"Study on Lifestyle Practices Affecting Health of Adolescents in Delhi"

A dissertation submitted in partial fulfillment of the requirements
For the award of

Post Graduate Diploma in Health and Hospital Management

By

Aditi Sharma

IIHMR

International Institute of Health Management Research

New Delhi

28th April, 2011

PART-1 INTERNSHIP REPORT

By Aditi Sharma

Organization Profile

ORG Centre for Social Research
(A Division of the Nielsen Company)

ORG-MARG is part of the Nielsen network of companies in over 100 countries and **ORG Centre for Social Research** is the social research division of The Nielsen Company.

The ORG CSR Advantage

The advantage that ORG CSR has over all its domestic competitors is that apart from having an ISO 9002 certification for data management, it is simply the largest multi-disciplinary research organization in India in terms of manpower and field network, as well as being the one of the oldest.

ORG (Operations Research Group) was set up nearly four decades ago by Dr. Vikram Sarabhai and had notched up an impressive array of projects, emerging in the process as a leading agency for development research and policy planning. Four enterprising research professionals had created MARG in 1983, quickly established it as among the largest agencies in India. These two entities, known as the erstwhile ORG_-MARG, was formed in 1995. Today, as ORG CSR, the company is uniquely placed to leverage its leadership status in three of our functional divisions, viz. retail measurement services (where Nielsen is the final word across over 100 countries), customized market research and social research, with free movement of professionals and knowledge across the three division based on client specific needs.

The breadth and depth of ORG CSR's infrastructure and services in India and South Asia are unparalleled. The company operates through many different information 'windows' – consumer and retail; quantitative and qualitative; syndicated and customized (client-specific) data; one-off, periodic and continuous studies.
The ORG Centre for Social Research operates through 10 fully equipped branch offices and field offices in 150 locations spread across the length and breadth of India. ORG CSR accounts for just over half the total number of people employed in the market research industry in South Asia. This formidable size and infrastructure means, quite simply, just one thing to our clients: *better information than is available anywhere else.*

Wide-ranging skills: Professionals with ORG CSR include specialists in the areas of social sciences, economics, demography, statistics, urban development, transportation, engineering, agricultural and natural science, planning, energy and environment, anthropology, industrial and chemical engineering, marketing, management, communications and computer applications.

Research Methodology: One of the important strengths of ORG CSR is its continuous concern and endeavour towards development of appropriate research designs and methodologies to study and explore particular dimensions of human behaviour, environment, social change, marketing practices and media trends.. Working with a variety of methodologies, the attempt is to ensure that the final research design and outcome is a holistic one. The specific areas where ORG CSR has made a pioneering contribution are retail store audit, readership studies, social and techno-economic evaluation, new product launches, welfare and environmental impact studies, systems studies in urban development and water resources and communications strategy development, education studies, family planning and energy surveys, crop surveys and forecasting and opinion polls.

Types of Services: ORG CSR Private Limited offers services in almost all fields of development planning and management - from the conceptualisation of projects, programmes and strategies to final implementation.. Today ORG CSR functions as a premier centre for consumer and development studies offering a wide spectrum of services – retail measurements, consumer research, industrial market research, media tracking, social research, environmental research and behavioural and attitudinal research.

Besides being an independent evaluating agency, ORG CSR serves as a source for policy ideas and specialised expertise. Senior professionals of the company are associated with several high level working committees, expert groups and study teams on issues of significance at various levels.

Survey research requires the generation of primary data, with larger studies calling for nation-wide surveys. At ORG CSR, these are met by drawing upon the skills of survey methodology as well as on the experience of the permanent field staff, spread over the entire nation. We are credited with introducing original survey research methodologies appropriate to the Indian environment over three decades ago.

The main strength of the organization is its array of professionals with multi-disciplinary expertise, including sociology, anthropology, economics, demography, population sciences,

statistics, nutrition, education, geography, agriculture, psychology, urban/regional planning, rural development, agricultural, natural resource management, energy, forestry, environment, management, rural marketing and bio sciences.

1. Sectoral expertise

Over the years, ORG CSR has developed expertise in survey methodologies in the following sectors:

- Health, AIDS, Nutrition and Family Planning
- Population and Development
- Education
- Social Security and Welfare
- Gender Issues
- Income Generation and Rural Development
- Social Communication
- Environment and Natural Resource Management
- Micro Planning and Enterprise Development

2. Research methodology

Our research methods involve specially developed techniques in areas such as:

- Quantitative research
- Qualitative research
- Participatory Rural Appraisal
- Participatory / micro planning

Considering its expertise in social systems research, ORG CSR is recognized as one of the WHO/ICMR collaborative centers and we have set up the Sexual Health Resource Centre (SHRC) for DFID, in India. It is also actively assisting other nodal national and international agencies like DNES, NDDB, IDRS, UNICEF, SIDA, CIDA, ILO, USAID, The World Bank, DFID/ODA, WFP, UNDP, etc.

3. Wide range of studies

ORG CSR is the largest multi-disciplinary social research unit in the sub-continent, both in terms of staff strength as well as in terms of areas of operations. The range of assignments undertaken over period has helped us to develop competencies in a variety of types of studies across key development sectors.

***Nature of work experience in* HEALTH AND FAMILY WELFARE**

- Behavioral Surveillance Surveys
- National behavioural survey among general population and high-risk groups
- KABP studies on HIV/AIDS/STIs and condom usage
- Monitoring and evaluation studies on national AIDS programmes
- Economic aspects of chronic diseases
- Evaluation of targeted intervention programmes
- Advocacy studies on STD/HIV/AIDS prevention in school programmes
- Establishment and running of Sexual Health Resource Centre (SHRC)
- Studies on communication needs assessment
- Mapping of High Risk Group populations
- All India Family Planning Surveys
- National Family Health Surveys
- Studies on rural and urban health infrastructure
- Reproductive and Child Health facility surveys
- Studies on safe motherhood, child survival and immunization
- Social marketing of condoms
- Evaluation of national programmes on blindness, tuberculosis and diabetics
- Studies on People Living With HIV/AIDS
- Implementation of zinc supplementation programme
- Development and establishment of Computerized management Information System (CMIS) for National AIDS Control Organization
- Studies on health financing
- Training needs assessment of health functionaries
- Accessibility surveys of health and family welfare services

***Nature of work experience in* RURAL DEVELOPMENT**

- Evaluation of government programmes
- Concurrent monitoring of programmes of Ministry of Rural Development
- Socio-economic impact assessment of programmatic interventions
- Poverty assessment, profiling and micro planning studies
- Techno-economic feasibility of income generating activities
- Institutional capacity assessment
- Beneficiary need assessment and communication need assessment for programme design

- Situation analysis and benchmark surveys for formative research
- Social audits through participatory rural appraisal and Quantitative Participatory Appraisals
- Vulnerability assessment and food security mapping
- Preparation of area development plans
- Assessment of micro finance activities and grading of Self Help Groups
- Market assessment, trade research and demand estimation for sub-sector development
- Consumer satisfaction surveys
- Computerized MIS design for physical and financial performance monitoring
- Evaluation of Panchayati Raj

***Nature of work experience in* WATER SUPPLY AND SANITATION**

- Performance evaluation of water supply and sanitation projects
- Baseline surveys for project design
- Water tariff designing based on WTP measurements for WATSAN services
- Evaluation studies on community based Operations & Maintenance of water supply infrastructure
- Water demand assessment studies
- Technical audits of WATSAN projects
- Techno-economic feasibility on water conservation and surface runoff harvesting methods
- Socio-economic surveys of consumers
- Institutional development and capacity building studies
- MIS design for project monitoring
- Action research and demonstration projects (Indira Gandhi Nahar Project)

***Nature of work experience in* NATURAL RESOURCE MANAGEMENT**

- Micro planning in watershed development
- Environmental Impact Assessment
- Enhancing community participation in community development
- Catchment area development programmes
- Surface water run-off assessment
- Soil and water conservation measures
- Water balance studies for watershed development
- Ground water recharge estimations
- Assessment studies on wasteland management

***Nature of work experience in* EDUCATION**

- Impact assessment and cost benefit analysis of innovative programmes like Lok Jumbish and Akalavya
- Evaluation of District Primary Education Program
- NGO evaluation studies

- Evaluation of Total Literacy Campaign, Post – Literacy Campaign, Continuing education and Non – formal Education
- Dropout measurements through cohort analysis
- Learner achievement tests for assessing Minimum Levels of Learning
- Cluster evaluation of key education indicators
- Mid-day meal programme assessment
- Evaluation of Operations Blackboard programme
- Studies in design of pedagogy and usage of communication equipment
- Development of Education MIS
- Impact assessment and design of vocational education programmes
- Situation analysis of girl child seeking education
- Terminal assessment surveys

Nature of work experience in WOMEN AND CHILD DEVELOPMENT

- Work pattern of women and impact on health and nutrition
- Changing role of women and impact on demographic behaviour
- Estimation of female labour force
- Communication Needs Assessments for Integrated Child Development Scheme (ICDS)
- Evaluation of pulse polio
- Cost effective therapeutic supplementation of ICDS
- Micronutrient fortification studies
- Situation analysis of child labour in various industries
- Population socialisation among adolescents
- Multi Indicator Cluster Surveys

Nature of work experience in ENERGY AND FORESTRY

- Apex Regional Institution for coordination of biomass assessment
- Power consumption studies in agriculture sector
- Studies on Non Timber Forest Produce
- Village eco-development plans
- Market opportunity surveys and development of rural energy markets
- Wood balance studies
- Socio-economic c/b studies on social forestry
- Techno-economic feasibility studies on non-conventional energy sources, including biogas and wind energy
- Evaluation of energy conservation programmes
- Women's role in social forestry
- Energy surveys and preparation of Integrated Rural Energy Program
- Studies of forest based cottage industries
- Demand estimation and marketing of fuel wood
- District level agriculture planning
- Consumer response surveys on rural electrification

- Studies on electricity tariff in agriculture sector

***Nature of work experience in* AGRICULTURE AND AGRI BUSINESS**

- Cropping pattern study
- Crop forecast survey
- Feasibility studies on agriculture market strategy
- Study on crop production, productivity and cost analysis
- Socio-economic evaluation of farmer families
- Benchmark socio-economic survey in irrigation command
- Water balance studies in agro-climatic regions
- Study on market trends and marketing infrastructure for agriculture commodities
- Preparation of land use action plan
- Marketing and accessibility studies for horticulture crops and spices
- MIS for agriculture sector
- Export competitiveness of agriculture and horticulture commodities
- Cold chain assessment
- Assessment of export potential of fresh and processed fruits and vegetables
- Techno-economic feasibility studies for development of horticulture and floriculture
- Study of market trends and market infrastructure for agriculture commodities
- Techno-economic feasibility studies for development of agro-processing industries
- Evaluation of Integrated Cereal Development Programme
- Studies on pre and post harvest infrastructure requirements

Scope of Work during Internship

At ORG-CSR, I am placed as a Project Trainee during Internship period of 4 moths that is from 17th of February to 17th of June. This period so far has allowed me to explore research and understand different aspects of healthcare research.

Work Allocated

Data Analysis

Data Interpretation

Analysis Plan

Report Writing

Presentation of the report

Some of the projects I was involved with are:

- Coverage Evaluation survey of Vitamin A Supplementation programme in Uttar Pradesh
- KAP regarding the nutrition needs and care of women and young children in Orissa.
- Coverage Evaluation Survey of distribution of Iodized Salt in eight states od India.

Reflective Learning

Understanding different aspects of Health Care Research

Report Writing Skills

Understanding of Global Firm

Team work and co ordination of work

Learning and Experiences at ORG Centre for Social Research:-

The experience of working in ORG CSR was an enriching experience. I had a chance to learn and gain exposure to the entire limit possible. Organizational culture helped me to grow and enrich my knowledge. Apart from the research methods and procedures, I got an opportunity to work with other professionals of Social sector as it is not the only trained health workers who work for the people and country's development. Such an experience helped me to enhance my skills in the work related to health sector. Thus, I could develop more competencies and enrich my skills of working in collaboration and cooperation with other professionals while being in a team. Also it was the first time experience that learner got involved in developing of interview schedules (questionnaires) and understood the various aspects required in doing so i.e. client demands, sensitivity of the issues, and the field related problems or challenges.

The expectations which I had from the organization in terms of supervision, coordination, and cooperation etc. went surpassed. Organizational culture and working environment was friendly and gave so much scope for me to learn maximum while in the organization and beyond. At the end I realized that it was a new learning and new experience ever since the day one till the end of internship at the ORG Centre for Social Research, a division of the Nielsen Company.

PART-2

Dissertation REPORT on

"Study of Lifestyle Practices affecting health of Adolescents in Delhi"

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By

Aditi Sharma

Under the guidance of

Pramod Padhy

Director Client Solutions,

ORG Centre for Social Research,

The Nielsen

Dr. Preetha GS

Assistant Professor,

IIHMR, New Delhi

International Institute of Health Management Research

New Delhi

28th April 2010

Certificate of Approval

The following dissertation titled **"Study of Lifestyle Practices affecting Health of adolescents in Delhi"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name Signature

_____ _____

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Aditi Sharma,** a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled **"Study of Lifestyle Practices affecting Health of Adolescents in Delhi"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Faculty Advisor

Dr. Preetha GS

Assistent Professor,

IIHMR, New Delhi

Organizational Advisor

Pramod Padhy

Director Client Solutions,

ORG Centre for Social Research,

The Nielsen Company

Acknowledgement

I hereby take this opportunity to thank **Mr. Pramod Padhy, Director Client Solutions, ORG Centre for Social Research, the Nielsen Company**, for giving me the opportunity to work in such esteemed or organization that gave me the scope for playing an active role in different activities, which was indeed a learning experience.

I would like to express my heartfelt gratitude to **Dr. Ranjana Saradhi, Associate Director Client Solutions, ORG Centre for Social Research**, without whom this project would have been a success.

My sincere acknowledgement goes to **Dr. Preetha GS, Assistant Professor, IIHMR, New Delhi** who gave me the opportunity, encouragement and guidance throughout the training period and helped me come up with new and great ideas for the report.

I would like to thank my **friends and family** members who have been the pillars of support throughout my life.

Last but not the least, all my thanks goes to almighty god for his blessings bestowed on me always.

Thank You,

Aditi Sharma

PGDHHM

IIHMR, New Delhi

(2009-2011)

ABSTRACT

Adolescence is a key to the individual's life. Between 10-19 years, many social, biological cultural and economic events occur that change the life of an individual and set the stage for adult life. These changes thus make it imperative to understand the adolescents' need which so far has been given little importance in policies and programmes. Also the world now a days is growing so fast and the development is also at such a fast pace that there are lifestyle modifications which have changed the life to every person, thus making life of adolescents also getting affected in terms of health.

