



Health Risk Behaviour among College Students in

Virudhunagar – An Analytical Study

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ABSTRACT

Youth and adolescence appears to be one of the healthiest periods of the life course with very low rates of morbidity and mortality due to disease. It is a healthy period in the life-span of an individual, compared to a very young child and the elderly. The adolescent years are not only a time of physical, intellectual and emotional development, but it is also a time when experimentation and exploration in their lifestyles, attitudes, concepts, beliefs and habits are developmentally normal in preparation for the commitments of adulthood. Evidence suggests that it occurs at a higher rate in low-income neighbourhoods, disproportionately among the youth. Although health risk behaviours such as the use of addictive substances, smoking tobacco products in adolescence or early adulthood, it has an effect in later life. Conditions associated with an increase in mortality in later life, e.g. diabetes mellitus, tobacco addiction, hypertension, cardiovascular disorders and lifestyle related cancers, have been identified in India to be influenced by behavioral factors.

Against this above background the following objectives have been framed; (a) to analyze the prevalence of smoking and drinking alcohol behavior among the sample respondents, (b) to identify the motivational factors for smoking and drinking alcohol behavior among the sample respondents and (c) to give suggestion to the problems. The present study covers a period of one year i.e., from January 2017 to April 2017. The survey was conducted during this period. Both primary and secondary data were collected for the purpose of the study. The systematic random sampling method was adopted in the present study to select the sample respondent.

Keywords : Risk Behavior, Smoking and Drinking Behavior and Adolescent risk Behavior.

I. INTRODUCTION

India today is experiencing an exceptional increase in the number of young people. Findings from various studies suggest that students entering the university setting put themselves at risk through unhealthy



behaviors. Researchers have recognized that universities are often settings where students experience independence and freedom from direct adult supervision for the first time. This freedom, however presents new stressors associated with a different structure to daily life and greater responsibilities. Students enter an environment where normative values may be different than parental values, thus causing them to question individual beliefs, values and goals. At this vulnerable period of students' life, understanding why they engage in health behaviors is an important factor in helping them to decrease risk behaviors and therefore improve their quality of life.

Youth and adolescence appears to be one of the healthiest periods of the life course with very low rates of morbidity and mortality due to disease. It is a healthy period in the life-span of an individual, compared to a very young child and the elderly. The adolescent years are not only a time of physical, intellectual and emotional development, but it is also a time when experimentation and exploration in their lifestyles, attitudes, concepts, beliefs and habits are developmentally normal in preparation for the commitments of adulthood. Youth is often depicted as a time of marked distress and disturbance, a period when a number of healthy and unhealthy habits are developed that may last throughout the life course. It is a time when the primary causes of mortality and morbidity are closely related to the behavioral choices of the individual.

The adolescent no longer depends on concrete experiences as the basis of thought, but develops the ability to reason abstractly. The ability to think and act independently leads many adolescents to rebel against parental authority. It also states that older adolescents are often idealistic and highly critical of traditional institutions. Through these actions adolescents seek to establish their own identity and a value, consequently establishing positive health behaviors during adolescence holds great potential for reducing health problems in later life. Youth violence is a dynamic and complex public health problem. No community, whether affluent, poor, urban, suburban or rural, is immune. Evidence suggests that it occurs at a higher rate in low-income neighbourhoods, disproportionately among the youth. Although health risk behaviours such as the use of addictive substances, smoking tobacco products in adolescence or early adulthood, it has an effect in later life. Conditions associated with an increase in mortality in later life, e.g. diabetes mellitus, tobacco addiction, hypertension, cardiovascular disorders and lifestyle related cancers, have been identified in India to be influenced by behavioural factors.

However, they are in an inimitable position to influence and inspire other students to lead a healthy lifestyle. Early identification of health risk behaviors among students can contribute to the development and implementation of programmes by faculty that help students adopt healthy lifestyle behaviors. The outcome of this study would contribute to the establishment of effective preventative measures to counter health issues facing university students, thereby promoting their health. It would provide a platform for youth to lead healthy lifestyles, endorse health promotion among youth and form a



basis for future university-based health promotion programmes. Therefore studies should be undertaken of all behaviours that place young people at risk. Based on the back ground this paper going to analyze the “An Analytical Study on Health Risk Behavior among College Students in Virudhunagar”.

