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Lifestyle Patterns and its Association to Perceived Social Support and Self- Efficacy in Adolescent's Lifestyle

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ABSTRACT

Adolescents form two-thirds of our population. The lifestyle patterns established during early years have an important implication on health and well-being. Hence adolescent's life style patterns are crucial to understand and study. The objective of the present research article is to understand the association of lifestyle pattern to perceived social support and self - efficacy among adolescents. The sample for the study included 170 adolescent boys and girls from the age group of 16-19 comprising of rural and urban population collected using purposive sampling method. Personal Lifestyle Questionnaire, the Multidimensional Perceived Social Support Scale (MPSS) and the General Self- Efficacy Scale (GSE) were used as research tools. The results of the study helps to understand the life style patterns among adolescents and also the difference in life style patterns across gender and place of living. Also there is relationship between social support and self-efficacy with life style pattern. The study highlights the influence of social and psychological factors in development of lifestyle patterns. The findings also imply that strengthening of healthy life style patterns is possible by effective intervention in psycho-social domain, also health compromising behaviours and life style patterns can also be worked upon in similar ways.

Keywords: *Adolescents, Life Style, Self-Efficacy, Perceived Social Support, Health*

Adolescents are a distinctive group of people with special concerns and needs (Qidwai, Ishaque, Shah, & Rahim, 2010). The term "adolescence" come from the Latin word "adolescence", which means 'to grow' or 'to grow to maturity'. As the term "adolescence" is used these days, it has much wider meaning and includes emotional, social and mental as well as physical maturity. Adolescence is an exceptionally enthusiastic, energetic, joyous and fun loving period. The exact start and end of adolescence are arbitrary, but it is at this period when puberty brings about physical changes, gender role definition gets intensified and boys and girls move from childhood to adult roles as wife/husband, mother/father, worker and citizen. Adolescent's is a significant

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stage of life when lifestyle behaviours such as dietary habits are shaped and become established. The lifestyle patterns are established during early years have a vital implication on health and wellbeing (Allafi et al., 2013).

Adolescence is the zenith age of beginning for serious mental illness like depression and psychosis. It is well documented that behaviours developed during this phase influence health in adulthood (Khan, 2000). Several health compromising behaviours (e.g. smoking, alcohol) as well as health enhancing behaviours (e.g. physical exercise) is adopted in adolescence and they often continue into adulthood (Achanbach, 1983). The World Health Organization estimates that 70% of untimely deaths among adults are due to behaviours (smoking, illicit drug) A psychosocial cause that affects health-promoting behaviours and healthy lifestyles is social support (Coey-Boerner, 2010). There are so several definitions for social support. Most theorists view social support as way of giving, perceiving, or receiving help from those individuals in a relationship with each other (Barrera, 1986; Cohen &Syme, 1985; Weiss, 1974).g use, reckless driving) initiated during adolescence (Ali, 2009). Social support affects physical and mental health through its control on cognition, emotions, and behaviours. . Being a part of the social network may cause an individual to own up the responsibility to take care of themselves so they may take care of others. Interactions with others also tend to increase positive affect and motivate individuals to care for themselves. According to the view of social identity theorists, social support can be health-promoting because it facilitates loyalty to medical regimens (DiMatteo, 2004 in Coey-Boerner, 2010). They also think that social support can also be health-promoting because it facilitates healthy behaviours, such as eating well, exercise, and not smoking (Uchino, 2004 in Coey-Boerner, 2010).

Bandura (2001) defined self-efficacy as the belief individuals have about the ability to control their actions and behaviours to generate desired results and outcomes. According to Bandura (1981), self-efficacy develops from four sources of information: performance accomplishments, vicarious experience, verbal persuasion and emotional arousal. Self-efficacy as a social psychology concept has been utilized in nursing literature as a forecaster for the probability of an individual engaging in health behaviours. Self-efficacy appeared as a major determinant of engaging in health promoting or health compromising behaviours. In the model development and replicated testing studies self-efficacy was recognised in the model as a powerful determinant of an adolescent choosing to engage in health promoting behaviours. Self- efficacy was a significant determinant because the ability to identify all options and their penalties enables and authorises one to make informed choices (Hendricks,1997).