Realizing this need and the study was proposed to be conducted in Delhi because Delhi is the most vulnerable to diseases especially the health related risk behaviours which are affecting the life of adolescents. The study was done in 4 different schools of Delhi including both the public as well as the private schools. The adolescent population was taken as a sample including the students from 8^{th} -12^{th} standard. A set of semi structured questionnaire was prepared as a tool for the purpose of primary data collection. The responses were seen and the analysis was the done to portray the findings to the objectives of the study.

The broad objective of the study is to assess and determine the practices relating to the lifestyle of Adolescents in Delhi, covering both the early and the late adolescents among the school goin population. The general objective of the study was to assess the daily routine practices of the adolescents and their knowledge and attitudes towards unhealthy practices like smoking, drinking, and tobacco use and the health hazards which can be the effects of such unhealthy practices.

The complete study was scheduled for 3 months involving visits to various schools for primary data collection and the thorough analysis. Students were also asked in general some questions which can benefit the study and can give the general idea of the behavior of the students. The complete process is described in detail in the study.

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CHAPTER 1

Introduction

1.1 BACKGROUND

The term **Adolescence** is derived from the Latin word **"Adolescere"** which literally means to grow to maturity'. **Adolescence** is the described as the traditional stage of physical and mental human development, generally occurring between puberty and legal adulthood but largely characterized with the beginning and ending of the teenage stage. Adolescence is the transition period from childhood to adulthood, a rapid time for critical physical, mental, psychosocial and ethical development.

Out of the total population of India, around 40% youth are there i.e. around 460 million out of which 333millions are literate. The total adolescent population, aged 10-19 years is 243387 as in 2009.Therefore; the working age population i.e. 15-49 years is a major asset for the development of the country. This population also covers the late adolescents i.e. those under the age group of 14-18 years, who are also called as Young Adults. As such, this population, being a productive age population holds much of an importance when it comes to talking about health related issues.

According to WHO, the adolescent period is from 10-19 years. A Youth is a person aged between 15-24 years and young people encompass both the age groups i.e. from 10-24 years. Currently, more than 50% of the world's population is under the age of 25 years. The age group of children in the age of 13-15 years is called as **Early Adolescence** while the age group of 16-18 years is called as **Late Adolescence.** Thus, adolescent population figures out to be the highest in India.

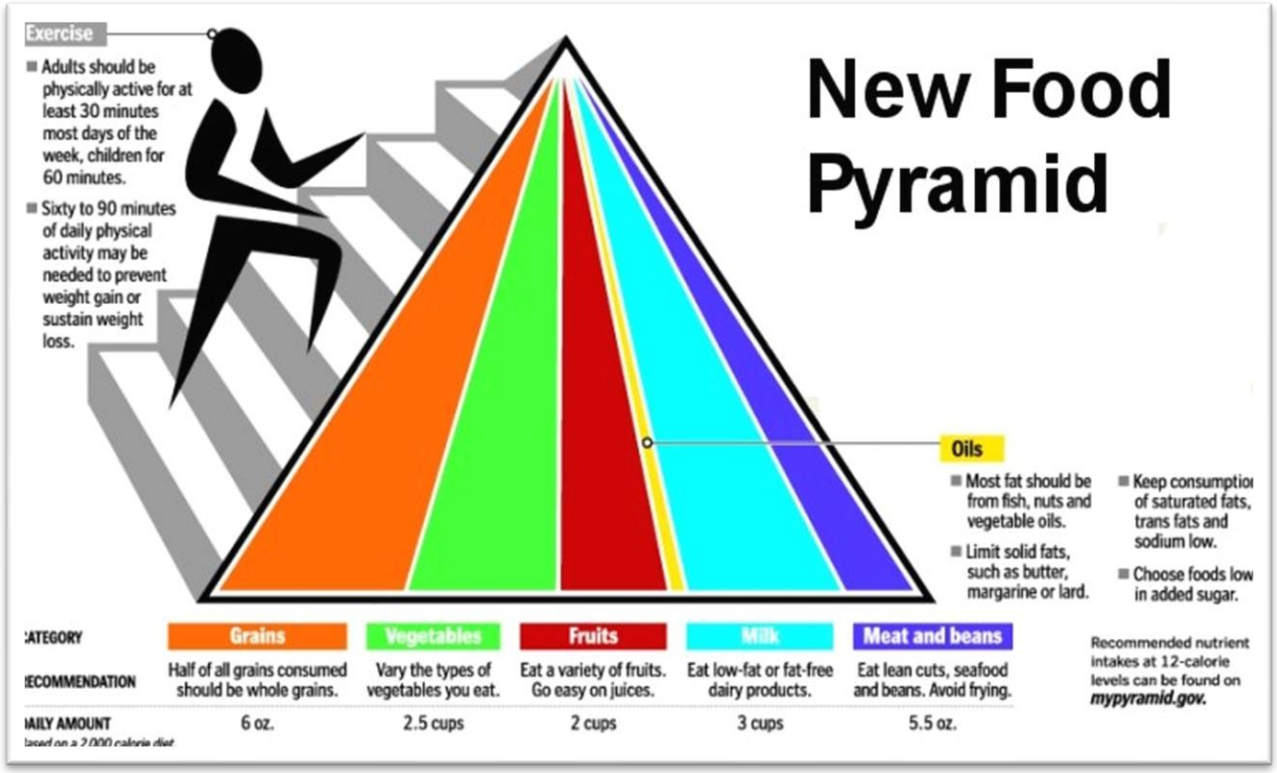
WHO studies have shown that the Young people face significant challenges to their health and well-being. These include high-risk behaviors such as, alcohol; tobacco and other drug use, sexual abuse that lead to adolescent pregnancy and sexually transmitted infections (STI's) including HIV/AIDS; mental health concerns including depression and suicide; learning disabilities, with school failures and school drop-outs; serious family problems including domestic violence and abuse; and lifestyle factors including adolescents' risk for non-communicable diseases, such as Diabetes and Cardio-vascular diseases. Broadly underlying issues affecting adolescent health include socio-economic factors such as poverty, gender and the political and social situations in which the young people live **(WHO 2000).**

The adolescent period is marked by rapid physical, emotional and psychological changes which influence the social environment, and are in turn influenced by it. The process of growing up and the consequent development resulting from physiological changes make it necessary for them to build self-image, to redesign behavioral patterns with parents, peer groups and the members of the opposite sex, to examine prevailing values and norms, and to establish individual identities

and one's place in society. The suddenness of these changes coupled with the non-availability of authentic sources of acquiring knowledge for understanding and appreciating these changes, results in anxieties which can cause confusion and unrest among adolescents, at times promoting deviant behaviour in them (**Somnath Roy, Sushovan Roy and Kiran Rangari, 2007).**

Studies have shown that the increasing rate of tobacco consumption in various forms in recent years can be viewed as an emerging epidemic. Youth in general and adolescents in particular fell prey to this habit with severe physical, psychological and economical implications. The most common reason that can be cited for this problem is majorly the large brands and heavy advertisements of tobacco being shown.

Also, seeing the trends of eating habits, routine physical habits among the adolescent these days, studies report that there is a high risk associated with diseases like Obesity, Sleep Deprivation, Stress etc. among the adolescents.



As such, the **ten** healthy habits that are required for the development of adolescents are:

- Proper nutrition
- Exercising daily
- Adequate amount of sleep

- Limited television and encouraged reading habit
- Practicing food safety such as washing fruits before eating etc.
- Brushing the teeth daily
- Communication between parents and their children.
- Teaching the child about bad effects of unhealthy practices like smoking, drinking and chewing tobacco.
- Proper counseling and knowledge sharing regarding sensitive issues like HIV/AIDS etc.
- Encouraging extracurricular activities like games, sports, physical fitness training etc.

1.2 REVIEW OF LITERATURE

- Adolescence being the crucial age for the development of a person from childhood to adulthood, studies has shown that the needs which the adolescents develop as a result of this transition are not being met or mentioned in any policy or the program. As such, realizing this importance, specific efforts and initiatives were taken that can help meet the sexual as well as the reproductive needs of the adult population.

- Adolescent girls face problems of menstrual problems that affect their health to a major extent. As such realizing this health risk that effect adolescent girls, studies were done to the effect of pre-menarcheal training on the menstrual and hygiene practices of school going girls.

- Adolescents comprise of a growing population estimating to be one fifth of the total population of the country. There have been little researches done on the mental health of the population under this age. As such, studies done on mental health of the adolescents have shown that non-traditional practices such as peer relationships and leisure, substance abuse, violence, parental relationships and family pressures etc. have all together affected the mental well being thereby making it an important health risk related behavior for the adolescents.

- Another major risk that has come out in a big way affecting life of adolescents is obesity. Most of the growing populations these days are prone to obesity due to the sedentary lifestyles as well as the irregular and bad eating habits which have developed. Studies have shown that due to the greater deposition of adipose tissue around the central part of the stomach has given way to the severe problems of Obesity, Blood Pressure, Cardio-Vascular Diseases etc. at such a young age.

- Studies have shown that bad habits, poor hygiene, persistent behavioral risk, poor basic sanitation, new emerging diseases etc are changing the classic picture of healthy youth thus contributing to the deadly mix of the health related risk behaviours. The involvement of young population in bad habits like those of cigarette smoking, use of tobacco and alcohol consumption have made the life of youth worse. As such, there is called a need to check such practices among youth of today, globally.

- Another important component that has come up is the practice of unwanted physical habits among the youth. A lot many studies have shown the involvement of youth in unhealthy sexual practices thereby making way for risk beahviours such as those of unwanted pregnancy and related complications, sexually transmitted diseases, increased risk of non-communicable diseases, accidents, suicides and violence. All these risk behaviours are preventable if taken into consideration are preventable.

1.3 NEED FOR THE STUDY

Adolescents form that part of the population which includes the productive age group. Realizing the adolescent needs and demands, the Population Policy 2000, the National Health policy 2002 have launched a special framework for the adolescent needs in the country. Under National Rural Health Mission and Reproductive and Child Health Programmes 2005, there is a provision for establishing adolescent friendly health services so as to address the various needs of the young people.

As such, Need for the study was called for to assess and to see what the kind of lifestyle do the adolescents these days possess and how this lifestyle has benefitted them or made their life more sedentary.

Also, another major component for which the need for the study was called for was to study and analyze the health risk behaviours associated with the present day lifestyle of the adolescents. So far, there are very little researches done that portray the intergenerational transmission of health related behaviours such as poor diet, lack of exercise, smoking and excessive use of alcohol. Thus, due to lack of this research on intergenerational transmission of health related behaviours, the need for the study was called for.

As it has been already mentioned in the introduction and background above that the population in the young age, basically under the age group of 15-30 years is the productive population and constitute a larger chunk of the whole population, the rationale behind the study was to anticipate the sudden and the most drastic lifestyle changes that are occurring these in the present day youth.

The adolescent population, being the most vulnerable population to these sudden lifestyle changes, is the main reason from the study point of view because they contribute in a greater proportion to morbidity as well as definite mortality. The daily routine life of the young population, exercising and physical habits, consumption of alcohol and tobacco, excessive usage of internet and mobiles and peer pressures etc. are some of the basic heads which have been called to assess the study.

Delhi, on the verge of becoming the Diabetic capital of the country, is chosen from the study point of view because of the problems like obesity and bad eating habits which are there in adolescent children here, owing to their METRO lifestyle culture.

1.4 OBJECTIVES OF THE STUDY

- **General Objectives**

The broader objective of the study is to assess and determine the attitude and practices relating to the lifestyle of the Adolescents in Delhi, including both the early and the late adolescents, especially the school going population.

- **Specific Objectives**

1. To assess and examine the daily routine practices among adolescents.

2. To gather and assess their attitude towards unhealthy practices like cigarette smoking, chewing tobacco, alcohol consumption, poor dietary intake etc. as to see what opinions, they have for these lifestyle practices.

3. To look out for their knowledge about the health hazards that can develop as a result of these practices.

CHAPTER 2

Data and Methods

2.1 THE RESEARCH PROBLEM

On the basis of study formulated and the review of literature done, the major problem associated with the health of adolescents was found to be their vibrant nature and their exploratory outlook due to which they invoke themselves trying out so many things which are not needed and thus end up harming their lives.

Due to such reviews that were found, there was called a need to undertake such a study on Adolescents to see the trends of their routine lifestyles and there by provide some solutions which can help them improve their modern lifestyles.

2.2 DATA AND METHODS

A quantitative study methodology was adopted to conduct the study thereby fulfilling the specific as well as broader objectives. The study design chosen was Descriptive Cross-sectional study with the help of a semi-structured questionnaire. Data was collected by interviewing the students primarily the students in the Adolescent age group. The findings are generalized to assess the lifestyle practices among adolescent population on Delhi.

2.3 DATA SOURCE

The study was conducted in the state of Delhi including a sample of school going children covering the population of both the early as well as the late adolescents. A random sample of students was taken both from the private school as well as the government schools. Data collection was then followed by with the help of a pre-tested questionnaire.

The study basically involved the students from 8^{th}-12^{th} standard both from the public as well as the private schools.

2.4 DATA ANALYSIS

MS-Excel was used for data entry and analysis. Before data entry, each and every questionnaire was scrutinized with respect to completeness and consistency of the questionnaires. The scrutiny and coding of the questionnaires was initiated and in-house data entry was started in ORGCSR Delhi as soon as the field work was over. Once the data entry was over, data was checked manually for its completeness, correctness and consistency in a systematic manner and excel sheet was checked accordingly. The analysis/tabulation plan was prepared under the guidance of mentors in ORGCSR.

CHAPTER 3

Results and Findings

This chapter provides the results and the findings of the study based on the information that was provided by the students. The findings are based on the field research, desk research and the publications which were open to access. The chapter will be followed by the mention of the general profile of the students. The latter half of the chapter will provide the analysis of the variables that were formulated to describe objectives of the study.

3.1 PROFILE OF THE STUDENTS

3.1.1 Age profile of the students: As described above, the study comprised of a sample of school going students randomly selected. The students were mainly the adolescent population (early as well as late adolescents) randomly selected between the age group of 13 to 18 years. The graph below shows the maximum number of respondents belonged to age group of 17 and 18 years.

