes=25% No=75%	Yes=21% No=79%
Recreation and other activities	Yes=76% No=24%	Yes=80% No=20%
Psychological wellbeing	Yes=57% No=43%	Yes=68% No=32%

Use of alcohol/ tobacco/drugs	Yes=29%	Yes=0%
	No=71%	No=100%
School violence	Yes=2%	Yes=5%
	No=98%	No=95%
Sexual health	Yes=5%	Yes=6%
	No=985%	No=94%

\*Percentages were calculated by omitting non-responses

A total 300 of students participated in the study each percentage was calculated by omitting non responses. Various health behavior indicators were compared between genders using relatively similar percentage of both male and female students reported that they pose allergic conditions which negatively affect the food intake thereby the health status. Both male and female participants in the survey showed quite low performance in perceiving worm treatment and dental care ever six months which is a poor health indicator regarding the health of the students.

Adolescence is full of demands, stresses and conflicts and the mental wellbeing of adolescents depend on how effectively they deal with these experiences (Thalagala et al., 2004). Survey on psychological wellbeing explained that more male participants than female participants are happy in the class room, with teachers, with friends and parents at home. Compared with the males in this survey females involve in more recreational activities such as watching television and spending time in games. Comparatively small percentage of both male (5%) and female (2%) participants reported that they have experienced school violence.

Distress levels among late adolescents in Jaffna are relatively high compared to other adolescents. Students experience a number of stressful events in their home and school environments that may predispose them to the development of depression and other psychological disorders.

Studies show that the level of stress is high during the stage of late adolescents as it is the final stage of the secondary education in Sri Lankan education system, facing exams, some group of late adolescents enter into higher studies or working environment with new faces. Also in Sri Lanka reports say number of late adolescents especially girls experience sexual harassment (Perera et al., 2009). Particular group of the participants complained that they have more workload in their studies and they felt that their performance is comparatively low (Abeykoon et al., 2008). This is agreed with another study by Thalagala et al., 2004 where about 3 % of school adolescents were worried that their academic

performance was poor compared to others. Consumption of alcohol was found higher in males compared to females where none of the representative female subjects use alcohol or tobacco.

In Sri Lanka, alcohol use is a growing public health issue and, because it is a predominantly male habit here, alcohol use disproportionately harms Sri Lankan males. According to the Sri Lankan tradition women are not much involved in consumption of alcohol (Perera et al., 2009). However the use of tobacco or alcohol by late adolescent male students was low compared with that of male students from developed countries as the later group is exposed to a western culture where they pay much attention alcoholism in social events. Also there during this stage influence of parents decreases while that of friends' increases and they start creating a personal social life (Steketee et al., 2013).

Another area in need of attention is violent behavior in schools. There is a connection between exposure to violence in the media and subsequent violent behaviour in the school (Jayawardana, 2014). Most adolescents in the country have little or no restrictions in watching television programs that they prefer. The result of this study indicated that a substantial proportion of adolescents have been watching TV for two or more hours per day. Therefore it is possible that there is a cause effect relationship between exposure to TV and violent behavior in schools with respect to this study population. Results of the study have shown that small percentage of students was exposed to verbal or physical violence incidents on school premises. This area needs further research to identify causative factors of school violence and interventions are needed to reverse this trend.

Adolescents are generally thought to be healthy, as mortality in adolescence is lower than in any other age group. The health indicators can be an evidence for a good status of health behavior. On the other hand the areas specially perceiving dental care, health checkups and worm treatments should be carried out every six months. Attention from health bodies is essential to improve the health status of adolescents throughout the country.

### **Limitations of the study**

There are several limitations in this study. All information in this study was obtained via questionnaire The sensitive nature of some of the questions may have resulted in inaccurate responses or underestimates of some of the prevalence figures. These analyses were not able to survey all the students in the selected schools. This paper cannot generalize these results to all late adolescents' school leavers were not included in study sample and this paper also likely to have different health behavior patterns from those included.

## Conclusion

In conclusion, the data collected shows late adolescents school children in the Jaffna district appear healthy and experience a relatively healthy life style compare to many other late adolescent groups. However potential malnutrition, mental problems and violent behavior were identified as important health issues in need of urgent attention. But the data from WHO shows that many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems. According to this study the results did not agree with WHO. This may be due to the fact that the questionnaire was an open end questionnaire and the answers obtained were not 100% genuine.

## Reference

- Abeykoon, A. T. P. L. and Wilson, P. 'Emerging Population Issues Among Adolescents and Youth', Sri Lanka Journal of Population Studies, 1(1), pp25-34, 1998.
- De Silva, W. I., Somanathan, A., Eriyagama, V. *Adolescent and youth reproductive health in Sri Lanka*, Institute of Policy Studies in Sri Lanka, Colombo, 2003.
- DeHart, G., Sroufe, A. and Cooper, R. *Child development: Its nature and course*. (5th ed.). New York, McGraw, Hill, 2004.
- Jayawardana, P. "Healthy Youth for Development", In Institute of Policy Studies (IPS) of Sri Lanka, Youth and Development: Realizing the Millennium Development Goals (MGD's) for Sri Lankan Youth, Ministry of Youth Affairs and Skills Development, Sri Lanka, 2014.
- Jeffrey, A. *Reckless behavior in adolescence: A developmental perspective*, Developmental View, 12 (4), pp339-373, 1992.
- Mulye T.P., Park M.J., and Nelson C.D *Trends in adolescent and young adult health in the United States*, Journal of Adolescent Health, 45(1), pp 8-24, 2009.
- Perera, B., Ostbye, T., Fernando, N., Abeyagunawardana, V., Ariyananda, P.L and Woods, C. *Health and health behaviour among late adolescents in Southern Sri Lanka*, Galle Medical Journal, 12 (1), pp13-17, 2007.
- Perera, B and Ostbye, T. *Prevalence and correlates of sexual abuse reported by late adolescent school children in Sri Lanka*, International Journal of Adolescence Medical Health, 21(2), pp203-11, 2009.
- Perera, B and Torabi, M. *Motivations for Alcohol Use among Men Aged 16-30 Years in Sri Lanka*, International Journal of Environmental Research and Public Health, 6(9), pp 2408-2416, 2009.
- Petersen, AC., Compas, B.E., BrooksG.J., Stemmler, M., E.S and Grant, K. E. *Depression in adolescence*, American Psychologist, 48(2), pp 155-168, 1993.
- Prior, M., Virasinghe, S., Smart, D. *Behavioural problems in Sri Lankan school children association with socio economic status, age, gender, academic progress, ethnicity and religion*. Social, Psychiatry and Psychiatric Epidemiology, 40 (8), pp 654-662, 2005.
- Rosen, J.E. *Adolescent health and development – Aresource guide for world bank operations staff and*

government counterparts, The World Bank, Washington DC, 2004.

Srilakshmi, B. *Dietetics 6th edition*, New International Publication New Delhi, 2007.

Steketee, M., Jonkman, H., Berten, H and Vettenburg, N. *Alcohol use Among Adolescents in Europe*, Environmental Research and Preventive Actions, pp 67-74, 2013.

Thalagala, N., Rajapakshe, L and Yakandawala, H. *National Survey on Emerging Issues among Adolescents in Sri Lanka*, Health report of UNICEF. 2004.

World Health Organization. *Health and health behavior among young people WHO Policy Series: Health policy for children and adolescents*. 2000.