



# Education, Health Promotion of Adolescent Boys in Manipur

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**Citation:** Nameirakpam Prembala Chanu et al. (2025), Education, Health Promotion of Adolescent Boys in Manipur, *Educational Administration: Theory and Practice*, 31(1) 76 - 82

Doi: 10.53555/kuey.v31i1.9062

## ARTICLE INFO ABSTRACT

Sociology has demonstrated the significant significance that cultural influences play in the basic processes of social structure, even beyond these behavioral features. Recent studies in medical sociology have connected health-related norms, values, and attitudes to socioeconomic class based on social science theory. Furthermore, understanding the origins and effects of health-related practices in society is facilitated by cultural capital. This essay examined the relationship between cultural capital and the promotion of teenage boys' health in Manipur, specifically in the Imphal West District. In addition, it aims to investigate the effects of cultural capital and the promotion of teenage boys' overall health. Using the snowball sampling method, 250 adolescent boys from various Higher Secondary Schools in Imphal West, Manipur, ranging in reading ability from class IX to XII, were chosen for the current study among the teenage boys in the Imphal West District.

**Key Word:** Cultural Capital, Health Promotion, Lifestyles, Health Literacy

## Introduction

It is widely believed that life is the most valuable thing. Therefore, we handle it differently. Adolescence spans from ages 10 to 19 and is the period between childhood and adulthood. It holds particular significance in human development, providing an opportunity to establish the foundation for long-term health. Teenagers experience rapid growth in all physical, cognitive, and psychological aspects, impacting their emotions, thoughts, decision-making, and interactions with the outside world. Even though teens are generally seen as a healthy stage of life, there are a lot of deaths, illnesses, and injuries during this time because of a lack of attention to one's health. The majority of these are treatable and avoidable. Teenagers create behavioral patterns throughout this stage that may either safeguard their own health and the health of those around them or jeopardize their health in the long run. Examples of these patterns include those on food, exercise, substance abuse, and sexual activity (WHO, n.d). To put it briefly, during this phase of life, cultural capital has an impact on behaviors such as seeking health care and communicating information. A special role is played by prevention and public health education, as well as by adopting healthy attitudes and lifestyles (Grace, 2024).

Adolescents require information to grow and develop in good health, including age-appropriate comprehensive sexuality education; chances to acquire life skills; effective, equitable, and acceptable health services; and safe and supportive environments that are woven into the social fabric of cultural capital (Bleich et al. 2014). In order to maintain and improve their health, these individuals also require chances for meaningful participation in the planning and execution of interventions (Tittenbrun, January 13, 2018). The secret to addressing the unique needs and rights of adolescents is to increase these possibilities.

The inter-departmental working group (IWG) on adolescent health is composed of 15 departments, all of which provide recommendations and resources on the topic of adolescent health to this directory. Direct access to policy directives and advocacy, factsheets, country and state health profiles, databases and resources for statistics, training packages, implementation guidance and case studies, WHO guidelines, norms and standards, and policy databases (Petersen, 2003). Teenagers who exercise regularly may be able to avoid diseases including weight growth, high blood pressure, abnormal cholesterol levels, and bad lifestyle choices

that increase their risk of heart attack and stroke in the future. Regular exercise is an essential component of a healthy lifestyle.

### **Statement of the problem:**

The involvement of material and immaterial factors of health and disease is becoming more and more evident in empirical research. Even now, social inequality is a major concern in the promotion of health. Social epidemiology provides important insights for public health in general and health policy in particular in the current environment of the health sector's diversification and management. However, social epidemiology typically concentrates on material variables like housing and money or social conditions like social support, education, and psychological components when examining the social conditions linked to the unequal distribution of health and disease. The cultural elements that connect material resources, social resources, social structures, and health are, nevertheless, the ones that are most frequently absent from public health studies. Cultural elements are essential to theory development and practical action since health promotion emphasizes individuals developing and maintaining their own health rather than relying on medical specialists. These are social skills that people acquire throughout their lives and are adopted based on the settings in which they work, live, and unwind. However, from a sociological standpoint, the significance of cultural influences extends beyond consumers' explicit health and illness-related behaviors among adolescent boys as well as their health-related decisions concerning goods and services.

