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Research Article

HEALTH PRACTICES AND THEIR EFFECT ON HEALTH STATUS OF COLLEGE STUDENTS OF PUNE CITY

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ABSTRACT

The period of college life in young adults marks many changes in health practices that have lasting impact on their health status. It is crucial to understand health practices and problems of this population so as to identify interventions and strategic approaches that protect their health. The objective of this study was to assess prevailing health practices of college students and determine association between their health practices and health status. A non-experimental descriptive design was used to conduct the study. 200 participants were selected using convenience sampling technique and data was collected using structured questionnaires on health practices and health status. Findings of the study reveal that a majority of the students i.e. 66% have good health practices and 51% have a good health status. Association between the two variables was done using Fisher's Exact test in which the p value was found to be <0.05 , indicating that there is a significant association between the two. This study advances our understanding of health practices and health status in conjunction, while directing us to the fact that health practices affect health status.

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INTRODUCTION

College life presents a unique period for individuals where numerous changes- physical, mental, and social occur, and development of various health practices takes place. In midst of meeting new people, learning new things, and making own decisions, college life may be stressful for some as they deal with pressures related to food, drink, drugs, appearance etc (US National Library of Medicine, 2016). Focus on good health practices assists students in developing and sustaining a good health status that would result in longevity and decrease long term disease risks.

Health of college students is important not only to the students themselves but also to the institutions they study in. Good health helps students remain in and complete studies and a college degree is an excellent predictor of health. College students are a large and growing population and are establishing lifestyles and behavior patterns. They are trendsetters and role models for the young and are the future leaders of the society, which is why we need to make them a priority. College students face multiple risks to their health and their behavior affects all parts of their existence (University of Minnesota, 2007).

Young adulthood is when individuals transition from adolescence into adulthood; a phase marked by eventualities such as being independent, having self-actualization, preparing for matrimonial and conjugal responsibilities, taking the initial prime steps toward building a career etc. (Larson N, 2015). Emerging young adults have a higher prevalence of significant health risks compared to adolescents and adults (Lawrence N, 2008). The young adult today would be a parent in the near future. Ignoring health habits, deliberately or inadvertently, has lasting impacts on the individual.

On the Frontier of Adulthood divulges a surprising new facet: adulthood does not, anymore, begin when adolescence culminates. An extended duration prior to adulthood, stretching from the twenties and even running into the thirties, is now committed to pursuit of advanced education, job opportunities, exploring romantic relationships, and personal growth. Avenues into and through adulthood have become much less even and foreseeable, and these changes bear great social and cultural gravity, even as institutions and policies aimed at assisting young adults have not kept pace with these changes. As they obtain rights and privileges of adulthood, young adults lose support from institutions and safety net programs that serve adolescents. Many steer through this transition successfully, but those who rely heavily on institutional support face greater risk of poor outcomes (Settersten et. al., 2005).

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Health practices have been shown to have an impact on subjective views of health, including self-rated health and global quality of life (Shields M., Shooshtari, 2001). Over 20 million students are enrolled in colleges and universities in India, and the majority of students are between the ages 18 and 25. This is a sensitive time period for engaging in many health compromising behaviors including drinking, smoking, low physical activity, and poor dietary habits. Thus, promoting healthy behaviors during this time is crucial to helping individuals avoid many preventable health problems (Berg C.et. al. 2010)

MATERIALS AND METHODS

Location and duration of study

The study was conducted at four different colleges of Pune city viz., Marathwada Mandal College of Architecture, Fergusson College, IMDR, and Spicer Adventist University-College of Commerce, Pune. Prior ethical clearance was obtained from the ethical committee of the University before proceeding to data collection. A written consent was obtained from each participant of the study and questionnaire on health practices and health status was administered simultaneously thereafter. The data collection period lasted from 25th February – 4th March, 2016

Objectives of the study

- To assess health practices of college students.
- To assess the health status of the students.
- To determine the association between health practices and health status of the students.

Research design & method

A quantitative approach and non-experimental descriptive research design was adopted for the present study. The content validity was obtained from experts in the field and Pilot study was conducted on 20th February, 2016 at Symbiosis University, Pune. The purpose of the study was explained to the subjects, confidentiality was assured and the tool was administered. Reliability was calculated with the help of split half method and correlation coefficient was calculated by Karl Pearson’s formula. The estimated value was 0.94, suggesting that the tool is reliable.

