Awareness and Practice on Healthy Eating Habits Among 12-16 Years at Government Higher Secondary School, Sothupakkam, Chengalpattu District

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Abstract: During the adolescence period, an increase in physical, cognitive, and psychosocial growth takes place. It takes a lot of specific challenges in health promotion and illness prevention. The purpose of the study aimed to assess the awareness and practice of healthy eating habits of those aged 12-16 years at the government school, Sothupakkam. Descriptive research design was adopted. The total sample comprises 100 adolescents in the age group of 12-16 years. The non-probability purposive sampling technique was selected. A standardized tool was used to assess the level of awareness about healthy eating behavior among those aged 12-16 years. The results and findings of the study revealed that out of 100 adolescents, 70% had inadequate knowledge, 30% had moderate knowledge, and the remaining 10% had adequate awareness. In practice, of 100 adolescents, 80% were in poor practice, 20% were in fair practice, and no one had good practice. The overall mean was 36 with a standard deviation of 17.49 in knowledge and a mean of 36 with a standard deviation of 11.08 in practice. The study revealed that most of the adolescents need awareness regarding healthy eating habits; if we give awareness, adolescents will improve their knowledge and practice.

Keywords: Awareness, Practice, Healthy Eating Habits, Adolescents (12-16 Yrs).

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I. INTRODUCTION

Adolescence is the period of transition from childhood to maturity with rapid physical, intellectual, emotional, and social growth. Adolescents' problems can be grouped into three categories, i.e., physical, sexual, and psychological [1]. Peers and siblings are considered an important influence on adolescents' food choices. Healthy eating behavior is often influenced by peers to be negative by the increase in consumption of energy-dense and low-nutrition-value foods among adolescents [2]. Practicing healthy eating behavior is an important factor in meeting the nutritional needs of preadolescents, and proper eating behaviors that are learned in

early life will help to reduce the risk of complications in the future.

Adolescence is an age of rapid physical, mental, and social development, and many health-related habits are developed, making the teenage years an optimal time to encourage healthy eating and health-promoting behaviors. Adolescents are more concerned about their diet, but their understanding of health is often seen in the context of their physical appearance or body image. Such a holistic approach should help support healthy eating and the prevention of overweight and obesity, while also supporting a healthy relationship with food and their bodies. [3].

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Adolescents with depression, irregular sleep patterns develop in unhealthy eating pattern and are at increased risk for weight-related problems. Knowledge of the relationship between depression, sleep, eating habits, and body weight among adolescents in India is limited. [4]. A study conducted a systematic review of the literature on the effect of nutritional education interventions on their nutritional knowledge and food intake behavior, attitude, practice, and body image. The majority of the nutritional education interventions improve unhealthy food intake and body image misperception, particularly on nutritional knowledge/self-efficacy, healthy dietary habits, physical activities, and fruit and vegetable intake [5].

WHO defines adolescents as persons in the age group of 10-19 years. In India, there are an estimated 190 million adolescents, comprising over 1/5 of the entire population. Diet plays an important role both in the maintenance of health and the prevention of several chronic conditions, including obesity, coronary artery disease, certain types of cancer, stroke, and type II diabetes [6].

Food habits in India have been changing, like in Western culture. Eating frequent fast foods causes them to increased risk of developing obesity. Their food habits are affected by peer pressure, preoccupation with self-image, increased mobility, and greater time spent at school and work activities, which contribute to the erratic and unhealthy eating behavior [7]. India is facing a growing epidemic of overweight/obesity and diabetes due to the consumption of junk foods and the rise of obesity and diabetes by 2030. Emphasizing diverse, organic, and locally sourced food products over junk food is critical for promoting long-term health and well-being [8]. As we are the health care professionals, we should motivate the adolescents to go for healthy eating patterns to prevent the complication.

A. Statement of the Problem

A study to identify awareness and practice of healthy eating habits among 12-16 yrs at Government Higher Secondary School, Sothupakkam.

B. Objectives

• To assess the level of awareness and practice of healthy eating habits among 12-16 years

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> To find out the association between awareness of healthy eating habits among 12-16 years with selected demographic variables

C. Hypothesis

 H1: There is an association between awareness and practice of healthy eating habits among 12-16 years with selected demographic variables.

II. MATERIALS AND METHODS

The study was conducted at Government Higher Secondary School, Sothupakkam, Chengalpattu District. The total sample consisted of 100. The descriptive and purposive sampling technique was adopted. Permission was obtained from the school headmaster. A standardized questionnaire and checklist were used to assess the awareness and practice regarding healthy eating behavior among 12-16 years. Analysis and interpretation of data.

> Data Collection Procedure

- Section A: Information on demographic variables such as age, religion, gender, number of siblings, type of family, educational status, monthly family income, type of residence, type of food, height, weight, and previous information.
- Section B: Multiple-choice questions to identify the awareness about healthy eating habits. The total number of questions was 30.
- Section C: Checklist used to assess practice among adolescents. It consists of 20 items.