So through this research the researcher is understanding the role of perceived social support and self efficacy in adolescent's lifestyle which can lead either good or bad lifestyle due to the

decrease or increase in any of these variables and which will help in future to plan the intervention by considering all these factors.

Rationale and Significance of the Study

Interventions based around particular behaviour that are targeted at the individual level may fail, to harvest desirable behaviour changes when social factors (for example level of family support) act together with personal factor (for example, self–efficacy) to influence the progress. Extensive social work research and theory on the social and environmental aspects that influence health (Ell, 1984; Hurdle, 2001; Gehlertet, 2008) suggest that effective plans to change individual health behaviour will require a multidimensional approach, including attempts to involve in key social relationships as supporters of positive change in dietary practices, exercise and to stop smoking. Through this research the researcher is looking at the adolescent's lifestyle pattern from the biopsychosocial model which looks at the issue from different dimensions such as biological, psychological and sociological perspective which might be of help in making an effective intervention for improving the lifestyle of the adolescents. A study of this nature will also lend support to researches similar to those being conducted and also combination of these variables would predict the level of healthy lifestyle of the individuals thus enabling the adolescents and parents in particular to do a rethink on their present lifestyles and take appropriate measures.

Objective

- Understanding the association of lifestyle pattern to perceived social support and self - efficacy among adolescents
- To understand whether there is any significant difference in lifestyle pattern in the adolescents from rural and urban population
- To understand the gender difference in lifestyle pattern

Hypothesis

H1: Lifestyle pattern of adolescents would be significantly associated to perceived social support and self - efficacy

H2: Lifestyle patterns of adolescents from rural and population will be significantly different

H3: There will be significant difference in the lifestyle pattern of boys and girls.

METHODS

Sample

The sample for the study was 200 i.e.110 adolescent boys and 90 girls from the age group of 16-19. The sample was collected from both rural and urban population. The technique used to collect sample was purposive sampling

Inclusion Criteria

- Adolescents of the age group of 16-19 years
- Adolescents who are from upper, middle and low income families
- Adolescents from urban and rural area

Exclusion Criteria

- Adolescents with any physical or mental difficulty

Tools Used

Personal lifestyle questionnaire (Brown & Muhlenkamp, 1983). It's a self-report instrument used to measure the positive health practices of individuals (Brown, Muhlenkamp, Fox, & Osborn, 1983). The 24-item scale consists of statements reflective of activities individuals engage in to protect their health. The activities, categorized into six dimensions, are (a) nutrition, (b) exercise, (c) relaxation, (d) safety, (e) avoidance of substance use, and (f) health promotion. The engagement in these positive health behaviours are measured on a 4-point Likert scale where 4 is (*almost always*), 3 (*occasionally*), 2 (*infrequently*), and 1 (*never*). Internal consistency reliability of the PLQ was demonstrated when a coefficient alpha of .77 was reported by Ayres (2008), in a sample of 204 middle adolescents, aged 15-17. Ayres and Mahat (2012) reported a coefficient alpha of .72 in a sample of 163 college students aged 18 to 21. Initial test-retest reliability was confirmed by Brown et al., (1983) within a four-week interval (r = .78) and again for a three-week interval (r = .88).Face validity was also done by the two other teachers from the department.

The multidimensional perceived social support scale (MPSS) (Zimet, Dahlem, Zimet& Farley, 1988).Tool is a 12 item rating scale made on 7 point Likert-type scale ranging fromVery Strongly Disagree, Strongly Disagree, Mildly Disagree, Neutral, Mildly Agree, Strongly Agree, Very Strongly Agree. The 12 items of MPSS was designed to measure the perceived adequacy of support from the following three sources: family items (3,4,8 and 11) friends (6.7,.9 and 12) and significant other's (1,2,5 and 10). The MPSS was found to have good reliability across the subject groups. The reliability of the scale is found to be.81 to .90 in the previous tests. In addition, strong validity was demonstrated confirming the three subscale structures of MPSS.