For data collection, formal written permission was obtained from the concerned authority of selected colleges. Data collection was commenced henceforth. Consent was obtained from the samples for their participation in the study and the researcher ensured that classes or study time of the students was not disrupted. The tool was thus administered and each sample utilized 10-15 minutes to complete the questionnaire. 200 college students studying in selected colleges of Pune city, between the ages 18 & 25 years were selected using non-probability convenient sampling technique. 50 students were selected from each of the four colleges. A three point scale was developed to assess health practices and a five point scale was used to rate health status of the students. Overall the tool consisted of the following:

- Section- I:** Demographic data
- Section- II:** Questionnaire on health practices.
- Section- III:** Health status rating scale.

RESULTS

Section I: Analysis of the demographic characteristics of the students.

Table 1 Sociodemographic profile of the students

Sociodemographic Variables	N=200	f (%)
AGE		
18-22 yrs.	146	73%
22-25 yrs.	54	27%
25 yrs. and above	0	0%
GENDER		
Male	87	43.50%
Female	113	56.50%
MARITAL STATUS		
Married	3	1.50%
Unmarried	197	98.50%
RELIGION		
Hindu	117	58.50%
Muslim	14	7%
Christian	53	26.50%
Other	16	8%
NATIONALITY		
Indian	191	95.50%
Other	9	4.50%

Most students fall in the age category of 18 – 22 years while most respondents are females. It was also found that majority of the students are unmarried, follow Hinduism and are Indians.

Section II: Analysis of Health Practices

66% (132/200) of the students had ‘good’ health practices, 18.50% (37/200) students had ‘excellent’ health practices, and 15.50% (31/200) students had ‘satisfactory’ health practices. None of the students scored below 30 hence, 0% were in the category of ‘fair’ or ‘poor’ health practices. This may be attributed to easily accessed and available health information over media. Young adults form the largest group of consumers of technically advanced devices that have easily accessible material to health and wellbeing.

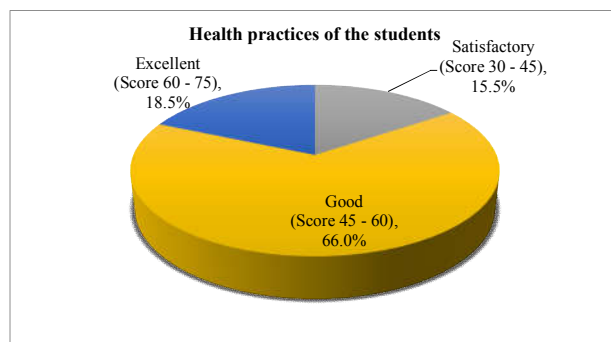


Figure 1 Distribution of students according to health practices score

Section III: Analysis of health status

51% (102/200) students had a ‘good’ health status, 38% (76/200) students had a ‘satisfactory’ health status, and 8% (16/200) of the students had an ‘excellent’ health status. 6% (3/200) students had a ‘fair’ health status while none of the students (0%) were in the category of ‘poor’ health status. This indicates that most college students have a good health status on an average. It may also be noted that majority of the students who reported having good health practices were seen to have a good health status score.

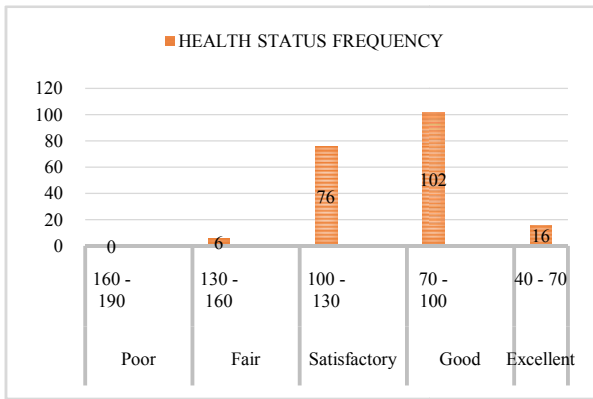


Figure 2 Distribution of students according to health status scores

Association of health practices with health status

Since p-value was small ($0.000 < 0.05$), health practices of students were found to have significant association their health status of students. Better the health practices, better is their health status. The null hypothesis was thus rejected while H1 was accepted implying that better health practices result in better health status.

