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Address:-Ashok Yakkaldevi 258/34, Raviwar Peth, Solapur - 413 005 Maharashtra, India
Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.ror.isrj.org

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A STUDY ON HEALTH RISK BEHAVIOUR AND ITS RELATIONSHIP WITH ACADEMIC ACHIEVEMENT AMONG DEGREE LEVEL COLLEGE STUDENTS

Kiran P. Chougule
Director of Physical Education and Sports,
Hirachand Nemchand College of Commerce, Solapur.

Abstract:- A study was conducted to explore the relationship between the academic achievement and health risk behaviour among the degree level college students. A total of 500 students were interviewed to find out answers to the research questions like how much students aware about their health. What is the connection between academic achievement and the student's health risk behaviour.

Present study was conducted among the degree students of Solapur Unversity Solapur, with the sample size of 500 students from different academic disciplines persuing education at graduation level. The aim of the study was to understand the relationship between academic achievement of students and health risk behaviour among themselves. The study has adopted exploratory research design. Results and outcome of the study is discussed in the following paper whereas conclusion and suggestion at the ends has also provided.

Key words: *Academic achievement, health, risk behaviour.*

INTRODUCTION

Student's normal behaviour depends on various natural and environmental circumstances in which a student's grow and observes the way of their best possible conduct within their reach and interact amongst those who respond them. Defiantly parents are the first to whom a student's makes and develops their concerns regarding needs and wants. Here we can simply say that normal behaviour developments required normal circumstances and equal participations of parents and teachers in bring up a students for exactly normal behaviour and positive attitudes either essence of real life realities to accept and cop with them.

How do students get Bad Attitude?

This is what we except from our student to have understood about their parents and their status of life with have and have not phenomenal approaches meanwhile we do realize that our kids are not knowledge in advance that their parents manage the life and how they grab possibilities out of just impossible . so this is the stage where most of abnormal behaviour problem occupy the situation and spoil the tender feelings of kids with negative attitudes. Actually there is nothing like bad attitudes but a repeated action that make child realize that he is being respondent on such an aggressive and loud in voice and shaky in move action , thus he adjust his frequency on to the misconducts which develop abnormal student's behaviour.

Defining Health-Risk Behaviour:

Health-risk behaviors contribute to the leading causes of mortality and morbidity among children, are established during childhood, extend into adulthood, and are interrelated. Participation in these activities compromises well-being, health, and life-course development that may contribute to disparities in health care. Health-risk behavior includes: (a) activities that contribute to unintentional and intentional injuries and violence, (b) tobacco use, (c) alcohol and other drug use, (d) sexual behavior, (e) dietary practices, and (f) physical inactivity according to the Centers for Disease Control and Prevention (Grunbaum et al., 2004).

According to Grunbaum et al. (2004), activities that contribute to unintentional injuries include not wearing seat belts or helmets, riding with a driver who has been drinking alcohol, and swimming without a lifeguard. Activities

that contribute to intentional injuries and violence include weapon carrying, physical fighting, feeling unsafe at school, participating in theft, and thinking about suicide. Tobacco use includes cigarette smoking and tobacco chewing. Alcohol use includes drinking beer, wine, and liquor, and drug use generally refers to accepting street drugs, smoking marijuana, and inhaling fumes of butane, glue, or gasoline to get high. Sexual behavior includes "going out" with a boyfriend or girlfriend and holding hands, putting arms around, or kissing a boyfriend or girlfriend. Eating habits refer to trying to lose weight very fast, whereas exercise refers to engaging in sports or vigorous physical activity that raises the heart rate and results in sweating for at least 20 min almost every day. Sleep habits refer to the number of hours of sleep the child gets each weeknight.

Students Status :

When we think of the condition of students as they enter school , we must consider students development and learning in five areas.

1] Health and physical development.
2] Social and emotional development.
3] Approaches towards learning.
4] Language development and communication.
5] Cognition and general knowledge.