The general self – efficacy scale (GSE) (Schwarzer& Jerusalem, 1995). The scale is generally self-administered, with 10 items. Responses are made on a 4-point scale. Sum up the responses to all 10 items to yield the final combined score with a range from 10 to 40. Reliability of the scale is samples from 23 nations, Cronbach's alphas ranged from .76 to .90, with the majority in the high .80s. The scale is unidimensional. Validity of the scale is Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favourable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. In studies with cardiac

patients, their recovery over a half-year time period could be predicted by pre-surgery self-efficacy

Procedure

Permission was requested from every institution before conducting the sampling. The participants were selected from different schools in Bangalore and Kerala. After which the informed consent was taken from all the adolescents who agreed to be part of the research. The participant's was given the questionnaire to be filled. After they completed the questionnaire it was collected back.

Data Analysis

Correlation is used to get the statistical value that measure and describes the direction and degree of relationship between two variables and T- test is used to see the difference between two groups. The analysis was done using SPSS v.20

Ethical Consideration

Approval from the institutional was taken before the research was conducted. The current research did not cause any physical or mental harm to the participants.The information given by the sample was maintained confidential and was not disclosed to anyone without the permission of the sample. The sample was informed about what the research is all about and Informed consent was taken from the sample before the research is conducted. The sample was not compelled to participate in the research. The sample was given the opportunity to decide whether to be a part of the study or not. At any point during the research the participant could back out from being a participant of the research

RESULTS

Table No: 1 Details of Demographic Variables

Variables	Category	N	Percentage
Place of Residence	Urban	95	47.5%
	Rural	105	52.5%
Gender	Male	110	55%
	Female	90	45%
Age	16	65	32.5%
	17	59	29.5%
	18	50	25%
	19	26	13%
Educational Qualification	1st PU	72	36%
	2nd PU	60	30%
	First year Degree	68	34%

The sample size was 200 and out of which it was 110 adolescent boys which constituted the 55%of the data and 90 adolescent girls which was 45% of the data. The sample was collected from both urban and rural area. The urban population constituted of 95 which were 47% of the data and rural population which was 105 and it constituted 52.5% 0f the data. The data was collected from the adolescents who were in the age of 16- 19. Most of the sample belonged to the age of 16 i.e. 32.5% of the total sample. Then 29.5% of the sample which belonged to the age of 17 filled the questionnaire. Followed by them samples of age 18 filled the questionnaire which was 13% and lastly people of age 19 which were 13% of the sample filled the tools

Adolescent's lifestyle which was measured using Personal Lifestyle Questionnaire (PLQ) had a score ranging from 51 to 81(M=6.55, S.D= 7.91). On the part of Multidimensional Scale Of Perceived Social Support had scores ranging from 4 to 28 on the subscale which measured the influence of Significant others (M=2.27, SD= 5.36), on the subscale which measured the influence of family had the scores range from 10 to 28(M=2.45, SD=3.89) and on the last subscale of the Multidimensional Scale of perceived Social Support (MPSS) which measured the influence of Friends had scores ranging from 7 to 28 (M= 2.33, SD= 4.10). On the General Self – Efficacy Scale (GSE) which measured the individuals self – efficacy beliefs the participants got a score ranging from 17 to 40 (M=3.07, SD= 4.78).

Table No: 2- Table showing the result of Spearman's Correlation for Perceived Social Support, Self – Efficacy and Adolescent's Lifestyle

Spearman's rho		**Family**	**Friends**	**Self-Efficacy**	**Adolescents lifestyle**
Variables	Correlation coefficient	.329**	.444**	.228**	.126
	Sig.(2–tailed)	.000	.000	.001	.075

**. Correlation is significant at the 0.05 level (2-tailed).*

Hypothesis 1 stated that the lifestyle pattern of adolescents would be significantly associated to perceived social support and self–efficacy. Spearmen correlation was run to assess the relationship between self – efficacy and perceived social support in adolescent's lifestyle aged 16-19 years. Preliminary analyses showed that the variable adolescent's lifestyle is not normally distributed, as assessed by Shapiro-Wilk test ($p > .05$). There was a moderately positive correlation between the perceived social support and adolescent's lifestyle. Under the scale of perceived social support it had three subscales which measured the influence of significant others, family and friends. It was found that family had a score of (r_{199})=.32, p>0.05 and friends had a score of (r_{199})= .44, p>0.05. Thus the results say that friends and family has moderate positive correlation to the adolescent's lifestyle and significant others has no significant relation

with the adolescent's lifestyle. There is a positive correlation between the Self – efficacy and adolescent's lifestyle, (r_{199})=.228,p>0.05.

