LIFESTYLE PRACTICES OF GRADE 12 SENIOR HIGH SCHOOL STUDENTS OF BALIUAG UNIVERSITY

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Abstract

A lifestyle can be defined as combined set of practices which a person follows, not only because such practices meet the basic needs, but because they give definition and depth to self-identity. This research aims to determine the lifestyle practices of grade 12 senior high school students and to identify the presence of health-risk behaviors. Descriptive research method was utilized. Demographic profile was obtained and showed that the respondents are mostly 17 years of age, under the ENGTECH strand, and came from Baliwag, Bulacan. Lifestyle practices that includes diet and nutrition, exercise, rest and sleep, stress management, recreational activities, and habits were gathered and it was found out that there are participants who skip their breakfast, lunch, or dinner and their meal mostly consist of rice, meat, and water. Study also showed that most of them performs moderate exercise and it was mostly every week. There are still some who stays up late at night and also wakes up late. Their routine before going to sleep and their stress management/ recreational activities both include surfing the net as their top most activity. It was also found that some of these students drink alcohol. Five (5) dimensions of health was also used to assess their health in a holistic manner and it showed that their top most prioritized dimension of health is spiritual health.

Keywords: lifestyle practices, dimensions of health, health-risk behaviors

Senior high school (SHS) refers to Grade 12, the last year of the K-12 program that Department of Education (DepEd) has been implementing since 2012. Students who belong to Grade 12 are mostly adolescents who practice high risk behavior because of their age and evolutionary features. The increasing rates of high-risk behavior among adolescents which are mostly on senior high school led the researchers to determine the lifestyle practices which may become harmful for them and others.

Adolescence is the period of transition between childhood and adulthood. Children who are entering adolescence are going through many changes in the aspects of physical, intellectual, personality and social developmental. Adolescence is also the time wherein human growth and development that occurs after childhood and before adulthood commence. Biological processes drive many aspects of this growth and development, with the onset of puberty from childhood to adolescence. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary differ across time, cultures, and socioeconomic situations. The process of adolescence is a period of preparation for adulthood during which time developmental experiences happens. Aside from physical and sexual maturation, these experiences has scope that include mainly movement toward social and economic independence, and development of identity, the acquisition of skill necessary to carry out adult relationship and roles, and the ability for abstract reasoning. While adolescence is period of growth and potential, it is also a time of considerable risk during which social contexts exert powerful influences. (World Health Organization, 2017)

It is well documented that behaviors developed during period influence health in adulthood. Many unhealthy lifestyle practices (e.g. smoking, alcoholism) as well as healthy lifestyle practices (e.g. physical exercise) are adopted in adolescence and often persist in adulthood. The World

Health Organization estimates that 70% of premature deaths among adults are due to behavior initiated during adolescence. Therefore it is crucial to help adolescence establish healthy lifestyles and avoid developing health risk behavior and should be started before these behaviors are firmly established. (Qidwai, Ishaque, Shah, & Rahim, 2016)

The demands on young people are new and unpredicted; their parents could not have predicted many of the pressures they face. How we help adolescents meet these demands and equip them with the kind of education, skills, and outlook they will need in a changing environment will depend on how well we understand their world. (Qidwai, Ishaque, Shah, & Rahim, 2016).

This study aims to determine the lifestyle behaviors of senior high school students. As an important contribution, this study attempts to reveal the extent of lifestyle behaviors adopted by the students during this period, which is critical for established lifestyle behaviors

Statement of the problem

The study is guided by the following research questions:

1. What is the demographic profile of Senior High Students in regards to:
    - 1.1 Gender
    - 1.2 Age
    - 1.3 Academic Strand
    - 1.4 Place of Residence

2. What are the lifestyle practices of the respondents in term of:
    - 2.1 Diet and Nutrition
    - 2.2 Exercises
    - 2.3 Rest & Sleep
    - 2.4 Stress Management and Recreational Activities
    - 2.5 Habits

3. What is the perceived status of respondents in terms of five dimension of health such as :
    3.1 Physical
    3.2 Social
    3.3 Emotional
    3.4 Intellectual/ Mental
    3.5 Spiritual

4. Is there a significant difference of the perceived status related to dimension of health between the four (4) academic strands of Grade 12 senior high school?