### **Objectives:**

- i) To analyze the inter-relationship between cultural capital and health promotion of Adolescent Boys of Imphal West District in Manipur.
- ii) To probe into the repercussions of cultural capital and general health promotion of Adolescent Boys.
- iii) To understand the influential factors to adolescent boys in general.

### **Methodology**

Using the snowball sampling method, 250 adolescent boys from various Higher Secondary Schools in Imphal West, Manipur, ranging in reading ability from class IX to XII, were chosen for the current study among the teenage boys in the Imphal West District. Observation of health-seeking behaviors, daily fruit and vegetable consumption or nutrition, daily physical activity or exercise, abstinence from alcohol, and abstinence from tobacco products were combined to form a composite score of a healthy lifestyle. Measures of a healthy lifestyle were based on self-report, etc.

### **Review of literature**

According to Rath et al. (2024), teenagers in India have poor eating habits and sedentary lifestyles, which raise their risk of obesity and its related health problems. As parents shape their children's eating and exercise habits, the family meal atmosphere is a critical context for fostering healthy lifestyle behaviors in teenagers. However, the majority of the research on parental impacts that is currently available concentrates on mothers, with little research on dads' roles in promoting physical exercise and a healthy diet, particularly in the context of developing nations like India. The findings demonstrate the various ways in which fathers are involved: in meal preparation, grocery shopping, educational pursuits, physical exercise; in the sedentary lifestyle and unhealthy food preferences of adolescents; in the time constraints resulting from paid employment and low socioeconomic status; in the awareness of malnutrition; and in the ignorance of government-led health programs for adolescents. The study found that by buying wholesome food, enforcing food regulations, spreading nutrition-related knowledge, and encouraging their teenagers to engage in moderate-to-intense outdoor sports, Indian fathers were instrumental in helping their adolescents develop healthy eating and physical activity habits.

According to Erora et al. (2023), mental health has emerged as the primary public health priority among all adolescent health issues due to its significant influence on the physical, social, and psychosocial well-being of adolescents. In a state in North-East India, this study was carried out to evaluate the prevalence and contributing causes of stress, anxiety, and depression among teenage schoolchildren. The results indicate that about half of the participants (50.7%) exhibited symptoms of severe anxiety, while approximately one-third (33.7%) of the teenagers displayed indications of significant sadness. Compared to other groups, adolescents who attend private schools, identify as female, practice Meitei religion, and have just one sibling exhibit notably higher levels of severe anxiety. The study's conclusion noted that adolescents had high levels of stress, anxiety, and sadness. To address this significant mental health issue among the people who will be the future pillars of our society, a robust multisectoral approach is required.

According to Sanjana et al. (2023), adolescence is the time when the greatest amount of behavioral, psychological, and physical changes occur. Dietary habits and lifestyle during adolescence are risk factors for several nutrition-related non-communicable diseases in adulthood. They conducted an analysis to evaluate the

food habits and physical activity levels of the adolescents enrolled in school in the Bishnupur district. Overall, the findings showed that teenagers reported eating poorly; nearly half of the students (47.7%) said they had eaten fast food the day before. One to three times a week, nearly half (51.8%) of them consumed fast food or junk food. Additionally, 369 (43.9%) participants in the study reported engaging in moderate-to-intense physical exercise on a daily basis.

According to Gunasekaran et al. (2022), adolescence is a critical time for a person's biological and psychosocial changes to occur. Among teenagers in India, mental problems were present in 7.3% of cases. Positive results will be aided by early detection and intervention. Objectives: To ascertain and juxtapose the frequency and risk factors linked to mental health disorders among Puducherry's urban and rural youth. According to the results, 25.5% of the 329 adolescents are considered to be at risk of mental health issues. The study revealed that there was a significant difference between the mean total score and sub domain scores of emotional symptoms and hyperactivity in urban versus rural areas. There was a notable difference between the urban and rural areas when it came to factors like parent's work and family monthly income among individuals who were at risk of mental health illness. According to the teachers, behavior changes and declines in academic performance were the most frequent presentations.

