

A DESCRIPTIVE STUDY TO ASSESS THE PRACTICE REGARDING LIFE STYLE MODIFICATION AMONG STUDENTS IN SELECTED SCHOOL, KOSI-KALAN, MATHURA (U.P.)

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ABSTRACT

INTRODUCTION: This study aimed to assess the practice regarding life style modification among students. METHODS: A survey research design was conducted among 60 students of a selected school at Kosi-kalan, Mathura (U.P), the participants were selecting using a non-probability sampling technique. Data collection involved demographic variables and structured questionnaire that gathered information and measured the degree of practice regarding lifestyle modification among students through a scale and data analysis by inferential statistics. RESULTS: In this present study according to age 60% students were 16-17 years, 28% students were 14-15-years, and 12 % were above 17 years old. According to gender 58% students were female and 42% students were males. According to class 52% students were higher secondary and 48% students were secondary. According to residence 82% students were rural and 18% students were urban. According to religion 87% students were Hindu and 13% students were Muslim. According to family members 57% students were joint family and 43% were nuclear family. According to health insurance 90% students were having health insurance, 10% students were not having health insurance. According to BMI 96% students were normal BMI, 2% students were having underweight BMI and 2% students were having overweight BMI. According to diet 85% students were vegetarian diet, 15% students were non-vegetarian diet. According to health check-ups 5 % were regular health check-up. 95% students were not regular health check-ups. According to motivation 77% students were motivation and 23% students were having no motivation. In this present study level of practice 92% students were having good practice, 8% students having average practice regarding life style. The calculated chi-square value was more value at the 0.05 level of significance. There was significance association between the level of practice with age. Hence research hypothesis was accepted. CONCLUSION: The study concluded that the adolescent of the selected school in Kosi-Kalan, Mathura (U.P.) Majority 92% students were having good level of practice regarding healthy life style practice. After the analysis, it was evident of that the majority of students having good knowledge practice regarding life style modification. This study emphasizes the need for continuous health education and also runs health campaign related to awareness and practice regarding to follow healthy style practices.

Keywords: Assess, Practice, Life style modification, Students, Adolescent

INTRODUCTION

“Life style modification is not just a treatment, it is a lifelong prescription for health and well-being.”

-Dr. Dean Ornish

In the modern world, the health and well-being of young people are heavily influenced by their daily life style choices. Adolescence is a crucial stage of life where individuals develop habits that can significantly affect their health both in the present and future. These habits include eating patterns, physical activity levels, sleep routines, and how they manage stress. However, many students today face various challenges such as academic pressure, increased screen time, and easy access to unhealthy foods. These factors contribute to the development of poor life style practices that may lead to serious health problems later in life. [1]

Life style modification involves making deliberate and positive changes to behaviors that contribute to physical, mental, and social well-being. This includes maintaining a balanced diet, engaging in regular physical exercise, ensuring adequate rest, and effectively managing stress. Such changes are considered essential for preventing non-communicable diseases like diabetes, hypertension, heart disease, and obesity, which are rapidly increasing around the world. [2]

Early adoption of healthy habits during the adolescent years is especially important because these behaviors tend to persist into adulthood and greatly influence long-term health outcomes. In areas like Kosi-Kalan, Mathura, students' life styles are shaped by both traditional values and modern influences. While some students may still follow healthy family routines, many are increasingly exposed to fast foods, sedentary entertainment, and academic related stress. This mixture places them at risk of adopting unhealthy life style patterns. Therefore, understanding their current life style modification practices is essential to identify areas of concern and provide effective health education and interventions. This study is important because unhealthy life style choices during adolescence can negatively impact academic performance, physical fitness, and mental health. [3]

Schools serve as critical settings for promoting healthy behaviors, as students spend a large part of their time there. Life style modifications, healthcare professionals, educators, and parents can gain valuable insights to develop programs and policies that support healthier living. Nurses, as frontline health workers, play a significant role in educating and guiding students towards positive life style choices. Given the increasing burden of life style-related illnesses in India and worldwide, and the unique semi-urban context of Kosi-Kalan, this research aims to evaluate the current practices among school students. The findings are expected to help design targeted interventions that encourage and sustain healthy life style practices. Ultimately, this study contributes to fostering a healthier younger generation

with the potential to reduce future disease risks and improve their overall quality of life. [4]

PROBLEM STATEMENT

"A descriptive study to assess the practice regarding life style modification among students in selected school, Kosi-Kalan, Mathura (U.P.)"

OBJECTIVES

1. To assess the practice regarding life style modification among students.
2. To determine the association between the practice regarding life style modification among students with their selected demographic variables.

METHODOLOGY

Methodology refers to the systematic plan used to conduct the research. This chapter describes the research approach, research design, variables, setting, population, sample, sampling technique, sample size, tools, scoring, validity, ethical consideration, data collection procedure, and plan for data analysis. The present study to assess the practice regarding life style modification among students in a selected school of Kosi-Kalan, Mathura (U.P.).

The research methodologies include strategies to be used to collect and analysis the data collection accomplish the research objectives. It has crucial implication for the validity and credibility of study findings.