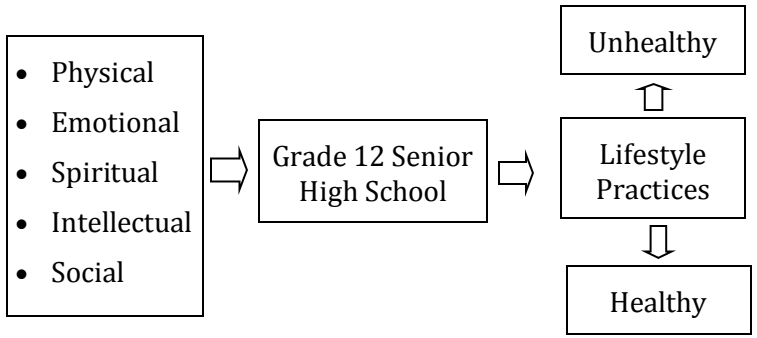
Significance of the study

This research study will help Senior High School students to determine their lifestyle practices that can contribute in the improvement and maintenance of their health status so that they can function effectively utilizing their optimum potential and capability.

Assumptions of the study

Living a healthy lifestyle also means living with less occurrence of illness and having a longer life and for Grade 12 Senior High School students with hectic schedules, being healthy is a must to keep themselves productive so they can be successful individuals in the future.

Conceptual Framework



The 5 dimensions of health are Physical, Emotional, Spiritual, Intellectual and Social are our input. Our through-put is Senior High School of Baliuag University. And our output is healthy and unhealthy. This framework shows the connection of the 5 Dimension of health to grade 12 senior high school and the lifestyle which may result to health or unhealthy state.

Methodology

Research Design

The study utilized a Non-experimental research method that describes the lifestyle practices of the respondents.

Research Environment and Respondents

The study was conducted at the Annex 4 of Baliuag University that houses the Grade 12 students of senior high school.

Sampling Procedures

The inclusion criteria included those who are officially enrolled as of 1st semester, school year 2017 – 2018 and are present during the data collection. The researchers utilized the Slovin's Formula and Stratified Random Sampling to determine the number of the target participants in the study. Out of 866 population, 276 were considered as sample.

Data Collection Procedure

Prior to data gathering, the researcher asked permission to the Dean of the College of Nursing for the conduct of study. Necessary permission was secured from the Principal of Senior High School department for the distribution of questionnaires in target respondents.

Research Instruments

The questionnaire was composed of demographic profile, and lifestyle practices which includes assessment of nutrition, personal hygiene, rest and sleep, exercise, stress management, recreational activities, intake of vitamins and minerals, and vices.

Statistical Treatment of Data

After all the data was collected and tabulated, the following statically computation is utilized:

- Frequency and Percentage distribution to describe the profile of the respondent as well as the different lifestyle practices performed.
- General Weighted Mean to describe the status of respondents in terms of dimensions of health.
- Analysis of Variance (ANOVA) to test the differences between means of respondents from the four (4) academic strands in terms of lifestyle practices and status related to 5 dimensions of health

Results

Table 1. Profile of Participants in Terms of Gender and Age

Gender	N	%	Age	N	%
Female	193	69.93	16	24	8.70
Male	83	30.07	17	176	63.77
	276	100	18	68	24.64
			19	7	2.54
			20	1	0.36
Total	276	100		276	100

Table 1 shows that majority of the 276 respondents were female (193 or 69.93% most of them are 17 years old (176 or 63.77%).

Table 2. Frequency and Percentage Distribution According to Academic Strands

Strand	N	%
ACCESS	95	34.42
ENGTECH	111	40.22
GENCAD	44	15.94
SOCSCI	26	9.42
Total	276	100

Table 2 shows that majority of the respondents are from ENGTECH strand (111 or 40.22%). It means that the students are mostly enrolled in the ENGTECH strand.