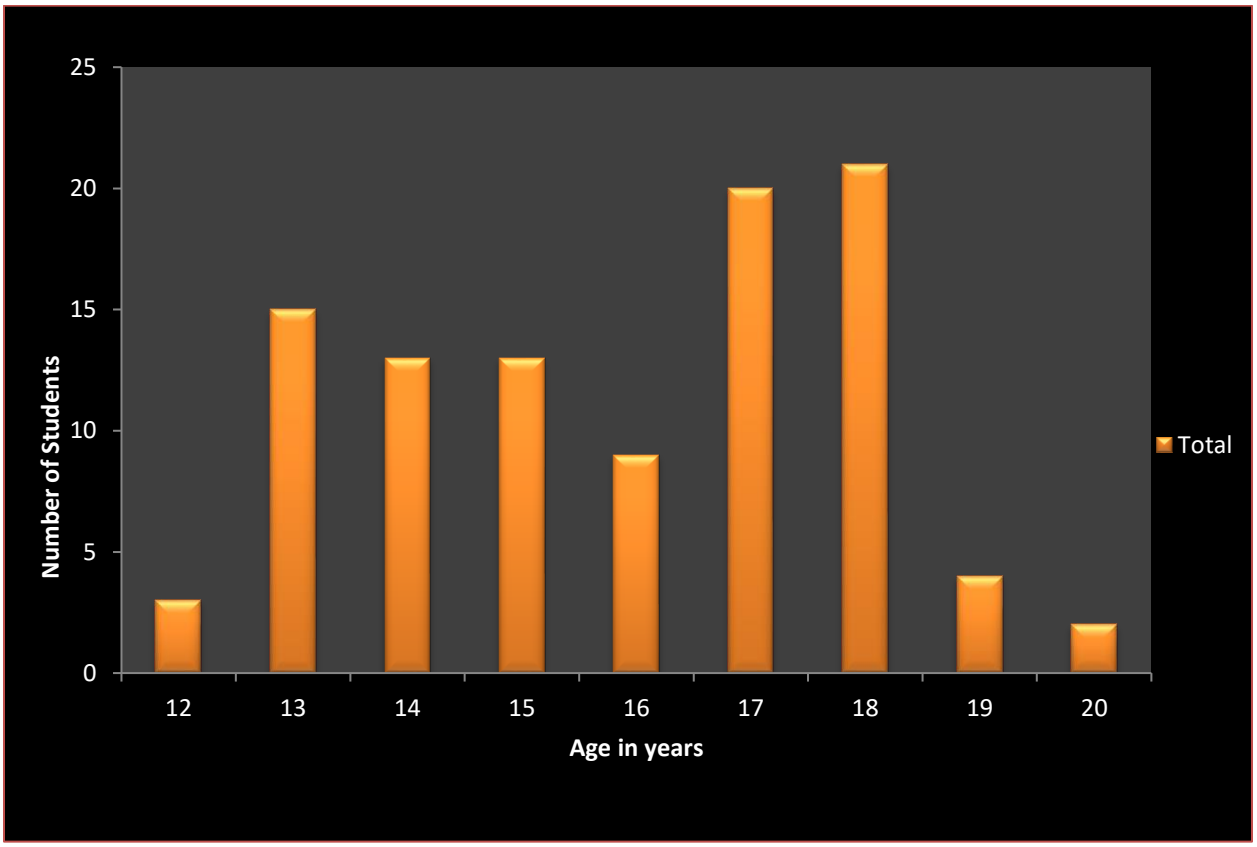


Figure 1: Age Distribution of the population under study

3.1.2 Gender of students

The students who were interviewed for the study purpose were a mixed sample of both the boys and the girls. The chart below shows that there was a proportionate number of both boys and girls who participated in the study with the number of boys being a little high than the number of girls.

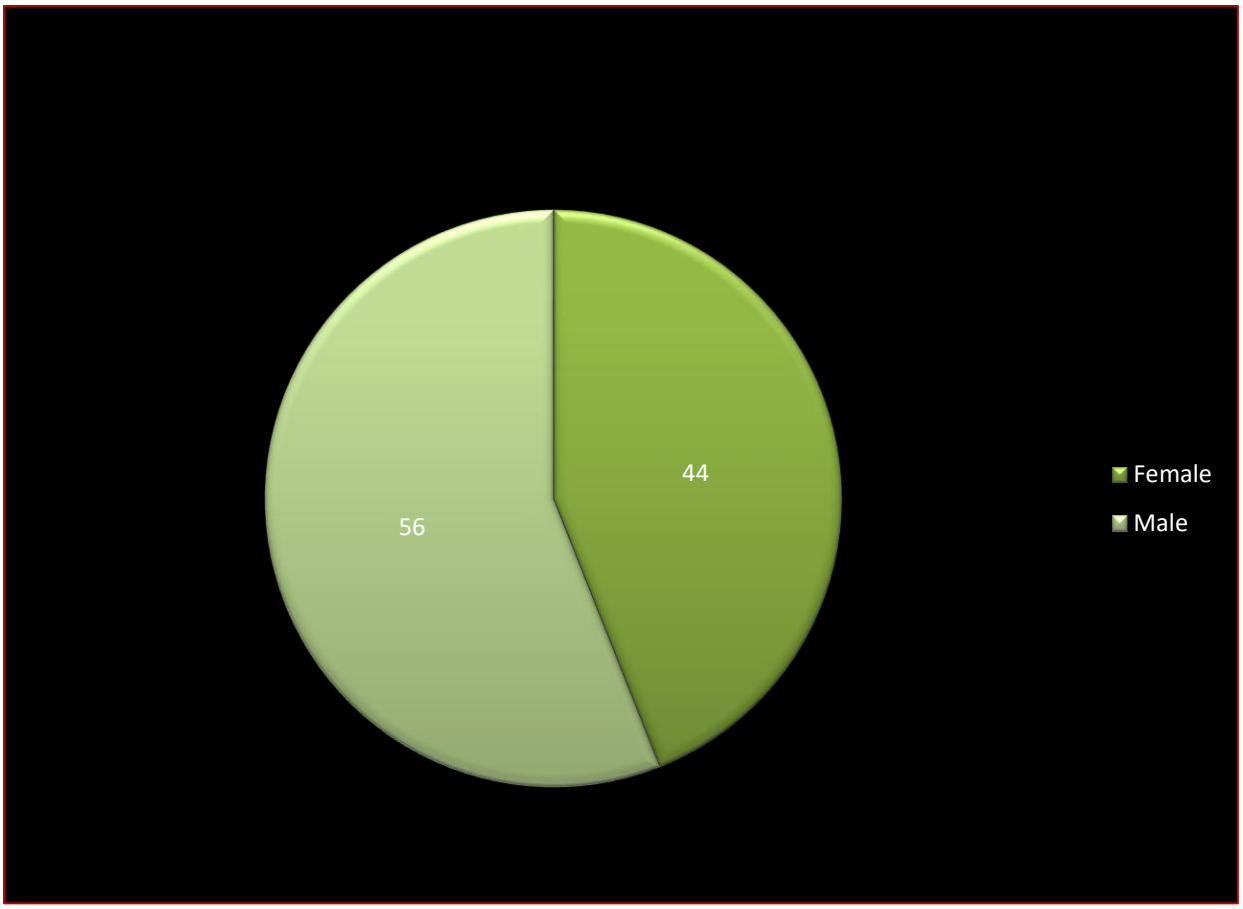


Figure 2: Gender wise Distribution of population under cover

3.1.3 Class wise Distribution

As, the sample was randomly selected, majority of the respondents belonged to higher class i.e. 12th standard. The complete sample comprised of students from 8th-12th standard.

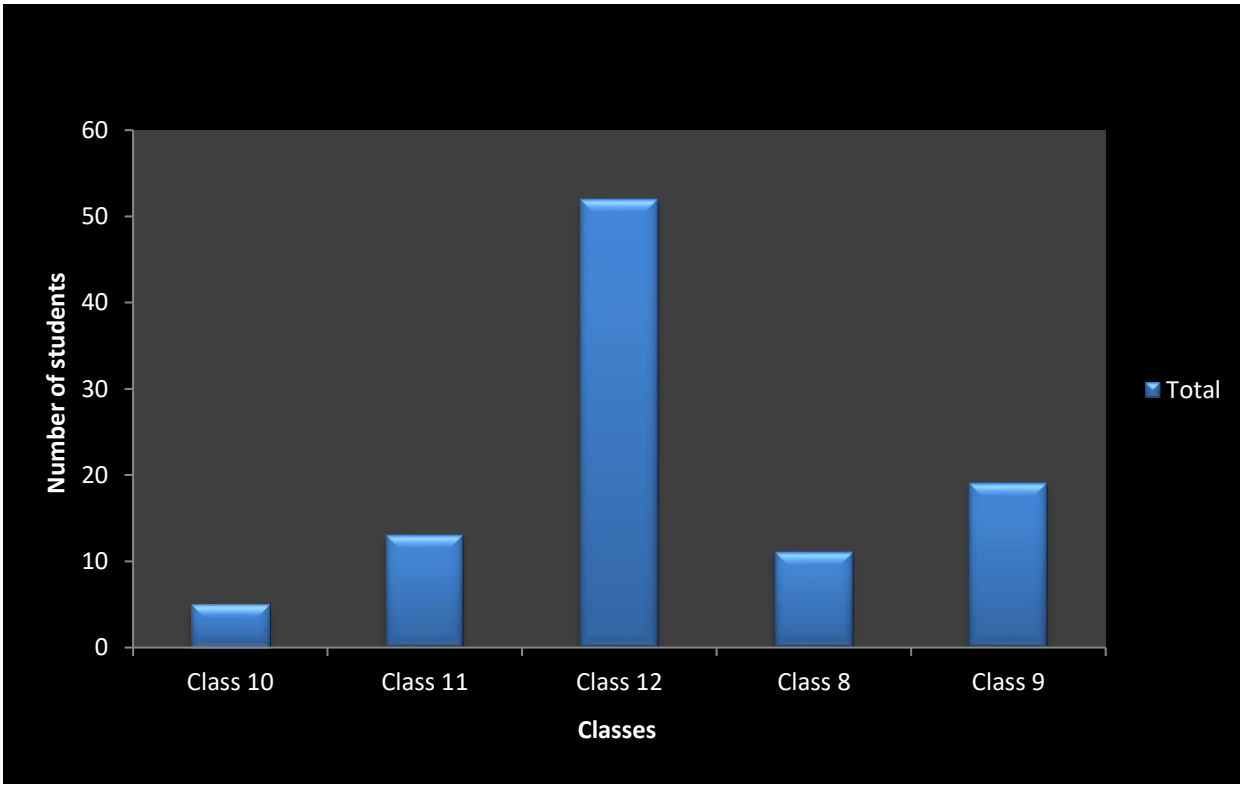


Figure 3: Class wise distribution of Adolescent population

3.1.4 Religion wise distribution

The majority of the population who participated in the study belonged to Hindus followed by Muslims and Sikhs in almost same proportion. The religion wise distribution is highlighted in the study as it was useful in analyzing the data when it comes to talking about the diet intake of the students. This is discussed later in this chapter.

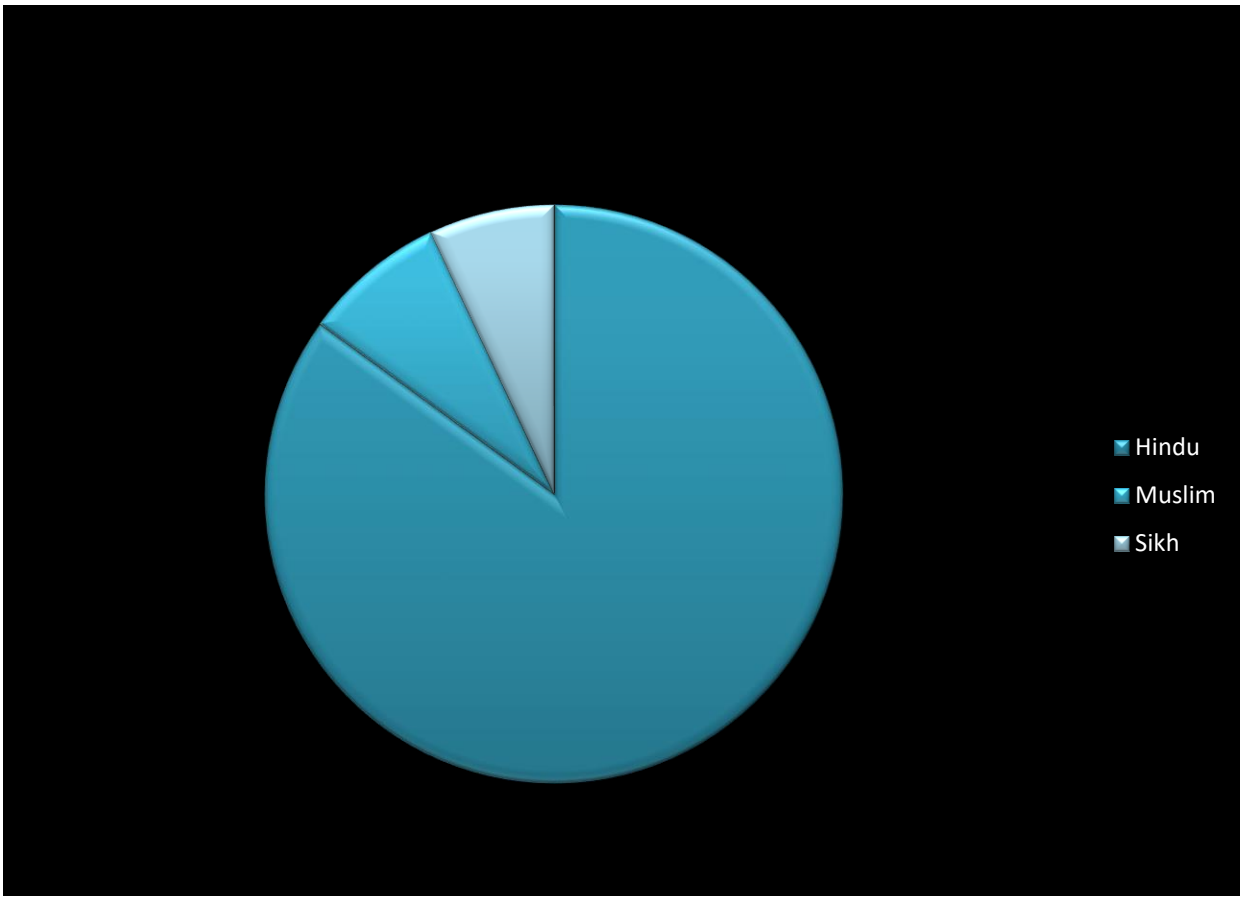


Figure 4: Religion of the student population under study

3.1.5 Family wise Distribution

The students who participated in the study mentioned their family size whether their family is a nuclear family or a joint family. The analysis showed that most of the children belonged to Joint families. It was assumed that due to this, majority of the children were not involved in the ill habits that could affect their health in a major way.

