



Physical Activity Level and Dietary Pattern of Undergraduate Students of Kogi State University, Anyigba Kogi State

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Authors' contributions

This work was carried out in collaboration among all authors. Author AAE designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors UCC and JMA managed the analyses of the study. Author UCC managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Nutritional habits and physical activity influence the health status and cognition of young adults. The objective of this study was to assess the physical activity level and dietary pattern of undergraduate students of Kogi State University, Anyigba Kogi State. In this study, a group of 246 students from the university (150 female and 96 male subjects) were engaged. Ethical clearance was obtained from the Health Research ethics committee, Kogi state ministry of health and all students signed a written consent form. With the aid of a validated questionnaire, interview was conducted to obtain information on demographic and physical activity levels after obtaining informed consent from the target population. Anthropometric measurements were carried out to ascertain the nutritional status, and dietary intakes were equally assessed using a food frequency questionnaire. 27.4% and 6.4% of target population recorded low and high levels of physical activity respectively. Healthy weight was recorded at 72% and obesity at 3.7%. Despite the high

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percentage in healthy weight, a low physical activity level was recorded, with inadequate meal patterns and food choices. This suggests an urgent necessity for improving overall health status of students by implementing a university based nutrition and exercise awareness programme.

Keywords: Undergraduates; adolescents; physical activity; dietary pattern; nutrition.

1. INTRODUCTION

Physical inactivity has been identified as the fourth leading risk factor of global mortality. It accounted for 6% of death globally and has been estimated to be the main cause of the following disease conditions diabetes 27%, breast and colon cancer 21-25% and ischemic heart disease 30% burden in the world [1]. During adolescence, young adults are assuming responsibility for their own eating habits, health attitudes and behaviours [2]. In fact, attitudes play an important role in the adoption and maintenance of a variety of health and nutritional habits. Although adolescents' growing independence is often associated with unconventional eating patterns [3]. Physical activity involvement has been confirmed to be beneficial to human physiology because it improves oxygen retention capacity of the lungs and blood circulation [4]. The World Health Organization (WHO) has recommended moderate to vigorous physical activity practice for adolescents and young adults daily in order to reduce sedentary lifestyles. The physical activity also reduces symptoms of anxiety and depression, build self-confidence and develop neuromuscular awareness (coordination and movement control) of adolescents and maintain healthy body weight among them. The quality of diet declines as children move from childhood to adolescence. Eating healthy is not a priority for adolescents. Poor eating patterns may thus add a risk for current and future health problems [5]. Therefore this research was aimed at assessing the physical activity level and dietary pattern of undergraduate student of Kogi State University, Anyigba Kogi State.

2. MATERIALS AND METHODS

2.1 Study Design, Location and Population

A cross-sectional study was carried out to determine the physical activity level of undergraduate students of Kogi state university, Anyigba, Nigeria. The study population was adolescents and young adults (18 - 25 years) undergraduate students of Kogi state university,

Anyigba, Dekina Local Government Area of Kogi State.

2.2 Inclusion Criteria

Physically and mentally fit adolescents and young adults (18 - 25 years) undergraduate students of Kogi state university, Anyigba, Dekina Local Government Area of Kogi State were recruited for the study.

2.3 Exclusion Criteria

Undergraduate students of Kogi state university, Anyigba Dekina local government area of Kogi State Anyigba, not within the age range of 18 to 25 years, and who are mentally or physically challenged were excluded from the study.

2.4 Sampling Technique

The research covered all faculties of the school. A multistage cluster sampling technique was used to select samples. One department was chosen from each faculty, adding up to 12 departments. Probability Proportional to Size Sampling Technique was carried out within the various faculties.

2.5 Sample Size

The sample size for this study was obtained using the formula:

$$n = (z^2pq/d^2)$$

Where:

- n = The desired sample size
- z = The standard normal deviation, usually set at 1.96 (≈ 2.0)
- p = The proportion in the target population having the particular trait or Prevalence.
- q = 1.0-p
- d = Degree of accuracy desired, usually set at 0.05. (Equation 1)

In Kogi state, an undernutrition prevalence of 20% among adolescents and young adults was reported [6]. Therefore, at 20% prevalence, using

5% precision at 95% confidence interval, the desired sample size n for this study was calculated as 246. Therefore, 246 students were selected from different faculties within the University and all subjects responded accordingly.