Table 3. Profile of Participants in Terms of Place of Residence

Place of Residence	N	%
Baliuag	84	30 43
San Rafael	43	15.58
San Ildefonso	17	6.16
San Miguel	8	2.90
Plaridel	23	8.33
Pulilan	27	9.78
Bustos	38	13.77
Others	36	13.04
Total	276	100

Table 3 demonstrate that majority of the respondents were from Baliuag, Bulacan (84 or 30.43%). It shows that most of the students are residing in Baliuag.

Table 4. Frequency and Percentage Distribution of Respondents Taking Breakfast Before Leaving the House Daily, Lunch on Time and Snacks During Breaks

Choices	Breakfast		Lunch		Snacks		Dinner	
	N	%	N	%	N	%	N	%
Yes	205	74.28	211	76.45	128	46.38	276	100
No	71	25.72	65	23.55	148	53.62	0	0
Total	276	100	276	100	276	100	276	100

Table 5 show that majority of the respondents (205 or 74.28%) eat their breakfast before leaving the house for the day, majority of the respondents (211 or 76.45%) also eat lunch on time, most of the respondents (148 or 53.62%) do not eat snacks and all of the respondents take dinner (276 or 100%).

Table 5. Frequency and Rank according to composition of food during breakfast

Choices	N	Rank
Rice	191	1
Water	120	2
Egg	115	3
Processed food (hotdog/Tocino, etc.)	112	4
Bread	63	5
Coffee	56	6
Milk	54	7
Cereal	42	8
Oatmeal	30	9

Table 5. Continuation

Choices	N	Rank
Natural Juices	14	10
Others, Please Specify	5	11

Table 5 shows that rice ranks number 1 in the composition of food the respondents ate during breakfast.

Table 6. Frequency and Rank According to Composition of Food During Lunch

Choices	N	Rank
Rice	174	1
Water	147	2
Chicken	139	3
Pork	137	4
Fast Food (McDonald, etc.)	88	5
Vegetables	86	6
Fish	79	7
Soft drink or soda	63	8
Beef	61	9
Processed food (hotdog/Tocino, etc.)	51	10
Juices	46	11
Fruits	33	12
Street food	11	13

Table 6. shows that rice ranks number 1 in the composition of food the respondent ate during lunch.

Table 7. Frequency and Rank According to Composition of Food During Snack Break

Choices	N	Rank
Bread/Sandwich	62	1
Chips	25	2
Fries	3	7
Street food	5	6
Rice	2	8
Burger	3	7
Pizza	1	9
Water	21	4
Natural juice	12	5
Soft drinks	23	3

Table 7 demonstrate that bread or sandwich rank number 1 for their snacks.

Table 8. Frequency and Rank According to Composition of Food During Dinner

Choices	N	Ranks
Rice	204	1
Water	187	2
Chicken	172	3
Pork	166	4
Fish	148	5
Vegetables	93	6
Beef	78	7
Juices	59	8
Fruits	50	9
Processed food (hotdog/Tocino, etc.)	45	10
Soft drink or soda	37	11
Fast Food (McDonald, etc)	36	12
Street Food	18	13
Others, Please Specify	2	14

Table 8 demonstrate that rice rank number 1 in the composition of food the respondent eat during dinner.

Table 9. Frequency and Percentage According to Time the Respondents Eat Their Breakfast, Lunch and Dinner

Break-fast	N	%	Lunch	N	%	Dinner	N	%
5:00 am to 6:00 am	71	25.72	10:00 am to 11:00 am	12	4.35	5:30 pm to 6:30 pm	35	12.68
6:00 am to 7:00 am	125	45.29	11:00 am to 12:00 pm	88	31.88	6:30 pm to 7:30 pm	83	30.07
7:00 am to 8:00 am	30	10.87	12:00 pm to 1:00 n.n.	150	54.35	7:30 pm to 8:30 pm	108	39.13
8:00 am to 9:00 am	50	18.12	1:00 pm to 2:00 pm	26	9.42	8:30 pm to 9:30 pm	50	18.12
Total	276	100	Total	276	100	Total	276	100

Table 9 shows that majority of the respondents eat their breakfast at 6 am to 7 am (125 or 45.29%), lunch at 12pm to 1pm (150 or 54.35%) and dinner at 7:30pm to 8:30pm (108 or 39.13%). It demonstrates that most of the students eat on time.

