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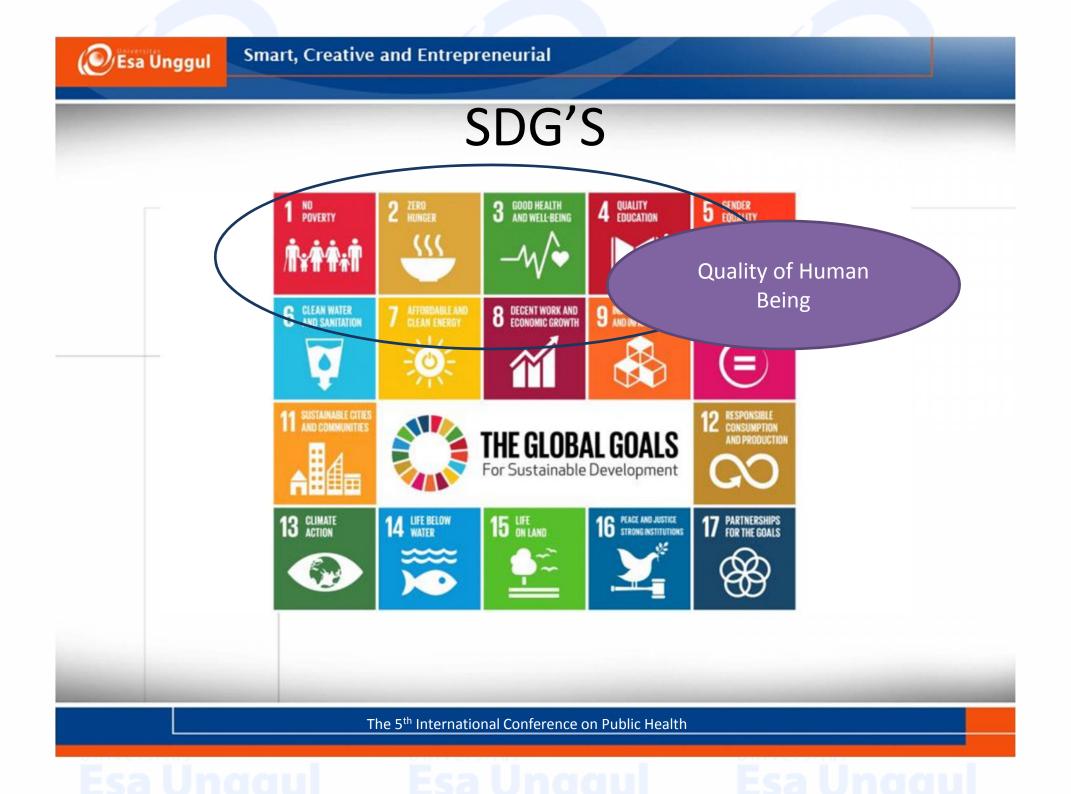
Health Behaviours in School-age Children and Quality of Life Gisely Vionalita SKM. M.Sc.

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OUTLINE:

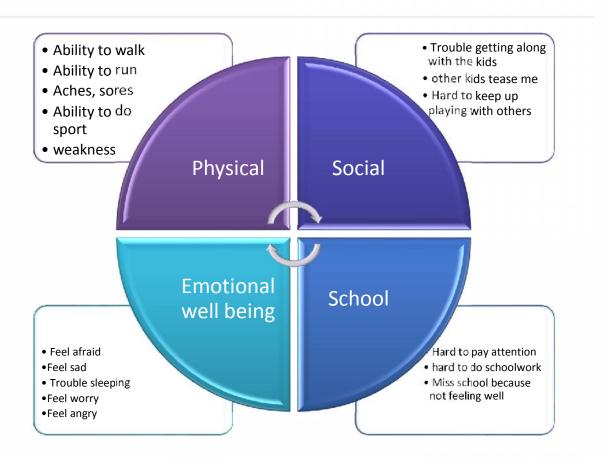
- Introduction
- Methods
- Results
- Discussions
- Conclusions





Quality of Life

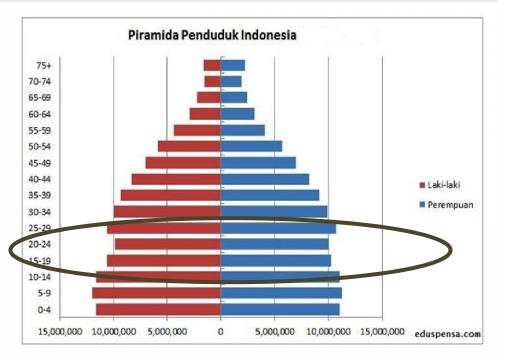
 Perceived Quality of Life (QoL) can be defined as a multidimensional construct that includes one's physical health, emotional wellbeing, independence level, social relationships and school relation