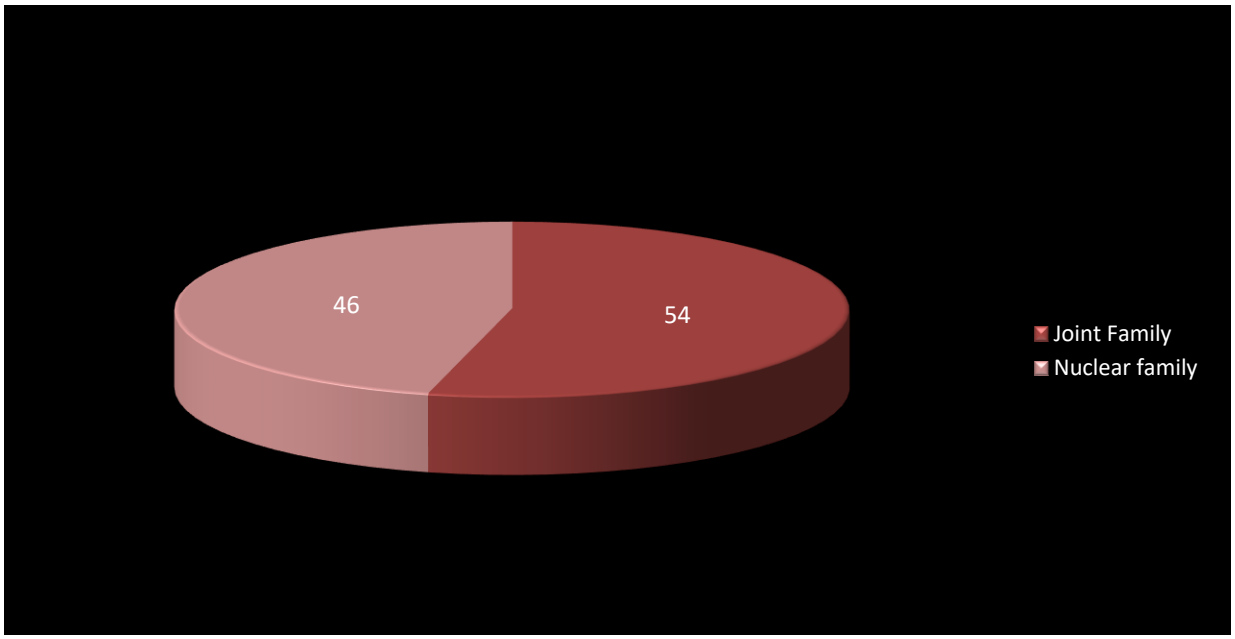


Figure 5: Family distribution of adolescent population

3.1.6 Weight Distribution

The figure below shows the children view i.e. what they think about their weight. The results were found to be:

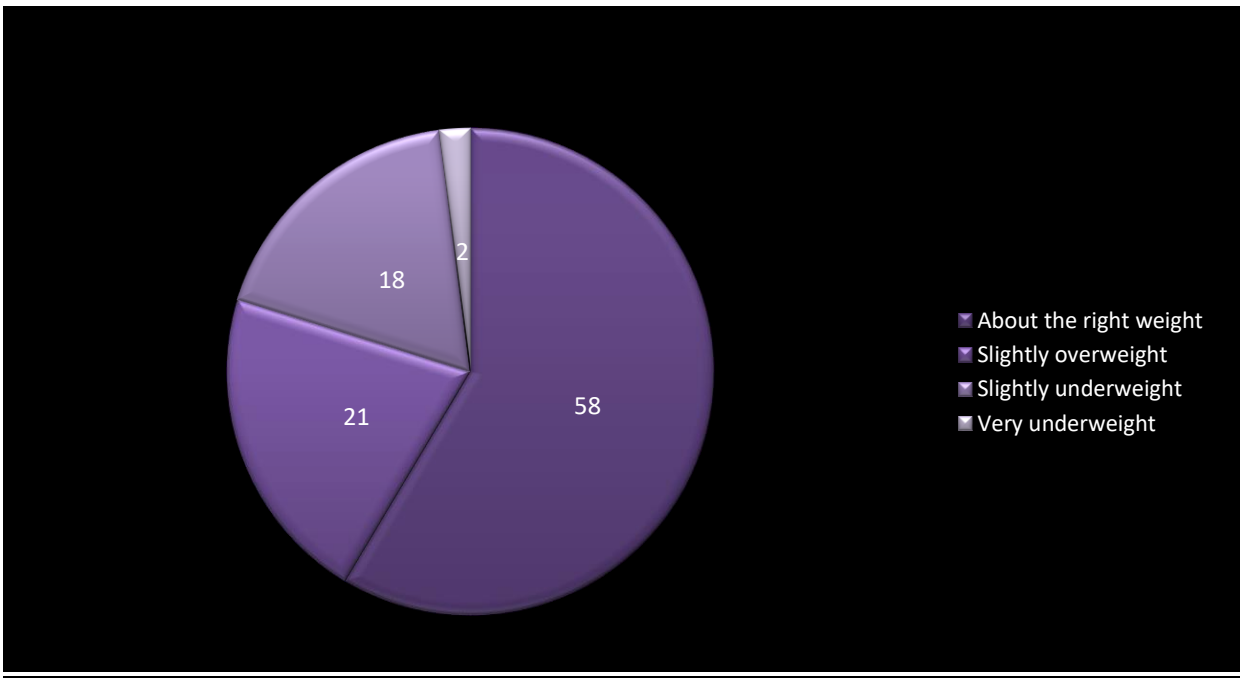


Figure 6: Weight distribution of the population under study

3.2 PHYSICAL HABITS AND HYGIENE

The next main analysis was to assess the daily routine practices of children i.e. physical habits of exercising, daily hand washing habits, cleanliness and personal hygiene etc. These physical habits also included their Dietary intake that could possibly describe as to what do children prefer eating today and their attitude eating fruits and vegetables. The interview, when it was conducted, it was observed that the children from government schools have a habit of taking good night unlike children from private schools, most of whom prefer to eat outside fast foods etc.

3.2.1 Dietary Habits

Due to the modern lifestyle these days, the children most of them are in the habit of taking food other than the regular meals. This sort of food intake makes grow Obese at such a young age and hence does not help in the overall physical development of the child. The children when they grow obese become prone to many diseases also. As such, at such a young age, these unhealthy habits worsen their health thereby making it a house full of diseases.

Figure 7 shows the distribution of different kinds of food as per the children preferred to eat them.

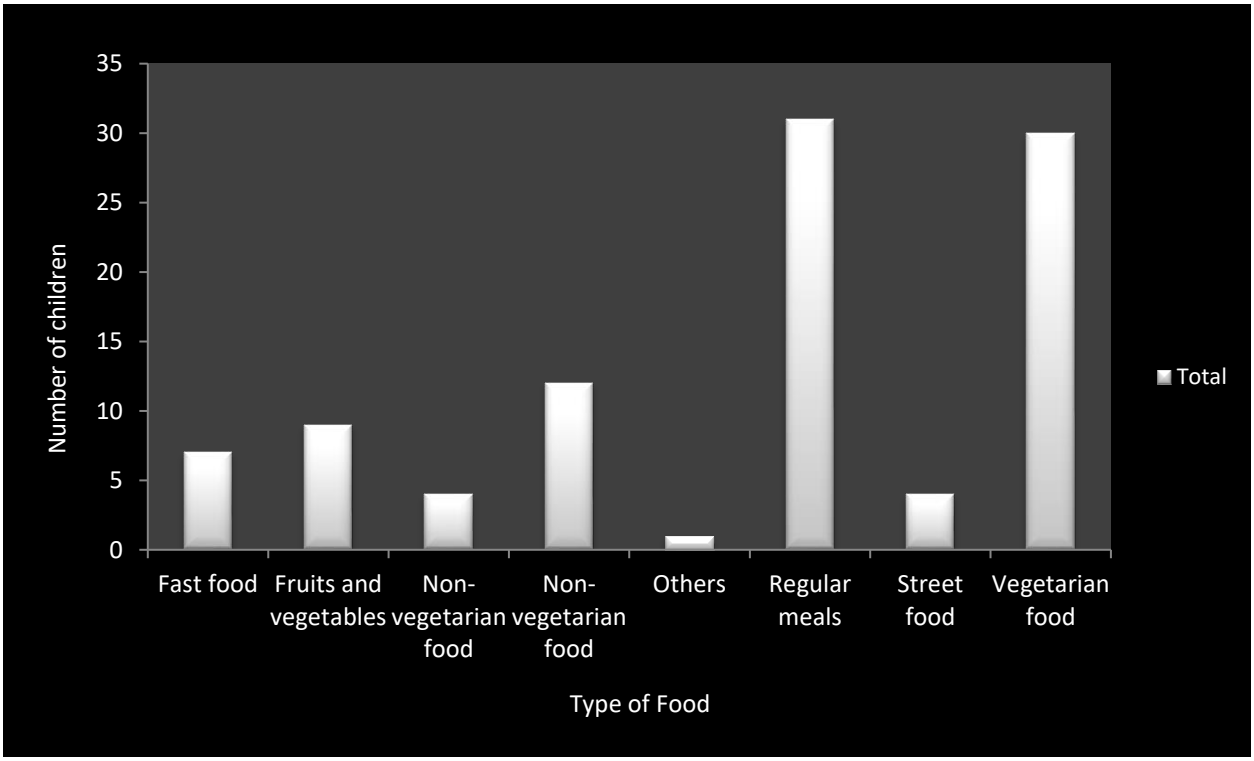


Figure 7: Percentage distribution for the preference of Food

When asked as to how many times do the children prefer eating fast food in a week, the results that were obtained are:

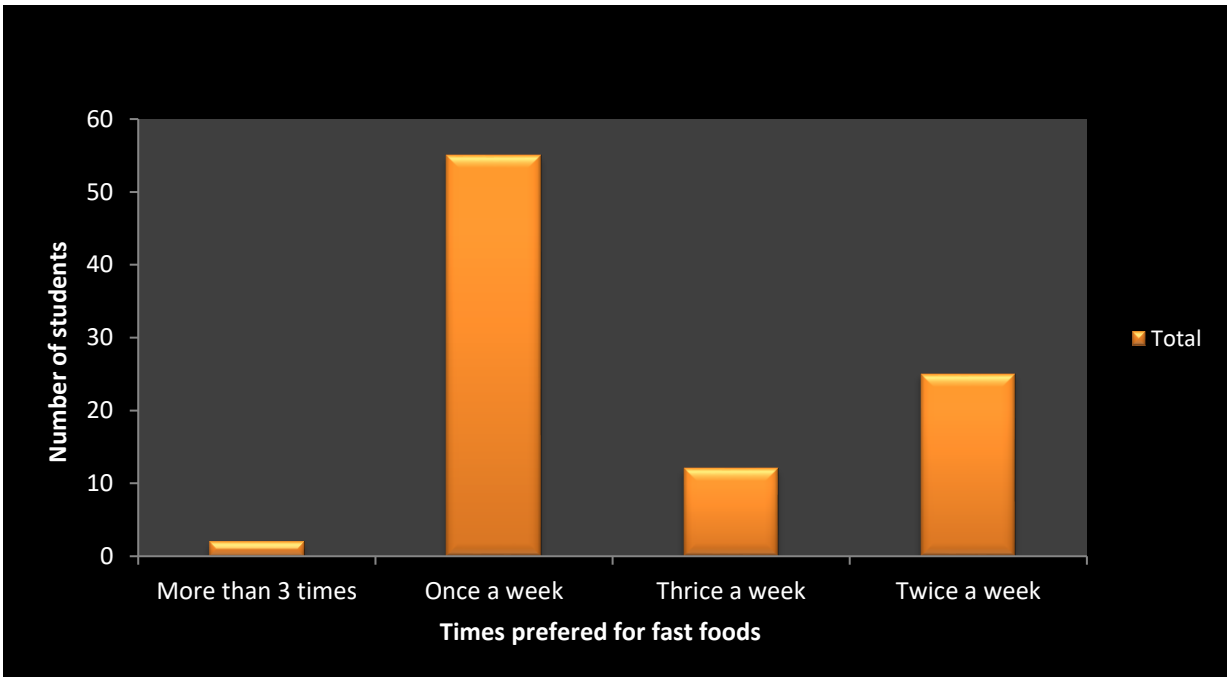


Figure 8: Percentage distribution for number of times fast food is preferred

When the children were asked about whether they skip meals, the response that was seen was that most of them skipped the meal, sometimes two meals a day also. Majority of the students said that the meal which was skipped by them was Breakfast. Figure below shows the distribution of the skipped meal.