Health and physical development includes students' physical development [for example , rate of growth], health status[for example, ability to see and hear], and physical abilities [for example, ability to move around the environment , assisted or unassisted]

Social and emotional development includes student's feeling about themselves and others to form relationships, interests and skills needed to maintain positive relationship with adults and student, ability to understand the perspective and feelings of others, and skills needed to get along well in a group setting[for example, conflict resolution skills].

An approach towards learning includes curiosity, enjoyment of learning, confidence creativity, and attention to task, reflection and interests. Language development and communication includes verbal and non-verbal skills to convey and understand others meaning [for example , speaks clearly or uses a non-verbal system of print , understands that writing means something]. These skills and competencies apply to all languages, we should expect student who do not demonstrate these skills in their primary language before they used to it , so in English. Cognition of general knowledge includes basic knowledge bout the world [for example, knows own name , knows basic science concepts] and others cognitive competencies like early mathematical skills [for example, knowledge of numbers, shapes and simple patterns] and basic problem solving[for example understanding of similarities and differences].

These five areas linked together often development in one area affects development in another. Thus, no single adequately represents student's condition as they enter school. Student from various cultures and with various experiences will express their competencies differently and should be expected to show different parents of development. The same is true for student with disabilities.

We then who is listening, or who is morally responsible in our appreciated democracy to play a role of mediator to maintain growth with peace.

Present study intends to explore and explains the consciousness about health risk behaviour and academic achievement of degree level students of Solapur University, Solapur, in understanding; also evolve Physical Education & Health education intervention model that can help students, teachers, and people organizations in general.

Research Problem finding the grey area:

World has experienced the extremism of many subjects and their consequences. As per the facts published in 'Daily Sakal' news paper on 21st February, 2010 of Solapur edition. In Maharashtra more than 50 unnatural deaths were committed daily, raising the number of 759 in 15 days in February. Most of the deaths were suicide committed by the students, farmers, women.

The present study has attempt to understand the reasons of health risk behaviours of the students of Solapur University and to suggest the possible interventions Physical education & Health Education model for the healthy personality and good academic achievement of the students.

International Importance:

The national youth risk behaviour Survey (YRBS) has shown the following results and findings on What is the relationship between health-risk behaviors and academic achievement? Data presented below, from the 2003 National Youth Risk Behavior Survey (YRBS), show a negative association between health-risk behaviors and academic achievement among high school students after controlling for sex, race/ethnicity, and grade level. This means that students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors. These associations do not prove causation. Further research is needed to determine

whether low grades lead to health-risk behaviors, health-risk behaviors lead to low grades, or some other factors lead to both of these problems. Students with higher grades are significantly less likely to have engaged in behaviors such as: Carried a weapon (For example, a gun, knife, or club on at least 1 day during the 30 days before the survey). Current cigarette use (Smoked cigarettes on at least 1 day during the 30 days before the survey). Current alcohol use (Had at least one drink of alcohol on at least 1 day during the 30 days before the survey). Ever had sexual intercourse. Did not eat for 24 or more hours to lose weight or to keep from gaining weight (During the 30 days before the survey). Watched television 3 or more hours per day (On an average school day).

Percentage of U.S. high school students who carried a weapon, currently smoked cigarettes, currently drank alcohol, ever had sexual intercourse, did not eat for 24 or more hours to lose weight or keep from gaining weight, and watched television 3 or more hours per day, by types of grades earned (mostly A's, B's, C's, or D/F's) — National YRBS, 2003.

National Status:

Very few intellectuals have got interest in Health risk behaviour and academic achievement of the students, very few efforts are made to understand the reasons behind the healthrisk behaviour and competitions for academic achievement.

The profession of Physical Education & Health Education is guided by the responsibility to challenge social injustice and advocate on behalf of clients and the profession. Profession should provide opportunities for individual, organizational, community, and political change to improve the well-being of all people. Therefore, the structure and activities of national and voluntary organizations are important in promoting social change opportunities for students.

Importance of the study:

The present study would like to go with the assumption based the initial meetings, focus group discussions with academicians, students and general public that people have no or very little knowledge about healthy practice which determine many aspects of individual life. The study itself is innovative and has root in local context. The present study intends to describe the health risk behaviour and academic achievement among the students which may come up with practical educational intervention model that can be implemented to form fair, transparent education system.