Introduction

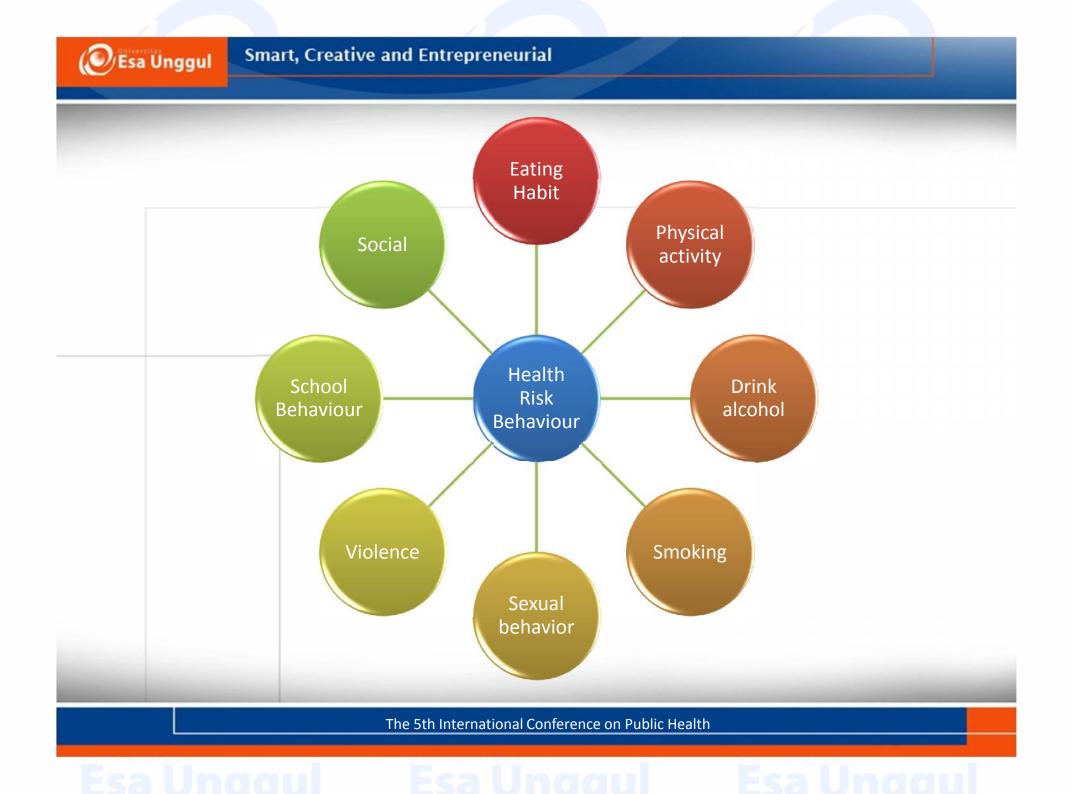
• The number of adolescents reaches more than 63 million or 26.6% percent of 237.6 million population of Indonesia. In Tangerang, 25 % of the population is around the age of 10-18 years old (school age).





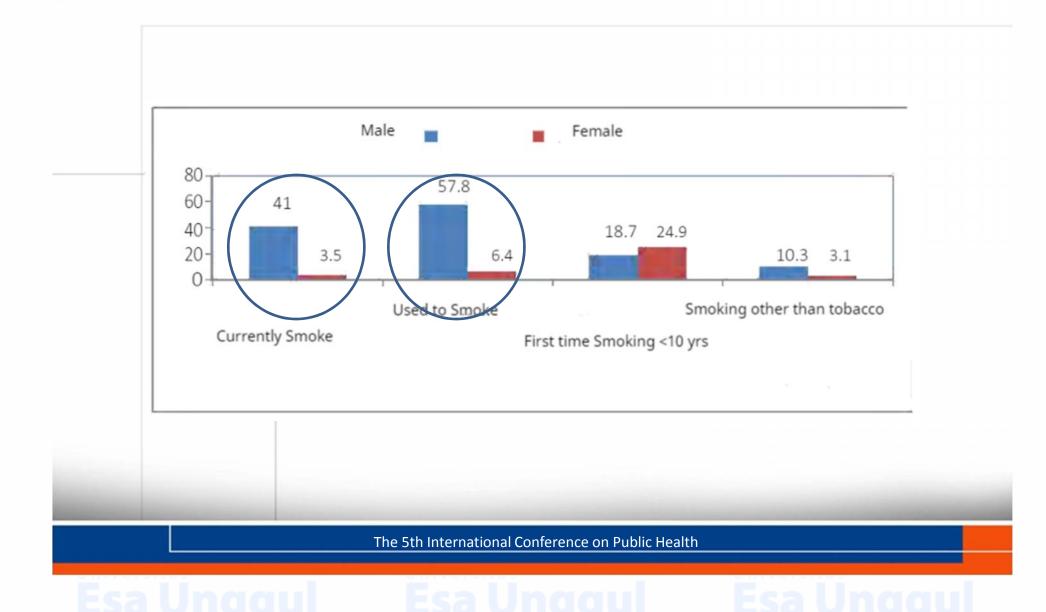
Introduction

- Adolescence is also associated with changes in cognitive and emotional domains, as well as developing interpersonal that may influence
 the engagement in health-related risk behaviours.
- Health related risk behaviours, is determining the health status that can measured using quality of life



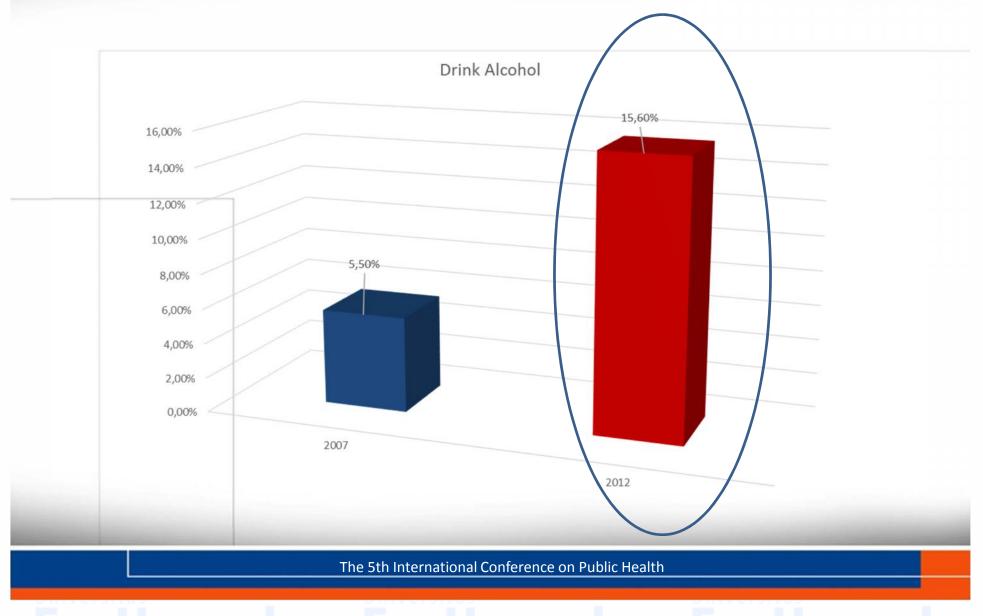


Smoking??