A study on mental health interventions for adolescents in India was conducted by Devika et al. (2022). They contended that the majority of mental illnesses first manifest in early adolescence, which greatly increases the burden of mental illness everywhere, including in India. Early detection of mental health issues, treatment gaps, a shortage of specialists, and programs that address these issues are the main issues facing India. The purpose of our review was to evaluate the efficacy of mental health therapies for Indian teenage populations. The results demonstrate that a life skills curriculum was employed in the majority of school-based programs. Furthermore, studies on the effects of coping skills and resilience curricula on depression symptoms, cognitive function, academic stress, problem-solving skills, and general mental health indicated improvements. The multi-component whole-school intervention showed a lot of promise and assisted in addressing a number of mental health issues as well as the general school climate.

The function of social capital in participatory arts for wellness was examined by Norma et al. (2021). Although the idea has not been thoroughly explored in contexts including the arts, health, and wellbeing, social capital is frequently mentioned as influencing the effects of participatory arts. Research on health inequities has acknowledged the complicated, variable, and occasionally detrimental effects of social capital. Research frequently highlights the benefits of bonding and, to a lesser degree, bridging social capital. Reports of difficulties, however, point to the necessity of a critical mindset. Reframing and political participation to overcome social divisions are examples of forms of linking social capital that are less frequently mentioned but may be significant in participatory arts and wellbeing.

Bej. (2015) talked about how adolescence is the time when all of the behaviors and habits that have an impact on a person's life, such as substance abuse, dietary patterns, and high-risk behavior, develop. Even though programs have been established in India to address every issue that arises throughout adolescence, issues still arise for teenagers. The issues that Indian teenagers have experienced throughout the last 14 years of research were emphasized in this review. The results indicate that adolescents' understanding of sexual health ranges from 41% to poor. There is a lack of knowledge regarding sexuality and STDs. Among teenage girls, the prevalence of dysmenorrhea ranges from 67.2% to 56.15%. The review found that tobacco and alcohol usage, depression, physical fights, anxiety, loneliness, and oral health issues are among the issues that adolescents in India are dealing with. To remedy this, the government, the community, and the family must all become involved.

According to Sivagurunathan et al. (2015), teenagers make up roughly 21% of the population in India and more than 1.2 billion people worldwide. This age group's morbidity and mortality are largely caused by avoidable causes. Young children lack awareness and have inadequate understanding about the physical and psychological changes that occur during puberty, as well as the negative effects on their health. The services provided by current adolescent health programs include immunizations, health education about sexual and reproductive health, and nutritional counseling. There is currently no comprehensive program meeting all of the needs of teenagers, and adolescent health programs are fragmented. Interventions should concentrate on offering psychological and mental health services, changing behavior and communication to promote a healthy lifestyle, limiting junk food product advertisements, raising public awareness of sexual and reproductive health issues, teaching parents how to avoid adolescent pregnancy and early marriage, and counseling their kids about nutrition and reproductive health.

Sunitha et al. (2014) talked about Health-related behaviors and issues among Indian youth. The young people in India between the ages of 10 and 24 make up a valuable resource that is marked by development and growth. However, this is also a vulnerable time that is frequently impacted by a number of internal and external

variables that have an impact on their health and safety. The results indicate that between 10 and 30 percent of youth have health-harming behaviors and circumstances, which call for immediate attention from public health experts and legislators. This population is particularly affected by a number of issues, including common mental problems, stress, high-risk sexual behavior, dangerous alcohol and tobacco use, overnutrition and malnutrition, injuries from various forms of violence, road traffic accidents, and suicides.

According to Suraj (2014), a large number of students, primarily from Manipur in northeastern India, have moved to Chandigarh to pursue higher education. It is important to understand how their health-promoting habits differ from those of Chandigarh's north Indian pupils. This study compared the health-promoting practices of Chandigarh's north Indian pupils with those of Manipuri migrants. From September 2007 to June 2008, a cross-sectional study was carried out in four Chandigarh institutions that were specifically chosen. A study was conducted on 200 students (of equal gender composition, 100 from North India and 100 from Maharashtra) utilizing self-administered health-promoting lifestyle profile (HPLP) questionnaires. Findings and Conclusion: Compared to pupils from Manipuri, local students felt far more responsible for their health.