• Its potential contribution to knowledge in the field of Physical Education & Health Education and for national importance

The present study attempts to contribute knowledge and national importance in following ways;

❖This study is such a huge data on Academic achievement and health risk behaviour which can be used for further analysis by govt., NGOs, Universities.

❖Educational streams like Physical education& Health Education, psychology and social work will have very pragmatic field work practicum that will emphasize on health risk behaviour and may involve research for contemporary challenges of good academic achievements.

❖The study emerged with the Physical education & Health education intervention model that described and explain educational needs, measurement of educational.

❖This study facilitated the new education pattern especially in less developed regions of nation.

❖Physical Education & Health Education opens new avenues for Physical& Health Educators to engage in developmental tasks.

Objectives :

Following objectives have been formulated for the study.

1. To explore and explain the relationship between health risk behaviour and academic achievement.
2. To highlight the reasons and consequences of health risk behaviour.
3. To study the affinity and assumed reasons for the Academic achievement.
4. To evolve the Physical Education & Health Education intervention model for academic achievement and healthy behaviour.

Methodology :

Following methodology has been adopted for the study.

Hypothesis

Considering the objectives of the study following hypothesis have formed;

1. Personal and professional background of the students has no association with the consciousness about health risk behaviour.
2. Formal education has nothing to do with the healthy physic and good academic achievement.
3. Students have no or little knowledge about healthy living.
4. Students don't have interest in academic system and healthy health practices.

Research design:

Present study adopts exploratory research design to explore and explain the interdependence among various factors, which influence health risk behaviour and Academic Achievement. Dependent–independent variable design, associational and co-relational design will be adopted to fulfil the nature of the study.

Universe and Sampling :

Solapur district of Maharashtra state is formed the geographical area of study. Where, convenient sampling method will be adopted to draw the sample. Total sample size is of 500 (500 students of university departments and colleges) from Solapur University.

Scope of research :

Present study conducted in Solapur University, Solapur, state Maharashtra. The nature of study is quantitative where in qualitative methodology adopted to support the study.

Sources of data:

Since the study is exploratory in nature, data collected from primary sources i.e. directly from respondents. Secondary data will be emerging from the previous research studies on the relevant topic.

Methods of data collection :

Following methods adopted to fulfil the objectives of the study.
Interview method
Observation method
Focus group discussion method

Statistical design:

To fulfil the objectives; the data analyzed by using Statistical Package for Social Sciences (SPSS) to draw:
Descriptive and cross tables
Associational and co-relational analysis
Multi-variate analysis

Tools of data collection:

Following tools were used collect the data for the present study.
Interview schedule
Focus group discussion checklist
Observation checklist

Studies so far:

Review of the literature offers close look in to research work to researcher. Reviews suggested a method and a technique of dealing with a problematic situation, which may also suggest avenues of approach to the situation of similar difficulties, scholars facing similar situation can provide the investigator new idea and approaches. It also assist the researcher in evaluating own research efforts by comparing them with related efforts done by other. Before completing a plan for a research undertaking the researcher has made every effort literature related to the problem in the field of Health Education, Physical Education, Sports & Sports Sciences and social work. Therefore the researcher has gone through the reviews of articles, books and similar research to understand the study more. A brief review of the studies relevant to the problem has been presented in this chapter. The literature pertaining to it has been abstracted in this chapter to provide the back ground material so as to evaluate the study well as to interpret its findings.

A review of literature related to the present study was collected from the Walchand College of Arts & Science Solapur, Kasturabai College of Education Solapur. College of Education, Barshi, Hirachand Nemchand College of Commerce Solapur, University of Solapur, and few other sources.