Table 2 Association of health practices with health status
N = 200

Health Practices	Health status				p-value
	Excellent	Fair	Good	Satisfactory	
Excellent	7	0	28	2	0.000
Good	9	4	64	55	
Satisfactory	0	2	10	19	

DISCUSSION

This study was conducted to assess the relationship between health practices and health status of college students studying in selected colleges of Pune city. One of the major findings of the study was that there is a significant association between health practices and health status, and better the health practices better is the health status. A study similar to the present topic was conducted where in relationship between health practices and physical health status was studied in a group of 542 adults. A prospective study on a cross section of the same sample was also conducted. Findings from the study revealed that there was a strong relationship between these two variables. Health practices that were ‘good’, resulted in better health status in the respondents. The prospective study was done on the sub sample 18 months after the initial interview which also revealed a definite relationship between previously followed health practices and the resultant health status. The relationship between the two stands even when previous health status is controlled (Reed WL, 1983). This study is, to a large extent, in line with the present study where similar results were found albeit no follow up was done on the students.

A study conducted on 43,093 students in USA revealed that nearly half of the young adults who were attending and non-attending college students had at least one psychiatric disorder in the past year. Almost half of college-aged individuals had a psychiatric disorder in the span of one year. Although there was no significant difference in the disorders between college attending and non-college attending young adults, rate of use of alcohol was higher in college attending students and, as evident

by the study, they were less likely to receive treatment or rehabilitation for disorders caused (if any) due to alcohol or drug abuse (Carlos Blanco *et. al.* 2006). In contrast, the present study indicates that although alcohol and drug use is prevalent in the students, the intake of these substances is moderate and not enough to warrant rehabilitation measures as no evidence of disorder or abuse was found.

Another study was conducted on basic demographics, health practices and health status of U.S. medical students, the results of which revealed that a majority of medical students (84%) reported to never have had smoked. When it came to drinking, both genders had a maximum of two drinks at every drinking episode while binge drinking was more common with men. Most of the students exercised for at least 4 hours per week. Sleep habits were found to be good as most reported getting at least 7 hours of sleep every night. Almost all students reported their health to be good in the past month and neither of the genders was likely to be obese. Percentage of chronic health problems was below 2% in both genders. Also, as compared with their peers, students of medicine had considerable variations in rates of preventive screening. It was therefore concluded that medical students in the USA had a good health status owing to the many good health behaviors practiced by them in comparison with their counterparts who were not medical students (Erika Frank *et. al.* 2006). The current study presents a similar picture wherein a majority of the students have good health practices and consequently good health statuses owing to those health practices such as minimal drinks, adequate sleep, and some physical activity.

A study was conducted in China with the purpose of examining health behaviors of college students as it is one of the methods that serves to develop strategies in improving health status of the population. 333 students filled up and turned in survey forms developed by the researchers. Results of the analysis showed that most of the students from the sample did not practice good health behaviors and the health practices varied greatly in students who reported ‘excellent’ and ‘very good’ health status as opposed to those who reported ‘fair’ and ‘poor’ health status (Ying Li *et. al.*, 2014).

Striving toward adopting and maintaining healthy practices is of prime importance in order to achieve a good health status that allows you to pursue work, study and other life goals without having the burden of living with and treating diseases which, needless to say, decrease your potential in all aspects related to life. Research has proven that effects of good health practices are extensive and wide-ranging regardless of your age, sex, or physical ability.

CONCLUSION

In conclusion, majority of the students had good health practices which resulted in them having a good health status as well. However, owing to several factors, many students do not follow good health practices which places them at risk of developing lifestyle diseases and thus lowering their health status. Colleges and universities are important settings where promotion of healthy lifestyles should be encouraged since they house future leaders, parents, and role models of our society. Advances should be made to make colleges and universities places that encourage fitness, physical activity and building of

healthy lifestyles and strategies to promote the same must be developed. Analysis through this study has revealed that health practices have a significant impact on the health status of the individual. Therefore to achieve good levels of fitness and health, focus should be on health habits and practices that help one achieve a level of fitness which can be translated as the individual having a good health status.

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