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Selected factors of lifestyle in relation to overweight in population of school-aged youth



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ABSTRACT

The objective of this contribution is to present the selected factors of lifestyle (physical activity and leisure activities) in relationship to overweight in the population of school-aged youth in the region of Middle Slovakia. The data were collected in 25 elementary schools and two eight-year high schools in the Žilina and Banská Bystrica regions from May to June 2010. The group of respondents consisted of 1187 pupils in three age categories: 11-year-olds (313 respondents), 13-year-olds (442 respondents) and 15-year-olds (432 respondents). The standardized questionnaire created for the needs of HBSC study was used for data collection. The data collection also contained demographic data: sex, grade and age. The significant interaction of two variables was evaluated using a chi-quadrat test. There was no statistically significant correlation in physical activity found (physical activity during the previous 7 days: $p = 0.065$, exercise in free time – how many hours: $p = 0.190$), in watching television on weekdays ($p = 0.504$) between overweight children and normal-weight children. Overweight children watch television on weekend days longer than normal-weight children, the differences were statistically significant ($p = 0.036$). The results showed that would be beneficial to pay increased attention to the promotion of a healthy lifestyle in children and adolescents in leisure activities in order to eliminate the time spent watching television.

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Introduction

The concept of lifestyle is closely connected to the concept of health. Health is the basic source and precondition for optimum functioning of human beings. Health, according to several authors [1,2], is determined by genetic factors, living

and working environment, level of health care, and most importantly by lifestyle (50–60%). Lifestyle encompasses a large number of elements, in its broadest sense, it is really a summary of how people live. Lifestyle can be defined as an individual set of attitudes, values and skills reflected in human activities. It includes a network of interpersonal relationships, nutritional habits, level of activity movement, leisure

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activities, interests, hobbies [3], harmful patterns, risky addictions, how we withstand and manage stress, personal hygiene, sexual behaviour [1,2].

Lifestyle is generally regarded as a significant factor in relationship to the state of health. It plays a major role in the overall state of health of human beings. Behaviour patterns, such as eating habits, physical activity, smoking or alcohol consumption, together with a high incidence of risk factors, such as high blood pressure, high cholesterol or being overweight, affect premature morbidity caused mainly by cardiovascular and oncological diseases. However, unhealthy lifestyle habits also contribute to many other chronic diseases and therefore have a huge impact on the quality of life [4]. Lifestyle includes forms of voluntary behaviour in certain life situations, which are based on individual choices out of various possibilities. We can decide for healthy alternatives out of what is possible and refuse those that damage health. Lifestyle is characterized by the choices of behaviour and life options [5].

The present-day lifestyle is characterized mainly by improper nutrition, excessive consumption of food, which due to its composition, does not correspond to a child's age resulting in health impairment and a worsened nutritional state. It is also determined by lowered energy expenditure due to reduced physical activity and excessive inactivity, particularly television viewing, which results in overweight and obesity in children and adolescents [6,7]. Nowadays, the incidence of children being overweight and obese is a global health issue. The Body Mass Index (BMI) is among the most frequently used methods of weight evaluation in children and adolescents [8]. In Slovakia, the BMI national standards in children and youth aged 7–18 years is used. The standards contain percentile charts to determine the appropriate BMI in relationship to age and sex. BMI over the 90th percentile signifies overweight, and BMI over the 97th percentile signifies obesity [9].

The HBSC study (Health Behaviour in School Aged Children) is a cross-national study that started as an initiative of three countries in 1983 (UK, Finland and Norway). The objective is to monitor health, health-related school children's behaviour in their social context. This contribution presents selected findings of the HBSC research carried out in the area of Middle Slovakia in 2010 focused on the selected factors of lifestyle (physical activity and leisure activities) in relationship to overweight in the population of school-aged youth.

Materials and methods

The research sample was composed in accordance with the criteria of HBSC study and stratified by regions and school types (elementary school, eight-year high school). The data were acquired about 11-, 13- and 15-year-old school children representatively for the population in Middle Slovakia (Žilina and Banská Bystrica region). The group consisted of 1187 pupils (620 girls and 567 boys) (Table 1). The respondents stated their body weight and height in the questionnaire items No. 28, *What is your weight with clothes off?* and No. 29, *What is your height with shoes off?* Based on this data, BMI was

Table 1 – Characteristics of the sample regarding age and sex.

Sex/age	11	13	15	Total
Boys	145	194	228	567
Girls	168	248	204	620
Total	313	442	432	1187

Table 2 – Characteristics of the sample regarding overweight incidence.

Overweight (BMI >90th percentile)	n	%
Yes	88	8.4
No	957	91.6

calculated as quadrate of body weight in kilogrammes divided by body height in metres [10]. The incidence of respondents, whose BMI exceeded the 90th percentile of standard values, is presented (Table 2).

Respondents who met the following preset criteria were included in the research group:

- age (11-, 13- a 15-year-olds);
- the respondent is a pupil of elementary school (5th–9th grade) + equivalent in eight-year high school (prima–kvinta);
- an informed parent's consent with respondent's participation in research;
- the willingness to collaborate.

The HBSC study is one of the first cross-national studies adopted by the World Health Organization and now there are more than 40 collaborating countries including Slovakia.

The international questionnaire produced for the needs of the HBSC study, which had been translated into Slovak in a standard way, was used for the data collection. The questionnaire was distributed in school classes by a team of trained administrators. The individual schools were selected from the list of all elementary schools and eight-year high schools in Slovakia provided by the Institute of Information and Prognoses of Education through a random sampling carried out in the HBSC Data Management Centre (Bergen, Norway). The schools were contacted by telephone and asked for their consent to participate in the international HBSC study. During the phone call with the schools, which agreed to the participation, we obtained approval of the school management and selected by random a sampling regarding the particular classes, in which the data were collected. The legal representatives of the respondents were acquainted with the research so that they could express their disagreement with the participation. The participation was voluntary.

For the purposes of the study, demographic factors (sex, grade, age) were analyzed and also the selected factors of lifestyle (physical activity and leisure activities) in relationship to overweightness in the population of school-aged youth. A significant interaction of two qualitative variables was evaluated using a chi-quadrat test. Hypotheses were tested at the significance level $p = 0.05$. The STATISTICA software was used for the statistical analysis.

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