Abdurrahman Aktop (2010), in paper, "Socioeconomic Status, Physical Fitness, Self-Concept, Attitude toward Physical Education, and Academic Achievement of Children " analyzed the physical fitness, self-concept, attitudes toward physical education, and academic achievement of Turkish elementary school children by socioeconomic status. 198 (101 boys, 97 girls) students from Grades 7 and 8 completed the Children's Attitude Inventory towards Physical Education, the Piers Harris Children's Self-concept Scale, and Euro fit Physical Fitness Test Battery. In his study Significant differences were found between the groups of Low and High socioeconomic status (SES) in terms of physical fitness and academic achievement. While the Low SES group had higher mean scores on physical fitness, mean academic achievements of the High SES group were higher. Mean differences in height, self-concept, and children's attitudes toward physical education by socioeconomic status were not statistically significant. Particular attention should be paid to physical fitness in children of high socioeconomic status and the academic achievement of children with low socioeconomic status.

Pinar Salih, Kucuk Yetgin Meral, Kaya Fatih, Ozdol Yeliz and Biçer Bilal (2011), stated that, Inactive life style sustained together with bad eating habits brings many healthy problems such as obesity and cardiovascular disease Approach: Technological development brings with it improving life style causing sedentary life for the public in developed and also developing Country. Physical activity can be viewed as a form of healthy life because it predicts functioning and adaptation and offers capabilities that enable people to live healthy. In this purposed three different socio-economic levels of six schools were determined accordance with declaration of National Education Department in Beykoz province. They observed that the effects of Socio Economic Status, gender and Body Mass Index on Physical Activity Level were not statistically significant. On the other hand, there were a significant interaction between Physical Activity Level and Socio Economic Status, Socio Economic Status and Body Mass Index.

Robert G. McMurray, Joanne S. Harrell, Shibing Deng, Chyrise B. Bradley, Lori M. Cox, Shrikant I. Bangdiwala, (2000) examined the effects of physical activity, television viewing, video game play, socioeconomic status (SES), and ethnicity on body mass index (BMI). According to them watching television on non-school days was related to being overweight ($p < 0.005$). However, when BMI analyses were adjusted for ethnicity and SES, there were no significant effects of television viewing on BMI ($p > 0.061$). Increased hours of video game play enhanced the risk of being overweight for both genders when analyses were adjusted for ethnicity and SES ($p < 0.019$). In males, participation in as little as one high-intensity physical activity 3 to 5 days a week decreased the ethnic- and SES-adjusted relative risk of being overweight (RR = 0.646; CI: 0.427 to 0.977). For females, the ethnic- and SES-adjusted relative risk for being overweight was not significantly altered by physical activity. The logistic analyses further indicated the influence of low SES and African American ethnicity overshadowed any direct effect of television or videos. They conclude that weight status of male adolescents appears to be more related to exercise habits than to television or video game habits, increased participation in high-intensity exercise appears to be important. For females, neither videos nor exercise habits appear to be related to risk of being overweight. However, ethnicity and SES may be important factors that can influence body weight status, while television viewing may be of some importance. Thus, programs to reduce obesity in female adolescent should focus their efforts in lower SES communities.

Sobal, Jeffery; Stunkard, Albert J. , (1989) studies the review of 144 published studies of the relationship between socioeconomic status (SES) and obesity reveals a strong inverse relationship among women in developed societies. The relationship is inconsistent for men and children in developed societies. In developing societies, however, a strong direct relationship exists between SES and obesity among men, women, and children. A review of social attitudes toward obesity and thinness reveals values congruent with the distribution of obesity by SES in different societies. According to researcher several variables may mediate the influence of attitudes toward obesity and thinness among women in developed societies that result in the inverse relationship between SES and obesity. They include dietary restraint, physical activity, social mobility, and inheritance.

Sven Schneider, Holger Schmitt, Silke Zoller, Marcus Schiltenwolf, (2005) investigated the prevalence of back pain in the German working population and the relationship between back pain and workplace stresses, lifestyle and social factors. The first National Health Survey of the Federal Republic of Germany was carried out by them between October 1997 and March 1999. It comprised a representative epidemiological cross-sectional study of the working population, with a total sample of 3,488 persons between the ages of 18 and 69 years. The participants took part in a medical examination and answered a self-rating questionnaire. The relationship between subjective back pain and workplace stresses and social and lifestyle factors was investigated with bivariate tests and multiple logistical regression analyses. The 7-day prevalence for back pain in the German working population was found to be 34%, and the 1-year prevalence was 60%. The odds ratios were significantly higher in women, persons of lower socioeconomic status, married and depressed persons and non-athletes. Carrying heavy loads or maintaining a single working posture were the most significant work-related correlates of back pain, for members of both the female and male working population, while environmental stress and psychological stress correlated significantly with back pain in men only. The study concludes that the first representative epidemiological prevalence data for back pain, and its correlates and potential risk factors, for the German working population. To reduce the negative impact of back pain the most promising behavioural and conditional prevention measures in the workplace would be to reduce carrying stress and to vary working posture. In addition, a more active, athletic lifestyle, plus the avoidance of being overweight, should provide an additional protective or preventive effect.

