Contemporary Issues and Researches on Adolescents

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34 Health-Related Behaviour of Students of Federal College of Agriculture, Animal Health and Production Technology, Ibadan

T.K. Hamzat, C.N. Okpeze & O.A. Olaleye

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Abstract

The emphasis on health services is shifting from curative measures and hospital-based care to preventive behaviour that promotes health. This new approach involves every member of the society. A study of 132 students of the Federal College of Agriculture and Animal Health and Production Technology, Ibadan was carried out to investigate their health-related behaviour. Health related behaviours are steps taken to preserve one's own health and avoidance of detrimental behaviours. One hundred and eighteen (89.39%) of the students engage in sporting activities. Only 6.06%, 9.85%, 24.24% and 10.61% of the students smokers, drinks alcohol, drinks coffee and chews Kolanut respectively. Majority of the Students (78.03%) live a stress free life. This result shows that only a few of the students exhibits negative health-related behaviour while the majority has positive-related behaviour. It was recommended that positive attitudes and healthy lifestyles should be encouraged among students of tertiary institutions in Nigeria.

Key words

Health related behaviours, Exercises, Personal responsibility.

Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity (WHO, 1990). Wellness is optimal developing reserve capacities and adaptability to changing circumstances (Fedotov, 1988). Health is shaped by factors which are

not entirely medical (Erinosho, 1998). Health is therefore not something that medical doctors provide for people, rather it is something an individual or a community achieve by themselves.

According to Copplestone (1991), people's attitudes to health often reflect personal and societal concepts which are based on experience and views on well-being. Three major elements of a healthy lifestyles deserve particular attention: exercise and sports, nutrition and personal responsibility (Mahler, 1986). Mahler explained personal responsibility as covering a wide area such as non-smoking and non-abuse of alcohol and some other drugs. Alcohol and other mood-altering drugs can affect a person's body function, behaviour, social life and family relationships. The health and social problems associated with drug abuse present complex difficulties of society as a whole, individual abusers and their families.

Alcohol is a potent non-prescription drug which adversely affects motor ability, muscle function, reaction time, eyesight, depth perception and night vision (Trancred, 1991). Smoking has been proven to be a high – risk health hazard and more than one of three smokers dies prematurely of a smoking-related disease (Dixion, 1998), Smoking is one of three major risk factors for heart disease, along with high blood pressure and high blood cholesterol. Caffeine is a mild stimulant contained in coffee and Kola. High does can make someone feel jittery or on edge, cause flashes of light of odd noises (Dixion, 1998). Dixion stated further that death from caffeine has been known though only after doses as same as one hundred cups of coffee.

Although, heredity plays a role in the acquisition of certain diseases such as hypertension and stroke, the incidence even in subjects with family history of the conditions can be slightly reduced with appropriate health behaviours.

The purpose of this study was to assess the health-related behaviour (positive and negative) of the students of a tertiary institution in Ibadan.

Methodology

Subjects

The students of the Federal College of Agriculture, Animal Health and Production Technology, Ibadan were approached to seek volunteers to participate in this study . The sampling technique was the consecutive

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non-probability sampling technique. Two hundred and forty (240) questionnaires copies were distributed to the volunteers. One hundred and fifty five (155) of the volunteers were males while eighty five (85) were females.

Instruments

1. A semi-structured questionnaire. The questionnaire was divided into three sections.

Section A contained five (5) items on demographic data, viz, tribe, sex, age weight and height.

Section B collected information on physical and social health history and behaviour of respondents. It contained twelve (12) items.

Section C consisted of ten (10) items from the simplified self-scoring test for gauging stress and tension levels. It gathered information on the psychological responses of the students to stress.

The content validity of the instrument was determined before administration. A test-retest reliability of the questionnaire gave a value of r= 0.83.

2. Weighing scale (Hason, Germany) was used to measure the weight of each volunteer to the nearst 1.0kilogramms (kg). It has a range of 0-150kg.

3. Height meter: This was used to measure the height of volunteers. It was a wooden height meter, locally constructed and 200 meters high. Calibration was by a non- elastic tape measure attached vertically on the meter.

Procedure

The questionnaire was administered by one of the authors who is a lecturer in the institution. Each volunteer was given a questionnaire and required to fill the first three items in section A after which the weight and height of the subject were measured using the weighing scale and height meter respectively. The volunteer was then asked to complete the questionnaire by filling sections B and C of the questionnaire. questionnaires were given out to the students by hand, out of which. 132 copies Two hundred and forty copies of questionnaire were duly filled and retrieved for analysis. Data are presented using descriptive statistics of range, mean, mode frequency and percentage.

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Results

A total of 240 copies of the questionnaire were distributed to the students out of which only 132 were retrieved for data analysis, giving a return rate of 55%. One hundred (75. 76%) of the respondents were males while thirty (22.73%) were females. The physical characteristics of the respondents are presented in Table 1. The age of the respondents ranged between 15 and 35 (21. 64 ± 3.71) years. The mean body mass index (BMI) was 22.63kgm-^{2}

Only eight (6.45%) of the respondents were smoking cigarettes with a mean cigarette sticks number of 5.13 per day. Thirteen (11.02%) of the respondents drink alcohol with a mean consumption rate of 3.42 bottles or shots per day. Fourteen (10.61%) respondents chew kolanuts while thirty two (24.24%) respondents drink coffee. 12.90% of the respondents uses contraceptives.