Hypothesis 2 stated that lifestyle patterns of adolescents from rural and population will be significantly different. The sample size from rural population was 105 and 95 from urban population. Table 4 shows the result of the t- test. An independent sample t-test was run to assess this hypothesis and was found adolescents from urban population had (6.57± 9.05) and (6.54± 6.78) for rural population a statistically significant difference of 2.6, t(198)=.294, p=.769.There was no significant difference found in the lifestyle patterns of urban and rural population.

Table: 3, Results of t-test for the urban and rural population

Adolescents Lifestyle	Place	N	Mean	SD	T	df	p
	Urban	94	6.57	9.05	.294	198	.769
	Rural	106	6.54	6.78			

Hypothesis 3 states that **t**here will be significant difference in the lifestyle pattern of boy and girls. An independent sample t-test was run to assess this hypothesis and male adolescent had a higher score of (6.81± 7.81`) and females lifestyle score was (6.32± 7.30), and a statistical significant difference 5.3, t(198)=4.55, p=0.01. Statistically difference was found between the males and females lifestyle and males were found to have a better lifestyle than females. Table 5 shows the result for the gender difference.

Table: 4, Results of t-test for gender differences in lifestyle

Adolescents Lifestyle	Gender	N	Mean	SD	t	df	p
	Male	95	6.81	7.81	4.55	198	0.01
	Female	105	6.32	7.30			

DISCUSSION

Adolescent populace and health of teenagers is a completely special issue and is center of global attention for numerous reasons. The world at present is home to the largest generation of 10–19 year olds in our records and figures over one million and their populace is continuously increasing (Qidwai, Ishaque , Shah & Rahim , 2010).The needs on young human beings are new and unheard of; their parents won't be able to predict the various pressures they face. How we help adolescent's met those demands and equips them with the form of education, competencies, and outlook they may want in a changing surroundings will rely upon how properly we apprehend the world around us (Qidwai, Ishaque , Shah & Rahim , 2010).So in this research the researcher is trying to find out the effect of perceived social support and self – efficacy in

adolescents lifestyle. Adolescence is a critical period of human life and young people might also stumble upon issues that could affect them for the rest in their lives. Family has a fundamental position in diverse aspects of the health of young people (Parvizy & Ahmadi, 2009).

Research saysthat adolescent's behaviors are influenced by the individual, peer, circle of relatives, school, network, and societal tiers. Because many sectors of society make an effective contribution to adolescent health, protection, and well-being, and an collaborative attempt that engages more than one of these partners is necessary (U.S Department of Health and Human Service, 2015). When the spearmen correlation test was administered on the association between self - efficacy and adolescents lifestyle a positive correlation was found between the variables.

According to the theorists (Cohen, 1988; Langlie, 1977; Lewis & Rook, 1999; Pender & Stein, 2002; Umberson, 1987 as in Gage, 2014) belonging to a social group that shares similar social characteristics and norms provides information or aids engagement in health-promoting behaviors such as exercise, seat belt use, good nutrition, proper sleep, medical care, and appropriate cigarette and alcohol usage (Gage, 2014). Several theorists suggested that self-efficacy develops within a supportive environment which includes verbal reinforcement, positive academic and social models, mutual respect, emotional support, and social connectedness (Schunk&Meece, 2005; Caprara, Scabini& Regalia, 2006 as cited in Gage, 2014). Bandura (1986) suggested that self-efficacy is influenced by support received from others that convince individuals that they can succeed in performing difficult tasks through the confidence that is instilled in them by others to accomplish such tasks (Gage, 2014).

The health of a population can be measured along many dimensions by indicators that reflect mortality, morbidity, overall well-being, lifestyle behaviours, and other health-related risk factors. While rural–urban differences do not exist for some health measures, and some adverse health measures are highest in urban areas (e.g., homicide), (Eberhardt & Pamuk, 2004).We examined health measures that showed a health disadvantage in rural areas. Moreover, research indicates that rural–urban health patterns are not always monotonic; often, the most rural and the most urban areas have higher rates of adverse health when compared with suburban areas (Eberhardt & Pamuk, 2004).