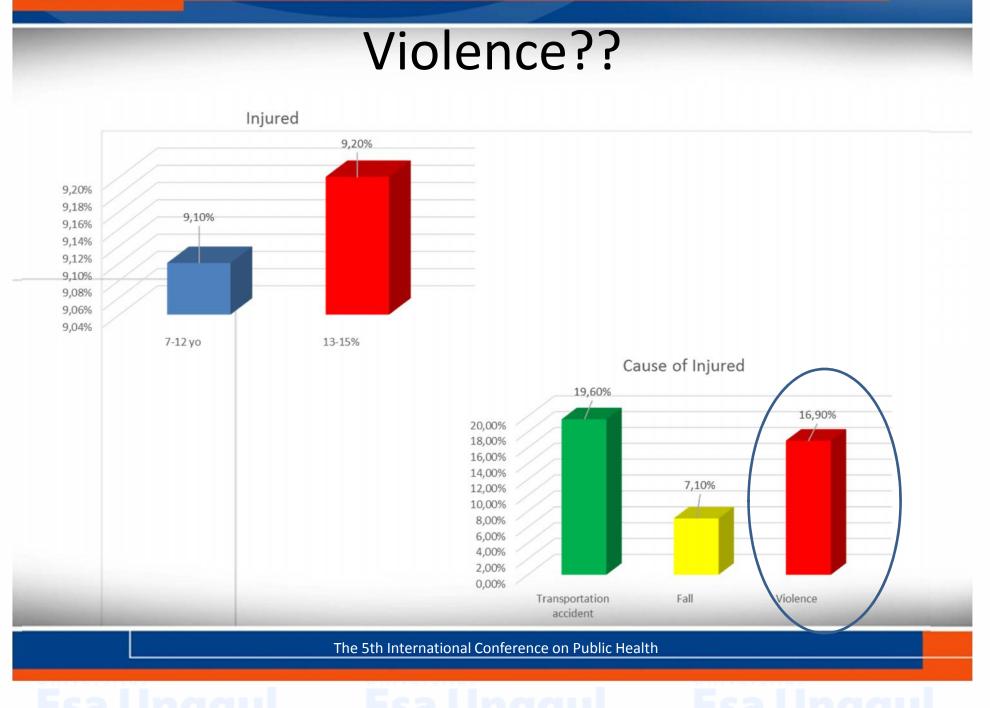






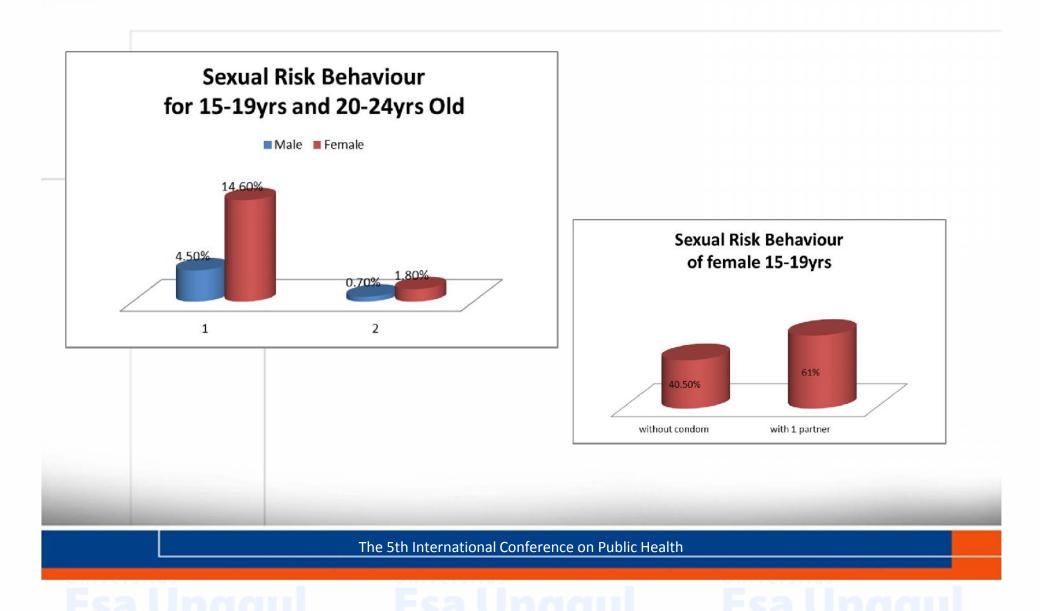








Sexual Risk Behaviour





Eating habit & Physical activity

$SU\Delta R\Lambda.com$

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Ini Daftar Menu Diet Arya, Si Bocah Obesitas

ebriansyah Arielana

Kamis, 21 Juli 2016 | 19.10 WIB



Arya Permana, bocah 10 tahun obesitas. (suara.com/Pebriansyah Ariefana)

Masing-masing menu beratnya tidak lebih dari 100 gram perporsi.

