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Study of wellness level of adolescent school children from Pune city

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Abstract

The purpose was this study to measure the wellness status of adolescent school children from Pune city. For this descriptive survey method was used. Total 555 students (Boys 380 and 175 girls) from secondary school children from Pune city selected as a sample. The Wellness Inventory is 38 questions instrument which was used to assess an individual's wellness perceptions in all dimensions physical, emotional, social, intellectual, spiritual, occupational and environmental. Result shows that majority adolescent have low level of wellness and few have good level of wellness.

Keywords: Adolescent, wellness & Wellness Inventory

Introduction

Wellness is the result of personal initiative seeking a more optimal, holistic and balanced state of health. Wellness suggests awareness of our current and potential state of health in multiple dimensions is important to each of us. Wellness implies the careful maintenance; ability to impact, balance and measure our health in each of these dimensions is valuable to us holistically. Achievement of health, happiness and success that we have defined as ideal for ourselves could also be considered as achieving wellness. Each individual need a dynamic balance of multi dimensional health and methods to move us closer to wellness admits any myriad of life situations, goals, uncertainty, struggles and hardships. Achieving or maintaining wellness could involve healthy thinking, active physical movement, eating well, fiscal responsibility, productivity, as well as emergency preparedness, avoiding common pitfalls. Awareness of the potential and control each of us has in each dimension of our lives is all part of the never ending journey towards a higher state and wellness. Wellness begins with a conscious decision to seek multidimensional health and willingness to live more healthfully. Everything we do, feel, think and believe has a holistic and direct impact on our state of health. The World Health Organization (1948) ^[15] state the definition of health, "A state of complete physical, mental, and social, wellbeing, and not merely the absence of disease or infirmity but Wellness is a active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than illness. Wellness is dynamic process of change and growth. Over 50years ago, WHO defined health as being more than freedom from illness, diseases and debilitating conditions? In recent years, public health experts have identified wellness as a sense of wellbeing and quality of life. Healthy people 2010 objectives use the number of activity days as one indicator of wellness. Many illnesses are curable and may have only a temporary effect on health. Others such as diabetes are not curable but can be managed with proper eating, physical activity, and sound medical supervision. It should be noted that those possessing manageable conditions may be more at risk for other health problems, so proper management is essential. For example, unmanaged diabetes is associated with high risk for heart disease and other health problems.

Home to 20 percent of the world's adolescent population, India has one of the worst track records in their health and education parameters, according to a new report by the UNCIEF. Almost 47 percent of girls in the age group of 11 to 19 years are underweight in India, which is the highest in the world, a UNICEF report on the 'State of the World's Children' released here today said Also a total of 56 percent of girls and 30 percent of boys in the age group are

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anaemic which places the country along with the least developed African nations. The report says that around 25 percent (243 million) of Indians belong to the age-group of 11-19 years. Almost 40 percent of the section is out of school and 43 percent get married before the age of 18, out of whom 13 percent become teenage mothers. School attendance in the 11-13 years age group is 86 percent and 14-17 years is 64 percent (PTI) ^[11]. Schools are ideal setting to help improve children's health by providing more healthful food option throughout the total school environment, more opportunities for children to be active, and more behaviour – focused nutrition education. Almost all schools have the health and wellness policies.

Materials & Methods

Method: A descriptive survey was conducted to study the current status of wellness of Adolescent school children from Pune city.

Participants: Total 555 students (Boys 380 and 175 girls) from secondary school children from Pune city selected as a sample.

Instrument: The Wellness Inventory is 38 questions instrument which was used to assess an individual's wellness perceptions in all dimensions physical, emotional, social, intellectual, spiritual, occupational and environmental. Responses to the questions were given 3 point scale ranging from. (1= Never, 2= Sometimes and Always = 3).

Results and discussion

Descriptive Data Analysis of Adolescence Wellness.

Table 1: Dimension wise descriptive Statistics of Adolescent's Wellness.

Dimensions	N	Mean	Std. Deviation
Physical	555	18.4054	2.47871
Social & Emotional	555	23.4396	2.48415
Intellectual	555	11.1351	1.65251
Spiritual	555	10.6703	1.48559
Environmental	555	12.2649	1.90386
Occupational	555	11.4414	1.68066
Total Wellness	555	87.3568	7.26439

Table 1 shows the wellness data of 505 respondents from Pune city. The mean score of total wellness was 87.35 (SD = 7.26439). The dimension wise score for wellness was as follows: for physical dimension the mean was 18.40 (SD = 2.47871), Social and emotional dimension's mean score was 23.43 (SD = 2.48415), the mean score for intellectual dimension was 11.13 (SD = 1.65251), for spiritual dimension mean was 10.67 (SD = 1.48559), environmental dimension mean was 12.26 (SD = 1.90386) and for occupational dimension the mean was 11.44 (SD = 1.68066).