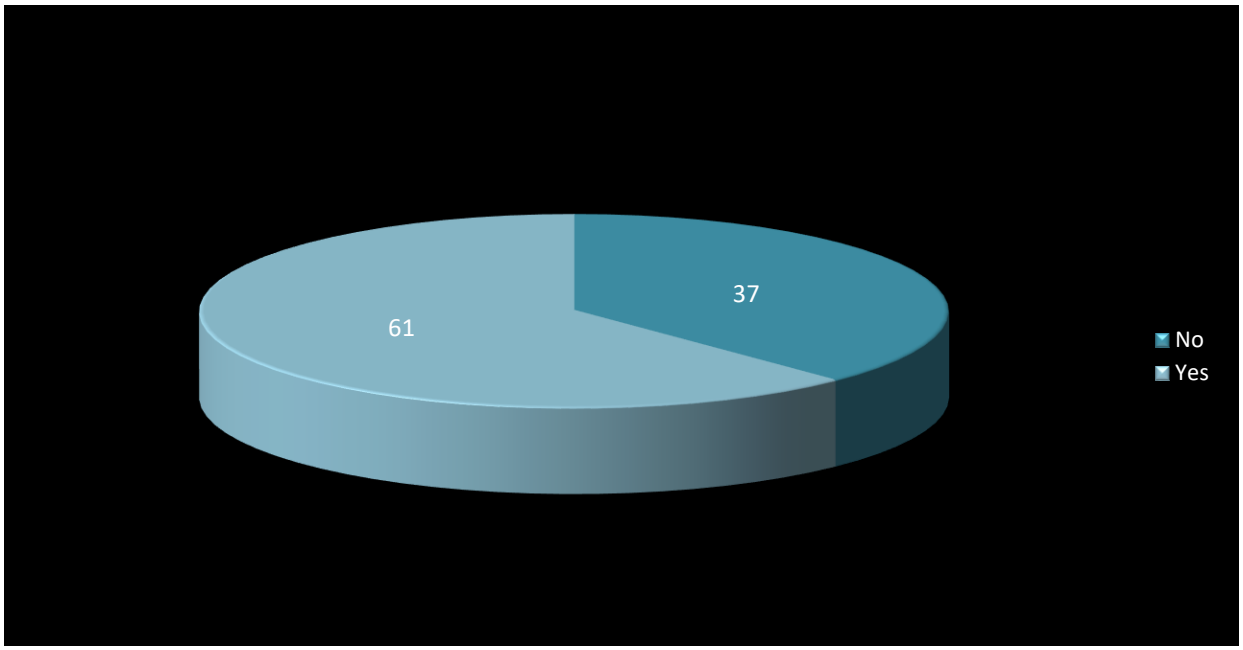


Figure 9: Percentages distribution for skipped meals

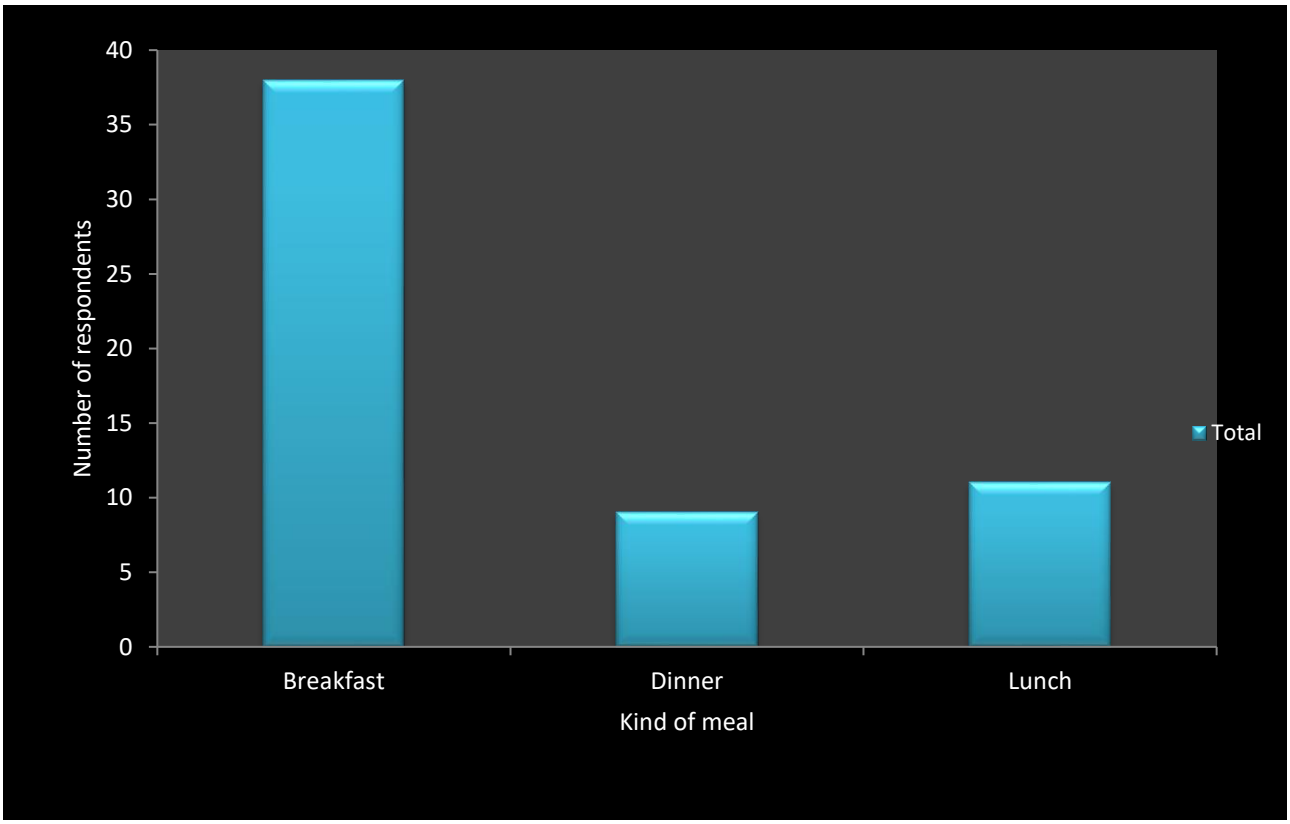


Figure 10: Percentage distribution for the kind of meal skipped

3.2.2 Personal Hygiene

Now days, seeing the spread of communicable diseases, it was indeed necessary to check the personal hygiene habits among the students which include their hand washing habit, clean drinking water, use of clean toilets etc.

The respondents when asked about their say and knowledge regarding Hand washing, the response was that most of them knew about the importance of Hand washing in daily life.

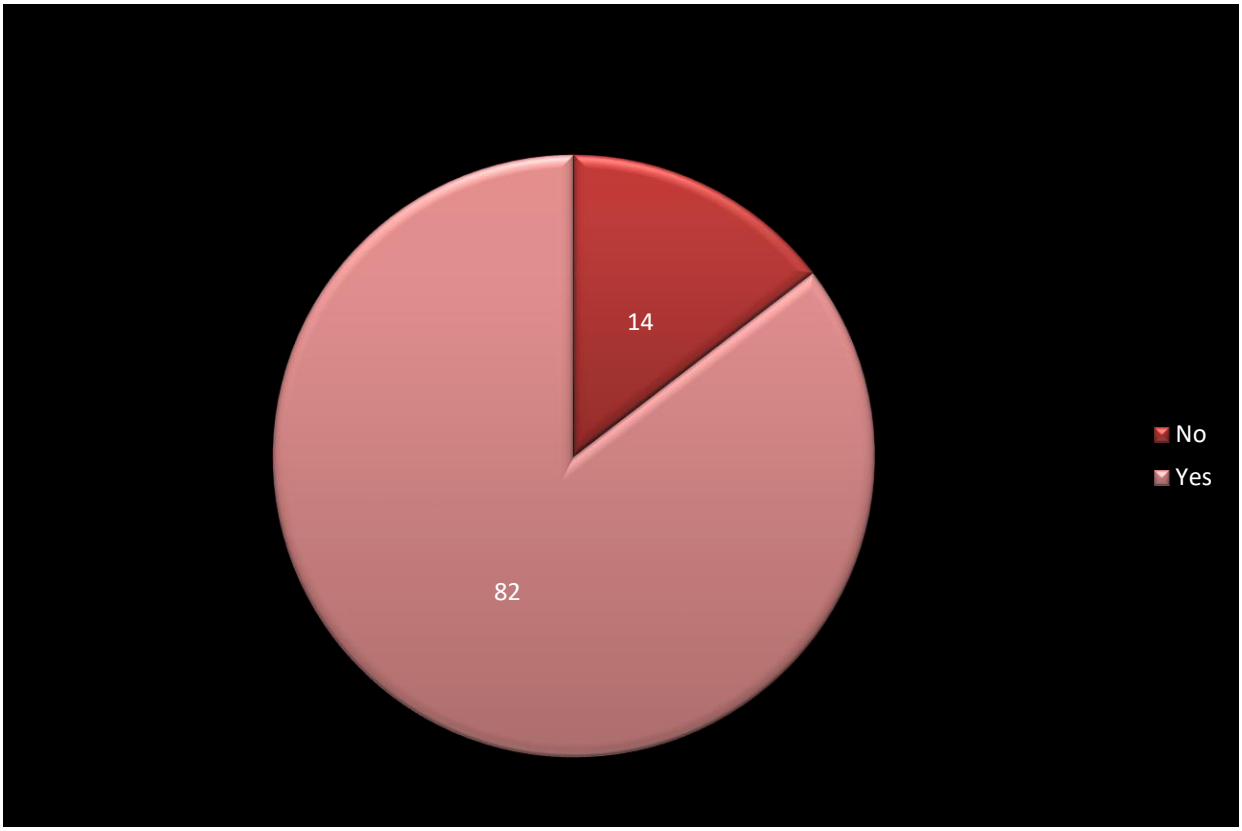


Figure 11: Percentage distribution of hand washing

As per WHO, it is recommended to wash hands five times a day. So when this was checked among the respondents that how many times in a day they wash their hands, the results that were obtained were:

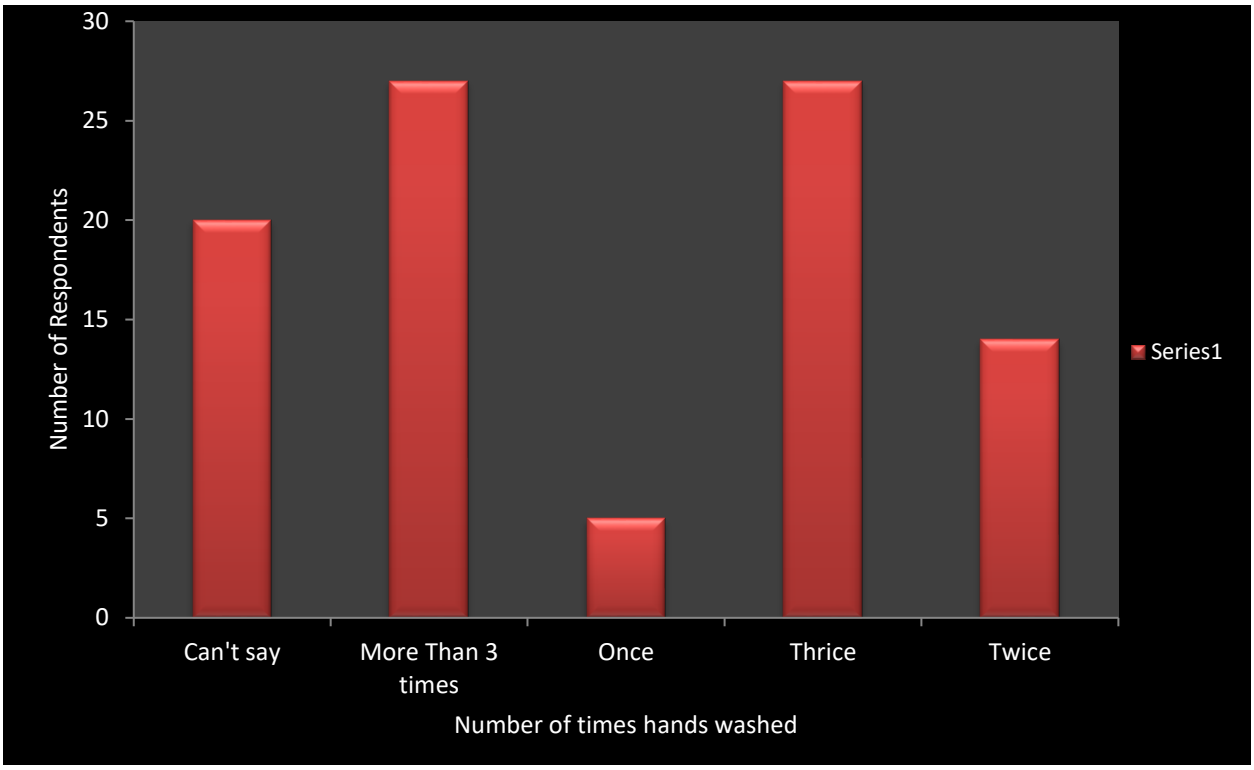


Figure 12: Number of times hands are washed

Use of clean toilets was another major concern that subjects to Personal hygiene. As such, when the respondents were asked about whether the toilets in their schools are cleans, 55% of the respondents mentioned that the toilets in their school were not kept clean at all.

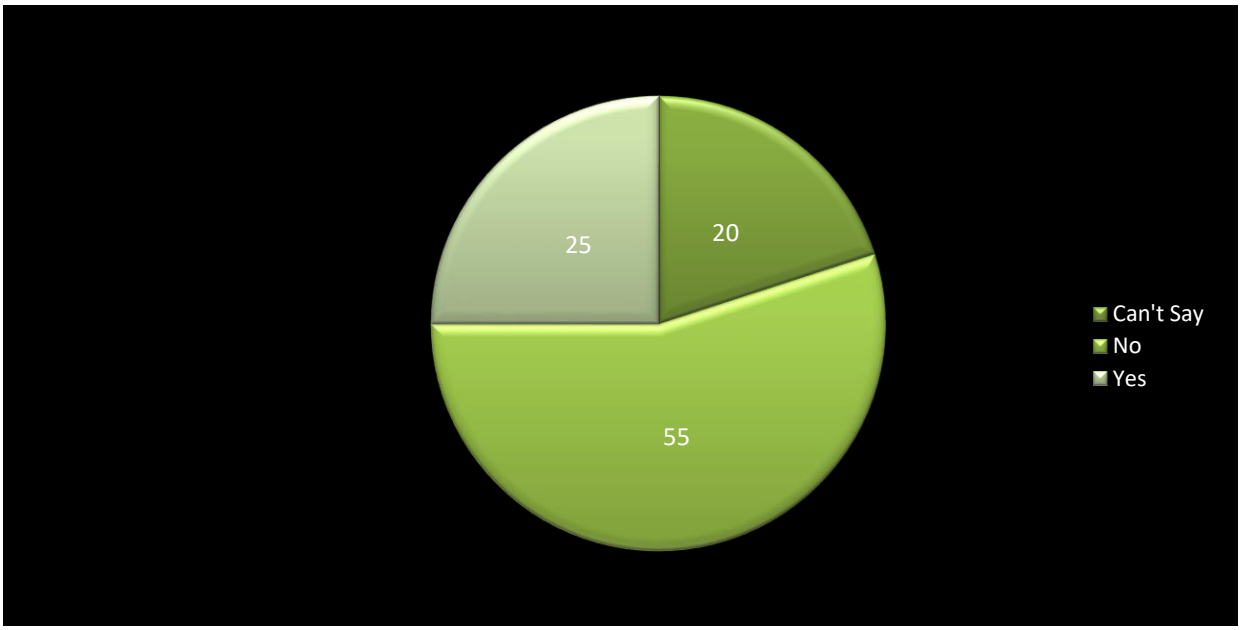


Figure 13: Percentage distribution of clean toilets in schools

3.2.3 Physical Training Habits

Physical training habits of the children include their routine exercises, their participation in outdoor games and sports regularly, their habit of walking, doing cycling etc.

When asked about the exercising routine regularly, 56% of the respondents said that they do exercise regularly. Still a major figure of students responded no for this and the most of those who responded NO to this were girls.

