

## Life Style of Adolescents: An Exploration

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### Abstract

*The present study investigated the Life Style patterns of adolescents of both the gender. The study was conducted on 100 adolescents (50 boys and 50 girls), age range 19-22 years as sample of the study. They were assessed for their Life Style scores on (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle using Life Style Scale (Bawa & Kaur, 2010). Results of the study reveal a significant gender difference in only family oriented lifestyle where girls scored than boys. It is argued that effective initiative by concerned agencies in this direction would change the scenario of rural women in India.*

**Keywords:** Life style, Adolescents (boys and girls).

### Introduction

Adolescent population, a unique group of people with special needs and health of adolescents are crucial issues and in focus of attention globally for various reasons. The world today is home to the largest generation of 10–19 year olds in our history and number over billions and their population is continuously increasing. Remarkable new research suggests that conventional assumptions about how we mature are wrong – and that young people do not become true adults until they are 24. The adolescent period is characterized by its rapid physical and psychological changes in the individual, together with increasing demands from and influence of peers, school and wider society. According to Khan, 2000 It is well documented that behaviors developed during this period influence health in adulthood. They should be the healthiest people on the planet, the "almost grown ups" still in the bloom of youth and full of dreams for the future. But today's adolescents are instead a troubled generation, marooned in a no man's land between childhood and adulthood, prey to forces beyond their control. Several health compromising behaviours are adopted in adolescence and they often persist into adulthood (Achenbach, 1983).

Lifestyle is a living style which not only affects the individual who adopts it but also affects the society. The term lifestyle was propounded by Alfred Adler in 1929. It defines the attitude, values and somewhat exhibits the social position. Moreover it also includes pattern of social relations, consumption, entertainment and dressing style. It reflects person's views, habits and etiquettes and the way of life which has the direct influence on the type of services that person gives or requires.

Lifestyle of youth in India is a taking a rapid turn with the fast changing world. Influence of globalization, modernizations, changing needs of the society and awareness is making the youth more and more ambitious, hence affecting their lifestyle. it can be studied through their orientation to career, society, family education and trend seeking attitude. The way one lives has a great impact on the competencies of an individual to get success and satisfaction in life. Every individual has different way and style of living. Thus, lifestyle can be defined as "a person's pattern of living expressed through his/her activities, interests and opinions." Adolescence is characterized by a strong tendency to experiment with risk behaviour. The desire for novelty and the courage for experiment are much greater in adolescence than in later life (Miles et al., 2001). Most commonly reported behaviors in this population include such as watching TV, playing video games, hitting others, smoking and drinking alcohol, as lack of sleep, swearing, throwing things, and vandalism (Currie et al.,

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2001; The National Longitudinal Study, 2009 & Brener, 2004) . A way of life involving risks for ill-health is in general more common among adolescents. The interaction between social class and health-related lifestyle is apparent already during the early years of life. The social environment of children and adolescents, consisting of, for example, family and peers, constitutes the context in which behaviours are learned, encouraged and practiced (Taylor and Repetti, 1997). Some health-related behaviours can be seen as consequences of various styles of coping with stress, caused by the social environment. Inappropriate behaviours come from dysfunctional coping styles, like helplessness or hopelessness, altered perceptions of risk and vulnerability, and an undue willingness to behave in risky ways. Several health compromising behaviours (smoking, alcohol) as well as health enhancing behaviours (physical exercise) is adopted in adolescence and they often persist into adulthood (Achenbach, 1983).

The modern teenager is taking longer than ever to grow up as social changes have added years to education and delayed marriage and "settling down". Despite its legal significance, 18 is no longer regarded as the start of adulthood. Fifty years ago, people married and started families at this age. Today these milestones are delayed, over three times more young people are in further education and most spend years in work before marrying and settling down.

The World Health Organization estimates that 70% of premature deaths among adults are due to behavior (smoking, illicit drug use, reckless driving) initiated during adolescence (Ali, 2009). Therefore, helping adolescents establish healthy lifestyles and avoid developing health risk behaviors is crucial and should be started before these behaviors are firmly established."The advancement of life is a name for whatever improves life, remaking it stronger, discovering and distilling its vital essence and opening wide the body-and-mind to pour that essence forth. The beneficial side-effects of this life-advancing coincide often with many things well-established as desirable: happiness, satisfaction, plenty, understanding, wisdom, achievement. These are often named as goals in themselves, but they do not happen independently of the great goal, the advancement of what is essential to a life." But what essence is that? And how can we understand it?