Table 10. Frequency and Percentage of food supplements

Choices	N	%
Yes	83	30.07
No	193	69.93
Total	276	100

Table 10 shows that majority of the respondents (193 or 69.93) take supplements.

Table 11. Frequency and Percentage according to type of supplements

Choices	N	%
Vitamins	70	84.34
Minerals	8	9.64
Organic Supplements	5	6.02
Total	83	100

Table 11 shows that majority of the respondents (70 or 84.34%) takes vitamins.

Table 12. Frequency and Percentage of Vitamins and Mineral Taken by Respondents

Vitamins and Minerals	N
Vitamin C	58
Enervon	5
Cherifer	4
Folic Acid	3
Multivitamin + Iron	2
Conzace	1
Centrum	1
Lingzhi	1
Scotts	1
Alkaline	1
Avon	1

Table 12 demonstrate the vitamins and minerals that the respondents take which are mostly different brands of vitamin C.

Table 13. Frequency and Percentage According to Number of Times the Respondents Take a Bath

Choices	N	%
Once	127	46.01
Twice	131	47.46
Thrice	18	6.52
Total	276	100

Table 13 shows that most of the respondent takes a bath twice a day (131 or 47.46%).

Table 14. Mean Scores of Different Personal Hygiene Practices of the Respondents

Personal Hygiene	Always (3x a day)		Most of the time (2x a day)		Sometimes (once a day)		As needed		Never		Total Mean	Interpretation
	N	WM	N	WM	N	WM	N	WM	N	WM		
Brush the Teeth	159	2.88	85	1.23	18	0.20	14	0.10	0	0	4.41	Most of them always brush their teeth.
Change of clothes	54	0.98	173	2.51	29	0.32	20	0.14	0	0	3.95	Most of them change their clothes when soiled

Table 14. Continuation

Personal Hygiene	Always (3x a day)		Most of the time (2x a day)		Sometimes (once a day)		As needed		Never		Total Mean	Interpretation
	N	WM	N	WM	N	WM	N	WM	N	WM		
Change of under-wear (panty/brief)	46	0.83	180	2.60	49	0.53	1	0.01	0	0	3.97	Most of the time, they change their underwear.
Apply the deodorant	34	0.61	44	0.63	141	1.53	20	0.14	37	0.13	3.04	They sometimes apply deodorant
Apply the cologne/body spray	49	0.88	82	1.19	58	0.63	77	0.56	10	0.04	3.3	They sometimes apply cologne
Apply the face/body powder	66	1.20	43	0.65	33	0.36	94	0.68	38	0.14	3.03	They sometimes apply face powder
Use of pantyliner (for female)	26	0.67	36	0.75	21	0.33	98	1.02	12	0.06	2.83	They sometimes use pantyliner
Change of sanitary pads (for female)	69	1.79	41	0.84	8	0.12	69	0.72	6	0.03	3.5	Most of the time, they change their pads
Use of feminine wash	26	0.67	59	1.22	21	0.33	53	0.55	34	0.77	3.54	Most of the time they use feminine wash
Use of dental floss	9	0.16	15	0.23	17	0.18	109	0.79	126	0.45	1.81	Most of them never use dental floss

Table 15: Mean Scores of Different Personal Hygiene Practices of the Respond-

Personal hygiene	Daily		Every Other Day		Weekly		Monthly		Never		Total Mean	Interpretation
	N	WM	N	WM	N	WM	N	WM	N	WM		
Use of shaver for moustache (for male)	5	0.30	10	0.48	23	0.83	15	0.36	30	0.36	2.33	Most of the male, shaves their moustache monthly
Use of shampoo dur-ing bathing	185	3.35	51	0.74	39	0.42	1	0.01	0	0	4.52	They use shampoo daily
Use of scrubbing body foam	144	2.60	41	0.59	49	0.53	7	0.05	35	0.13	3.9	They uses scrubbing foam every other day
Cleaning of the nose and Ears	126	2.28	76	1.10	61	0.66	7	0.05	6	0.02	4.11	They clean their nose and ears every other day
Cutting of fingernails	27	0.48	33	0.47	164	1.78	46	0.33	6	0.02	3.08	They cut their nails week-ly
Trimming the hair	5	0.09	0	0	26	0.28	212	1.54	33	0.12	2.03	They trim their hair monthly