2.6 Data Collection

The tools used for the data collection include; locally made standiometer, digital personal weighing scale model 2003B measuring up to 150 kg, questionnaire, measuring tapes, etc.

The questionnaire was pre-tested by administering the questionnaires to few numbers of the study population. Questionnaire was administered to the respondents. The interview was conducted with validated questionnaire after obtaining informed consent from adolescents and young adults (18 - 25 years) undergraduate students of Kogi state university, Anyigba, Dekina Local Government Area of Kogi State.

2.6.1 Anthropometry

Weight and height measurements were obtained as described in the Food and Nutrition Technical Assistance Guide [7]. Weight measurements were taken with minimal number of clothes and no shoes on. A digital weighing scale was used. The height measurements taken to the nearest 0.1 cm will be obtained with the volunteers having no shoes on. A locally made manual standiometer was used.

BMI for Age is a commonly accepted index for classifying nutritional status in adolescents. It is

defined as body weight in kilograms divided by the square of the height, in meters squared [8].

2.6.2 Determination of demographic and physical activity characteristics

Demographic and Physical Activity were collected using questionnaire which asked for background, characteristics and Physical Activities of participant. A Physical Activity questionnaire for Adolescents (PAQ-A) [9] was used to classify physical activity into five classes:

Low (1.00-1.49), fairly low (1.50-2.49), moderate (2.50-3.49), fairly high (3.50-4.49) and high (4.50-5.00).

2.6.3 Dietary intake records

The dietary intake was assessed using a Food Frequency Questionnaire [10].

2.7 Statistical Analysis

Data obtained was statistically analyzed using SPSS version 20.0 and presented as frequencies and percentages.

3. RESULTS

The results showed that more females (61.0 %) participated in the study than males (39.0%) as shown in Table 1. 21-23 years was the dominant age group at 42.3%. While 39.4% of the studied population were from the Igala ethnic group.

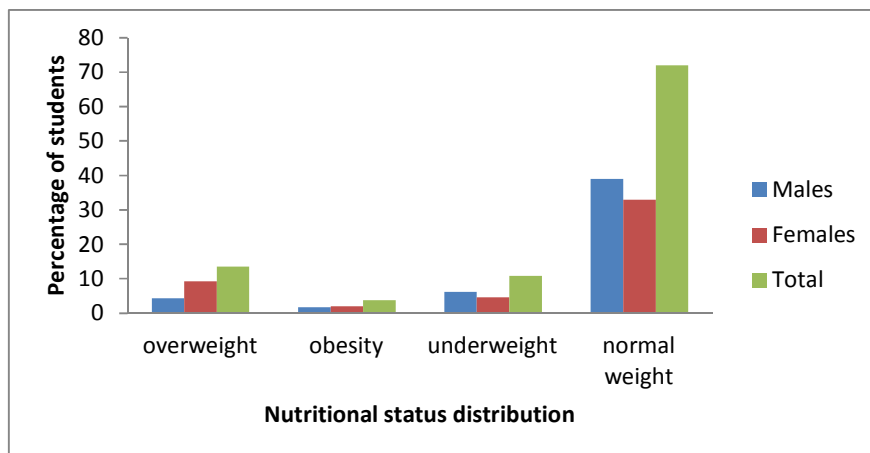


Fig. 1. Nutritional status distribution of undergraduate students attending Kogi State University, Anyigba

Table 1. Demographic characteristics of undergraduate students attending Kogi State University, Anyigba, Kogi State

Characteristics	Group	Frequency (F)	Percentage (%)
Age	18 – 20	72	29.3
	21 – 23	104	42.3
	24 – 26	70	28.4
Sex	Male	96	39.0
	Female	150	61.0
Level	100	46	18.7
	200	74	30.0
	300	50	20.3
	400 (FY)	52	21.2
	500 (FY)	24	9.8
Ethnicity	Igala	97	39.4
	Okun	20	8.1
	Ebira	30	12.3
	Igbo	20	8.1
	Yoruba	46	18.7
	Hausa	16	6.5
	Others	17	6.9

FY: Final year

Table 2. Dietary patterns of undergraduate students attending Kogi State University, Anyigba, Kogi State

Food type	Frequency of food intakes n = 246					
	1 – 4 times per day		1 – 4 times per week		1 – 4 times per month	
	F	%	F	%	F	%
Bread, Cereals and Starch	71	28.8	42	17.0	55	22.4
Meat, Fish, Poultry	45	18.3	50	20.3	60	24.3
Milk and Dairy Products	50	20.3	41	16.7	34	13.8
Fats and Oils	39	15.9	58	23.6	41	16.7
Vegetables and fruits	41	16.7	55	22.4	56	22.8