III. RESULTS AND DISCUSSION

Table I revealed that total of 100 adolescents' awareness about healthy eating habits, 70% had inadequate, 30% had moderate, and the remaining 10% had adequate knowledge. Table 2 explained that in practice, 100 adolescents, 80% were in poor practice, 20% were in fair practice, and no one had good practice. The overall mean was 36 with a standard deviation of 17.49 in awareness and a mean of 36 with a standard deviation of 11.08 in practice.

Table 1: Assessment of Awareness Regarding Healthy Eating Habits Among 12-16 Years

S. No	Level of knowledge	N – 100		
		No	%	
1	Inadequate knowledge	70	70	
2	Moderately adequate knowledge	30	30	
3.	Adequate knowledge	10	10	

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Table 2: Leve	i oi Practice i	Kegaraing H	eanny Eanng	Habits Amons	2 12-16 Years

S. No	Level of practice	N – 100		
		No	%	
1	Good	-	-	
2	Fair	80	80	
3.	Poor	20	20	

A study revealed that most of the adolescents need awareness regarding healthy eating habits; if we give awareness, adolescents will improve their knowledge and practice. To find out the association between awareness and practice of healthy eating habits in 12-16 years with the selected demographic variables. Statistically there was a significant difference between awareness and practice among adolescents on healthy eating habits and with their demographic variables. Adolescents who had previous health information regarding healthy eating habits had more awareness and practice than those who did not have previous exposure.

IV. CONCLUSION

Concluded that health care professionals are accountable to encourage adolescent health through various advanced methods. Adolescents' needs to be fulfilled adequately in health and illness. Parents, teachers, relatives, and community leaders are responsible for promoting and maintaining adolescent health in all its aspects. Development of healthy eating behaviour during adolescence that leads to a change of healthy habits in adult life. Therefore, the role of the nurse is to educate and motivate healthy eating habits among adolescents, which helps to promote health and prevent illness and also improve their knowledge and practice.

A similar study was conducted on adolescents' knowledge, habits, practices, and the presence of food addiction among those residing in Damanhur. The results highly recommended providing nutritional education for adolescents and their families and implementing school-based strategies to promote healthy eating habits [9]. Therefore, increased nutritional awareness can improve their healthier eating habits, while regular physical activity helps in controlling and preventing non-communicable diseases in the future. Encouraging adolescents with health awareness in schools, which brings them to adjust and maintain healthy lifestyles throughout their lives [10].

REFERENCES

- [1]. Paruldatta. Pediatric nursing 3rd edition, Jaypee brothers medical publishers(p)ltd.2014.182
- [2]. Ragelienė T, Grønhøj A. The influence of peers' and siblings' on children's and adolescents' healthy eating behavior. A systematic literature review. Appetite. 2020 May 1;148:104592. doi: 10.1016/j.appet.2020.104592. Epub 2020 Jan 9. PMID: 31927070.

- [3]. Daly AN, O'Sullivan EJ, Kearney JM. Considerations for health and food choice in adolescents. Proc Nutr Soc. 2022 Mar;81(1):75-86. doi: 10.1017/S0029665121003827. Epub 2021 Nov 29. PMID: 35039094.
- [4]. Moitra P, Madan J, Shaikh NI. Eating habits and sleep patterns of adolescents with depression symptoms in Mumbai, India. Matern Child Nutr. 2020 Dec;16 Suppl 3(Suppl 3):e12998. doi: 10.1111/mcn.12998. PMID: 33347724; PMCID: PMC7752132.
- [5]. Pushpa BS, Abdul Latif SN, Sharbini S, Murang ZR, Ahmad SR. Nutrition education and its relationship to body image and food intake in Asian young and adolescents: a systematic review. Front Nutr. 2024 Mar 22;11:1287237. doi: 10.3389/fnut.2024.1287237. PMID: 38585614: PMCID: PMC10995287
- [6]. World Health Organization WHO. Inequalities young people's health: key findings from the Health Behaviour in School-aged Children (HBSC) 2005/2006 survey fact sheet. Copenhagen (DEN): World Health Organization, 2008
- [7]. Raghunath .k.R. "Nutrition & Health. The vegetarian way, 1st Edition, Sterling publisher, New Delhi,
- [8]. Adolescent nutrition. https://www.unicef.org/india/what-we-do/adolescent-nutrition https://www.unicef.org/india/what-we-do/adolescent-nutrition
- [9]. Hantira NY, Khalil AI, Saati HS, Ahmed HA, Kassem FK. Food Knowledge, Habits, Practices, and Addiction Among Adolescents: A Cross-Sectional Investigation. Cureus. 2023 Oct 17;15(10):e47175. doi: 10.7759/cureus.47175. PMID: 38022353; PMCID: PMC10652077.
- [10]. Mallick R, Kumari R, Bahurupi Y, M A, Aravindan N, Singh M. The Effect of Two Health Education Packages on Nutritional Knowledge, Practices, and Physical Activity Levels Among School-Going Adolescents in Rishikesh: A Cluster Randomized Trial. Cureus. 2024 Jul 6;16(7):e63950. doi: 10.7759/cureus.63950. PMID: 39105010; PMCID: PMC11299128.