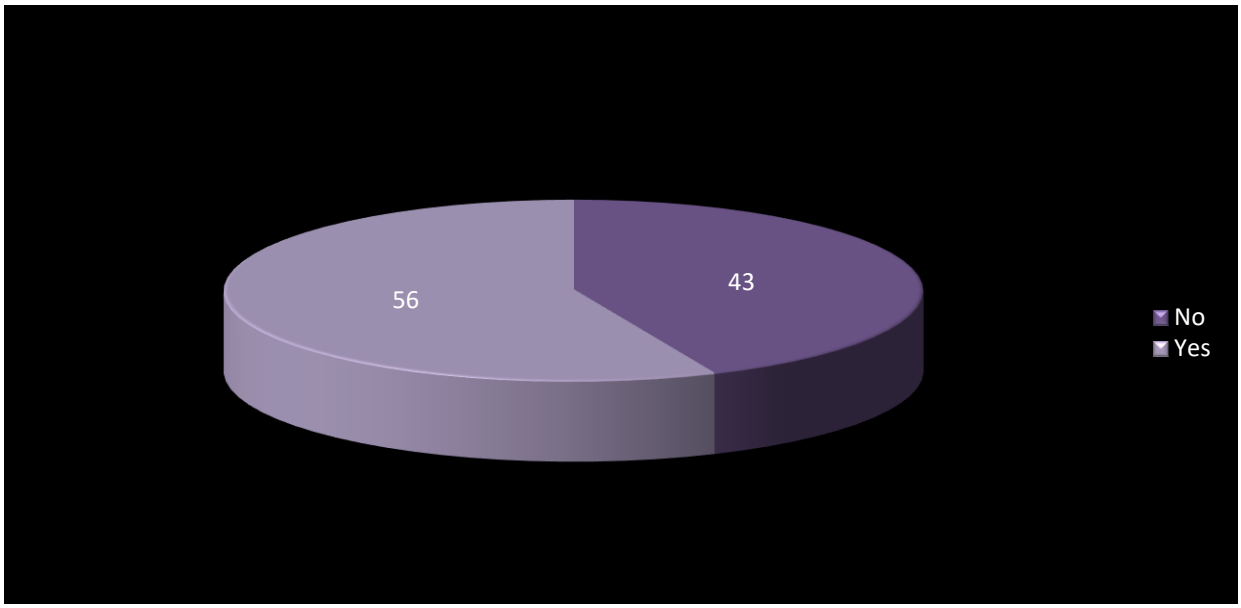


Figure 14: Exercising Habits

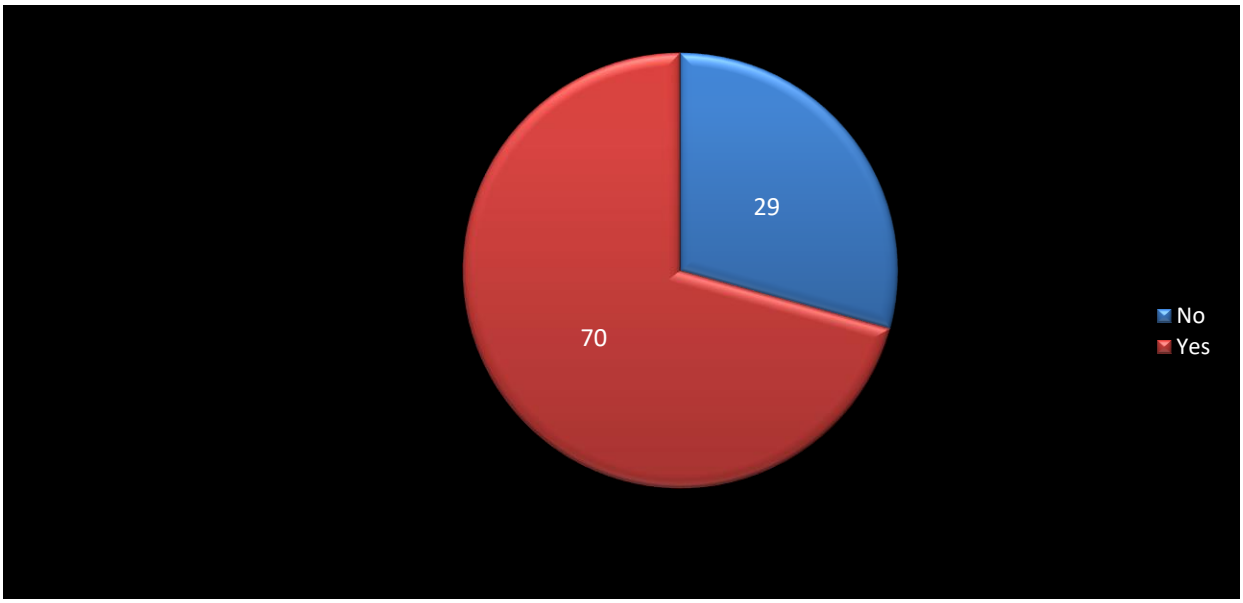


Figure 15: Participation in routine exercises and physical training

Most of the students in the adolescent age groups now face a problem of backache etc. as the technology has advanced, there is a greater dependency on computers, television etc. due to which the physical labour is avoided. As such, when asked for about how long they spent sitting in front of television, playing computer games etc. the responses that were obtained showed a good percentage of students spending 3-4 hours doing such activities n thus giving less time to physical activities.

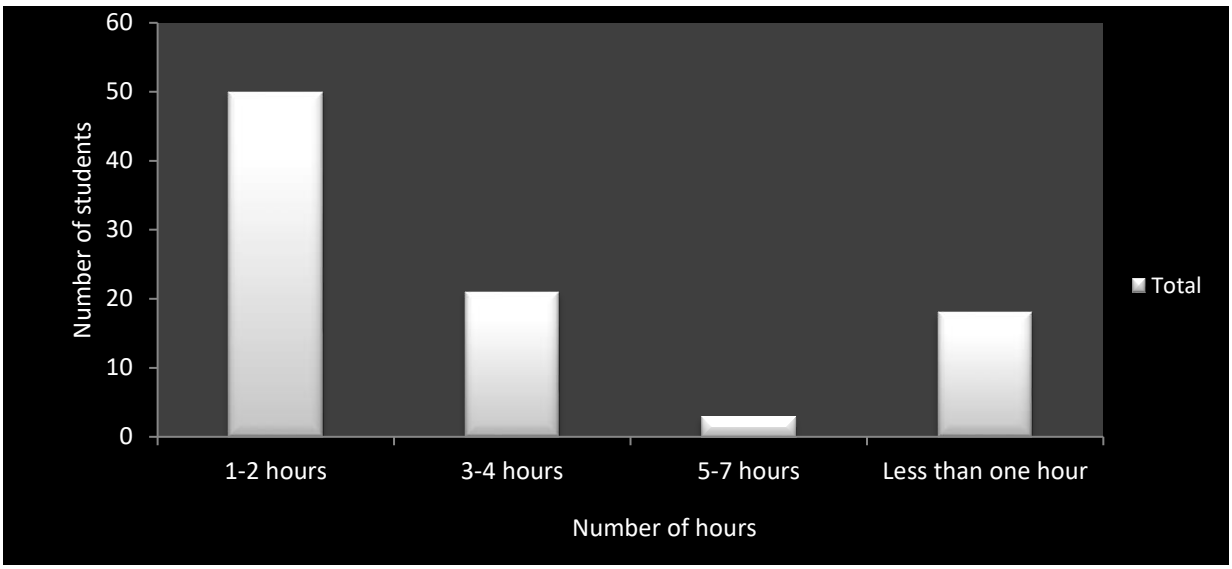


Figure 16: Hours spent watching television

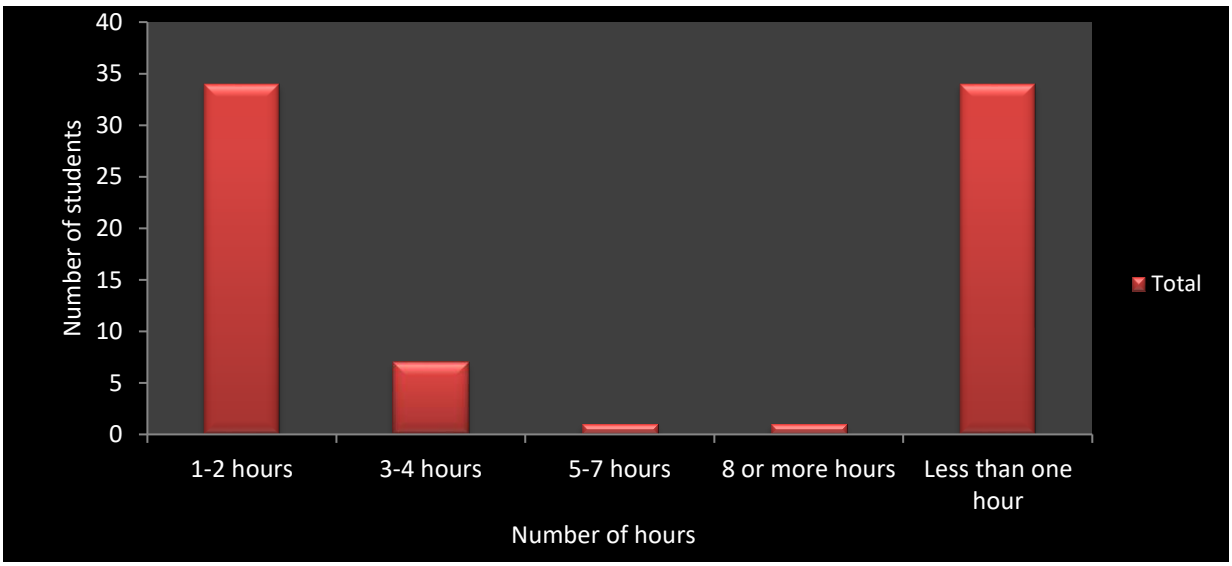


Figure 17: Hours spent playing computer games

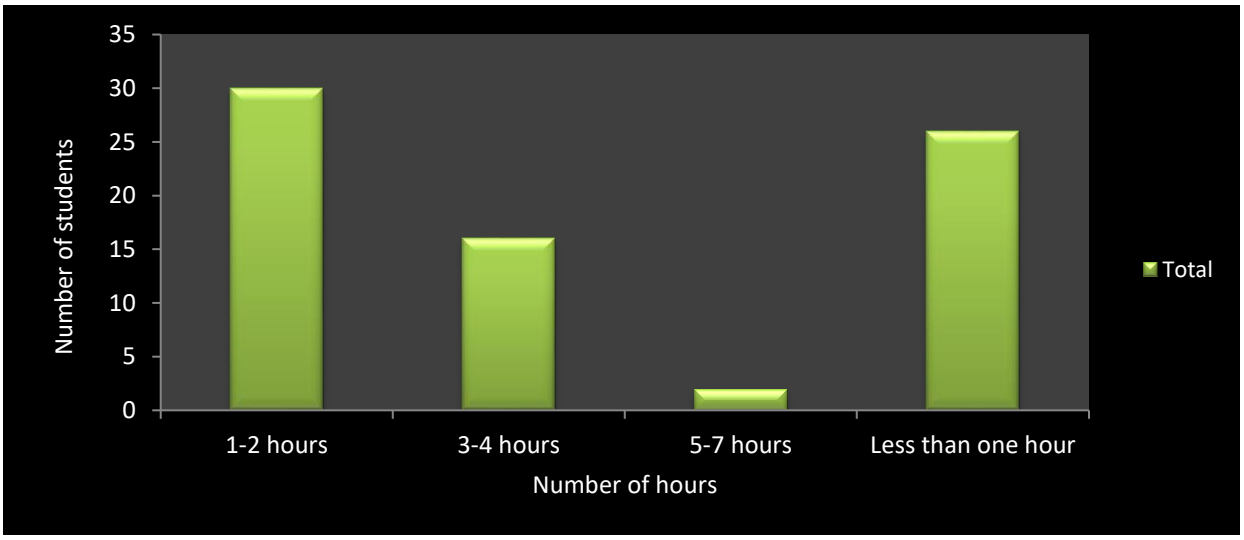


Figure 18: Hours spent surfing internet daily

3.3 USE AND CONSUMPTION OF ALCOHOL AND TOBACCO AND CIGARETTE SMOKING

The modern lifestyle these days have shown that the students are now days involving themselves in unhealthy habits such as tobacco usage, cigarette smoking and consumption of alcohol. Those adolescents who participated in the study, majority of them were not involved in these habits. A few who were involved in these habits mentioned the reason which is responsible for their involvement in such habits.

The graphs below show the percentage of students involved in these habits.