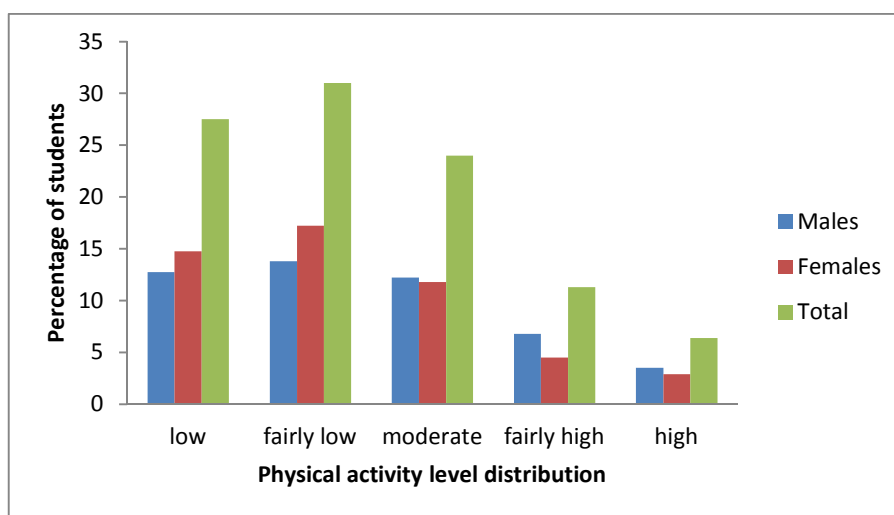


Fig. 2. Physical activity level distributions of undergraduate students attending Kogi State University, Anyigba, Kogi State

Dietary patterns of undergraduate students attending Kogi State University, Anyigba, Kogi State as shown in Table 2 showed that vegetables and fruits are the least consumed at 27.6% followed by milk and dairy products at 27.2%, with bread, cereals and starch having the highest frequency (1- 4 times per day) of consumption at 71%.

The nutritional status distribution of undergraduate students attending Kogi State University Anyigba as shown in Fig. 1 indicates that 72% of the study population are having healthy weight, with males at 39% and females at 33%, Obesity was recorded at 3.7% with males at 1.7% and females at 2%, 13.5% of the population was overweight with males at 4.3% and females at 9.2%, percentage underweight was observed at 10.8% with males at 6.2% and females at 4.6%.

The physical activity level distribution as shown in Fig. 2 shows that 31.0% of the undergraduate students physical activity level is fairly low with males at 13.8% and females at 17.2%, 27.4% was low with males at 12.75% and females at 14.65%, 24.0% was moderate, with males at 12.2% and females at 11.8%, 11.2% was fairly high with males at 6.8% and females at 4.4%, 6.4% of the population was found to have a high level of physical activity with males at 3.5% and females at 2.9%.

4. DISCUSSION

This study explored the physical activity level and dietary pattern among undergraduate students of Kogi State University, Anyigba. The study population consisted of a total of 246 individuals. Due to the size of the population, a descriptive study was performed. The result contained a higher percentage of females than males, which reflects gender distribution within the university environment. Results of previous studies have shown that female students were more than male students [11]. The Findings in this study on body mass index (BMI) indicated a higher percentage of normal weight amongst the study population as compared to the observed frequency and percentage overweight, obesity and underweight. A low level of physical activity was observed amongst the student population with Male undergraduates having a slightly higher percentage of physical activity level than their female counterparts. This is in agreement with the works of Gosnik et al. [12]. Considering the fact that the questionnaire did not include the

reasons for physical inactivity, it could be guessed that the reasons lay in a large number of study related duties both at school and at home. Namely, students spend a large portion of time sitting behind a computer or desk, working on different projects, and the time available for physical activity has decreased.

