

# Health Awareness among the Youth

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**Abstract**—In present times, there has been a change in the habits and lifestyle of the youth, affecting their physical health. The objective of this paper is to study the general health awareness among the youth today, such as their knowledge about a balanced diet, about benefits of exercise, about various diseases such as AIDS, PCOS, cervical cancer, etc. The paper intends to calculate the health awareness index using the primary data collected through an online survey. The questionnaire was filled by 543 students from Delhi and other Universities. The primary data revealed that a majority did not have an in depth knowledge about their general health such as most of them knew what a balanced diet is but more than half of the population claimed to adhere to it only occasionally. Yoga is practiced only by a few of them, although almost everyone was aware of its benefits.

Using this data to create the health awareness index revealed that about 50% of the respondents were moderately aware and only about 20-22% of the respondents were found to be completely aware of their health as measured by the health awareness index. Some regressions were also done to find the determinants of health awareness. The regression results show that income and expenditure do not explain health awareness. Statistics showed that the people who attended more health awareness programmes and had access to media were found to be more aware.

This suggests that there is a need for conducting more health awareness programmes and workshops at the primary and secondary level of education.

## 1. INTRODUCTION

About 28% of India's population constitutes of the youth, characterized by the people in the age group of 15-24 years. One would presume that diseases start to occur as one starts to age and hence the young people are generally healthy. But, as per WHO, an estimated 2.6 million young people aged 10 to 24 years die each year and a much greater number of young people suffer from illnesses 'behaviours' which hinder their ability to grow and develop to their full potential. Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviours initiated in their youth (e.g. tobacco use, physical inactivity, high risk sexual behaviours, injury and violence, etc.). On one hand, there has been a significant reduction in the mortality and morbidity of communicable, maternal and neonatal

disorders since 1990. Yet, on the other hand, the health patterns of the youth have changed.

Youth is a stage when one tends to be impulsive and is vulnerable to getting influenced by peer groups and media. The behavioural patterns established during this developmental phase determine their current health status and the risk for developing some chronic diseases in later years.

The youth has become physically inactive, owing partially to the advent of technological gadgets and partially to increasing work or academic pressure and busy schedules. Moreover, increasing 'eat-out' culture is leading to overconsumption of junk food, causing obesity and other ailments among the young people. People consume calories, but do not burn them. Due to this, there has been a sharp rise in the incidence of heart diseases in people as young as 20 years old, whereas earlier, heart disease before 50-60 years of age was of rare incidence.

Stress at workplace or school, increasingly active social life, etc. is a major cause of common mental disorders including depression, anxiety, suicidal tendencies and increased suicide rates. Resorting to alcohol or cigarettes or drugs is seen as an option to de-stress. The youth who indulge in such activities are of the opinion that it makes them "feel good", despite having knowledge of its ill-effects. Peer pressure among teenagers is also a cause of concern as it is at this age that the teens try their first puff of cigarette or pint of alcohol, to show off as themselves being "cool" among friends. This gradually leads to addiction, making matters worse.

## 2. OBJECTIVE

The main objective of this study is to check the general health awareness among the youth, about the various diseases they are prone to, and to study their health habits by creating a health awareness index to ascertain the health awareness among individuals. The paper aims to check their knowledge about ailments such as AIDS, PCOS, cervical cancer, cardiac arrest, etc. and if they follow healthy habits such as being physical active, practicing yoga and following a balanced diet. The paper attempts to find out a few determinants of health awareness among the youth today.

### 3. REVIEW OF LITERATURE

Deepthi Ramdas and Arumugam Balasubramanian (2014), in their paper entitled “Health Awareness and Youth: A Study on the Impact of Visual and Caption in the Cigarette Packets on Youth”, studied the impact of the visuals and caption on the cigarette packets on youth. The caption on every cigarette packet is ‘Smoking is injurious to health’ and the logo is any ill effect of smoking or a scorpion. The Government of India has made it a strict rule that every cigarette packet should contain both of these. The study on the impact of the pictorial representation and captions indicating the ill effects of smoking on the cigarette packs showed that there is no significant impact. Although the smokers are initially affected, however, gradually, they forget about it. Thus, the warning signs are not effective enough to be able to be retained in the minds of smokers. They mention that a change in the caption might help them change their attitude. Moreover, pictures which were more disturbing than the present one could have an impact too. However, the members did say that if they wished to smoke they would continue smoking. The warning captions and visuals did not play any role in helping them to reduce the number of cigarettes. They did create awareness, but were not effective enough. According to their study, suggestions have been made about certain methods for discouraging smokers. An increase in the price of the cigarette packets or an increase in the amount of tax to be paid would reduce the number of smokers. Most of the individuals would like to quit smoking. However, they mentioned that once a person starts to smoke, it is very difficult to quit it. Most of them started smoking as a stress buster. They suggested an increase in e-cigarettes or electronic cigarettes as an alternative to the tobacco content cigarettes, which would drastically reduce the health effects. The e-cigarettes are rechargeable cigarettes which emits smoke, creating a smoking environment, with less health risks.