Suara.com - Dalam waktu lama, Arya Permana harus diet ketat untuk menurunkan berat badannya yang saat ini 186 kg. Dua bulan lalu berat anak 10 tahun ini sampai 190 kg. resa - renzona

Satia Putra, Bocah Obesitas Asal Karawang Ingin Sekolah Tapi Minder

Selasa, 2 Juli 2019 04:04 Reporter : Bram Salam





Satia Putra Bocah Obesitas Asal Karawang. ©2019 Merdeka.com/Bram Salam

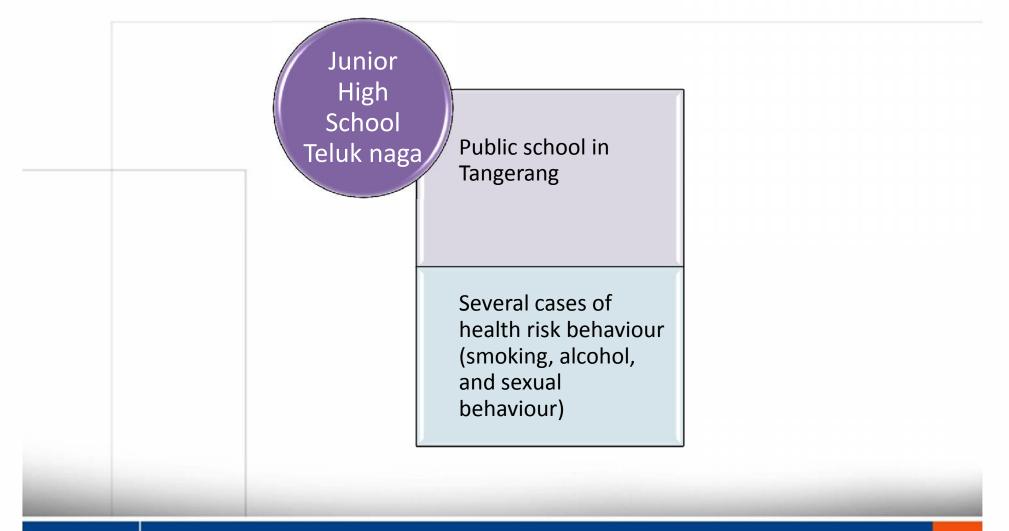
Merdeka.com - Satia Putra, bocah berusia 7 tahun anak pasangan Sarli (48) dan Komariah (40) memiliki berat badan berlebih atau obesitas. Bobot warga Tanjungbaru, Desa Pasirjaya, Kecamatan Cilanaya Kulon, Karawang, itu mencapai 97 kilogram.

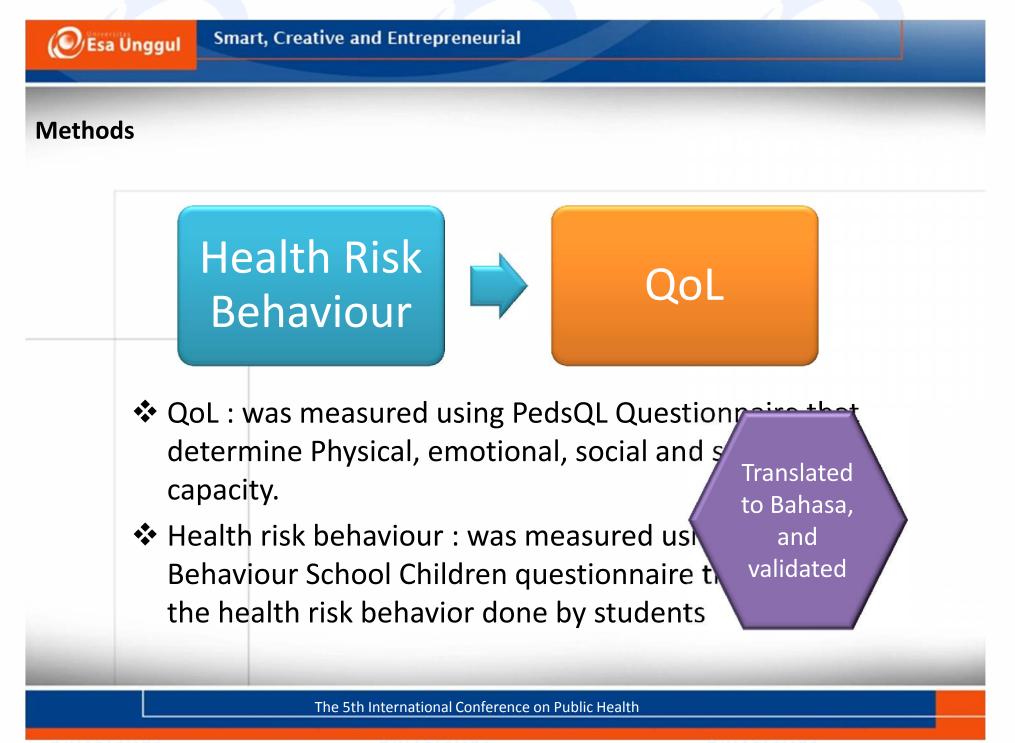
The 5th International Conference on Public

Health



Health Risk Behaviour





Feallpaqui





Quality of Life

No	Quality of Life	Frequency	Percentage
1	Physical	106	53%
2	Emotional	116	58%
3	Social	84	42%
4	School	113	56.5%
	The 5th International	Conference on Public Health	

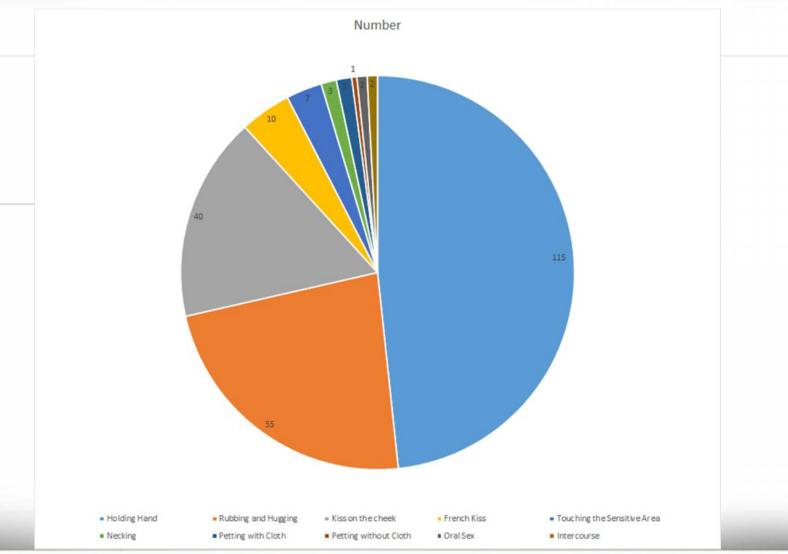


Quality of Life

Νο	Quality of Life	Frequency	Percentage
1	High quality of life	114	57%
2	Low quality of life	86	43%
	Total	200	100%