Against this above background the following objectives have been framed; (a) to analyze the prevalence of smoking and drinking alcohol behavior among the sample respondents, (b) to identify the motivational factors for smoking and drinking alcohol behavior among the sample respondents and (c) to give suggestion to the problems.

. The remaining part of this study is organized as follows: After a brief Introduction is Section - I, Data and Methodology are outlined in Section - II, Section - III Discusses the result and Section - IV gives the Suggestion.

II DATA AND METHODOLOGY

The present study covers a period of one year i.e., from January 2017 to April 2017. The survey was conducted during this period. Both primary and secondary data were collected for the purpose of the study. The systematic random sampling method was adopted in the present study to select the sample respondent. It is a method in which a complete list of the population or the universe is available from which samples are to be drawn. The list may be prepared in numerical order. In the present research study, the total population or universe is 4746 students are classified into two category, namely, Arts college students (3546) and Engineering college students (1200).

Out of the 3546 arts college students, 75 students are selected as sample and out of 1200 engineering college students, 75 students as sample. Thus, out of the universe of 4746 students , 150 were selected as samples. The selection of such samples was based on the systematic random sampling method by using $K = N/n$.

The ratio for the sample of arts college students selected for the study has been worked out thus: $3546/75 = 47.28$ and the ratio for the sample engineering college students has been worked out thus : $1200/75 = 16$. Thus under the category of arts college students , 1 out of 47 was selected as sample and 1 out of 16 selected as sample under the category of engineering college students.

III. FINDINGS OF THE STUDY

Table - 1. Age Wise Distribution of the Sample Respondents

Sl. No.	Age Wise Distribution	No. of Respondents	Percentage
1	Below 18 Years	4	2.7
2	19 Year	5	3.3



3	20 Year	17	11.3
4	21 Year	26	17.3
5	22 year	72	48.0
6	Above 23 years	26	17.3
Total		150	100

Source: Primary Data

It is evident from the Table 1 shows that, 48 per cent of the samples respondents were belong to the age group of 22 years. It is followed by 17.3 per cent of the respondents were belong to the age group of above 23 years. 11.3 per cent of the sample respondents belong to the age of 20 years. It also found that 2.7 per cent of the respondents belong to the age group of below 18 years.

It is inferred that, majority of the sample respondents are fall in the age group of 22 years.

Table-2. Starting Age of Smoking among the Sample Respondents

Sl.No.	First time smoke	No. of respondents	Percentage
1.	Not use	54	36.0
2.	11 or 12 years old	3	2.0
3.	13 or 14 years old	4	2.7
4.	15 or 16 years old	29	19.3
5.	17years or older	60	40.0
Total		150	100.0

Source: Primary Data

Table 2 shows that 40 per cent of the sample respondents were smoke in first time in 17years or older. It is followed by 36 per cent of the respondents had not use cigarette. 19.3 per cent of the sample respondents were smoke in first time 15-16 years old. It also found that 2.7 per cent of the respondents are 13-14 years old first time. Only 2 per cent of the respondents are 11-12 years old in smoke first time.

Table -3. Effect of smoking on one's Health

Sl.No.	Particular	N0. of respondents	Percentage
1.	Not use	54	36.0
2.	Diseases of the lungs	53	35.3
3.	Back pain	34	22.7



4.	Stomach ache	8	5.3
5.	Others	1	0.7
	Total	150	100.0

Source: Primary Data

Table 3 reveals that 36 per cent of the sample respondents had not effect of smoked. It is followed by 35.3 per cent of the respondents are diseases of the lungs. 22.7 per cent of the sample respondents are having back pain , 5.3 per cent of the respondents are having stomach-ache and only 0.7 of the respondents were effect of smoking on one health.

Table - 4. Starting Age of Drinking of Alcohol

Sl.No.	Particular	No. of respondents	Percentage
1	Not use	46	30.7
2	8 years old or younger	1	.7
3	9 or 10 years old	1	.7
4	11 or 12 years old	1	.7
5	13 or 14 years old	3	2.0
6	15 or 16 years old	22	14.7
7	17years or older	76	50.7
	Total	150	100.0

Source: Primary Data

Table 4 shows that 50.7 per cent of the sample respondents were started drinking of alcohol in first time in 17years or older. It is followed by 30.7 per cent of the respondents had not use drinking of Alcohol. 14.7 per cent of the samples respondents were started drinking of alcohol 15 or16 years old, 2 per cent of the respondent's are 13 or 14 years old. It is also found that 0.7 per cent of the respondents were started to drink in 8 years old or younger.

