



# Assess the Healthy Life Style Practices among the Adolescents in Selected Schools of Kerala

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## Abstract

**Introduction:** Adolescents period is usually marked as spurt in growth and development. The healthy life style practice promote the adequate growth and development. The life style practices could be influenced by many factors. Parental life style, peer influence and cultural trends are the main factors. Understanding and assessing life style practices give a outlook about the health needs of the adolescents.

**Methodology:** Sample is the male and female adolescents students. A total of 100 adolescents fulfilled the inclusion and exclusion criteria in selected schools of Kerala. Instrument consists of Part A and Part B. Part A is seven socio demographic variables and Part B is twenty item life style practices check list.

**Results:** The result of the study presented that 18% (18) having good life style practices 27% (27) have average life style practices and 65% (65) having poor life style practices. There is no significant association between social demographic variables and life style practices.

**Conclusion:** Most of the adolescents are following poor life style practices. Mass assessment and IEC program required to promote the healthy life style practices.

**Keywords:** Adolescents', healthy life style, practices

## INTRODUCTION

Adolescence well-being is essential for the healthy adulthood. This adolescent period is known for fashion and trend setting. The life style practices of the adolescents very essential for the healthy development.<sup>[1]</sup> Comprehensively life style practices comprised of dietary practices, activity and exercise, use of social media and indulging in high risk behavior.<sup>[2]</sup>

Life style practices are defined as certain activities followed and practiced by an individual as a routine which directly or

Date of Submission: 11-05-2022

Date of Revision: 23-05-2022

Date of Acceptance: 27-05-2022

### Access this article online

Website: <http://innovationalpublishers.com/Journal/ijns>

ISSN No: 2454-4906

DOI: 10.31690/ijns.2022.v07i02.004

in directly influences the health and well-being.<sup>[3]</sup> Life style practices are grouped in to healthy and unhealthy. The healthy life style practices have a positive effect on physical, mental, and social well-being. Unhealthy life style practices leads to negative impact on adolescents' life.<sup>[4]</sup>

The World Health Organization (WHO) reported that one in four adolescent was overweight and four in five adolescents do not meet the guidelines of daily activities.<sup>[4,5]</sup> Unhealthy and poor life style practices, specially tobacco, consumption of junk foods, alcohol, and sedentary life style leads to non-communicable diseases.<sup>[6]</sup> Development of unhealthy life style indirectly influences the mortality and morbidity of the adulthood. Exclusively the unhealthy life style practices related to diet the major consequence are obesity and nutritional deficiencies.<sup>[7]</sup>

Nowadays, adolescent's food is made up of high sugar and fats. Besides this the activity level also reduced and most of the adolescents prefer sedentary life style. In Indian Scenario, the

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traditional foods were neglected and most of the adolescents consuming high sugar and fat foods.<sup>[4]</sup> Today healthy life style practices promising the diseases free generation. Obesity in adolescents directly increases the risk of diabetes, cardiovascular disease, and indirectly increases the risk of cancers.<sup>[8]</sup> The following literature explores the need to assess the life style practices among the adolescents.

In Bangladesh, a explorative qualitative study conducted on socio cultural influences on dietary practices and physical activity behaviors of rural adolescents. Data were collected in the form of open interview. Six adolescents explored about their life style practices. Verbatim was digitally recorded, translated to English and theme was identified. The results presented that exclusively the dietary preference of adolescents and their priority, fascinated with street foods, balanced diet, and hygiene and safety concern of food, role of peers, internalization and fixation with gender norms. Findings suggested that there is a markedly increase in unhealthy life style practice among adolescents. This study recommended to assess the life style practices both qualitatively and quantitatively. Also tailoring interventional strategies for the healthy life style practices [Figure 1].<sup>[9]</sup>

Life style practices related to healthy diet require urgent attention. There is a limited interventional studies on life style practices related to diet among adolescents. Before the administration of intervention. It is better to understand the extension of the problem. So the investigator planned to assess the life style practices among the adolescents.

### Objectives

The objectives are as follows:

1. To assess the life style practices among adolescents.
2. To find the association between life style practices and socio-demographic variables.