Table 16. Frequency and Percentage According to the Respondent's time of Sleep

Choices	N	%	Choices	N	%
7:00 – 8:00	6	2.17	4:00 – 5:00	24	8.70
8:00 – 8:30	21	7.61	5:00 – 6:00	106	38.41
9:00 – 9:30	23	8.33	6:00 – 7:00	104	37.68
10:00 – 10:30	58	21.01	7:00 – 8:00	33	11.96
10:30 – 11:00	73	26.45			
11:00 – 12:00	84	30.43	l		
Others	11	3.99		9	3.26
Total	276	100		276	100

Table 16 shows that most of the respondents sleeps at 11:00 to 12:00 which is 30.43%, 26.45% sleeps at 10:30 to 11:00, 21.01% sleeps at 10:00 to 10:30, 8.33% sleeps at 9:00 to 9:30, 7.61 sleeps at 8:00 to 8:30, 2.17% sleeps at 7:00 to 8:00, and others sleeps other than choices given which is 3.99%.and most of the respondents wakes up at 5:00 to 6:00 which is 38.41%, 37.68% wakes up at 6:00 to 7:00, 11.96% wakes up at 7:00 to 8:00, 8.70% wakes up at 4:00 to 5:00 and 3.26% wakes up other than the choices given.

Table 17. Frequency and Percentage According to the Respondents' Routine Before Going to Sleep

Choices	N	%
Surfing the net	166	60.14
Reading books	14	5.07
Reading watt pad stories	12	4.35
Watching (movies / dramas)	37	13.41
Playing online games (phone/computer)	16	5.80
Doing assignments / requirements	7	2 54
Listening to music with headphones/ear phones	22	7.97
Others	2	0.72
Total	276	100

Table 17 shows that the top routine of the respondent before going to sleep is surfing the net which is 60.14%, next to it is watching which is 13.42%, listening to music which is 7.97%, playing online games which is 5.80%, reading books which is 5.07%, reading watt pad stories which is 4.35%, and 0.72% for other choices.

Table 18. Frequency and Percentage According to the Respondents Stress Management Techniques/Recreational Activities

Choices	N	%
Sketching / drawing	8	2.90
Heavy eating	31	11.23
Watching movies / dramas	44	15.94
Doing household chores	5	1.81
Surfing the net	69	25
Taking a nap	50	18.12
Going out / hanging out	29	10.51
Playing instruments	15	5.43
Playing sports	19	6.88
Skate boarding	0	0
Playing board game	1	0.36
Others	5	1.81
Total	276	100

Tables 18 shows that the top stress management of respondents is surfing the net which is 25%, next to it is taking a nap which is 18.12%, watching movies which is 15.94%, heavy eating which is 11.23%, going out which is 10.51%, paying sports which is 6.88%, playing instruments which is 5.43%, sketching which is 2.90%, playing board games which is 0.36 and 1.81% has stress management other than the choices given.

Table 19. Frequency and Percentage According to the Respondents' Exercise

Choices	N	%
Yes	191	69.20
No	85	30.80
Total	276	100

Table 19 shows that out of 276 respondents, 191 or 69.20% performs exercise, and 85 or 30.80% do not exercise.

Table 20. Frequency and Percentage According to the Respondents' Exercise Frequency in a Month

Choices	N	%
Daily	34	17.80
3x a week	44	23.04
Once a week	89	46.60
Once a month	24	12.57
Total	191	100

Table 20 shows that out of 191 who performs exercise, 46.60% exercises weekly, 23.04% performs 3 times a week, 17.80% performs daily and 12.57% performs once a month.

Table 21. Frequency and Rank According to the Respondents Type of Exercise (Structured and Unstructured)

Choices	N	Rank
Jogging	63	1
Workout Schedules	49	2
Biking	47	3
Brisk Walking	22	4
Modules at Gym	20	5
Aerobics	12	6

Table 21 shows that most of the respondents does jogging which is the top 1, workout schedules as the top 2, biking as the top 3 and others are brisk walking, modules at gym and then aerobics.