Table - 5. Effect of Alcohol Use on One's Health

Sl.No.	Effect of Alcohol use on one's health	No. of respondents	Percentage
1	Not use	47	31.3
2.	Depression	41	27.3



3.	back pain	17	11.3
4.	liver disease	44	29.3
5.	Others	1	0.7
Total		150	100.0

Source: Primary Data

Table 5 reveals that, 31.3 per cent of the sample respondents had not effect of alcohol. It is followed by 29.3 per cent of the respondents were having liver disease, 27.3 per cent of the sample respondents are in depression, 11.3 per cent of the respondents were having back pain. Only 0.7 of the respondents were effect of alcohol on one health.

Multidimensional Scaling (MDS) is an important analytical tool for the purpose of grouping. In general, the goal of the analysis is to detect meaningful underlying dimensions that allow the researcher to explain observed similarities or dissimilarities (distances) between the investigated objects. With MDS one may analyse any kind of similarity or dissimilarity matrix.

MDS is a procedure to “rearrange” objects in an efficient manner, so as to arrive at a configuration that best approximate the observed distances. It actually moves objects around in the space defined by the requested number of dimensions, and checks how well the distances between objects can reproduced by the new configuration. In more technical terms, it uses a function minimization algorithm that evaluates different configurations with the goal maximizing the goodness-of-fit (or minimizing “lack of fit”). The most common measure that is used to evaluate how well (or poorly) a particular configuration reproduces the observed distance matrix is the stress measure. The raw stress value Phi of a configuration is defined by:

$$\text{Phi} = \sum [d_{ij} - f(\delta_{ij})]^2$$

In the formula, d_{ij} stands for the reproduced distances, given the respective number of dimensions, and δ_{ij} (delta ij) stands for the input data (i.e., observed distances). The expression $f(\delta_{ij})$ indicates a non-metric, monotone transformation of the observed input data (distances). Thus, it will attempt to reproduce the general rank ordering of distances between the objects in the analysis.



INTERPRETING THE DIMENSIONS

In this research, an attempt has been made to find out the motivational factor for smoking and drinking behavior of the sample respondents.

The interpretation usually represents the final step of the analysis. As mentioned earlier, the actual orientations of the axes from the MDS analysis are arbitrary, and can be rotated in any direction. Two-dimensional solutions can be illustrated graphically. In this study a list of 7 perceptual factors for smoking, drinking and sexual behavior which are weighted in five point scale were taken for MDS analysis.

The respondents have a lot of motivational factors for starting their risk behavior activities . They have been asked to rate a motivation factors normally encountered by all the sample respondents on a five point rating scale. The scale items were ‘Strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, ‘strongly disagree’. The scaling items were given weightage of 5,4,3,2 and 1 respectively and weighted average is obtained to rank the rating of the respondents is shown in table.

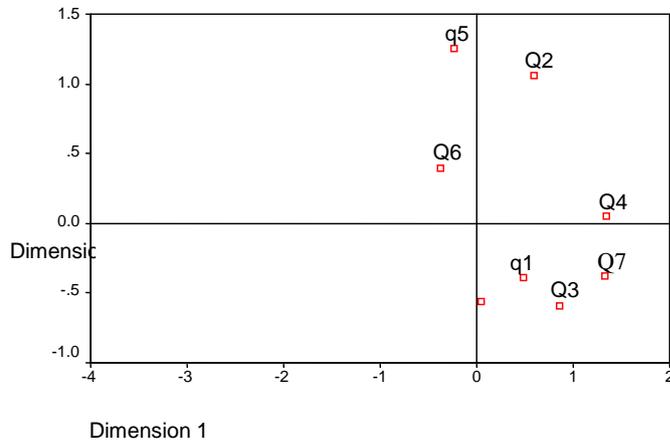
Table - 6. List of Motivational factors for Smoking

Factors	Variables
Q1	Prestige
Q2	Relaxes
Q3	Friends
Q4	Father’s smoking habit
Q5	Advertisements
Q6	More pocket money
Q7	Liking to smoke



Derived Stimulus Configuration

Euclidean distance model



The results of the analysis can be extracted from the Euclidean model in the two dimensional graph. On observation of the two dimensional graph it could be inferred that the variables Highest influence the sample respondents by friends (Q3), prestige (Q1), liking to smoke (Q7). The above influence factors compared to these are minimum level of influenced like father’s smoking habit (Q4), relaxes (Q2), more pocket money (Q6) and advertisements (Q5).