Sudha B. Yadav, Naresh R. Makwana, Bhavin N. Vadera, Kishor M. Dhaduk, Kapil M. Gandha (2011), in their article titled “ Awareness of HIV/AIDS among rural youth in India: A community based cross-sectional study”, conducted a cross-sectional survey in the Saurashtra region of Gujarat, among people in the age group of 15-24 years, to assess the knowledge of rural youth regarding HIV/AIDS, since youth is one of the most vulnerable groups, indicated by the fact that 35% of all reported AIDS cases in India are among the age group of 15-24 years. Their study showed that about two thirds of young people from rural areas of the Saurashtra region of Gujarat, India had heard about HIV/AIDS. Knowledge regarding the transmission of the disease was good in general but variable for different modes among youth who had heard of HIV. Youth were less aware of transmission of infection from mother to child in comparison to other modes of transmission such as sexual intercourse, transmission through blood transfusion and transmission through needles/syringes. In their study, they observed that youth

displayed less awareness of prevention methods in comparison to awareness of transmission modes of the disease. The young people were less aware of condom use as a prevention strategy than another strategy. The observation highlights the high level of ignorance about this important preventive measure in the sexually active young population in rural areas. There persist a lot of misconceptions too. Some of them are that HIV can be transmitted by living with an HIV-infected person; HIV can be acquired through eating food with HIV positive individuals; HIV could be transmitted by a mosquito bite; and that a healthy-looking person cannot transmit HIV. Age, literacy status, occupation, and types of media exposure of youth act as the predictors of HIV awareness in rural areas and in other parts of the country as well. The main sources of information regarding the disease were friends and television. Other sources included newspapers, health awareness programmes, radio, magazines, etc. One of the important measures to prevent HIV/AIDS is awareness of the disease. Although this particular study had the limitation of being conducted at a point of time, however the results were very relevant to the rural youth. Coverage of awareness programmes is less in rural areas, thus making the population oblivious to the various determinants and prevention methods. This study can be used to direct future efforts towards the rural areas, specially covering the rural youth.

A Saha, A Nag Chaudhury, P Bhowmik, R Chatterjee (2010) in their paper entitled “Awareness of Cervical Cancer Among Female Students of Premier Colleges in Kolkata, India”, studied the knowledge levels of female college students about cervical cancer, its risk factors, the human papillomavirus (HPV) etiologic agent and Pap (Papanicolaou) smear testing for screening of the disease, through a questionnaire-based survey, among young girls aged 17-24 years. Their study revealed a low level of knowledge of the graduate and postgraduate students of some leading women’s colleges of Kolkata about cervical cancer which is the most prevalent type of female cancer in the country. Most of the risk factors for cervix cancer were recognized by much less than 50% of the study participants. They found that the students from the science disciplines and those from the city had significantly better awareness level about cervical cancer. Only 13%, 15% and 29% respectively could identify early onset of sexual intercourse, parity and cigarette smoking as risk factors of cervical cancer. Very few of their participants had ever heard of ‘Pap smear test’ or HPV, the most important factor for cervical cancer. Similar results were found in studies in many other countries too, including USA.

The results of their study suggested that despite the advent of vaccines to prevent HPV and the impact of cervical cancer deaths, especially in developing countries, like India, there has not been any major improvement in HPV awareness in college women. It was concluded that the absence of an active national cervical screening and awareness program has resulted in the lack of basic knowledge about important risk factors for cervix cancer even among the literate population of

college women. Unless and until the Indian women gather enough knowledge and awareness on cervical cancer, it would never be possible to accomplish the mission of National Cancer Control Programme. There is need for a countrywide strong knowledge base about cervical cancer so that general public can easily identify the early symptoms of the disease and take preventive measures.

Rajan G, Ramesh S, Sankaralingam S. (2007) in their paper entitled “Areca nut use in rural Tamil Nadu: a growing threat”, conducted a study to find out the prevalence of areca nut among the rural residents of Sriperambudur Taluk. Areca nut, or betel nut, as it is commonly known since it is wrapped up in betel leaves and chewed, has been used in India for a long time. Chewing it has been considered socially acceptable. However, its nature of use has changed now, in relation to its content and is therefore feared to pose a major health threat, predominantly to the vulnerable youth of India. They found that the study participants were more likely to initiate areca nut use by 22 years of age. About 19.8% of the study participants chewed areca nut products. Areca nut use was higher among males as compared to females. The commercial forms of areca nut products (guthka) were the most prevalent ones. In recent times, areca nut is being used increasingly in the form of consumption of pan masala. Pan masala is readily available in all areas, to everyone. What is more alarming is that most *pan masala* preparations, in addition to areca nut, have tobacco in them and also include other substances such as arecoline, catechu, tannin. They promote excessive and harmful use and also lead to dependence. The consumption starts at young age. Media has played a major role in influencing the youth, through pan masala advertisements. The consumption of pan masala increases the risk of oral cancer. Studies suggest that the general level of awareness regarding the ill effects of areca nut use on health has been found to very low. The older generation believed that the use of areca nut products could cause no harm as they themselves have been pursuing the habit for a long time without any health problems. One study revealed that there was awareness in the community regarding guthka and tobacco use leading to cancer, but it did not apply either to areca nut alone or the areca nut component of the guthka. Banning of the product is not a possible option. The individuals believe it is only by self-realization that they would shun its consumption. Some young people believed that their habit would cease if the product was made unavailable locally.