Michael (2008), contended that although teenage boys have just as many health problems and worries as teenage girls, they are far less likely to be evaluated in a clinical setting. This has to do with both personal circumstances and the medical system itself, which isn't always supportive and designed to offer complete care for men. Acquiring the necessary information and abilities to deal with difficulties including drug abuse, violence, risk-taking behaviors, puberty and sexuality, and mental health disorders is necessary while working with adolescent boys. Engaging the young male patient is essential, and the professional needs to feel at ease starting a conversation about a variety of issues with the adolescent guy, who can be reluctant to talk about his worries. The study's conclusion recommended that, starting in their early adolescent years, parents of preadolescent and adolescent males should receive education on the importance of routine health maintenance visits for their sons.

According to Lazarus's (1974), analysis, 650 Year 11 and Year 12 students from seven post-primary schools in Melbourne, Australia were asked to describe how they deal with the major issues in their lives in order to look into the ways that boys and girls deal with their worries. To measure students' coping mechanisms, a modified version of the Ways of Coping Checklist was given in addition to prompting spontaneous replies. There are obvious distinctions between how boys and girls manage. In general, girls are more inclined than boys to prioritize relationships and seek out more social support. Additionally, they use more techniques including wishful thinking and optimistic thinking. It also addresses how boys and girls can expand their repertoire of coping mechanisms to make their responses to challenging circumstances more flexible.

### **Discussion on lifestyle and adolescence**

As adolescents migrate from infancy to adulthood, they set behavioral patterns and make lifestyle decisions that will impact their health in the future. They battle with lifestyle choices that will impact their chance of acquiring chronic illnesses as adults, such as diet and exercise (Abel, 2000). Regular exercise enhances one's general health, level of fitness, and quality of life. That's one of the 2030 Healthy People objectives. Teenagers should engage in moderate-to-intense physical activity for at least an hour daily.

These kinds of exercises use more energy than less strenuous ones (like leisurely walking). Individuals' health and well-being in society have long been misunderstood as gifts from nature, possessions, or defaults that, in the event of an injury or unfortunate event, might be made whole. It is possible to effectively supply and maintain well-being at all life phases and in all societal dimensions, rather than just assuming it is "given by nature" (Who, 2004). Both tangible and intangible assets have been linked to population health and disease risk. Social inequality is still a major problem for wellbeing and leading a healthy lifestyle today. Experimental evidence about the social fabric and non-material determinants of health and illness is increasing in relation to the current state of health (Abel, 1991).

Since financial standards have gained importance and inflexible target-oriented techniques have emerged, social inequity has increased. Consequently, social capital must be integrated with common and verbal wellbeing, which is typically overlooked in open wellbeing inquiries. Social components that connect social fabric and social assets, social structure, and health are all included in open wellbeing inquiries. Since the improvement and support of an individual's level of living is the main goal of wellbeing or health promotion (Mian et al., 2022).

Since the goal of wellbeing promotion is to uplift people's standard of life and progress it, it also aims to disturb situations in a way that promotes health. The phrase "social capital" refers to non-financial social resources that provide social mobility beyond what is implied by money. They include teaching, decision-making abilities, discourse style, attire, and physical attractiveness. One sociological term with widespread recognition is cultural capital. The concept known as "Social Generation and Social Reproduction" was first put forth by Pierre

Bourdieu (Bourdieu, 1986). Ability and knowledge that are continuously developed over time make up one's "joined" social capital, which is made up of both consciously acquired and passively "inherited" characteristics of one's social capital that are not transient like blessings or inheritances.

It is acquired gradually since it impresses itself on one's habitus, making that person more aware of or ready for comparable impacts. Habitus, one of Bourdieu's most powerful but ambiguous terms, refers to the material embodiment of social capital and the deeply ingrained tendencies, capacities, and dispositions that Etymological capital- It is defined as the predominance of dialect and its association with social capital that may be recognized as an exemplary form. It alludes to communication and self-presentation that are influenced by the culture in which one lives.