Gender-based inequalities in health have been consistently documented. (Nathanson, 1975 & Verbrugge 1976; Arber 1993; Macintyre, Hunt , Sweeting 1996) . Since gender is a measure of both biological/genetic and social differences, it is likely that health inequalities between men and women reflect both sex-related biological and social factors. (Verbrugge 1976; 1989; Bird , Rieker 1999). Regarding the latter, gender disparities in health are often linked to differential exposure related to three factors. One, health is directly affected by socio-economic status (SES). Adler & Boyce , 1993; Roberge et al. 1995; Crompton & Kemeny 1999; Borg & Kristensen 2000). Socio-economic factors also help to mediate the relationship between gender and health. For example, the differential socio-economic experiences of men and women in terms of labour force participation, financial independence, and domestic responsibilities contribute to gender differences in health status throughout life (Walters & Denton 1997; Arber 1999; Denton 1999).

Two, exercise, diet, smoking, and alcohol consumption are behavioural factors commonly cited as major social determinants of health, especially in later life since the effects of lifestyle behaviours cumulate over the life course (Ross & Wu, 1996). Differences in health status between men and women have been attributed to gender-specific health- and longevity related behaviours. For example, women are more likely than men to describe themselves as non-drinkers and non-smokers, yet are less physically active (Ross , Bird, 1994). Women also tend to be more concerned about health and to use the health-care system more extensively (Verbrugge, 1984). Three, psychosocial factors such as social support, chronic stress, and

stressful life events influence health. Low levels of social integration/support can negatively affect mental and physical health (Mildred, 1990; Rowe & Kahn, 1998). Since women live longer, they are more likely to not have a partner and the consequent informal care-giving and support (both emotional and financial). They are also more likely to experience chronic stress and stressful life events. ((McDonough & Walters, 2001) among the socioeconomic variables, gender was most closely associated with educational track. Girls were more often on the tracks with good social prospects than boys. It has been observed that nowadays girls achieve better in schools than boys (Cobalti, 1990; Rimpelä *et al.*, 1990; Undheim and Nordvik, 1992).

Quite a number of studies have already been undertaken. It was evident from review of literature that quite a number of studies have already been undertaken abroad and in India in exploring gender differences in adolescents' life style, mixed results are found where some report gender differences and some do not, also there was a dearth of empirical testing of impact of media exposure and education self efficacy and well-being. Since, there was no significant study that addressed the issue in-Indian context, the present study attempted to fill the gap in research to assess and compare the life style (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle) in adolescents. It was hypothesized that there would be significant gender difference in adolescents on life style (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle).

## **METHOD AND PROCEDURE**

### **Participants**

Total 100 adolescents (50 boys and 50 girls) are sampled for the present study. The age range of adolescents is 19 to 22 and selected from the various college of Varanasi City. At this stage many extraneous variables e.g. stream (arts), academic qualification (graduation), socio-economic status (middle class), and family structure (joint family) were controlled for homogeneity of the sample. The selections of students are depending on their will.

### **Behavioral measures**

1. *Life Style Scale (Bawa & Kaur, 2010)*: LSS scale constructed and standardized by Bawa & Kaur (2010). This scale consists of 60 items (43 positive and 17 negative items) with six dimensions (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle). Reliability coefficient has been found to be 0.96 and reliability index is 0.98. Higher score shows the better life style.

### **Procedure**

In the present study life style scale were administered on the selected subject. Apart from questionnaire, subjects were also encouraged to share their experiences. After getting back the filled questionnaire the investigator examine that respondent have given their answer to each and every question. Any item found to be un-responded was referred back to the subjects with a request to answer the unanswered item. Further, the responses were scored as per the predetermined standard scoring procedure.

### **Results and Discussion**

After scoring the responses of the inventories as per the predetermined scoring procedure score was analyzed by the Mean, SD, One-way ANOVA. The results and discussion of the present study are as following:

**Table-1:** Mean, SD and F value of scores on adolescent's life style (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle)

Measures	Gender	Mean	SD	F Value
Health Conscious Style	Boys	24.00	5.13	.355
	Girls	22.72	4.88	
	Total	23.36	4.93	
Academic Oriented Lifestyle	Boys	22.90	6.15	.838
	Girls	20.54	5.95	
	Total	21.72	6.03	
Career Oriented Lifestyle	Boys	24.54	5.83	2.689
	Girls	20.81	4.77	
	Total	22.68	5.54	
Socially Oriented Lifestyle	Boys	23.36	4.31	2.062
	Girls	20.72	4.29	
	Total	22.04	4.41	
Trend Seeking Lifestyle	Boys	22.00	3.43	.048
	Girls	21.54	5.97	
	Total	21.77	4.76	
Family Oriented Lifestyle	Boys	28.72	4.36	4.91*
	Girls	32.54	6.00	
	Total	30.63	5.48	
Overall Life Style	Boys	26.19	1.49	2.332
	Girls	16.57	1.35	
	Total	22.60	1.42	