Curt E. I. Hagquist stated that traditionally, the socio-economic position of adolescents has been measured using information about parents' occupation, parents' level of education, or household income. Since the adolescence is a developmental stage characterised by a search for and a move into individual life tracks a shift of focus from socio-economic position of origin to socio-economic position of destination is justified. Academic orientation may be used as a rough indicator of future social position. The purpose of the study was to elucidate the link between academic orientation and parents' education on the one hand and subjective health and health-related behaviour among adolescents on the other. Methods: The study was based on cross-sectional questionnaire data collected in 1999 and 2003 among 1828 18-year-old students in year 2 of upper secondary school in a Swedish city. The data were analysed

using contingency tables and logistic regression. Results: Subjective health and health-related behaviour was strongly linked to academic orientation but not directly to parents' education. The pattern is unambiguous, poor health and health-damaging behaviour being significantly higher among students in non theoretical programmes than among students in theoretical programmes. Conclusion: Academic orientation is a useful concept in order to detect health inequalities and a powerful way of identifying adolescents at higher risk. The unequal distribution of health and health-damaging behaviour according to academic orientation among adolescents turns out to be an important challenge for public health work.

Norman Anderssen stated in the study that from a public health perspective, physical activity in children and adolescents is seen as important for disease prevention and health promotion. Physical activity patterns are learned through socialization processes where one of the influential sources is the school through physical education classes. The purpose of the present study was (1) to examine young adolescents' general perception of physical education classes, and (2) to explore the relationship between these perceptions and students' social resources, gender and level of leisure time physical activity and self-evaluated competence hi physical education. A total of 895 seventh graders (13 year olds) were surveyed in Norway concerning their perception of physical education classes. Indicators of social resources were chosen from the arenas of family, friends and school. The main finding was that a majority of students liked physical education classes. Physical education classes seemed, however, not to offer the less socially resourceful minority the same opportunities for positive experience with physical activity as the resourceful majority. Boys' general perception of physical education classes seemed to be more positive than girls' and physically active students perceived physical education classes more favorably than less physically active students.

M. T. Kantomaa1, T. H. Tammelin, P. Demakakos, H. E. Ebeling and A. M. Taanila1,

In this study they were examined whether physical activity, mental health and socio-economic position were associated with the overall academic performance and future educational plans of adolescents aged 15–16 years. We used a sample of 7002 boys and girls from the Northern Finland Birth Cohort 1986. Data were collected by a postal enquiry in 2001–02. Multivariable logistic regression models were estimated and adjusted for family structure and all variables in the models. In the fully adjusted models, higher levels of physical activity and high parental socio-economic position were associated with higher overall academic performance and future plans for higher education. High scoring on behavioural problems was related to lower overall academic performance and poorer future academic plans. In summary, a higher level of physical activity, fewer behavioural problems and higher socio-economic position were independently associated with high selfperceived overall academic performance and plans for higher education among adolescents. The interrelations of these factors and the positive relationship between physical activity, mental health and school outcomes provide a context of critical importance for future research, intervention programming and policy directed at improving the educational attainment of adolescents.