Aravind Pillai, Teddy Andrews and Vikram Patel (2008), in their paper entitled “Violence, psychological distress and the risk of suicidal behaviour in young people in India” studied the prevalence and risk factors for suicidal behaviour in young people in India. For this, they carried out a Cross-sectional study of 3662 youth (16–24 years) from rural and urban communities in Goa, India, through door to door survey. They found that 3.9% of young persons reported suicidal behavior. About one in 100 young women attempted suicide in 3 months of their study. Apart from the higher risk for young women,

violence-both physical and sexual, and psychological distress which suggests a probable diagnosis of CMD were independently associated with suicidal behaviour. A study from Delhi has reported an annual prevalence of 11.9% suicidal ideation and 3.5% suicidal attempt among 12- to 19-year-old school going adolescents. The risk is greater among rural girls. Studies show that young girls who face discrimination by their parents, in comparison to their male siblings, were at greater risk to suffer a mental disorder. They concluded that there is moderately high prevalence of suicidal behaviour in young people in Goa, India. Our findings demonstrate the need for public health interventions for the prevention of suicidal behaviour in young people to address the structural determinants of gender disadvantage for women, violence and sexual abuse for both sexes, and the early recognition and treatment of CMDs and alcohol use in young people.

Singh Sunitha & Gopalkrishna Gururaj (2014) in their article titled “Health behaviours & problems among young people in India: Cause for concern & call for action” talk about the increasing unhealthy practices among the youth and an urgent need to take steps to prevent the rising occurrence of diseases among them. The youth today is comparatively unhealthy and more prone to diseases than what they used to be some decades ago. Changes in lifestyle have been a major determining factor. Premature deaths are taking place at an alarming rate. Environmental factors, including family, peer group, school, neighbourhood, policies, and societal cues, can both support or challenge young people’s health and well-being. Undernutrition is prevalent in rural areas. Women are more prone to anemia. Anaemic adolescent mothers are at a high risk of miscarriage, maternal mortality and still births; also, low birth weight babies with low iron reserves. On the other hand, a major chunk of the youth in urban areas is overweight or obese. Packed food and junk food consumption has been on a rise. Odd work hours force the youth to eat at odd hours and their sleep patterns are also disturbed, making them overweight and unhealthy, thus leading to a whole lot of diseases. More and more of young people are falling prone to diabetes and heart diseases. Consumption of alcohol has increased among the youth. Video games, social networking sites, and internet surfing leave no time for physical activities. Apart from these, unnatural deaths have also been on a rise. A major percentage of deaths happen due to road-accidents, caused due to rash driving, drinking and driving, etc. General health awareness among the youth is low. With a fast paced life, the youth rarely go for regular health checkups. Thus, change in social and cultural lifestyle and increasing industrialization and technology has made the youth physically and mentally less fit and unaware and unhealthy.

#### **4. METHODOLOGY.**

##### **Study design and participants**

An online, questionnaire-based survey was conducted. It was carried out among students aged between 16-25 years, across the University of Delhi and some other universities.

### Data collection

This study was carried out between 1 January 2016 and 5 January 2016. A total of 543 students were selected for the total study sample. The study subjects were requested to complete a questionnaire sent to them through a link. The authors described the purpose and process of the survey to the youth, gave instructions for completing the questionnaire, and emphasized the confidentiality of the responses.

### Questionnaire design

There were a series of questions such as the annual family income and their expenditure on health and if the correspondents have health insurance. There were questions related to their awareness about a balanced diet, about various diseases such as AIDS, cervical cancer, PCOS, etc. and their level of physical activity in their everyday routine.

### Data management and statistical analysis

The data was managed through MS-Excel and regressions were run in STATA.

Two indices namely, Habits Index and Disease Index were formed. Habits Index consists of five factors such as awareness about the health benefits of yoga, balanced diet awareness, knowledge about blood group, smoking habits and alcohol consumption. Diseases Index consists of seven factors: awareness of PCOS, awareness of AIDS and STI's, knowledge about H1N1 virus, contraception methods, awareness about the cervical cancer vaccine, knowledge about the methods to prevent cardiac arrest in the absence of a doctor and knowledge about dengue's cure in Ayurveda.