Table 22. Frequency and Percentage according to the Respondents' exercise time allotment in a day

Choices	N	%
Less than 30 minutes	58	30.37
30 minutes	48	25.13
45 minutes	20	10.47
1 – 2 hours	65	34.03
Total	191	100

Table 22 shows that most of the respondents perform exercise 1-2 hours which is 29.32% and others performs exercise less than 30 minutes which is 27.23%, 23.04% for 30 minutes, 10.47% for 45 minutes and 9.95% for others choices

Table 23. Frequency and Percentage according to the respondents' Bad Habits

Choices	N	%
Smoking	6	9 68
Alcohol Drinking	50	80.65
Others	6	9.68
Total	62	100

Table 23 Shows that out of 276 of the respondents, 62 has bad habits. 50 drinks alcohol which is 80 65% and 6 or 9.68% smokes and other bad habits.

Table 24. Average Weighted Mean of the 5 Dimensions of Health

Dimensions of Health	ACCESS	ENGTECH	GENCAD	SOCSCI
PHYSICAL	2.48	2.47	2.73	3.05
SOCIAL.	3.03	2.91	2.81	3.00
EMOTIONAL	2.68	2.74	2.73	2.73
INTELLECTUAL	2.74	2.71	2.65	2.49
SPIRITUAL	3.36	3.19	3.25	3.33

Table 24 shows that out of 5 dimensions of health, Spiritual dimension is the most prioritized one.

Table 25. Annova: Single Factor

Summary

Groups	Count	Sum	Average	Variance
ACCESS	5	71.47	14.294	2.90868
ENGTECH	5	70.11	14.022	1.73977
GENCAD	5	70.84	14.168	1.40877
SOCSI	5	73	14.6	2.53935

ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.906	3	0.3023	0.141	0.934	3.239
Within Groups	34.386	16	2.149			
Total	35.293	19				

Table 25 shows that the sum for ACCESS is 71.47, 70.11 for ENGTECH, 70.84 for GENCAD, and 73 for SOCSCI.

And the P-value between groups is 0.934152272 therefore, there is no significant difference with the perception of each academic strands to the five dimensions of health.

Discussion

In the section of biographical data of the respondents, it was revealed that most of the respondents are female with 69.93%. Majority of them are 17 years old with percentage of 63.77%. Most of them are from the ENGTECH strand which is 40.22%. Moreover, the largest part of the study population is from Baliwag, Bulacan representing 30.43% of the total respondents.

Regarding Diet and Nutrition, most of the respondent usually eat at around 6:00-7:00 in the morning, they eat breakfast daily before leaving the house and the usual composition of food are Rice, Egg, Processed Food and Water for breakfast and Rice, Pork, Chicken and Water for lunch. Most of the respondent don't eat snacks. Dinner is a must for most of the respondents as they take it with their family in their homes. They usually eat at around 7:30-8:30 PM, the usual composition of their dinner are Rice, Pork, Chicken, Fish and Water. Most of the respondent don't take vitamins and minerals. Personal hygiene is being practiced regularly by the respondents. Regarding rest and sleep, most of them usually wake up at around 5:00-6:00 in the morning and most of them sleep at around 11:00 PM-12:00 AM which gives around 5-6 hrs of sleep every day. Exercise is very limited as most of the respondents do it once a week. In regards to bad habits, majority of the participants drink alcohol and some are smokers.

According to the study results, majority of senior high school students adopt healthy lifestyle behaviors moderately in regards to diet, rest and sleep and personal hygiene. Transforming the healthy lifestyle behaviors into a habit is extremely important for maintaining and improving well-being. It is possible to take the advantage of reaching

masses of young people at school by an effective school health program in order to help them acquire knowledge, positive attitudes and behaviors in relation with health as well as staying away from risky health behaviors. School health team should make an effort to create a behavioral change in young people, and create an environment that supports healthy living. In this way, change in young people's lifestyles can be facilitated.

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