### METHODOLOGY

Descriptive cross-sectional survey design is applied to assess the life style practices among the adolescents. Sampling methods was non-probability convenient sampling criteria framed in to the adolescents' falls in the age between 12 and 16 years, both girls and boys those who are studying in the selected schools and present at the time of study were inclusion criteria. Adolescents those who are sick and not willing to participate at the time of study were determined as exclusion criteria. Sample size is comprised hundred adolescents studying in selected school of Kerala. Instrument is divided into Part A and Part B .The Part A is consist of 7 socio demographic variable and Part B consists of 20 items of check list on life style practices.

Check list prepared about the life style practices. Check list was prepared in both English and Malayalam languages. The reliability obtained was 0.76 and 0.75 in Malayalam and English languages, respectively. Standardization of the instrument is obtained through the content validity by experts. Permission to conduct study was obtained from the school

principal. The checklist of life style practices was divided into as following components practices related to eating behaviors included five items, food preferences included five items, decision making included as five items and regular activities included five items. The checklist items are positive healthy life style practices statements. Each positive response scored as "1" and negative response scored as "0." Instrument was administered by the researcher direct face to face interview.

### RESULTS

Socio-demographic profile shows that, 56% were 12–14 years and 44% were 15–17 years. Considering gender 52% were boys and 48% were girls. In religion, 32% were Hindu and 31% were in Muslims and remains to be Christians. In the aspect of residence 51% were from Urban, 49% were from Rural. Considering monthly income 31% were falls into >Rs. 5000, 23% were falls into Rs. 5000–10,000 and 36% were falls in to <Rs. 10,000. Type of family implies that 83% belongs to nuclear family and 17% were belongs to joint family. In the type of diet 87% of them were non vegetarian and 13% of them were pure vegetarians. Regarding the source of information 76% were received from social media, 14% from parents, and 10% were received from other sources mainly teachers and health professionals. The level of life style practices assessed and presented as follows:

Table 1 shows that various components of life style practices about eating behavior mean are 2.18 with the SD = 1.13 mean percentage is 43.6%, practices related to food preferences mean is 2.73 with the SD = 1.27 mean percentage of 54.6%, practices related to decision making mean is 2.76 with the SD = 1.21 mean percentage is 55.2%, and practices related to regular activities mean is 2.32 with the SD of 1.5 mean percentage is 46.4%.

Table 2 shows that over all life style practices mean is 10 with the SD of 2.2 mean percentage is 50%.

Good life style practices (15–20) was 18%, average life style practices (10–15) was 27% and poor life (0–10) style practices was 65%.

**Table 1: Mean, SD, and mean percentage of the different components of life style practices**

Various components	Maximum	Mean	Standard deviation	Mean percentage
Eating Behavior	5	2.18	1.13	43.6%
Food preferences	5	2.73	1.27	54.6%
Decision Making	5	2.76	1.21	55.2%
Regular Activities	5	2.32	1.5	46.4%

**Table 2: Over all mean, SD, and mean percentage of life style practices**

Variable	Maximum	Mean	Standard deviation	Mean percentage
Life style practices	25	10	2.2	50

Analysis of Chi-square and Fisher exact test proves that there is no significant association between life style practices and selected socio demographic variables ( $P > 0.05$ ).

## DISCUSSION

The results of the study imply that mean of life style practices 10 and mean percentage is 50%. Over all 18% of adolescents have good life style practices, 27% have average life style practices, and 50% have poor life style practices.

The above findings supported by a cross-sectional study conducted to determine gender differences, perceived stress, and different lifestyle practices in India. The results show that 15.4% and 16.6% students daily consumed of carbonated drinks and either tea or coffee, respectively. Totally 28.4%, 3%, and 4.5% students have been doing in daily physical exercise, meditation, and yoga, respectively.<sup>[10]</sup>

A comparative, cross-sectional study was conducted from December, 2016 to April 2017 among 600 children of Class VI–X of two government and two private schools in India. Prevalence of overweight and obesity were 8.9% and 3.4%, respectively, association of fast food, and physical inactivity with obesity was significant.<sup>[11]</sup>