Sabine Drieskens, Herman Van Oyen, Stefaan Demarest, Johan Van der Heyden, Lydia Gisle, Jean Tafforeau

Unhealthy behaviours often occur in combination. In this study they stated that relationship between education and lifestyle, defined as a cluster of risk behaviours, has been analysed with the purpose to assess socio-economic changes in multiple risk behaviour over time. Methods: Cross-sectional data from the Belgian Health Interview Surveys 1997, 2001 and 2004 were analysed. This study is restricted to persons aged _15 years with information on those health behaviours and education (n = 7431, n = 8142 and n = 7459, respectively). A lifestyle index was created based on the sum of the four unhealthy behaviours: smokers vs. non-smokers, risky versus non-risky alcohol use, sedentaryness vs. physically active and poor vs. healthy diet. The lifestyle index was dichotomized as low (0–2) vs. high (3–4). For the assessment of socio-economic inequalities in multiple risk behaviour, summary measures as Odds Ratio (OR) and Relative Index of Inequality (RII) were calculated using logistic regression, stratified by sex. Results: Of the adult population, 7.5% combined three to four unhealthy behaviours. Lower educated men are the most at risk. Besides, the OR among men significantly increased from 1.6 in 2001 to 3.4 in 2004 (P = 0.029). The increase of the OR among women was less pronounced. The RII, on the other hand, did not show any gradient, neither for men nor for women.

CONCLUSION:

Multiple risk behaviour is more common among lower educated people. An increasing polarization in socio-economic inequalities is assessed from 2001 to 2004 among men. Therefore, health promotion programmes should focus on the lower socio-economic classes and target risk behaviours simultaneously.

Rahul Sharma, Vijay L. Grover, and Sanjay Chaturvedi The present study covered six categories of the important health risk behaviors among adolescents. These included tobacco use, alcohol and other drug use, sexual risk behaviors, unhealthy dietary behaviors, inadequate physical activity, and behaviors that may result in injuries and violence. In this paper, the findings related to suicidal behavior among the adolescent students are presented.

Suicidal behavior amongst adolescent students is a matter of great concern due to the tragic loss of prime years of life it entails. It is vital to study both the prevalence and the correlates of such behaviors.

The study was a cross-sectional analysis of the subject population. The units of the study were 14- to 19-year-old adolescents studying in various schools and colleges in south Delhi. The study being a doctoral thesis was reviewed and approved by the institutional ethics committee. For the purpose of the present study, two districts of Delhi, south and southwest districts, were together considered as south Delhi region. All the schools and colleges in south Delhi region were included in the sampling frame. A two-stage cluster sampling design was used to draw a representative sample of students in classes 9 to 12 in schools and the first two years of graduation in colleges. These classes were chosen as they correspond to the desired age group of 14 to 19 years. Details of the methodology have been published earlier.

All students from the selected classes present on the day of the survey were eligible to participate, allowing for anonymous and voluntary participation. At the time of data analysis, the forms of respondents who had stated their age to be either less than 14 years or more than 19 years were excluded from the analysis. A pre-tested, semi-open-ended and self-administered questionnaire was used in the study. Statistical analysis of the data was done on the SPSS software, using cross-tabulation with the chi-square test. Binary logistic regression was applied to analyze the relationship between suicidal risk behavior and various independent variables under study.

Riesch, Susan K; Anderson, Lori S; Krueger, Heather stated that the purpose of this study was review individual, family, and environmental factors that predict health-risk behavior among children and to propose parentchild communication processes as a mechanism to mediate them.

Improving parent-child communication processes may: reduce individual risk factors, such as poor academic achievement or self-esteem; modify parenting practices such as providing regulation and structure and acting as models of health behavior; and facilitate discussion about factors that lead to involvement in healthrisk behaviors. . Assessment strategies to identify youth at risk for health-risk behavior are recommended and community-based strategies to improve communication among parents and children need development.

The purpose of this paper is to provide an overview of individual, family, and environmental factors that increase the probability of health-risk behavior among children and to propose parent-child communication processes as a mechanism to mediate those factors. This is a theoretical paper to stimulate thinking among clinicians by proposing a model of health-risk behavior prevention. Depicts our conceptual model for reducing health-risk behaviors in middle childhood.

Health disparities are inequalities or inequities as a result of environment, access, quality, and utilization of health care, health status, or particular health outcomes (Carter-Pokas & Baquet, 2002).