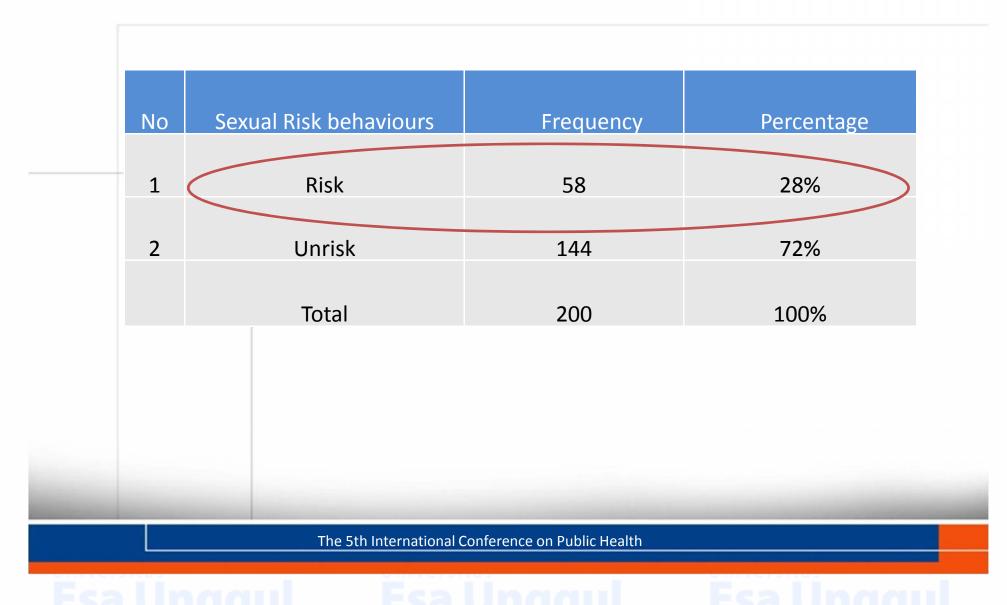


Sexual Risk Behaviours



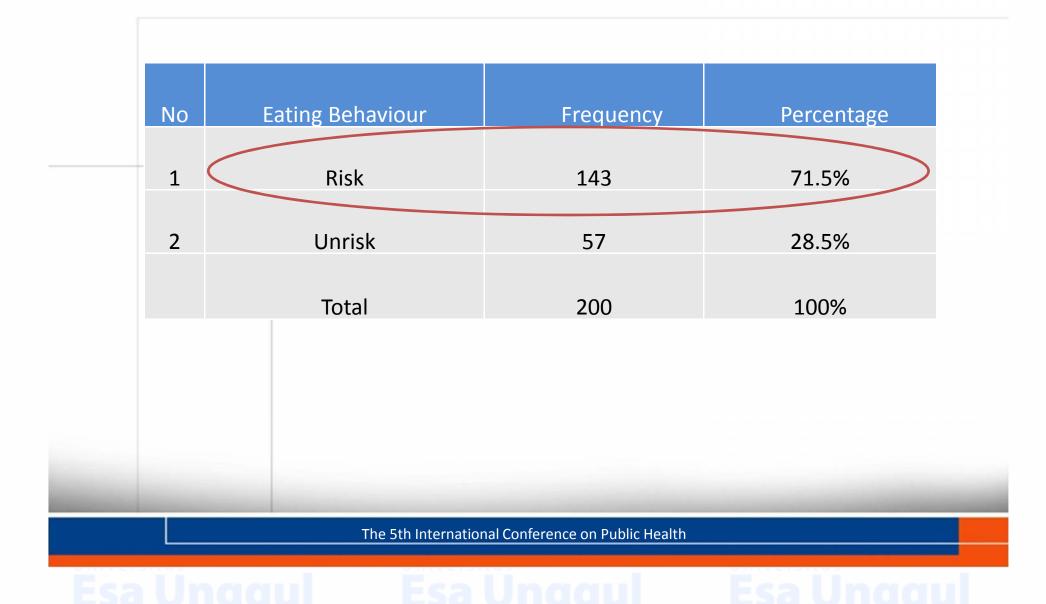


Sexual Risk Behaviours



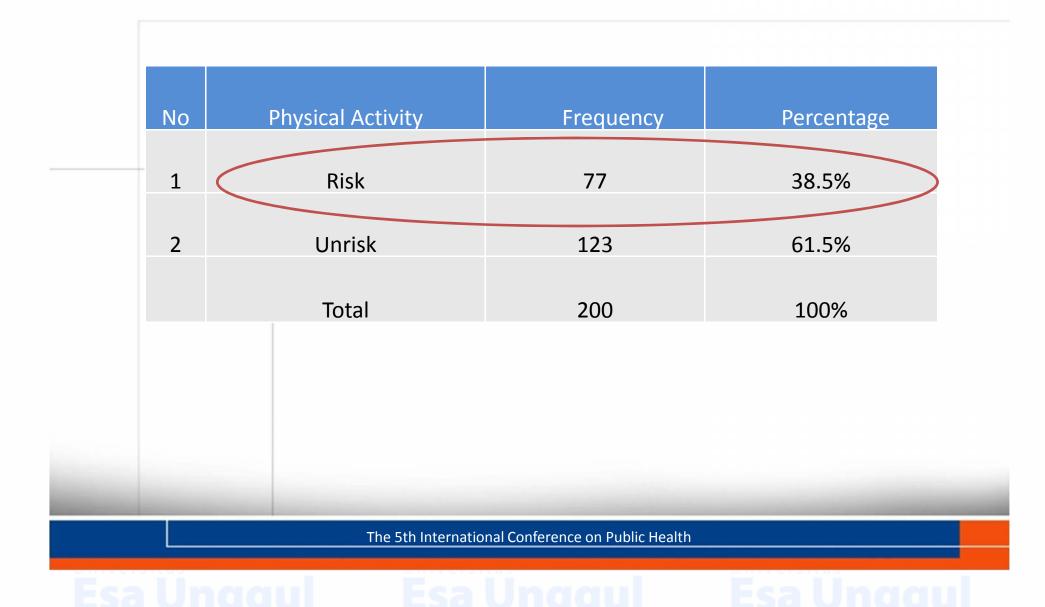


Eating Behaviour



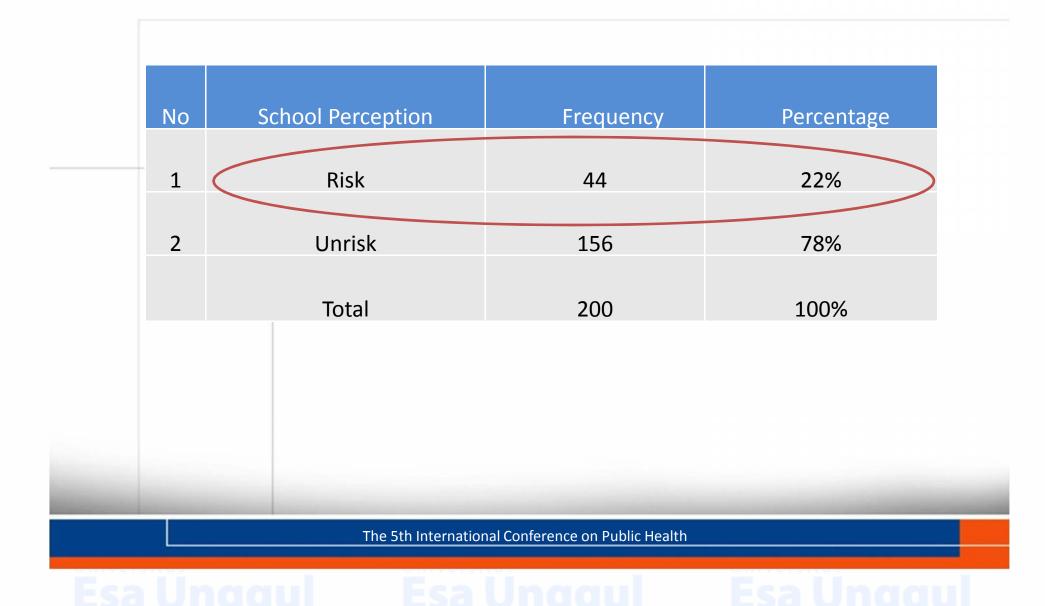


Physical Activity



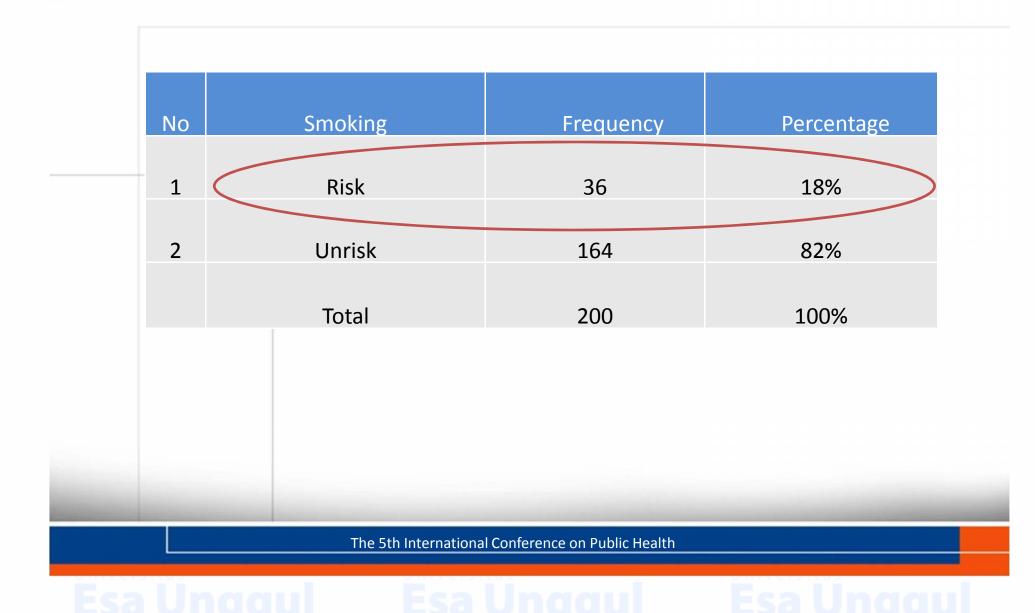


School Perception



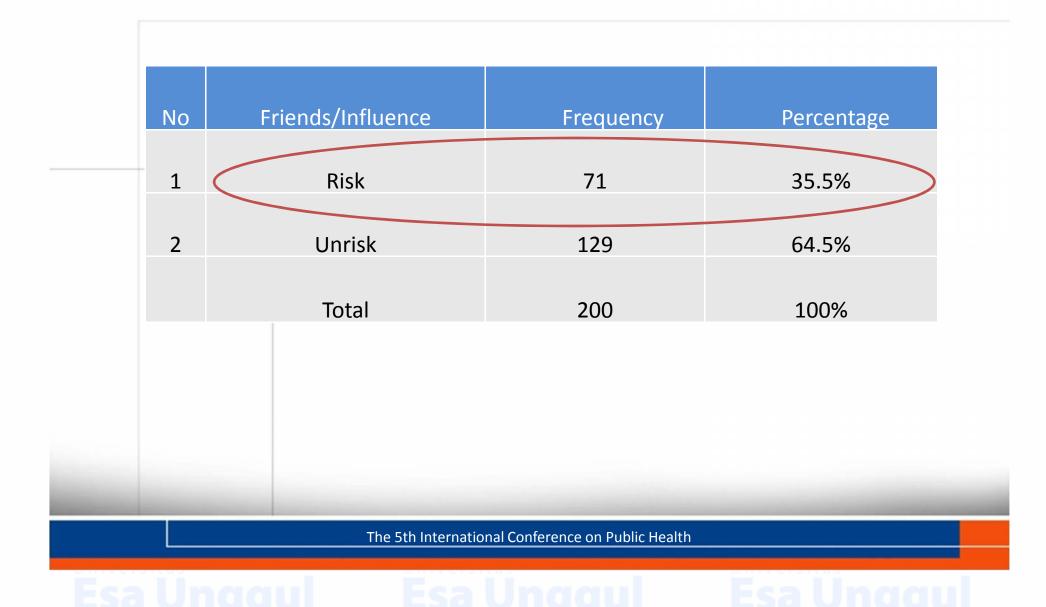


Smoking



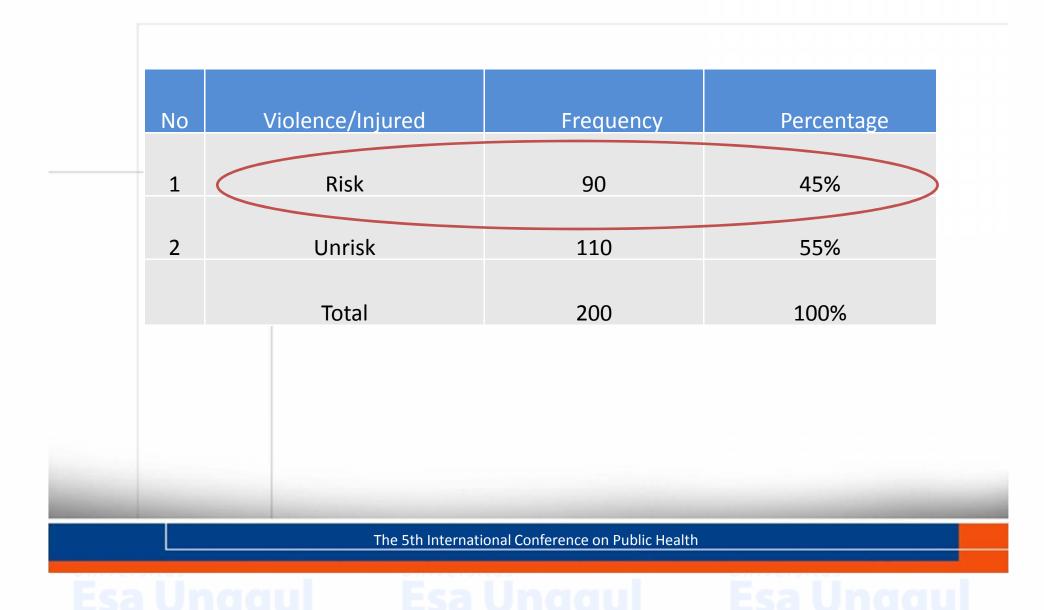


Friends/Influence



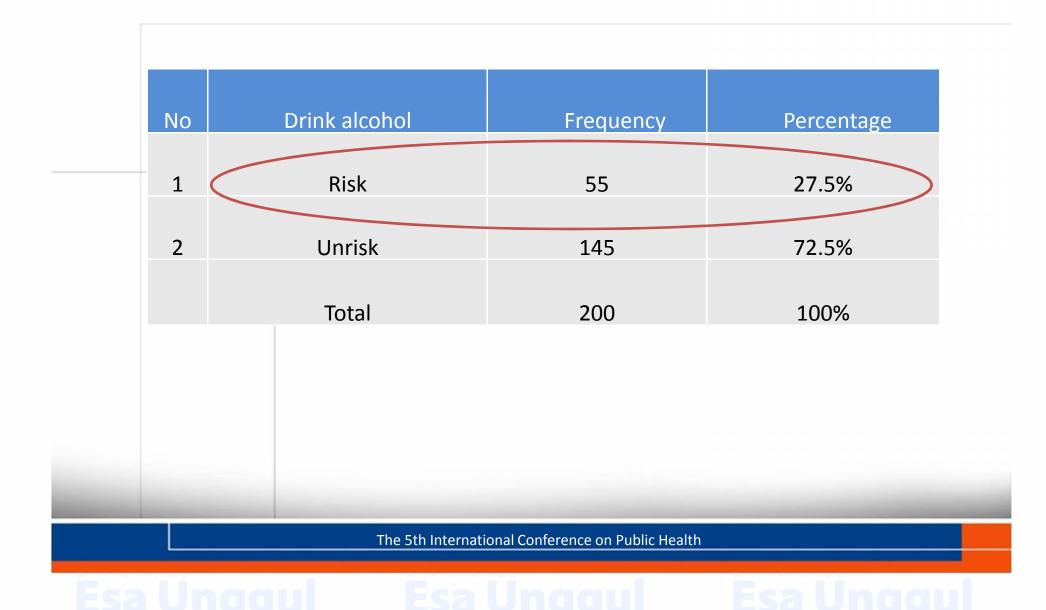


Violence/Injured



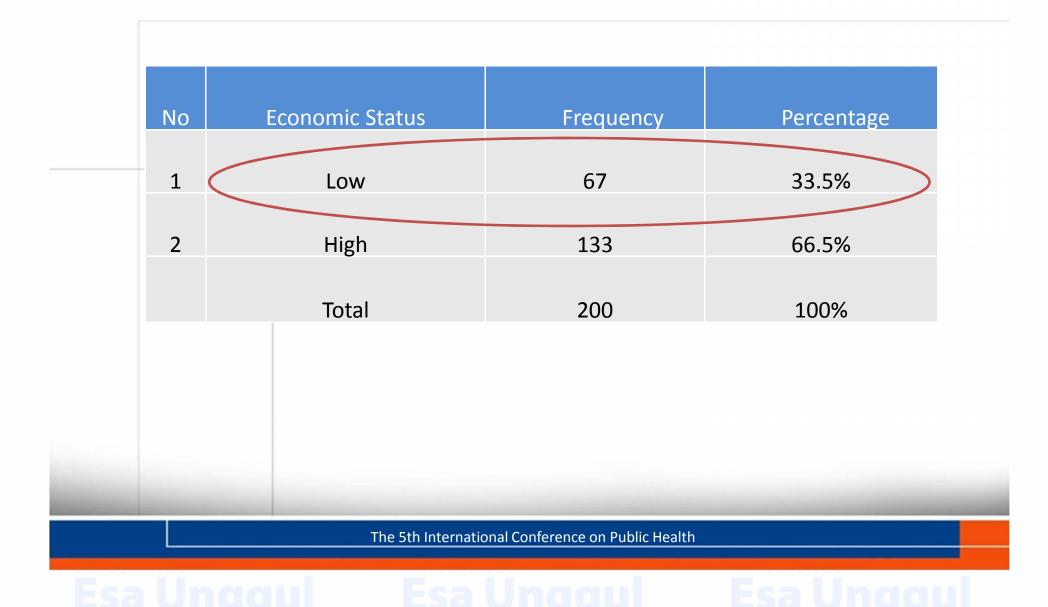


Drink alcohol





Economic Status





Health Risk behaviour and Quality of Life

		Quality of Life						OR
Variable		Low QoL		High QoL		Total	P-Value	95% CI
		Ν	%	N	%			
	Risk	36	58%	26	42%	62	0.006	1.60
Sexual Risk behaviour	Unrisk	50	36.20%	88	63.80%	138		
Violence/Injured Friends	Risk	46	51.10%	44	48.90%	90	0.051	1.40
	Unrisk	40	36.40%	70	63.60%	110		
	Risk	42	66.70%	21	33.30%	63	0.001	2.07
	Unrisk	44	32.10%	93	67.90%	137		
School Perception	Risk	31	58.40%	22	41.60%	53	0.013	1.56
	Unrisk	55	37.40%	92	62.60%	147		
	Low	38	58.40%	27	41.60%	65	0.004	1.64
Economic status	high	48	35.50%	87	65.50%	135		