Increasing incidence of lifestyle disorders among Indians is largely attributed by unhealthy lifestyle practices such as poor dietary pattern, inadequate physical activity, smoking, alcohol consumption, and stress. A school based interventional study was conducted among adolescents with the objective determine the effectiveness of the lifestyle management program in terms of gain in knowledge on lifestyle disorders and change in self-reported lifestyle practices. Initially, a baseline data on the lifestyle practices and knowledge on lifestyle disorders was obtained from the adolescents, which was utilized to select the adolescents with poor knowledge and unhealthy practices for whom the intervention was implemented. The percentage of adolescents consuming three meals daily had 53.2%, daily fried food consumption 10.4%, fast food consumption on all

the 7 days a week 11.5%, and daily tobacco use had 1.1% of the adolescents.<sup>[12]</sup>

Adolescence is marked by significant changes in the factors that influence adult health. Many adult health problems can be traced back to variables that emerge during adolescence. Tanta University conducted a cross-sectional study in the first 3 years of medical and nursing students. 55.5% of the 524 students were from rural areas, 67.9% were females, and 31.3% were overweight. Obese adolescence consumes much more soda and sweetened beverages (juices). More than half of OB students (53.1%) and 44.5% of OW students take snacks in between meals. Physical activity is low among the studied student, 45% of them do not exercise regularly. Students who were obese or overweight showed a negative attitude toward a healthy lifestyle.<sup>[13]</sup>

Changes in dietary habits and lifestyle are considered the main factors associated with several diet-related diseases. A cross-sectional study was carried out amongst male and female secondary school students selected using the multi-stage stratified random sampling technique. A sample size of 735 subjects (339 males and 396 females), aged 15–18 years, was selected from government schools from all the governorates of Bahrain. Skipping breakfast was significantly greater in females (62.8%) compared to males (37.2%), ( $P < 0.01$ ). About 88% of adolescents snacked during school break, 70.7% procuring food from the school canteen. Fruit was not consumed by about 27.7% of respondents (33.5% males and 66.5% females) and the gender difference was statistically significant ( $P < 0.01$ ). Fish and lentils were less preferred, while chicken was more popular. There was no significant difference between gender and frequency of eating fast food. About 8.4% of respondents reported not eating burgers, with 68.8% preferring regular size burgers. Furthermore, 24.4% preferred large portions of potato chips (53.1% male and 46.9% female). About 29.8% watched TV for more than 5 h a day (51.2% females and 48.8% males). About 69% of males practiced sports everyday as against 30.8% of females ( $P < 0.01$ ) and 81.6% of those who participated in sport activity outside school were males compared to 18.4% of females.<sup>[14]</sup>

## CONCLUSION

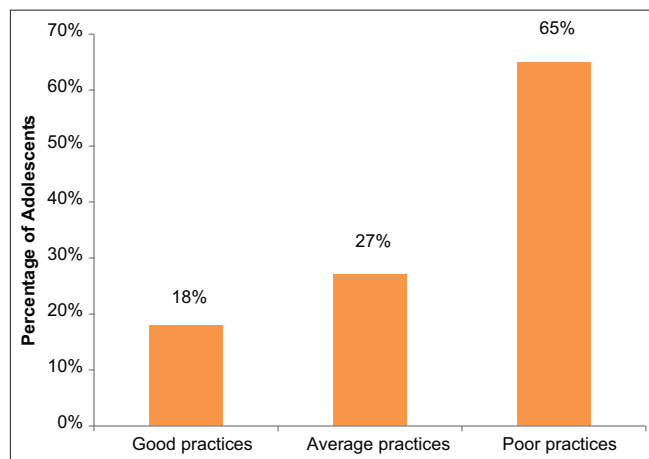
The study concluded that there is a poor life style practices among the adolescents. There is no significant association with life style practices and socio demographic variables. Vegetarian has good life style practices than non-vegetarians.

## ACKNOWLEDGMENT

We would like to thank all the students, teachers, and the principals of the schools for their co-operation and valuable support during the study period.

## FUNDING

None.



**Figure 1:** Bar diagram on healthy life style practices among the adolescents

## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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**How to cite this article:** John B, Singh R. Assess the Healthy Life Style Practices among the Adolescents in Selected Schools of Kerala. *Indian J Nurs Sci.* 2022;7(2):44-47.