Table 2: Analysis of the status of Adolescent Wellness from Pune city.

Wellness	Frequency	Percent
Need improvement	225	40.5%
Satisfactory	219	39.5%
Good	111	20.0%
Total	555	100.0%

The table 2 shows that a majority of the adolescents i.e. 40.5% were found in the need improvement category. 39.5%

of the adolescents were seen with a satisfactory status of wellness and only 20% of the adolescents showed good status of wellness. The results reveal that more few students were in well being condition and others have to develop their own wellness status quickly. The adolescent's emotional reactions to physical changes are as important as the changes themselves. Adolescents become concern about body image: physical attractiveness, body type, body weight and timing of their own development in relation to norms. Physical attractiveness and body image have an important relationship to the adolescents positive self- evaluation, popularity and peer acceptance (Koff, Rierdan, and Stubbs, 1990) ^[8]. It influences personality development, social relationships and social behaviours. Attractive adolescents are thought of in positive terms: warm friendly, successful, and intelligent (Lerner, Delaney, Hess, Jovanovich, and Eye, 1990) ^[9]. Studies of males provide further evidence of the social importance of physical attractiveness and of possessing on average physique. Tall men with good height builds are considered more attractive than short men (Feingold, 1982) ⁽³⁾. In other study, adolescents who rated themselves as lonely (Moore and Scultz, 1983) ^[10]. The body image of adolescents is closely related to weight status (Fowler, 1989) ^[4]. Many adolescents worry about being overweight (Steele, 1980) ^[13]. being overweight not only represent a future health hazards- obesity is related to cardiovascular diseases, hypertension, and gynaecological disorders- but also affects the adolescents social relationships, self esteem, ego identity development, and emotional adjustment (Shestowsky, 1983 ^[12]; Stein, (1987) ^[14]. A desire to lose weight motivates many adolescents to exercise. Exercise promotes psychological and mental health as well (Carruth and Goldberg, 1990) ^[2]. Exercise can also improve self esteem by promoting feelings of competence and mastery (Brown and Lowton, 1986) ^[1]. Another study found that physical fitness training improved ability and confidence in physical areas and non physical areas like frustration tolerance (Jasnoski, 1981) ^[7]. There is evidence also that physical activity pattern developed in adolescence may continue into adulthood. Development of proper eating habits during adolescence is extremely important to individual health.

Conclusion: The current status of adolescent wellness is quite challenging. Result shows that majority adolescent have low level of wellness and few have good level of wellness.

References:

1. Brown JD, Lowton M. Stress and well- being in adolescence: The moderating role of physical exercise. *Journal of Human Stress*. 1986; 12:125-131.
2. Carruth BR, Goldberg DL. Nutritional issues of adolescents: Athletics and the body image mania. *Journal of Early Adolescence*. 1990; 10:122-140.
3. Feingold A. Do taller men have prettier girlfriends? *Psychological reports*, 1982; 50:810.
4. Fowler BA. The relationship of Body image perception and weight status of the adolescent female. *Adolescence*, 1989; 95:557- 568.
5. Hedberg VA, Bracken AC, Tashwick CA. Long term consequences of adolescent health behaviours: implication for health services. *Adolescent Medicine*. 1999; 10(1):137-151.
6. Hettler B. Wellness promotion on a university campus. *Family and Community Health: Journal of Health Promotion and Maintenance*. 1980; 3:77-95.

7. Jasnosi ML. Exercise, changes in aerobic capacity, and changes in self perceptions. *Journal of Research in Personality*. 1981; 15:56-68.
8. Koff E, Rierdan J, Stubbs M. Gender, Body image, and Self concept in Early Adolescence. *Journal of Early Adolescence*. 1990; 10:56-68.
9. Lerner RM, Delaney M, Hess LE, Jovanovic J, Von Eye A. Early Adolescent physical attractiveness and academic competence. *Journal of Early Adolescence*, 1990; 10:4-20.
10. Moore D, Schutz NR. Loneliness at Adolescence: Correlates, Attributions, and coping. *Journal of adolescence*. 1983; 12:95-100.
11. Press Trust of India. (N.D.). Condition of adolescents India among the worst: UNICEF. New Delhi.
12. Shestowsky BJ. Ego identity development and obesity in Adolescent Girls. *Adolescence*, 1983; 18:551-559.
13. Steele CJ. Weight loss among teenage girls: An adolescent crisis. *Adolescence*, 1980; 15:823-829.
14. Stein RF. Comparison of self concept of non obese university junior female nursing students. *Adolescence*. 1987; 22:70-90.
15. World Health Organization. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization) and entered into force on 7, 1948; 2:100.