\*= Significant at .05 level of confidence

Result (vide table – 1) showed that gender differences were not found on dimensions of life style viz. health conscious style ( $F_{(1, 98)} = 0.355$ ,  $P = NS$ ), academic oriented life style ( $F_{(1, 98)} = 0.838$ ,  $P = NS$ ), carrier oriented life style ( $F_{(1, 98)} = 2.689$ ,  $P = NS$ ), socially oriented life style ( $F_{(1, 98)} = 2.062$ ,  $P = NS$ ), and trend seeking life style ( $F_{(1, 98)} = 0.048$ ,  $P = NS$ ), and overall life style ( $F_{(1, 98)} = 2.332$ ,  $P = NS$ ). Mean score also do not show much difference among boys and girls on overall life style. It was only on family oriented life style that the mean differences of both the gender ( $F_{(1, 98)} = 4.91$ ,  $P < .05$ ) ( $F =$ ,  $df = 1/98$ ,  $p = .05$ ) were significant. Girls ( $M = 32.54$ ;  $SD = 6$ ) scored higher on family oriented life style subscale in comparison to boys ( $M = 28.72$ ,  $SD = 4.36$ ). Some health-related behaviours can be seen as consequences of various styles of coping with stress, caused by the social environment. Inappropriate behaviours come from dysfunctional coping styles, like helplessness or hopelessness, altered perceptions of risk and vulnerability, and an undue willingness to behave in risky ways. On the basis of above results the hypothesis, that there would be significant gender difference in adolescents on life style (health conscious style, academic oriented lifestyle, career oriented lifestyle, socially oriented lifestyle, trend seeking lifestyle and family oriented lifestyle), was rejected.

Present findings are supported by few past researches, among the socioeconomic variables, gender was most closely associated with educational track. Girls were more often on the tracks with good social prospects than boys (Svensson, 1971). It has been observed that nowadays girls achieve better in schools than boys (Cobalti, 1990; Rimpelä *et al.*, 1990; Undheim and Nordvik, 1992) and equally are serious about their academics and career choices. No longer they finish their education after graduation, they are as serious about their future. In the present study both the gender scored equally on Academic Oriented and Career Oriented Lifestyle. Moreover, they are more concerned with the status, rather than the economic value, of education than boys (Shavit and Blossfeld, 1996). Rohit, & Makwana (2015) found no

significant difference in the Lifestyle on Types of students, Social status, Types of families and Religion as was the case in present study regarding scores on Socially Oriented and Trend Seeking Lifestyle.

Singh (2012) investigated the prevalence of lifestyle related concerns among school adolescents enrolled in sixth to eleventh grades drawn from rural, urban, and metro settings and documented the multiple concerns related to inappropriate dietary practices (fast food consumption, cold drinks, low fruit and vegetable intake), irregular sleeping habits, less religiosity, mild activity pattern, unhealthy daily routine and pursuance of different forms of risk behaviours. The study also showed an association of life style with several contextual variables (i.e., residential context, developmental stage and gender). Adolescents, now a days are lured by the trendy and spicy foods especially fast food was evident in present study as both gender exhibited equal scores on Health Conscious Style, hence supporting previous results in this way.

Amin (2016) while comparing both the gender on each of six dimensions of lifestyle, found male to have a tendency to adapt the better Health Oriented Lifestyle. However, female were found to have a tendency to adapt the better Socially Oriented Lifestyle and Family Oriented Lifestyle. Rest of the three dimensions i.e. Academic Oriented Lifestyle, Career Oriented Lifestyle and Trend Oriented Lifestyle the two groups failed to arrive at any level of significance. This can be said that the male and female Internet Non-users have more or less similar lifestyle on these three dimensions of Lifestyle.

Hayford (2013) show high ambitions for both work and family goals among both boys and girls and minimal gender differences. Although girls are more likely than boys to report that marriage and family relationships are very important to them, differences are relatively small, and girls are also more likely to value success at work and getting a good job. Neither boys nor girls show a pattern of placing high value on family and low value on work. While recent research sheds light on how adult men and women negotiate the potentially conflicting demands of work and family responsibilities (e.g. Blair-Loy 2001; Damaske 2011; 2005) Previous research on girls' occupational aspirations finds that nearly all adolescent girls anticipate working in adulthood (Gerson 2010). Still, they give more importance to family as evident in our study.

## **CONCLUSION**

Adolescence is a time of change in many aspects of a person's life, and this time is further complicated by the presence of a family structure and life style on social support. Result of the present study showed significant gender differences only on family oriented life style, far from being the healthiest time of life, adolescence is instead a period of maximum risk and maximum vulnerability according to scientists, as still-growing bodies and undeveloped minds hurl themselves into experimentation with drink, drugs and sex. Therefore, helping adolescents establish healthy lifestyles and avoid developing health risk behaviors is crucial and should be started before these behaviors are firmly established.

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