Table – 7. List of Motivational factors for Drinking Alcohol

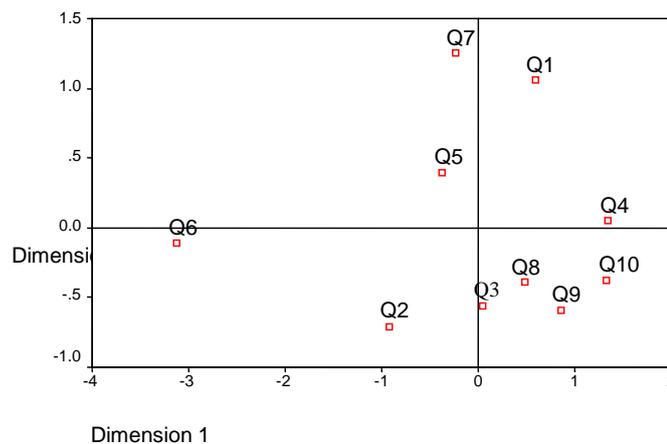
Factors	Variables
Q1	Prestige
Q2	Relaxes
Q3	Friends
Q4	Father’s drinking habit
Q5	Advertisements
Q6	More pocket money
Q7	Liking to drink alcohol
Q8	Lack of Recognition in family



Q9	Family problems
Q10	Love failure

Derived Stimulus Configuration

Euclidean distance model



The results of the analysis can be extracted from the Euclidean model in the two dimensional graph. On observation of the two dimensional graph it could be inferred that the variables highly motivated the sample respondents are like friends (Q3), family problems (Q9), Lack of Recognition in Family(Q8) and love failure (Q10).

The compared to above factors minimum level motivational factors are like father’s dirking habit (Q4), prestige (Q1), liking to drink alcohol (Q7), advertisements (Q5), more pocket money (Q6). The least level factor is relaxes (Q2).

Section – IV Concluding Remarks

To overcome the evils of smoking, drinking alcohol and sexual behavior among the college students, the following remedial measures disserve to be implemented. They are Under the national Service Scheme, a combined against smoking, drinking alcohol can be organized. The combined many include lectures, educative films, pamphlets, exhibition and procession inviting attention of the public and the students of the harmful effects of smoking, drinking alcohol behavior. Smoking should be strictly prohibited in pubic conveyances, cinema theatres, and hotels etc., such persons who smoke against the welfare of the society must be penalized. Inside the college campus strictly prohibited Individuals should realize their responsibility in protecting the environment as well as having conscious about their health and other health. All the advertisements promoting the sale of cigarette



must be banned, in public interest. It is better, easier and wiser to avoid smoking and drinking than trying to stop the habit. A firm decision and the strong will to really stop smoking and drinking alcohol are absolutely essential to abstain from this evil habit once for all.

REFERENCES

- [1] Adderley-Kelly B, Green PM (2000). Health behaviors of undergraduate African American nursing students. *The Association of Black Nursing Faculty Journal* Vol.11, No.7, pp.22 - 28.
- [2] Akande A (2001). Risky business: South African youth and HIV/AIDS prevention. *Educational studies* 27:237-256.
- [3] Alexander C, Piazza M, Melcos D and Valente T (2001). Peers, schools and adolescent cigarette smoking. *Journal of Adolescent Health* 29:22-30.
- [4] Baldwin JA, Johnson RM, Gotz NK, Wayment HA and Elwell K (2006). Perspectives of college students and their primary health care providers on substance abuse screening and intervention. *Journal of American College Health* 55:115-120.
- [5] Beal AC, Ausellio J, Perrin JA (2001). Social influences on health risk behaviors among minority middle school students. *Journal of Adolescent Health* 28:474-480.
- [6] DeJong W (2002). The role of mass media campaigns in reducing high-risk drinking among college students. *Journal of Student Alcohol* 14S:1182-192.