RESULTS

Table 1. demographic variables of students

(N=60)

Demographic variables	Frequency	Percentage
1. Age		
a. 14-15 years	17	28%
b. 16-17 years	36	60%
c. >17	7	12%
2. Gender		
a. Male	25	42%
b. Female	35	58%
3. Class		
a. Secondary	29	48%

b. Higher secondary	31	52%
4. Residence		
a. Urban	11	18%
b. Rural	49	82%
5. Religion		
a. Hindu	52	87%
b. Muslim	8	13%
c. Christian	0	0%
d. Others	0	0%
6. Types of family		
a. Nuclear	26	43%
b. Joint	34	57%
7. Health insurance		
a. Yes	6	10%
b. No	54	90%
8. BMI		
a. Underweight	1	2%
b. Normal	58	96%
c. Overweight	1	2%
d. Obesity	0	0%
9. Diet		
a. Vegetarian	51	85%
b. Non-vegetarian	9	15%
10. Health check-ups		
a. Yes	3	5%
b. No	57	95%
11. Motivation		
a. Yes	46	77%
b. No	14	23%

Table 2. level of practice regarding life style modification among students.

(N=60)

Level of Practice	Score range	Frequency	Percentages %
Good practice	71-102	55	92%
Average practice	51-70	5	8%
Poor practice	>51	0	0%

Table 3. Association of Level of Practice with their selected demographic variables

(N=60)

S.NO.	Demographic variables	df	Chi- square
1.	Age a. 14-15 b. 16-17 c. <17	4	5.40 ^S
2.	Gender a. Male b. Female	2	0.058 ^{NS}
3.	Class a. Secondary b. Higher secondary	2	0.156 ^{NS}
4.	Residence a. Urban b. Rural	2	0.68 ^{NS}
5.	Religion a. Hindu b. Muslim c. Christian d. Others	6	0.48 ^{NS}
6.	Types of family a. Nuclear b. Joint	2	0.014 ^{NS}
7.	Health insurance a. Yes b. No	2	0.039 ^{NS}
8.	BMI a. Underweight b. Normal	4	1.81 ^{NS}

	c. Overweight d. Obesity		
9.	Diet a. Vegetarian b. Non-Vegetarian	3	0.01 ^{NS}
10.	Heath check-ups a. Yes b. No	3	0.02 ^{NS}
11.	Motivation a. Yes b. No	3	2.86 ^{NS}

NS= Not significant

S= significant

Table 4. showed mean, median, mode, standard deviation, mean percentage

(N=60)

S. N	Variables	Mean	Median	Mode	Standard deviation	Mean percentage
1.	Level of practice	77	77.5	80	4.98	75.5%

DISCUSSION

In this study, the researcher assessed the level of practice among students in selected school Kosi-kalan, Mathura. In this present study majority 60% students were in the age 16-17, majority 58% were female, majority 52% students were of higher secondary class, majority 82% were in the rural residence, majority 87% students were in the Hindu religion, majority 57% students were in the joint family, 90% students were not having health insurance, majority 96% students were in normal BMI, 85% students were in the vegetarian diet, majority 95% of students were health check-up screening, majority 77% of students were adopt healthy life style.

Reddy and Prasad (2023) performed a longitudinal cohort study with 190 students (aged 13–18 years)

in Hyderabad to evaluate the interplay between sleep patterns, perceived stress, and lifestyle choices. Their findings highlighted a bidirectional negative relationship: 55% of students reporting high academic stress also exhibited poor sleep hygiene (<6.5 hours/night), and this group was 2.3 times more likely to engage in compensatory unhealthy behaviors. These behaviors included increased consumption of caffeine and high-sugar snacks (prevalence: 48% in high-stress group vs. 22% in low-stress group) and a marked decline in moderate-to-vigorous physical activity (from an average of 45 to 23 minutes/day during exam periods). The study concluded that stress and sleep deprivation form a vicious cycle that significantly derails holistic lifestyle practices, necessitating integrated intervention programs focusing on time management and coping strategies rather than isolated health advice. [19]

While comparing another study in this present study level of practice were having 92% students good practice 8% of students having average practice regarding life style practice while comparing with another study.

Joshi and Iyer (2021) conducted a systematic review and meta-analysis of 18 intervention studies (from 2015–2020) targeting digital media overuse and its impact on lifestyle among school-aged children in South Asia. Their synthesis revealed that effective programs shared common components: mandatory screen-time logging (used in 72% of successful interventions), peer-led discussions on digital hygiene (67%), and parental workshops on setting consistent rules (61%). The meta-analysis showed a pooled significant reduction in recreational screen time (mean reduction: 1.4 hours/day; 95% CI: -1.9 to -0.9) and a concurrent improvement in sleep duration (mean increase: 32 minutes/night). Furthermore, secondary positive outcomes included a modest but significant increase in physical activity and a reduction in the frequency of junk food consumption, which was often linked to screen-viewing. The authors concluded that digital wellness is a keystone habit; interventions targeting it systematically can produce cascading positive effects across multiple lifestyle domains in adolescents. [20]

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