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A Study to Assess the Knowledge Regarding the Life Style and Food Habits Related to Nutritional Problems Among the Adolescents in A Selected Area of Bareilly, U.P. With A View to Develop an Information Guide Sheet

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ABSTRACT

Nutrition is one of the most important determinants of health during adolescence. A balanced diet containing adequate carbohydrates, proteins, fats, vitamins, minerals, fibre, and water is essential to support rapid growth, hormonal changes, brain development, and immune function. However, unhealthy eating behaviours such as skipping breakfast, consuming junk food, frequent intake of sugar-sweetened beverages, inadequate consumption of fruits and vegetables, and irregular meal patterns have become increasingly common among adolescents. To assess the knowledge regarding the lifestyle and food habits related to nutritional problem among adolescent. To find the association between the pretest knowledge score with their selected demographic variables. To generate an information guide sheet regarding lifestyle and food habits. A cross section descriptive study conducted at Abdullahpur mafi, Bareilly. A total of 100 adolescent were selected using a convenient sampling technique. Data were collected using a validated self-structured questionnaire comprising 30 questions covering socio-demographics, . Descriptive statistics and Chi-square tests were applied to analyze the data using SPSS version 25. Ethical clearance and informed consent were obtained. Age shows statistically significant association with knowledge levels ($p = 0.0014$), Education level had a strongly significant association ($p = 0.0013$), with students in higher grades predominantly scoring above average (44-64%). Regarding the family income shows highly signification value ($p=0.0000$). Conclusion:- result shows low to moderate knowledge need to provide educational package.

Keywords: Assess, knowledge, nutritional problem, adolescent.

INTRODUCTION

Adolescence is a crucial stage of human growth and development that extends from 10 to 19 years of age. It is characterized by rapid physical, psychological, emotional, cognitive, and social changes that increase nutritional requirements and influence lifelong health behaviours. During this period, adolescents establish lifestyle patterns related to food habits, physical activity, sleep, and other health-related behaviours that often continue into adulthood. Healthy lifestyle practices adopted during adolescence play an important role in promoting optimal growth, preventing nutritional deficiencies, and reducing the risk of chronic diseases later in life [1].

In recent years, health organizations have implemented a variety of interventions to promote healthy eating behaviors of young population, yet they have had limited impact, which might be attributable to insufficient understanding of dietary habits and necessary interventions implemented in accordance with children ages [2].

Globally, poor dietary habits among youth have become a public health concern. According to the World Health Organization (WHO), unhealthy eating is one of the leading behavioral risk factors for major health issues in adolescents. In the Indian context, this problem is exacerbated by limited awareness, socio-economic disparities, and lack of structured nutritional education at the school level. Jammu & Kashmir, like many other regions, faces similar challenges where adolescents are often unaware of balanced dietary requirements and the health implications of poor food choices [3].

In Albania, life expectancy is reported to have increased from 62.6 years in 1960 to about 70.0 years in the1980s, and to 76.4 years (74.3 years for males and 78.6 years for females) in 2016 (WHO, 2018c). In transitional Albania, the second leading risk factor that accounts for most of the non-communicable disease burden concerns dietary risks. The overall mortality rate attributable to dietary risks is about 221 deaths per 100,000 population. In 2016, dietary risks accounted for 28.9 percent of the total mortality rate. Also, in 2016, dietary risks were related to about 3960 DALYs per 100,000 accounting for about 15percent of the total burden of disease in Albania (IHME, 2016). The available information indicates that many children in Albania exhibit poor nutritional status, have unhealthy diets, poor eating habits and inadequate physical activity.

Objectives

1. To assess the knowledge regarding the lifestyle and food habits related to nutritional problem among adolescent.
2. To find the association between the pretest knowledge score with their selected demographic variables.
3. To generate an information guide sheet regarding lifestyle and food habits.

Hypotheses

H1: There will be a significant association between knowledge score with their selected demographic variables.

MATERIALS AND METHODS

A quantitative, descriptive cross-sectional study was conducted to assess the knowledge regarding the lifestyle and food habits related to nutritional problems among adolescents in a selected area of bareilly U.P. ”With a view to develop an information guide sheet. The study was carried out at Abdullahpur mafi, Bareilly, U.P, India. Hundred adolescents 10-19 yr were included in the study were recruited using a non-probability convenient sampling technique based on predefined inclusion and exclusion criteria. To assess the knowledge regarding the lifestyle and food habits related to nutritional problems was assessed using a validated, self-structured questionnaire and consisting of demographic variables and 30 multiple-choice items related to knowledge regarding the lifestyle and food habits. And last of the data collection procedure to give the informational guide-sheet to the participants and educate.

Data Collection Procedure

After receiving the formal permission from the Gram Pradhan of Abdullahpur mafi, Bareilly, U.P. The researcher conducted the main study from 29/06/2026 to 1/08/26. A total 100 Participants were selected from the village by convenient sampling technique. The participants were informed about the study nature and purpose, Assured of the confidentiality of the responses and written consent was obtained. Data collection was carried out by self-structure awareness questionnaire.