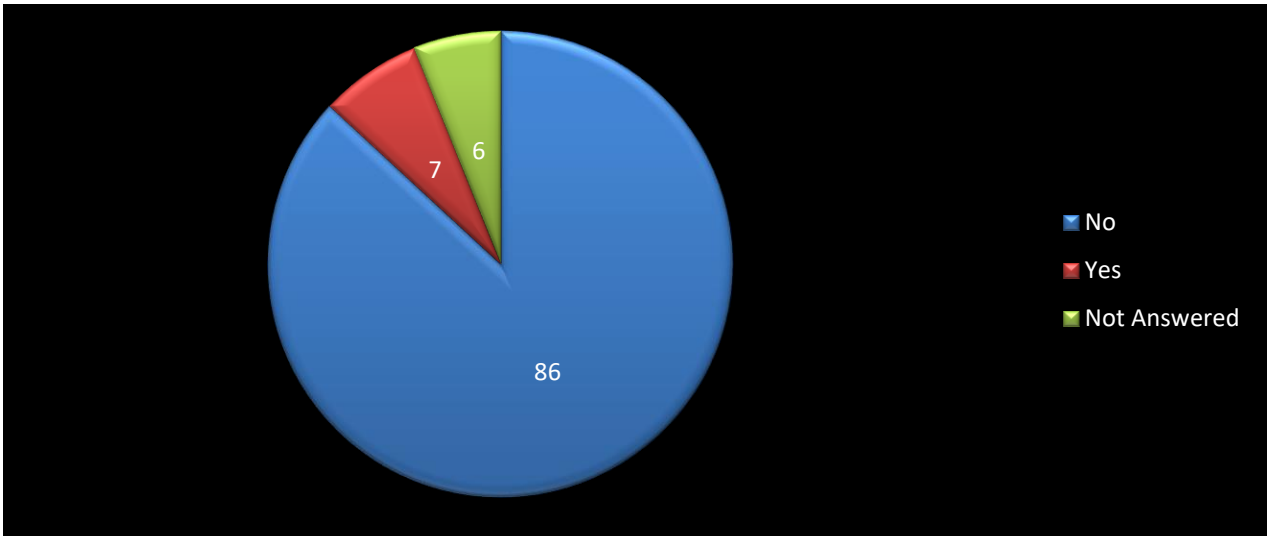


Figure 19: Percentage distribution for tobacco consumption

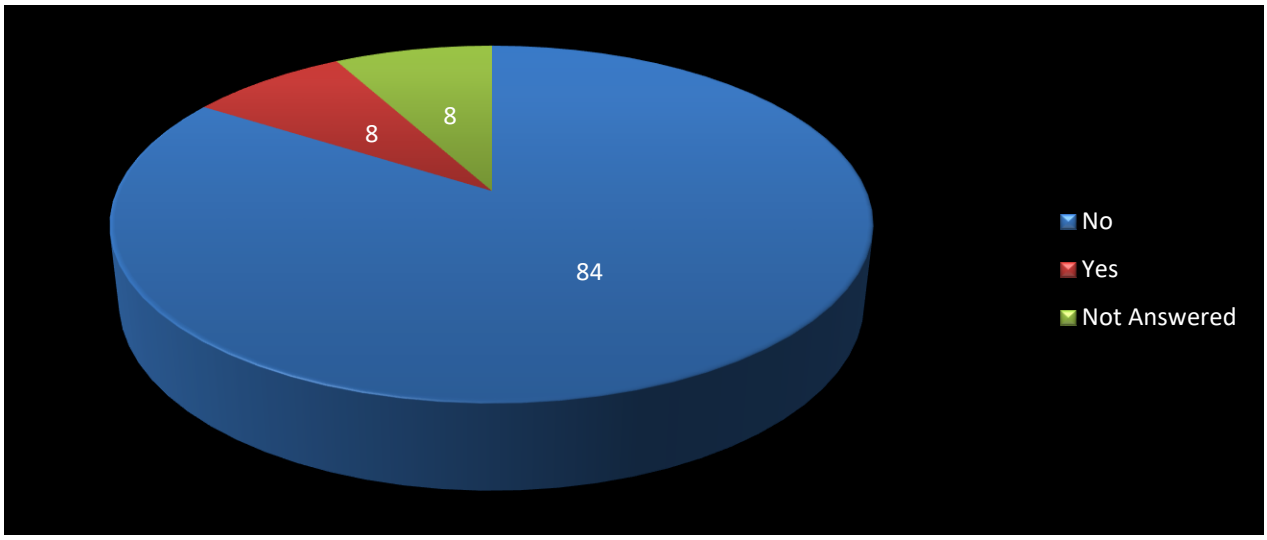


Figure 20: Percentage distribution for Cigarette Smoking

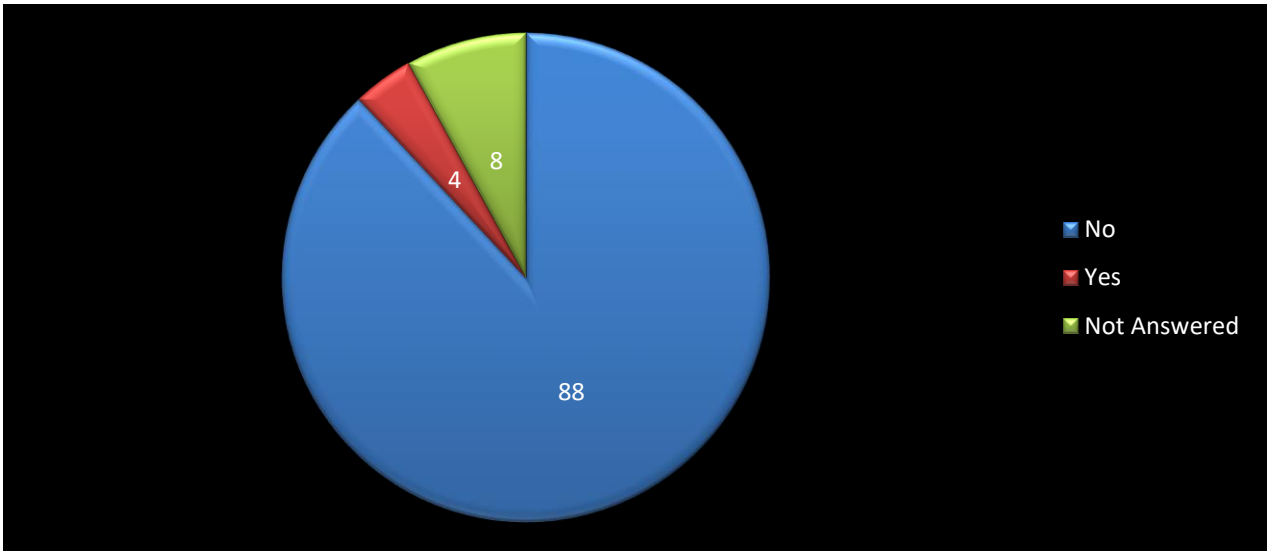


Figure 21: Percentage distribution for Alcohol consumption

The Major reasons that can be attributed for those who are involved in these habits were:

- Wanted to Experiment
- Stress or Tension
- Peer Pressure
- Family Atmosphere

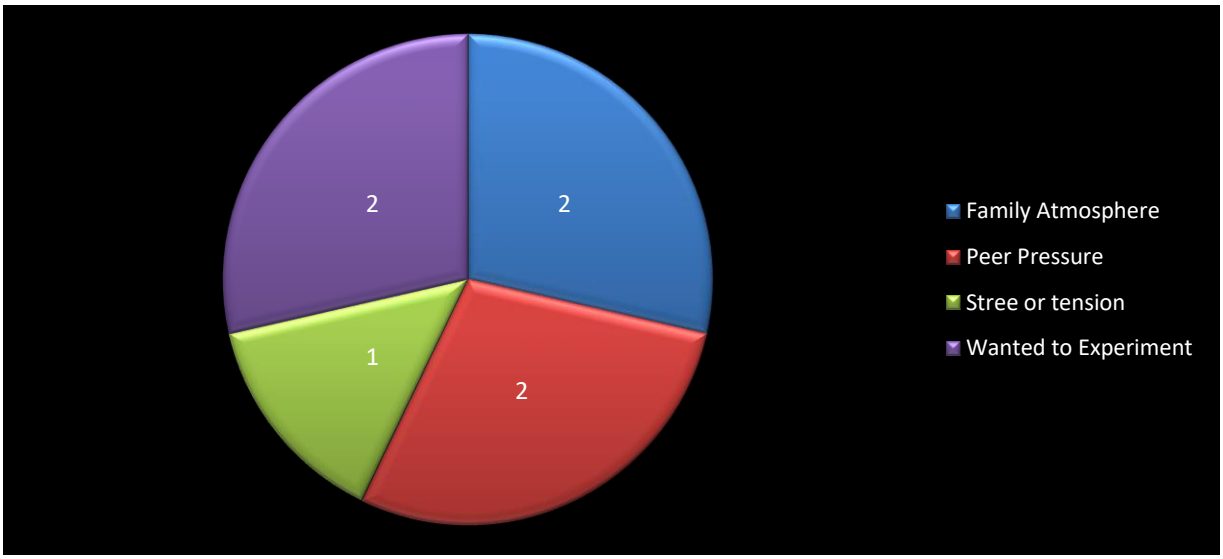


Figure 22: Reasons for indulging in such habits

3.4 KNOWLEDGE AND ATTITUDE OF ADOLESCENTS TOWARDS GENERAL HABITS AS WELL AS THEIR KNOWLEDGE REGARDING ILL-EFFECTS OF THESE UNHEALTHY HABITS.

Some of the questions in the questionnaire were kept general so as to see what the students think about hygiene in schools and about the ill-effects of unhealthy habits like smoking and drinking. Also, it was asked whether the school plays a role in educating the students about the benefits of fruits and vegetables and the side effects of cigarette smoking and alcohol consumption.

The analysis that was found to be:

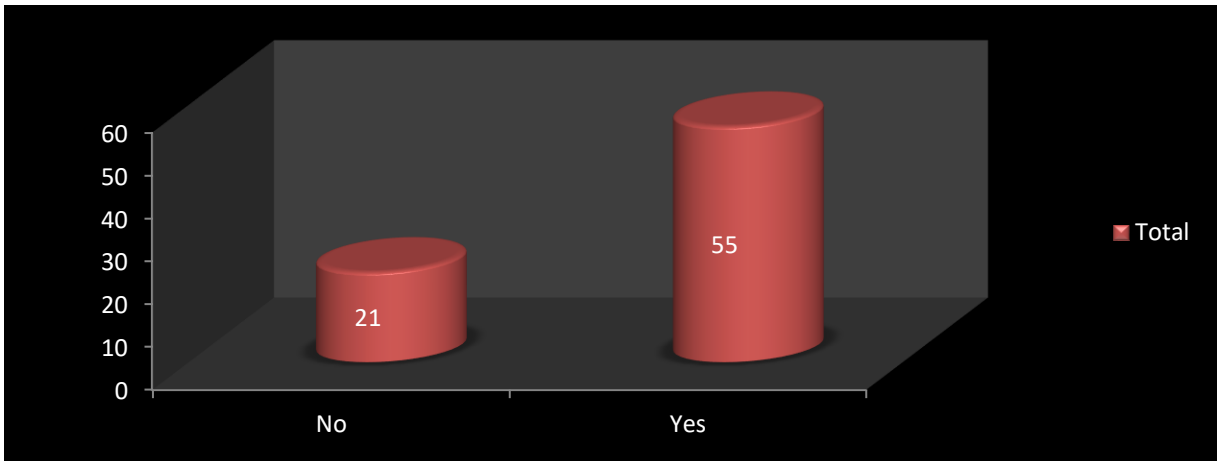


Figure 23: Knowledge about ill-effects of smoking, drinking and alcohol consumption

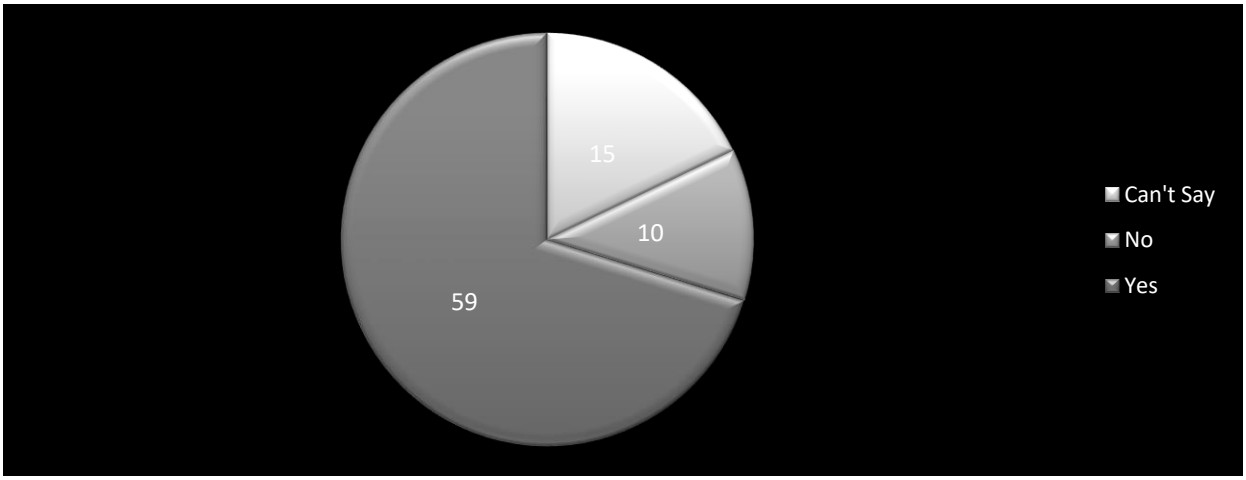


Figure 24: Heard of commercials saying no to cigarette smoking and tobacco consumption

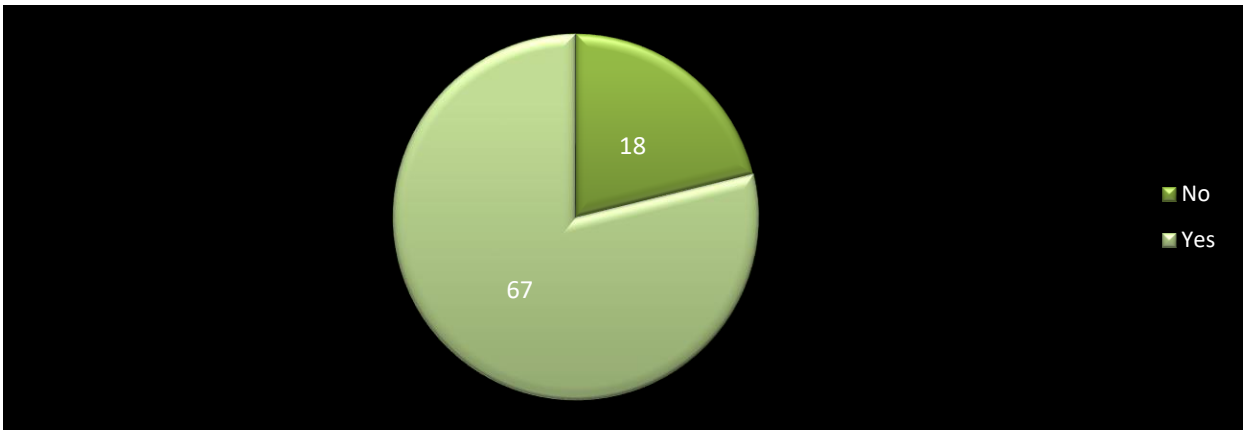


Figure 25: School providing knowledge about ill-effects of smoking and drinking

CHAPTER 4

Discussions

In the previous chapter, the variables which were formulated for the study purpose were analyzed and the findings were documented. The broad objective of the study is to assess and determine the lifestyle practices affecting health of Adolescents in Delhi. As the from the discussion point of view, the results and the findings can be generalized to the adolescent school going population in Delhi.

The results and the findings have been divided in to three main sections that match up with general objectives of the study. The three sections that can be discussed from the study point of view would be:

1. **Nutrition related knowledge**: that covers the preference of foods that are answered by the students and the trend of eating habits that the young population likes to have today.
2. **Physical activity**: that describes the daily routine habits if the young adults including physical exercises, participation in games and sports, long sitting hours, average hours of sleep taken daily, personal hygiene etc.
3. **Consumption and use of tobacco, alcohol and Cigarette smoking**: to see what makes the young adults involve themselves in such unhealthy habits thereby making themselves prone to many diseases at such a young age.

Some of the general questions were also taken under study like what the student thinks about the benefits of nutritious food, hygiene in schools and ill effects of smoking, drinking and tobacco consumption.

The results and the graphs show the percentage distribution of the socio-demographic profile of the student including the age, class, gender, and family and weight distribution. The socio demographic profile of students of Delhi from both the public and private schools gives an idea of the kind of lifestyle the students have. Those adolescents being from the public school lead a lifestyle where the preference for fast food and junk food is less but they always have a fantasy to have such meals as many times as they can. The students from the public school clearly mention that they like to have food which comprises of regular meals. Also their physical habits include more of playing outdoor games and doing the physical training that is being provided to them in the schools.

The above results also show a large number of students who do not participate in physical training exercises and outdoor games and sports. Majority of those who said no this are girls as they feel very reluctant to do so unless it is made compulsory by the school.

When it comes to talking about food habits, mostly girls preferred to have street food and the young adolescents preferred fast food. A major thing that was found among the students were that majority of the students have the habit of skipping meals, sometimes two meals a day also. Mostly the meal which was skipped was the Breakfast.

Another major thing that came up during the study was their knowledge regarding personal hygiene that included the cleanliness of the school toilets, hand washing practices, safe drinking water etc. It was found that the students from both the public and private schools were well versed with these hygiene practices and had a good opinion about them. Most of them mentioned that the toilets in their school are not clean which reflects a negative thing on the part of the school.

When the questions regarding use of tobacco, cigarette smoking and alcohol consumption were asked to the students, they mentioned clearly whether they are into habit of practicing such things or not. Majority of the students said that they are not into habit of such practices and those who said yes, the major reason for them to be in such a practice was either they wanted to experiment or because of their family culture of the probable reason was peer pressure.

Another major finding that can be drawn from the study was the interest of the students more in watching TV and playing computer games for long hours. As such, there is less of physical labour which makes them develop problems of backache etc.