This paper is pertinent to the issue of health disparities because the factors that predict health-risk behavior among children and adolescents-individual, family, and community factors-overlap with those that characterize populations who do not typically benefit from ongoing preventive health care. Furthermore, the health-risk behaviors themselves may affect health status and outcomes that contribute to health disparities. Pediatric nurses and other healthcare providers can reduce health disparities by taking steps to (a) prevent children from engaging in health-risk behaviors and (b) promote positive eating, exercise, and sleep behaviors.

Pediatric nurses and other healthcare providers have a number of strategies available to prevent or modify health-risk behavior. Examples include a number of nationally tested programs such as the Community Tool Kit for early sexual activity prevention (Sexuality Information and Education Council of the United States [SIECUS], 2005), Teens Against Tobacco Use for tobacco use prevention (American Lung Association, 2005), and Heart Power! for overweight prevention (American Heart Association, 2005).

Another promising strategy that may appeal to pediatric nurses is aimed at the family level of intervention. Because family and communication processes are modifiable and may mediate the effects of risk factors, identifying risk factors and promoting communication processes may reduce the need for health care associated with health-risk behaviors such as treatment of diseases (i.e., injuries, cancers, sexually transmitted infections, obesity).

Findings:

• Majority of the respondents near about fourty percentage were from the age group of twenty years and very less of the respondents nearly one percent were from age group of seventeen years.
• Majority of the respondents more than Eighty eight percentage were Hindus and very less of the respondent's only one percentage were Buddhist.
• Majority of the respondents more than Fifty four percentage were female and more than fourty five percent respondents were male.
• Majority of the respondents more than Twenty four percentage were OBC and less than two percent respondents were NTDNT.
• Majority of the respondents more than Sixty six percentage from B Com and only point two percent respondents from BCA.
• Majority of the respondents more than Thirty two percentage were primary stage education holders and only four percent respondents were Illiterate.
• Majority of the respondents more than Twenty Eight percentage were labour and only point six percent respondents

were unemployed.
• Majority of the respondents more than Thirty two percentage were primary stage education holders and only four percent respondents were Illiterate.
• Majority of the respondents more than Fifty four percentage were house wife and less than two percent respondents were unemployed.
• Majority of the respondents more than Fourty six percentage were two to four family members and less than eleven percentage of the respondents were eight and above family members.
• Majority of the respondents more than thirty nine percentage were below 25 k and less than five percentage of the respondents were 50 to 75 k.
• Majority of the respondents more than fifty seven percentage were Nuclear family and less than six percentage of the respondents were expanded family.
• Majority of the respondents more than eighty nine percentage were single and only point four percentage of the respondents were Deserted.
• The behavour of the students driving the motor cycle without having license and not attending college is correlated.
• Feeling unsafe in the college and seriously consideration to attempt the suicide also shows positive correlation.
• Students studying daily and seriously consideration to attempt the suicide shows negative correlation.
• Students spending time in reading room shows negative correlation with students seriously consideration to attempt the suicide.
• Students attending college regularly shows negative correlation with students seriously consideration to attempt the suicide.

CONCLUSIONS AND SUGGESTIONS:

Given that relatively few studies have evaluated the impact of interventions on substance use and sexual risk behaviour, evaluations of future programmes should, where possible, collect and report on multiple risk behaviour outcomes. These studies should have sufficiently long follow-up to detect intervention effects that take longer to become established, or to wash out, and should assess effects of interventions by gender, ethnicity and socioeconomic status.

To date, the most promising intervention programme approaches for reducing multiple risk behaviour simultaneously address multiple domains of risk and protective factors predictive of risk behaviour. These interventions largely aim to increase young people's resilience, supported by promoting positive parental/family influences and/or healthy school environments supportive of positive social and emotional development. In addition to implementing appropriate intervention programmes, steps are needed to reduce the exposure of young people to negative influences, and to increase opportunities for engaging in activities that nurture positive development. Governmental policy-makers should be aware of and act on the evidence that broader social change is needed, to reduce the societal influences on youth development and behaviour and to reduce marginalization, social exclusion and the vulnerability of young people during periods of transition.

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