

Physical Activity and Dietary Habits of College Students

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ABSTRACT

The majority of chronic diseases are preventable by lifestyle behaviors. This study explored physical activity (PA), dietary habits (DH), and weight status related to motivators and barriers of healthy lifestyle choices in a cohort of 106 college students. PA was significantly correlated to motivating factors ($p < .01$). Poor DH was significantly correlated with inhibiting factors ($p < .05$). Nurse practitioners are prepared through educational training to provide counseling in the context of motivators and barriers to improve PA and DH, and to be at the forefront of policy implementation to prevent chronic diseases and decrease the cost of healthcare.

Keywords: barriers, college students, dietary habits, health behaviors, motivators, physical activity

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The majority of Americans do not adhere to recommended physical activity (PA) and dietary habits (DH) to maintain optimum health.¹ Eight in 10 adults are not physically active at the recommended levels and < 30% of adults eat the recommended amounts of vegetables each day.¹ The college years are a time of transition from adolescence to adulthood and in development of lifelong health habits, such as PA and DH, which significantly influence an individual's health.² However, few studies have addressed factors related to PA and DH during this critical stage of life, described as a period of "emerging adulthood," between 18 and 25 years of age.³ Concerns about high-risk behaviors related to alcohol, drugs, and sexuality in college students often supersede issues related to the less immediate but serious long-term effects of poor PA and DH.² In this study, we explore motivators and barriers related to health behaviors, defined as PA and DH, in a sample of college students. In addition, the financial burden that chronic disease places on the health care system and policy recommendations is highlighted.

Lack of adequate PA and poor DH has contributed to the overweight and obesity epidemic among adults over the last decade.⁴ It is well established that overweight and obesity are risk factors for many chronic diseases, such as heart disease, diabetes mellitus, and hypertension.¹ According to 2011–2012 National Center for Health Statistics, 69% of adults

in the United States were overweight, including obesity.⁵ Accordingly, findings from the National College Health Assessment identified that 1 in 5 college students were overweight, and 1 in 10 were obese.⁶ Healthy People 2020 proposed policy changes and partnerships within the community, education, and health care to address improving PA and DH to impact the overall health of individuals.⁷

PA AND DIETARY GUIDELINES

Established PA and healthy eating guidelines promote optimum health in all individuals. A minimum of 150 minutes of moderate intensity or 75 minutes of vigorous activity weekly has many health benefits for adults.⁸ The current dietary guidelines recommend 1½ to 2 cups of fruits and 2 to 3 cups of vegetables daily for most adults along with a reduction in solid fats, added sugars, and refined grains.⁹ Chronic disease is decreased with a minimum intake of 2½ cups of fruits and vegetables daily.⁹ In particular, there is decreased incidence of obesity, heart disease, stroke, type 2 diabetes, and depression in individuals who adhere to the recommended PA and dietary guidelines.⁹

Researchers have found that the majority of college students' PA and DH were less than recommended according to established guidelines.^{10–12} In one study¹⁰ done on a sample of mostly White students, 33% did not exercise and most did not

eat recommended servings of fruits and vegetables. Similarly, in another study, Arliss¹¹ identified that, in a sample of Asian American and Pacific Islander college students, 33% participated in moderate exercise and only about 12% ate > 5 servings of fruits and vegetables daily. In a sample of college students the majority did not consume fruits and vegetables at least one time per day.¹²

The research evidence is inconclusive regarding the amount of weight gained during the college years. In a study of college students followed from their freshman year to the end of their sophomore year, 70% had gained an average of 9 ± 7.92 pounds ($P < .001$).¹⁰ Other studies identified average weight gain ranging from 2.7 to 7 pounds during the freshman year of college.¹³⁻¹⁵ Although weight gained during the college years may vary, there is supporting evidence that college students gain weight and that this may affect long-term health outcomes and wellness.

DETERMINANTS OF PA AND DH

Factors that determine college students' health behaviors are multifactorial. Keating et al described a variety of determinants related to personal, social, cognitive, and environmental factors in their meta-analysis.¹⁶ In addition, key weaknesses were addressed, such as a general dearth of studies focusing on college students' physical health, lack of a multifactorial approach to assess PA, and the inconsistency of measurements. The findings showed that male college students were more likely to exercise more vigorously than females. Social support was an important determinant for both male and female college students participating in PA.¹⁶

There have been considerable studies focusing on factors that determine PA. However, fewer studies have focused on the determinants of PA and DH in relation to facilitators and barriers. These studies have identified a variety of facilitating and hindering factors. Factors identified as facilitators were self-efficacy,¹⁷ perceived benefits of PA,¹⁸ and physical appearance.¹⁹ Alternately, Silliman et al²⁰ reported lack of time and emotions as perceived barriers. They also found that females were more likely to snack for emotional reasons, whereas males identified partying as a common reason for snacking. More studies are needed to evaluate PA

and DH because they are synergistic determinants of optimum health outcomes.

IMPACT OF DISEASE PREVENTION AND THE NURSE PRACTITIONER

A disproportionate amount of health care dollars are dedicated for management of preventable chronic diseases related to lack of PA, poor DH, and obesity.²¹ The Affordable Care Act has been designed to transform health care from a disease-oriented model to a prevention model.²¹ The Act further provides resources for chronic disease prevention through a vast array of initiatives and funding.²¹ The US spends \$2.7 trillion annually on health care, primarily to treat chronic diseases.²² However, an investment in \$10 per person annually in established community-related public health programs could save the US > \$16 billion within 5 years, which is a return of approximately \$6 for every \$1 invested.²² Nurse practitioners (NPs) provide cost-effective care, are educated to provide health care with an emphasis on health promotion and disease prevention, and are well prepared to meet the needs of the new prevention model of health care.^{23,24}

NPs in college-based health clinics are in a prime position to advocate for policy changes to promote PA and healthy DH. Melynck and colleagues²⁵ conducted a small, class-based pilot study with college freshmen using cognitive behavior and skills-building related to a healthy lifestyle, which led to a significant increase in their PA.²⁵ Recommendations from their study indicate that the intervention may be easily adapted to the clinic setting on college campuses.²⁵

A goal of Healthy People 2020⁷ is to improve health and decrease chronic disease risk through eating healthy foods to attain and sustain healthy body weights. To accomplish this goal, several objectives are provided, including recommendations for an increase in health care providers that assess body mass index (BMI) and PA, as well as increasing office visits that include counseling about eating habits. NPs have the skill set to be at the forefront of providing health care that promotes health and decreases chronic disease.

CONCEPTUAL FRAMEWORK

A newly developed framework, the Motivators and Barriers of Health Behaviors Model (MBHBM),²⁶

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