The place of residence didn't actually matter in the lifestyle of adolescents. The rural population is also coming on in equal terms with regard to the developments in urban areas which are being reflected in the other. The impact of globalization has been felt by the Indian rural market as much as the urban counterpart. Hence, we can see that today changes are taking place rapidly in all walks of life and rural areas are no exception to this. Improved infrastructure facilities, economic liberalization, renewed emphasis on agribusiness and small industries, fast changing agricultural technology, scope for commercialization of agriculture, greater budgetary provision

for rural people are few reasons to mention (K, 2014). Moreover, various socio-cultural, psychological and political aspects of rural life are also changing. India's real culture is still preserved in rural life even though the advancement of technology has much influence in rural areas. People still prefer to wear dresses of old fashion and celebrate festivals in old styles. Folk dances and folk songs are still popular among villagers. Meanwhile the villagers have awareness and culture is touched and affected by western influence (K, 2014).

Self-reported studies of physical activity show that girls are less active than boys and girls have different nutritional preferences than boys and girls using different stress management skills than boys (Saffari et al., 2013). So, recognizing lifestyle as a whole in two genders can help to understanding various lifestyle patterns in adolescents and identify the best method for behaviour modification (Saffari et al., 2013). An independent sample t-test was used to see if there is any significant difference in the lifestyle pattern of boy and girls. The results implicated that male adolescents had a better lifestyle than the female adolescents. Furthermore, considerable gender differences can be found with relation to health-related behaviour, both in adults and in adolescents. Generally, males exhibit more health-risk and less health-protective behaviour than females (Qidwai, Ishaque , Shah & Rahim , 2010). However, in recent years some studies have reported a remarkable increase in smoking among women (Qidwai, Ishaque, Shah & Rahim, 2010).

Adolescent's behaviours are influenced by the individual, peer, circle of relatives, school, network, and societal tiers. Because many sectors of society make an effective contribution to adolescent health, protection, and well-being, and a collaborative attempt that engages more than one of these partners is necessary. To have the maximum wonderful effect on adolescent health, government agencies, community groups, schools, and different community contributors must work together in a comprehensive approach. Offering safe and nurturing environments for the young people can help make certain that teenagers could be wholesome and efficient individuals of society (U.S Department of Health and Human Service, 2015).Lifestyle of adolescents depends on many factors. It is allied with the constant development which is taking place and the end result is different from the lifestyle of young people in the past. Every young man should lead a healthy lifestyle despite of age or interests. Young people should be aware of positive influence of healthy lifestyle on health and mood (Drzewicka & Wojciechowska).

CONCLUSION

In this study hypothesis was based on the biopsychosocial model and the hypothesis was proved thus stating that perceived social support and self – efficacy and adolescents lifestyle was correlated. It was also found that the family and friends had more influence on the adolescent's lifestyle than the significant others. Hypothesis 2 and 3 which measured the difference between the lifestyle patterns in adolescent's in terms place of residence and also in terms of gender

difference. From the results obtained it can be concluded that males were maintaining healthy lifestyle than the females which contradicts the common belief that males will be more conscious of their lifestyle than males.

IMPLICATION

According to the Centres for Disease Control and Prevention (CDC, 2011), adolescents may need assistance to help them embrace positive health behaviours that can be carried into adulthood (Gage, 2014). Health professionals can also develop and implement programs aimed at increasing the health value of adolescents. School and college administrators must help adolescents in the adoption and maintenance of health-promoting lifestyles. Social support from family and friends and self – efficacy are important in the adoption of healthy lifestyle as demonstrated from our study. So it's important to focus on helping the adolescents to improve on these variables through various programs or activities which will help them to have a healthy lifestyle which will keep them away from serious illness and achieve a secure future.

LIMITATIONS

Factors like ethnicity, culture etc are not considered in this study thus limiting the heterogeneity of the study. Since the sample is not selected randomly the representativeness of the sample was not achieved. The study was conducted on the basis of General Self - Efficacy Scale. If the study was conducted on the basis of Health Self – Efficacy the correlation between the adolescent's lifestyle and self – efficacy would have been strong. The sample size of the study is small.

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Conflict of Interests

The author declared no conflict of interests.

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