	Risk	24	43.60%	31	56.40%	5	1	1.02
Drink alcohol	Unrisk	62	42.70%	83	57.30%	145		
	Risk	27	57.40%	20	42.60%	47	0.034	1.4
Smoking	Unrisk	59	38.50%	94	61.50%	153		
	Risk	42	54.50%	35	45.50%	77	0.014	1.52
Physical activity	Unrisk	44	35.70%	79	64.30%	123		
Eating behaviour	Risk	63	48.50%	67	51.50%	130	0.048	1.47
	Unrisk	23	32.80%	47	67.20%	70		



Multivariate Model

Variables Fit The Model

The Model	DMalua		95% C.I.for EXP(B)		
	P-Value	OR	Lower	Upper	
Physical activity	0.011	2.328	1.212	4.472	
Smoking	0.041	2.188	1.033	4.637	
Sexual Behaviour	0.006	2.588	1.307	5.127	
Friends	0.001	5.41	2.68	10.924	
Violence	0.024	2.123	1.102	4.088	



Discussions

Physical activity

Lack of physical activity in childhood leads to increased risk of being overweight or obese in adulthood, as well as obesity-related health problems. (Trudeau, F., & Shephard, R. J. (2008)

Help your child to embrace a healthy lifestyle by enrolling them in sports activities that they enjoy, and by pointing out the benefits of physical activity.

Government should develop greater public facility for physical activity for example convenience pedestrian.