### **Cultural Capital and Health**

For a long time, people have mistakenly believed that wellbeing is a gift from nature, something that belongs to them, or something that can be somehow fixed in the event of an accident or loss. It is not enough to say that wellbeing is "given by nature"; rather, it must be successfully maintained and provided for at all societal and personal stages. Both tangible and intangible assets have been linked to population health and illness risk (Brownnett, 2018). Social inequality is still a major problem for wellbeing today. The amount of observational evidence regarding the material and non-material determinants of health and illness is growing every day. Since financial standards have become significant, social inequality has increased and rigorous target-oriented techniques have emerged.

Therefore, social capital is needed to connect common and verbal wellbeing, which is typically lacking in open wellbeing research that includes social variables that link social assets, fabric, and health. Since the goal of wellbeing promotion is for people to enhance and support their own well-being, social factors have taken on a prominent role in the development of theories and practical interventions. The key to understanding social capital is to embrace the sense of coherence notion, which represents an individual's outlook on life and ability to respond to stressful situations in a way that promotes health.

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### **Conclusion**

It's possible that social capital emerged later and is now ubiquitous in open wellness. It is important to address specific aspects of the educational engagement. Social pharmaceutical and social epidemiology have always centered on social determinants of wellbeing. Research has repeatedly demonstrated that traditional and contemporary forms of social inequality are effectively linked to outcomes related to well-being (Chelak, 2023). Bourdieu combines auxiliary and behavioral elements in his approach to social imbalance, focusing on the transaction of financial, social, and societal viewpoints. Additionally, as social capital has more data than traditional socioeconomic status (SES), it should be used as a marker.

By elucidating the relationship between individuals' inclinations and behavioral possibilities and manner of life, Bourdieu's conceptions of habitus and social capital interface auxiliary and behavioral factors of wellbeing. This method suggests that parental recognition and behaviors that support a child's dietary habits have an impact on the eating habits of adolescents. It incorporates both the conscious decision to engage in behavior that advances well-being and the habitually milieu specific more or less schedule designs of decisions (Roy, 1990). The social class-specific learning environment determines how social assets are acquired, and the home environment is a particularly important setting for forming eating habits in early infancy and adolescence.



Values related to health and knowledge about the effects of particular dietary choices on health are class-specific social resources that influence people's decisions and references.

Understudies residing in households with high social capital probably pick up sound eating habits at home (Berkman & Breslow, 1983). Because regular patterns are at play here, this socio-cultural context shapes the family's eating habits and expectations on what constitutes appropriate and necessary meal designs. Adolescents who grow up in a family environment with traditional dinners and diets high in natural products and vegetables and low in sugar and fat are likely to develop healthy eating habits consistent with the family's overall way of life. Their financial situation impacts a family's ability to afford healthy food (Bourdieu, 2018). The fact that young people from households with a tie to SES use natural products and vegetables less frequently may be a reflection of how expensive natural products and vegetables are in Norway. The often high cost of natural products and vegetables may prevent some people from eating a healthy diet. One resource that can enable families to buy healthy food is fabric money. Teenagers from low SES homes may therefore have less access to expensive food, such as natural products and vegetables.

However, conservative capital methods frequently fall short in their attempts to explain the social disparities observed in health practices that are not explicable by financial assurance: unfavorable patterns of utilization that are mostly determined by people's norms and beliefs. People also seem to use social assets when they are operating within a specific financial range of options. We can predict the anticipated patterns in wellbeing and healthy lifestyles in the future since culture capital and wellbeing/healthy approaches matter. Planning a wellness care program requires an understanding of the cultural capital.

Social capital consistently improves an individual's health. It is our responsibility as health officials to identify the community's social capital (Lakkireddy et al., 2023). This influences our ability to emphasize excellent program design. Numerous studies demonstrate the advantages of healthy eating and a sensible component that teaches young people how to surprisingly, this intervention had no discernible effect on participants' use of natural products and vegetables.

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