

3736213 SHPE/D : MAJOR : POPULATION EDUCATION; Ed.D. (POPULATION EDUCATION)

KEY WORDS : LIFE STYLE / ADOLESCENCE IN SCHOOL / CORONARY HEART DISEASE / RISK FACTORS / HEALTH PROMOTION / LISREL.

PRAPORNSRI NARINTARUKSA : DETERMINANTS OF LIFESTYLE CONTRIBUTING TO RISK OF CORONARY HEART DISEASE AMONG JUNIOR HIGH SCHOOL STUDENTS IN PHUKET PROVINCE. THESIS ADVISORS: SUPAVAN PHLAINOI, Ed.D., BOONYONG KEIWKARNKA, Dr.P.H., THAVATCHAI VORAPONGSATHORN, Ph.D. 247 P. ISBN 974-664-448-3

The major purpose of this study is to analyze a causal model that relates lifestyles to the risk of coronary heart disease (CHD) among adolescents. The CHD risk factors include lack of exercise, excessive consumption of saturated fat and high calories, cigarette smoking, and alcohol and caffeine intake. The proposed model examines the interaction effects on the CHD-related lifestyles of four causal variables, namely:- 1) Demographic characteristics (sex, birth order, personality, academic achievement). 2) Family characteristics (size, income, level of mother's education, and family structure). 3) Enabling factors (time spent watching TV, vulnerability to high-risk lifestyles, family lifestyle, peer pressure, social support). 4) Social psychological factors (perception of risking opportunity to CHD, perception of barrier to healthy lifestyle, self-efficacy, the attitude toward high-risk lifestyle, and values concerning food and health).

Data were collected from 648 junior high school students at mathayom1-3 levels in the Phuket province. This data were collected using questionnaire and group interviews. To analyze the collected data, the SPSS/PC<sup>+</sup> PRELIS, LISREL programs were employed.

The findings demonstrated that the majority of the students under study have lifestyles that places them at high risk for CHD. Over 50 percent of the high risk group and 40 percent of the moderate risk group. Approximately 93 percent of them regularly drink refreshments containing caffeine and 73 percent consume high saturated fat and high calory food while about 60 percent lack sufficient exercise. The data also showed that about one-third of them smoke and about 10 percent drink alcohol. According to the data analysis, 32 percent of the variance in the CHD risk lifestyles can be accounted for the proposed model. ( $\chi^2 = 57.03$ , P-value = 0.85, FGI = 0.99, AGFI = 0.97, RMR = 0.02). The variables that are statistically significant are self-efficacy, health-related values, peer pressure, social support, academic achievement, and level of mother's education.

In conclusion, the findings suggest that most of the adolescents in Phuket have lifestyles that are at high risk for CHD. It is recommended that a holistic health promotion program based on the cooperation between school, family, and community be urgently established for these students. The program should give major emphasis on providing health promotion information and making social, psychological, and educational support accessible to them to assure that they will develop self-efficacy and health-related values to protect them against the CHD risk lifestyles.