Smoking

- Develop specific programs to assess, manage, and prevent young people engaging in smoking (Kim, Y., Myung, S. K., Jeon, Y. J., Lee, E. H., Park, C. H., Seo, H. G., & Huh, B. Y. (2011)
- These interventions programs need to incorporate more than one strategy, such as school-based health education, human relationships education, and good role model, alongside parental involvement, and with very high risk youth, social welfare support is also needed.



Sexual Behaviour

- At this time adolescents need to get a proper education about sexuality and begin to learn to be responsible for maintaining health and reproductive health so that any sexual activity done teenagers will not cause harm to themselves and their health.(Rehana A. Salam, 2016).
- In addition, proper and comprehensive education should always be done to adolescents to form positive and risky adolescent sexual behavior
- to improve the positive sexual behavior of families need to instill religious and moral values to adolescents and schools can hold extracurricular activities that can increase the potential of adolescents.





Friends

Peers may strongly determine preference in the way of dressing, speaking, using illicit substances, sexual behaviour, adopting and accepting violence, adopting criminal and anti-social behaviours and in many other areas of the adolescent's life (Tomé, G., de Matos, M. G., Simões, C., Camacho, I., & AlvesDiniz, J. (2012).

Parental monitoring can be defined as parents' knowledge about their children's activities, who they hang out with and what they do. It has been associated to protection of various risk behaviours throughout adolescence,



Violence

- Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated.
- Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. Clearly, violence leads to violence (Sousa, S., Correia, T., Ramos, E., Fraga, S., & Barros, H. (2010))



Conclusions

- Prevention program should be included in the school health program concerning mainly regarding health risk behaviour.
- Health education sessions in schools for teachers and parents about importance of this period.
- This intervention program can be succeded using the involvement from all the sectors, such as parent, teacher, government and school.



THANK YOU