CHAPTER 5

Conclusion and Recommendations

As discussed throughout the study, adolescents today are the most vulnerable group among the whole population. Seeing the fanciful world outside, they are unable to decide upon which habits are good and which are bad without making themselves indulge into such habits. Adolescents also being the productive age group are required to maintain their health to be the support for first of all their family and later on for the whole nation.

As such, the conclusion from the study is most of the adolescents now days prefer to live the sedentary lifestyle which involves whole lot of comfort and less of physical work. As such, this kind of lifestyle makes them prone to many diseases such as Cardio-vascular diseases, problems of Backache etc. The eating habits now days have given rise to lots of Obesity problems among the Adolescents especially the young adolescents. The food skipping habit among the students makes them develop less likelihood towards regular homemade meals. Also, the results show that majority of students skipping Breakfast which is considered the most important meal of the whole day.

Another conclusion that can be drawn from the study is Influence of friends and outside world on adolescents which makes them engage themselves in unhealthy habits of smoking, drinking and chewing tobacco. Also, those who have mentioned the family culture to be the reason for them developing such a habit, it is solely the responsibility of the guardians in the family and especially the parents of the student to correct them and to behave in a controlled manner in front of them and to counsel them when needed.

Recommendations:

1. The first and the foremost recommendation that can be of a great help in improving the adolescent lifestyle would be **counseling.** Counseling can help the growing children improve some of their habits because of which they can be prevented from becoming prone to certain diseases.
   The counseling can be emotional, psychological and personal depending upon the understanding of the problem with which the child is affected.

2. The selling of tobacco, cigarette and alcohol to young adults should be banned so that they do not become addicted to it. Also, if parents make their child know and understand about the disastrous effects of smoking, drinking and chewing tobacco, that can be of a major help in preventing adolescents from getting themselves engaged in such habits.

3. Parents are the only teachers to their children and especially when the child is at such a crucial stage. As such, their emotional touch and their understanding with the children can help the child reduce such tension and thereby lead a healthy and stress free life.

4. Schools can be another major source of information for the students thus preventing them from indulging in such habits and hence improving their lifestyle.
   Also schools could be a better source when it comes to telling the children about the ill-effects of heavy intake of fats foods and cold drinks.

5. The nutrition related knowledge can also be provided to the students by the school. Also, if two-three times the fruits are provided to children for eating, the health of the student can improve.

6. For those who report Obese at such a young age, it is of utmost importance for them to maintain a proper diet chart that includes more of nutritious diet and milk related products.

7. The engagement of the student in more of physical activity and the reduction in long sitting hours in front of the computers can reduce the problems of Obesity as well as backaches. This can be done if physical training and outdoor games are made compulsory in schools at least for one hour a day.

All parts of the body which have a function, if used in moderation and exercised in labour, in which each is accustomed, become thereby healthy, well developed and age more slowly, but if left unused and left idle, they become liable to disease and defective in growth and age quickly.
Hippocrates

CHAPTER 6

Limitations of the Study

Though the study was done with a broad perspective, yet it had some limitations which are:

- The sample size that was taken for the study was small due to the time constraint. A larger sample size would have given a more better idea for the study. Such a small sample size could not be the representative for the entire adolescent population

- Due to the small sample size, the findings of the study cannot be generalized in a proper extent to the whole of the adolescent population across the Delhi state.

- The study population, were not able to express completely and answer in a justified manner may be because of the apprehensions and the stigmas they feel are attached to some habits like those of smoking and drinking. As such, it was not possible to extract complete information from the students.

- Being the young age group, another major problem was to convince the students to participate in the study.

CHAPTER 7

References

- R.S. Goyal, Anoop Khanna. **Reproductive Health of Adolescents in Rajasthan: A situational Analysis,** *Indian Institute of Health Management Research,* 2005.

- Uzochukwu Uzoma Aniebue1&, Patricia Nonyelum Aniebue 2, Theophilus Ogochukwu Nwankwo1, **The impact of pre-menarcheal training on menstrual practices and hygiene of Nigerian school girls,** *1Department of Obstetrics and Gynecology, University of Nigeria Teaching Hospital, Enugu Nigeria 2Department of Community Medicine, University of Nigeria Teaching Hospital, Enugu Nigeria*, 2009.

- Aravind Pillai, Vikram Patel, Percy Cardozo, Robert Goodman, Helen A. Weiss and Gracy Andrew, **Non Traditional Lifestyles and prevalence of mental disorders in adolescents in Goa, India,** *The British Journal of Psychiatry* 2008 192: 45-51

- Rachael W Taylor, Ianthe E Jones, Sheila M Williams, and Ailsa Goulding, **Evaluation of waist circumference, waist-to-hip ratio, and the conicity index as screening tools for high trunk fat mass, as measured by dual-energy X-ray absorptiometry, in children aged 3–19 years,** *From the Departments of Human Nutrition, Medicine, and Preventive and Social Medicine, University of Otago, Dunedin, New Zealand, 2009.*

- **Youth and Health issues,** World Youth Report**,** *Chapter 4*,2003

- G Narangerel, **Curricular Review report on Adolescent Health and Developmental Concepts in the Medical School and Colleges' Pre-Service Programme,** *Health Sciences, University of Mongolia.*

- Roy s, Roy Sushvan and Rangari K. **Comprehensive Health Care Including Sexual And Reproductive Health Of Adolescents And Youths Is Of Vital Importance To The Nation**. *Health and Population-Perspectives and Issues* 30 (4): 243-267, 2007.

- G.Narangerel, Lecturer. **CURRICULAR REVIEW REPORT ON ADOLESCENT HEALTH AND DEVELOPMENT CONCEPTS IN THE MEDICAL SCHOOL AND COLLEGES' PRE-SERVICE PROGRAM.** *Health Sciences University of Mongolia.*

- **DISMANTLING STEREOTYPES ABOUT ADOLESCENTS: THE POWER OF POSITIVE IMAGES.** *Volume 2, Number 5April 2002*

- Bostrom, M. (2000). **Teenhood: Understanding attitudes toward those transitioning from childhood to adulthood**. Washington, DC: Frameworks Institute.

ANNEXURE

Interview Questionnaire for adolescent children

Consent Form

Introduction: Hello, My name is Aditi Sharma. I am a student of IIHMR, New Delhi. I am conducting a study on Lifestyle Practices affecting Health of Adolescents.

Consent for the Interview: Your participation for the study is voluntary and would be highly appreciated. Few questions will be asked in this regard. The complete interview is scheduled for 15-20 minutes. Information shared by you will be kept private and confidential.

I would like to get your consent to participate in the survey. You can wish to answer the questions and not to answer any question or all the questions. Your participation will be of great importance.

At this time, if you have any questions please ask?

Respondent Agrees to be interviewed begin the interview……Begin interview

If the respondent does not agree to be interviewed ……End

May I begin with the interview now?

Location of the school……

Sub Area…….

Date…….

Signature of the Student…….

Section A: Socio, Economic and Demographic Profile of the student

S.No	Questions	Response	Skip to
1.	Name?	_____	
2.	Date of Birth?	□□/ □□/□□□□ Age in Completed years □□	
3.	Gender?	1. Male □ 2. Female □	
4.	In which class are you studying in?	1. Class 8 □ 2. Class 9 □ 3. Class 10 □ 4. Class 11 □ 5. Class 12 □	
5.	Are you a permanent resident of Delhi?	1. Yes □ 2. No □	
6.	What is your religion?	1. Hindu □ 2. Muslim □ 3. Sikh □ 4. Christian □ 5. Other (Specify) _____	
7.	Do you have an owned house or it is a rented house?	1. Owned house □ 2. Rented House □	
8.	Is your family a joint family or a nuclear family?	1. Joint family □ 2. Nuclear Family □	
9.	How many members are there in your family?	1. Three □ 2. Four □ 3. Five □ 4. More than Five Specify ____	

Section B: Dietary Habits

S.No	Questions	Response	Skip to
10.	What is your height (in cms.)?	_____cms	
11.	What is your weight (in kgs.)?	_____ kg	
12.	How do you describe your weight?	1. Very underweight □ 2. Slightly underweight □ 3. About the right weight □ 4. Slightly overweight □ 5. Very overweight □	
13.	What kind of food do you prefer?	1. Regular meals □ 2. Vegetarian food □ 3. Non- vegetarian food □ 4. Fast food □ 5. Street food □ 6. Cold drinks □ 7. Fruits and vegetables □ 8. Others □ Please specify _____	
14.	How many times in a week do you go for Fast foods (e.g. Burgers, Pizzas, cold drinks etc?)	1. Once a week □ 2. Twice a week □ 3. Thrice a week □ 4. More than 3 times □	
15.	Do you prefer eating fruits and vegetables?	1. Yes □ 2. No □	If "No", skip to Ques.17.
16.	How many times in a day do you like eating fruits/ vegetables?	1. Once a day □ 2. Twice a day □ 3. Thrice a day □ 4. Four times a day □ 5. Five times a day □ 6. More □ Please Specify _____	
17.	Do you know about the benefits of eating fruits/vegetables?	1. Yes □ 2. No □	
18.	During schooling, were you told about benefits of healthy Eating habits?	1. Yes □ 2. No □ 3. Don't know □	
19.	Do you skip meals?	1. Yes □ 2. No □	If "No", skip to Ques. 21.

20.	What kind of meal do you often skip?	1. Breakfast 2. Lunch 3. Dinner 4. If more than one at times, please specify _____	

Section C: Physical Habits and Personal Hygiene

S.No	Questions	Response	Skip to
21.	Do you brush your teeth daily?	1. Yes □ 2. No □	
22.	How many times you brush your teeth in a day?	1. Once □ 2. Twice □ 3. Thrice □	
23.	Do you have any idea about the Hand washing Practices?	1. Yes □ 2. No □	
24.	How many times do you wash your hands in a day?	1. Once □ 2. Twice □ 3. Thrice □ 4. More than 3 times, please mention ___ times. 5. Can't Say □	
25.	Do you regularly wash your hands before and after having your food?	1. Yes □ 2. No □	
26.	Do you use any soap for the purpose of hand washing?	1. Yes □ 2. No □	
27.	Do you regularly wash your hands after using toilets?	1. Yes □ 2. No □	
28.	Do you think that the toilets in your school are clean?	1. Yes □ 2. No □ 3. Can't Say □	
29.	Is there a source of clean drinking water in your school?	1. Yes □ 2. No □	
30.	Is there a source of clean drinking water at your home?	1. Yes □ 2. No □	

31.	Do you have a water purifying system at your home?	1. Aqua guard □ 2. R.O. □ 3. Others □ Specify _____	

Section D: Physical Activity and Exercises

32.	Do you exercise daily?	1. Yes □ 2. No □	
33.	Do you participate in the physical activities like games and sports etc. in your school?	1. Yes □ 2. No □	If "No", skip to Ques. 36.
34.	How many times in a day is the Physical Training being provided in your school?	1. One a day □ 2. Twice a day □ 3. Thrice a week □ 4. Not at all □	
35.	What is the minimum time that is given to physical exercises?	1. One hour a day □ 2. 5-6 hours a week □ 3. 2-5 hours a week □ 4. Less than two hours a week □	
36.	How do you commute to your school?	1. By Bus □ 2. By auto rickshaw □ 3. By personal conveyance □	If the answer is "1" or "2", skip to Ques. 39.
37.	What is the mode of personal conveyance that you are provided with?	1. By Car □ 2. By Bicycle □ 3. By scooter □	
38.	If you go by a bicycle, what is the minimum time for which you have to do cycling?		
39.	Do you also go to school by walking?	1. Yes □ 2. No □	If "No",

			skip to Ques. 41.
40.	What is the minimum distance that you have to cover while walking for your school?		
41.	Do you prefer to go to Gym for exercising?	1. Yes □ 2. No □	
42.	On a usual day, how long do you spend sitting and watching TV?	1. Less than one hour □ 2. 1-2 hours □ 3. 3-4 hours □ 4. 5-7 hours □ 5. 8 or more hours □	
43.	On a usual day, how much time you spend playing computer games?	1. Less than one hour □ 2. 1-2 hours □ 3. 3-4 hours □ 4. 5-7 hours □ 5. 8 or more hours □	
44.	How much time do you spend surfing internet daily?	1. Less than one hour □ 2. 1-2 hours □ 3. 3-4 hours □ 4. 5-7 hours □ 5. 8 or more hours □	
45.	How much time do you spend talking on phone with your friends?	1. Less than one hour □ 2. 1-2 hours □ 3. 3-4 hours □ 4. 5-7 hours □ 5. 8 or more hours □	

Section E: Cigarette smoking and use of tobacco (these questions will entertain mostly the senior students i.e. 11th and 12th standard)

S.No	Questions	Response	Skip to
46.	Do you have a habit of chewing tobacco?	1. Yes □ 2. No □	If 'No',

			skip to Ques. 48.
47.	Since when you developed this habit of chewing tobacco?	1. Past one year □ 2. More than one year, please specify, _____	
48.	Do you have the habit of smoking cigarette?	1. Yes □ 2. No □	If 'No', skip to Ques 51.
49.	Since when you developed this habit of smoking cigarette?	1. Past one year □ 2. More than one year, please specify, _____	
50.	How many cigarettes do you smoke in a day?	1. One □ 2. Two □ 3. Three □ 4. Four □ 5. More than four, specify ___	
51.	Are you in the habit of drinking alcohol?	1. Yes □ 2. No □	If 'No', skip to Ques. 53
52.	How did you develop the habit of smoking or drinking?	1. Wanted to experiment □ 2. Peer pressure □ 3. Family Atmosphere □ 4. Stress or tension □ 5. Other, please specify _____	
53.	Do you know about the ill effects of smoking, drinking and chewing tobacco?	1. Yes □ 2. No □	
54.	Have you ever seen or heard any commercial that spreads anti- tobacco or anti- smoking and drinking message?	1. Yes □ 2. No □ 3. Can't say □	
55.	Does your school provide any education about the ill- effects of smoking and drinking?	1. Yes □ 2. No □	
56.	Are your parents aware about your involvement in these habits?	1. Yes □ 2. No □	

57.	Have you ever tried to quit smoking?	1. Yes □ 2. No □	

Section F: General Questions

58.	What is the average hours of sleep you have daily?	1. Five hours □ 2. Six hours □ 3. Eight hours □ 4. More than eight hours □	
59.	What is the minimum number of hours you spend studying daily?	1. Two hours □ 2. Four hours □ 3. Six hours or more □	
60.	Who do you think is the person very close to you with whom you share your feelings?	1. Your mother □ 2. Your father □ 3. Someone else in the family □ 4. Your best friend □ 5. Others, please specify _____	
61.	Any other relevant thing you want to share that can be of a help to this study?		

Thank You for your Co-operation.

_____

Signature of the Interviewer