Prevalence of overweight and obesity was higher amongst female undergraduates than their male counterparts. This finding is in accordance with the findings from a similar study conducted by Olubanji-Ojofeitimi et al. [13] among adolescents in private and public schools in Osun state, Nigeria which reported a higher prevalence of overweight and obesity among girls attending private and public schools as compared to their male counterparts. The level of obesity observed in this study was 3.7% (males (1.7%)), females (2%). This figure is slightly lower than the 4 % reported for China [14] but much lower than the 19.3% and over 20% found in Jamaica and the United states of America respectively [15,16]. The present study however shows that obesity was lower in males than in females which further agrees with the reports of Gam et al. [17], Dietz [18], Jackson et al. [15] and Monyeke et al. [19] that reported a higher prevalence of overweight and obesity in females, but disagrees with Ukegbu et al. [20].

The observed level of obesity, although not high, is still worrisome since obesity in young adults and adolescents often persist in adulthood [21] especially for females [17].

The physical activity pattern of the participants indicates a high prevalence of a fairly low performance among the undergraduate students. The finding of this study supports the study conducted by Eberechukwu et al. [22] in Nigeria among the rural and urban adolescents. The higher percentage of physical activity level in males compared to females is in agreement with the works of Atikovic et al. [23]. The study reported a low physical activity among these young adults in the school which is attributed to environments that are not conducive. This phenomenon contributes to the prevalence of overweight and obesity among the young adult in Nigeria [24].

One of the factors that could discourage adolescents and young adults to actively participate in sporting activity in the school as a form of physical activity is the lack of sport and recreation facilities in school or at home, lack of

parks, sidewalks, lack of physical activity awareness, air pollution and dirty environment, fear of violence and crime in outdoor areas [25]. However the school in this study was not well equipped with sporting facilities which contributed largely to the result which shows a fairly low physical activity among the young adults. Furthermore, findings also shows that most of the undergraduate students does not partake much in physical activity in their free times which also result in low physical activity level of the students. Carbohydrates in form of bread, cereals and starch were mostly consumed by the participants in this study. The finding of similar study carried out by [26] in Chicago among African- American adolescents is in agreement with the findings in this study because about 75% of the adolescent in Chicago consume snacks in three or more times per day. Fatty protein consumption in form of dairy products (cheese and yogurt) was consumed by the majority of participants in this study. The finding in this study shows that 50% of participants consume dairy products 1 – 4 times per day. A similar study by Palenzuela-Paniagua et al. [27] revealed that about 40.7% of adolescents in his study consume dairy products daily. However, the finding of this study disagrees with the finding of a similar study conducted by Jimoh, [28] among adolescents between (12-18) years old and reported that animal protein consumption (dairy products) was low, and about 73% of the participants did not consume eggs and fish. The mostly consumed fats and oil rich foods were palm oil, vegetable oil and soybeans cheese. These are energy dense foods that contain fat soluble vitamins such as Vitamins A, D, E, and K. They also facilitate absorption of these vitamins from other source. The mean consumption of fat and oil by the respondents was moderate with 39% consuming 1- 4 times per day.

5. CONCLUSION

This study revealed that the subjects have a high percentage normal weight. Prevalence of overweight and obesity of the participants was low and this was in line with several similar studies. Dietary practices of the students were not optimal and students possessed a fairly low physical activity level, there was no record of optional or elective courses in Physical Education, considering the fact that this type of education promotes physical activity, it is of utmost importance to develop the awareness of the need of everyday exercising and of its

positive impact on the health status of students. The study population showed inadequate meal patterns and their foods were predominantly refined cereal products, high sugar and fat products compared to healthier food choices. Students contradicted themselves in practices despite exhibiting average nutritional knowledge and positive attitude towards nutrition. This research builds on existing knowledge by giving a better understanding of physical activity and healthy eating behaviours among undergraduate students. Further studies can be conducted on students' strategic nutrients intake and factors influencing their dietary practices be investigated since they exhibited average nutritional knowledge, fairly low physical activity level, strong positive attitude towards nutrition, normal nutritional status but non optimal dietary practices.

CONSENT

Written consent for inclusion into this study was obtained from the students using standard protocol.

ETHICAL APPROVAL

Ethical clearance was obtained from the Health Research Ethics Committee, Kogi State Ministry of Health in accordance with the code of ethics on human experimentation drafted by the World Medical Association in 1964.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization. Diet, nutrition and the prevention of chronic diseases from global strategy on diet, physical activity and health; 2003. [Retrieved June 26, 2014] Available:<http://www.who.int/dietphysicalactivity/publications/trs916/en/>
2. Fleming-Moran M, Thiagarajah K. Behavioral interventions and the role of television in the growing epidemic of adolescent obesity-data from the 2001 Youth Risk Behavioral Survey. *Methods Inf Med.* 2005;44:303-309.
3. Veugelers PJ, Fitzgerald AL, Johnston E. Dietary intake and risk factors for poor diet quality among children in Nova Scotia.