Analysis and Interpretation

Table 1. Frequency wise distribution of demographic performance; N-100

S. No.	DEMOGRAPHIC VARIABLES	TOTAL FREQUENCY	PERCENTAGE (%)
1	Age group	45	45%
	a) 10-13Years	26	26%
	b) 14-16 Years	23	23%
	c) 17-18 Years	6	6%
	d) 18-19Years		

2	Gender a) Female b)Male	50 50	50.0% 50%
3	Level of education a) 5^{th}-6th b) 7^{th}-8th c) 9^{th}-10th d) 11^{th}-12th	25 25 25 25	25% 25% 25% 25%
4	Type of family a) Nuclear b) Joint	 66 34	 66% 34%
5	Dietary pattern a) Vegetarian b) Semi-vegetarian c) Non-vegetarian	66 19 15	66% 19% 15%
6	Family Income a) Below 10000 b) 10001-15000 c) 15001-20000 d) Above 20000	 12 41 27 20	 12% 41% 27% 20%

Table 2. Association Between Knowledge Score Distribution According to Demographic Variables

Variable	Group	Inadequate	Moderate	Adequate	Total (n)	Chi-square	P value
Age (year)	10-13 year	(13%)	(20%)	(12%)	(45%)	10.161	0.0014 * at 0.05
	14-16 year	(13%)	(12%)	(1%)	(26%)		
	17-18 year	(9%)	(12%)	(2%)	(23%)		
	18-19 year	3 (3%)	3 (3%)	0 (0%)	6 (6%)		
Gender	Female	(17%)	(23%)	(10%)	(50%)	2.1088	0.1465
	Male	(21%)	(24%)	(5%)	(50%)		
Education	5-6th Std	(2%)	(14%)	(9%)	(25%)	10.399	0.0013 * at 0.05
	7-8th Std	(11%)	(11%)	(3%)	(25%)		
	9-10th Std	16 (16%)	8 (8%)	1 (1%)	(25%)		
	11-12th Std	10 (10%)	13 (13%)	2 (2%)	25 (25%)		
Family Type	Nuclear	28 (28%)	27 (27%)	11 (11%)	66 (66%)	2.8917	0.0890
	Joint	10 (10%)	20 (20%)	4 (4%)	34 (34%)		
Dietary pattern	Veg.	27 (27%)	31 (31%)	8 (8%)	66 (66%)	2.3952	0.1217
	Non. veg	4(4%)	7 (7%)	4(4%)	15 (15%)		

	Semi veg	7 (7%)	9 (9%)	3(3%)	(19%)		
Family Income	Less than 10000	6 (6%)	6 (6%)	0 (0%)	(12%)	16.8858	0.0000 * at 0.05
	10001-15000	15 (15%)	(20%)	6 (6%)	(41%)		
	15001-20000	8 (8%)	13 (13%)	6 (6%)	27 (27%)		
	Above 20000	9 (9%)	8 (8%)	3(3%)	(20%)		

***Significant at 0.05**

The distribution of knowledge scores varied significantly across several demographic factors in the study population. Age shows statistically significant association with knowledge levels (p = 0.0014), Education level had a strongly significant association (p = 0.0013), with students in higher grades predominantly scoring above average (44-64%). Regarding the family income shows highly signification value (p=0.0000). as Research hypothesis (H1) is accepted.

DISCUSSION

Association of Pre-Existing Knowledge Scores with their Selected Demographic Variables

The distribution of knowledge scores varied significantly across several demographic factors in the study population. Age shows statistically significant association with knowledge levels (p = 0.0014), Education level had a strongly significant association (p = 0.0013), with students in higher grades predominantly scoring above average (44-64%). Regarding the family income shows highly signification value (p=0.0000). as Research hypothesis (H1) is accepted.

The result of the study were supported by,

Sylwia Mizia, Ana Felincazak et al. conducted a cross-sectional study in April 2021. It studied participants' nutrition and health status by performing basic anthropometric measurements and evaluated their knowledge about food and nutrition, eating habits and health behaviours using standardized questionnaires. Participants: 307 high school students (59% female, 41% male) Age Range: 15–19 years old. To analyze the relationship between nutritional knowledge, eating behaviors, and the risk of obesity. The study found statistically significant differences in the average Body Mass Index (BMI) between genders: Females: 21.7 \pm 3.4 \text{ kg/m}^2Males: 22.3 \pm 3.1 \text{ kg/m}^2 Overweight/Obesity Prevalence: Found in 15.6% of females and 16.5% of males. There is a notable disparity in health literacy between the genders ($p < 0.001$):Insufficient Knowledge: 53.5% of males vs. 30.8% of females. Adverse Health Traits: Males showed a significantly higher intensity of poor health habits (8.1% vs. 0.7%).The data shows a direct link between what students know and how they eat Positive Correlation (0.42): Higher knowledge levels lead to better "pro-health" diet choices. Negative Correlation (-0.66): Higher knowledge levels strongly reduce "unhealthy" diet habits .Thus this study concludes to their insufficient knowledge, young people may make nutrition mistakes, resulting in the development of overweight and obesity and other diet-related diseases in the future [4].

CONCLUSION

The following are the major conclusions:

- The majority of adolescents had inadequate knowledge regarding lifestyle and food habits related to nutritional problems, while only a small proportion had adequate knowledge.
- More than half (51%) of the adolescents had inadequate knowledge, 26% had moderately adequate knowledge, and only 23% had adequate knowledge regarding lifestyle and food habits related to nutritional problems.
- The findings indicate that adolescents require health education to improve their knowledge regarding balanced diet, healthy food habits, physical activity, personal hygiene, and prevention of nutritional problems.
- The information guide sheet developed by the investigator can serve as an effective educational material to improve adolescents' knowledge regarding healthy lifestyle and food habits.
- The study emphasizes the important role of nurses, school teachers, parents, and community health workers in promoting healthy dietary practices and lifestyle behaviours among adolescents.
- The study also revealed a statistically significant association between the level of knowledge and the selected socio-demographic variables (Chi-square test was significant, such as age, educational status, type of family, etc.).

- The findings of the study highlight the need for regular nutrition education programmes, school health education, and community awareness activities to prevent nutritional problems and promote healthy growth and development among adolescents

CONFLICT OF INTEREST

Authors declare for none conflict of interest.

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