HA1 is the health awareness index. It is the Geometric Mean of Habits Index and Diseases Index. Habit Index is the Arithmetic Mean of all the habits mentioned and Disease Index is the Arithmetic Mean of all disease knowledge.

Three Regressions- First, regressing Health Awareness ( HA1) on expenditure and Health insurance( as dummy variable). Second, a binary regression using PROBIT Model is done with Health insurance as dependent variable and Health awareness( HA1) and expenditure as independent variables. Third, a regression was done by regressing health awareness on income.

## 5. RESULTS AND INFERENCES

The following results were obtained in the online survey which was conducted primarily on Delhi University students :

The annual expenditure on healthcare of the respondents was below Rs. 10,000 for 33% of the families and about 60% of the respondents had a health insurance.

The regular source of medical care among the youth today is Allopathy with 65% of the respondents opting for it. While Ayurveda and homoeopathy have gained prevalence in the recent years, only about 10% and 21% of the youth have opted for them respectively.

It seems that health awareness issues amongst the youth are taken lightly as a whopping 70% of the respondents do not go for regular health check ups.

A good quarter of the respondents were observed to be overweight. (25%). Physical activity is a daily routine for only about 33% of the respondents. Yoga has been chosen as the most popular form of physical exercise with about 28% of the respondents opting for it. About 66% of the youth is aware of the health benefits of yoga but does not practice it.

While about 90% of the youth is aware of what a balanced diet is, only 12% actually follow a balanced diet.

About 91% of the youth is aware of its blood group.

While 42% of the respondents are briefly aware of the steps to be taken ( in the absence of a doctor) when they have a cardiac arrest, only 9% of the respondents had a detailed knowledge of the steps to be taken.

A startling 64% of the youth does not know about the Polycystic Ovarian Syndrome and about 56% of the respondents are unaware of the Cervical Cancer Vaccine.

A whopping 92% of the youth is aware of AIDS and STI's and about 82% of them know about the methods of preventing AIDS and STI's. 73% of the respondents know about the methods of contraception while 64% are aware of H1N1.

While only 10% of the respondents opted for ayurveda as their regular source of medical care, it was startling to observe that 50% knew about dengue having a cure in ayurveda.

96% of the respondents said they do not smoke at all and only 3.3% reported that they smoke occasionally. 95% of the youth is aware of the ill effects of smoking. This awareness could be one reason why only 3.3% of our respondents smoke.

While 95% of the respondents know about the side effects of alcohol, only 14% of them consume alcohol.

Main sources of health awareness were social media, TV commercials, friends, newspapers advertisements and health awareness programmes.

The Health Awareness Index (HA1) that was created has the following set of values( between 0 and 1) :

- A) Less than 0.5 – 113 responses indicating that 113 people were found not aware about the general health and well being.
- B) Between 0.5 and 0.67 – 236 responses indicating that people in this range are moderately aware about their general health and well being.

C) Higher than 0.67- 194 responses. indicating that 194 people were observed to be highly aware of their general health and well being.

Only about 20-22% of the individuals are found highly aware indicating that complete awareness about diseases and health habits still remains largely low.

The results of the regressions that were done are as follows -

Regression equation 1

Health awareness(HA1)=.0000162 Expenditure

(9.00e-07)

+ .3575917 Health insurance

(.0214353)

Regression equation 2

Health Insurance = -.9165579 + 2.268203HA1

(.2457479) (.3916151)

-5.00e-06 Expenditure

(6.03e-06)

Regression equation 3

Health Awareness (HA1) = .5742284 - 5.67e-09 Income

(.0112453) ( 1.50e-08)

Inferences :

- Regression was done by regressing Health Awareness Index (HA1) on income and the coefficient of income was found to be highly insignificant indicating that within a certain broad category of income, it has no impact on health awareness of individuals. Expenditure besides income was also found not to be related to health awareness.
- The youth in general was found to be health aware through social media, T.V. commercials, radio commercials, newspaper advertisements. Since health awareness index was found to be higher for those who were active in attending health awareness programmes and also through media such as newspapers, social media

and television, therefore the results clearly point out that health awareness programmes and workshops need to be a part of primary education. These programmes can be a part of the modules and school curriculums so that the knowledge about basic health issues can be imparted at an early age because in India most schools do not have health education as a subject. Media can also play a vital role creating health awareness among the youth.

- Regression was also done by regressing Health Awareness on Health insurance and the health insurance coefficient is significant implying that people with health insurance are more aware. The coefficient of expenditure is not significant implying expenditure is not a determinant of health awareness.
- The regression also confirms that more aware people have a higher probability of taking up a health insurance.

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