Majority of the respondents (89.37% participate in one form of sporting activities or the other and the three most common sports they engaged in were soccer (45.45%), athletics (13.64%) and table tennis (7.58%. The mean frequency of sporting activities was 2.21 days per week for the respondents while the mean and modal duration of participation were 75.50± 51.72 minutes and 60 minutes respectively. The mean sleeping hour of the respondents was 6.56 hours per day.

Eleven (8.33%) respondents have family history of hypertension. Nine (6.82%) respondents have family history of diabetes and seven (5.3%) have family history of stroke. Fifty seven (43.18%) of the respondents scored between 0 and 2 in the self scoring test in section C of the questionnaire. Forty six (34.85%) scored between 3 and 5 and twenty (15.15%) respondents scored average tension level. Eight (6.06%) respondents had above average tension level by scoring between 10 and 13 while only one (0.76%) respondent had considerably above average tension level. Table 2 is the distribution of the respondents' tension level based on the self scoring test. The average scores of the respondents on each of the questions in section C of the questionnaire are presented in Table 3.

Discussion

Two hundred and forty (240) copies of the questionnaire were administered on students of Federal College of Agriculture, Animal Health and Production Technology, Ibadan. The average Body mass index (BMI) of the students was 22.63. Lower health risk is associated

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with BMI of 20 top 25 and highest health risk is associated with BMI of over 40 (Bray, 1992). The average BMI score of these subjects showed that the respondents have a lower health risk. However, one-fifth of the respondents had a BMI range of between 26.17 and 40.87 and are thus in the high health risk group. According to Bray (1992) as BMI increases, so also do risks of diseases such as cardiovascular diseases including hypertension, coronary heart disease, diabetes and renal disease. Thus, a significant percentage of the respondents have higher health risk despite the overall average BMI.

Only a few of the respondents used dependence-producing substances namely cigarette, alcohol, kolanut and coffee. Smoking is reported to be the most important single preventable cause of ill-health and premature death (Mahler, 1986). Nicotine, contained in cigarettes has a depressant action on the appetite and the smoke irritates the membrane lining the respiratory passages leading to chronic bronchitis, shortness of breath and smoker's cough (Tancred, 1991). Nicotine also constricts blood vessels and is a major risk factor for peripheral vascular diseases (Dixion, 1998). Alcohol is a drug and a potent depressant that may exert harmful effects on the human body. Chronic consumption of excessive amounts of alcohol may have detrimental effects on various body organs, particularly the liver (Tancred, 1991). Smart (1991), reported a positive correlation between alcohol consumption and liver cirrhosis, usage of contraceptives was very low (12.12%) among the respondents in this study. This could either mean that the majority of the respondents are not sexually active or that they are ignorant of the importance of contraceptives and their uses and practice unsafe sex. Safe sex, means sexual activities which can be done even if one person is infected with HIV without passing it to the other person (for example: kissing, cuddling and so on) while safer sex means using a condom during sexual intercourse (Mahler, 1986). Though, using a condom is not absolutely safe as condom can tear, yet condoms can be effective if they are used correctly.

More than three-quarter of the respondents participate actively in sporting activities. Exercise has been shown to improve self-esteem and self efficacy, perceived improved health and ability to perform daily activities (Shephard, 1991). People who exercise regularly have a lower incidence of heart disease than people who do not (Tancred, 1991). The mean and model exercise duration of the respondents were 75.50 minutes and 60.00 minutes respectively. Participation in physical activities for at least 30

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minutes is recommended for cardio-respiratory fitness (Shephard, 1991). The mean sleeping hours of the respondents was 6.56 hours.

About a quarter of the respondents reported that they become impatient when asked to perform repetitive tasks while almost half reported becoming impatient when things do not go as quickly as they should. This implies a poor coping mechanism and thus a negative health-related behaviour which can increase stress. Stress can lead to severe health problems. Increasing evidence points to the paramount role of psychological stress as a causative factor in sudden cardiac death (Engel, 1971), According to Engel, psychological stress as evident by feelings of fear, anxiety, depression, grief, guilt and anger leads to excessive activation of the sympathetic limb of the autonomic nervous system. The average scores of the students on each of the questions in the simplified self-scoring test for gauging stress and tension level are less than one which is indicative of a considerably below average tension level. It could be inferred from this that majority of the students live a stress free life which is a positive health behaviour.

Conclusion

The outcome of this study showed that majority of the students of the Federal Collage of Agriculture and Animal Health and Production Technology, Ibadan surveyed in this study have good health related behaviours. They have good exercise habit and most of them abstain from unhealthy habit such as smoking and alcohol abuse.

Recommendation

Harmful and unhealthy lifestyle is a learned behaviour which can be unlearned. Youths must be educated on the dangers inherent in unhealthy lifestyle such as drug abuse. Healthy lifestyle is a choice. Although the individual has the responsibility of choosing right, the choice is determined by factors over which the society has leverage. Thus, students in higher institutions should be encouraged early to make informed and wise choices. They must be inculcated with a sense of their own worth in the society.

The combination of individuals determination, support from family and friends and help from health professionals can prove beneficial to youths who are already experimenting with drugs. Public awareness

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programmes and seminars on healthy lifestyles and their benefits should also be organized by health professionals in schools.

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