- Canadian Journal of Public Health. 2005;96:212-216.
4. Brambilla P, Pozzobon G, Pietrobelli A. Physical activity as the main therapeutic tool for metabolic syndrome in childhood. *International Journal of Obesity*. 2011;35(1):16-28.
 5. Contento R. Nutrition education: Linking research, theory and practice. Sudbury Massachusetts: Jones and Bartlett Publishers; 2007.
 6. Ejike EC, Ugwu CE, Ezeanyika LU. Physical growth and nutritional status of a cohort of semi urban Nigerian adolescents. *Pakistani Journal of Nutrition*. 2010;9(4): 392-397.
 7. Cogill B. Anthropometric indicators measurement guide. Washington D.C Academy for Educational Development (AED) Food and Nutrition Technical Assistance Project; 2003.
 8. Calle EE, Thun JM, Petrelli JM, Rodriguez C, Heath CW. Body-mass index and mortality in a prospective cohort of US adults. *New England Journal of Medicine*. 1999;341(15):1097-1105.
 9. Kowalski KC, Crocker PR, Donen MR. The physical activity questionnaire for older children (PAQ-C) and Adolescents (PAQ-A) manual. University of Saskatchewan; 2004.
 10. Barclay AW, Flood VM, Brand-Miller JC, Mitchell P. Validity of carbohydrate, glycaemic index and glycaemic load data obtained using a semi-quantitative food frequency questionnaire. *Public Health Nutrition*. 2008;11(6):573-580.
 11. Von Bothmer MI, Fridlund B. Gender differences in health habits and in motivation for a healthy lifestyle among Swedish University students. *Nursing and Health Sciences*. 2005;7(2):107-118.
 12. Gosnik J, Bunjevac T, Sedar M, Prot F, Bosnar K. Sport experience of undergraduate students. In: *Proceedings Books of 3rd International Scientific Conference, Opatija. "Kinesiology new perspectives"*. Zagreb: Faculty of Kinesiology, University of Zagreb; 2002.
 13. Olubanji-Ojofeitimi E, Ojofeitimi EO, Olugbenga-Bello AI, Adekanle DA, Adeomi AA. Pattern and determinants of obesity among adolescent female in private and public schools in Olorunda local government area of Osun State Nigeria: A comparative study. *Journal of Public Health in Africa*. 2011;2(1):1-10.
 14. Wang Y, Popkin B, Zhai F. The nutritional status and dietary patterns of Chinese adolescents 1991 and 1993. *Eur. J. Clin. Nutr*. 1998;52:908-16.
 15. Jackson M, Samms-Vaughan M, Ashley D. Nutritional status of 11-12 years-old Jamaican children: Coexistence of under- and over-nutrition in early adolescence. *Public Health Nutr*. 2002;5:281-288.
 16. Troina RP, Flegal KM, Kuczmarski RJ, Campbell SM, Johnson CL. Overweight prevalence and trends for children and adolescents. *Arch Ped. Adolesc Med*. 1995;149:1085-91.
 17. Gam SM, La Velle M, Rosenberg KR, Hawthorn VM. Maturational timing as a factor in female fatness and obesity. *Am. J. Clin. Nutr*. 1986;43:879-83.
 18. Dietz WH. Critical periods in childhood for the development of obesity. *Am. J. Clin. Nutr*. 1994;59:955-9.
 19. Monyeki KD, Monyeki MA, Brits SJ, Kemper HCG, Makgae PJ. Development and tracking of body mass index from preschool age into adolescence in rural South African children: Ellisras longitudinal growth and health study. *J. Health Popul. Nutr*. 2008;26:405-17.
 20. Ukegbu PO, Onimawo IA, Ukegbu AU. Nutritional status and energy intake of adolescents in Umuahia urban, Nigeria. *Pak. J. Nutr*. 2007;6:641-6.
 21. Popkin BM. The nutrition transition in low income countries: An emerging crisis. *Nutr. Rev*. 1994;52:285-98.
 22. Eberechukwu LE, Eyam ES, Nsan E. Effect of lifestyle (eating habits and physical activities) on weight gain of rural and urban secondary school adolescents in Cross River States, Nigeria. *Journal of Biology, Agriculture and Healthcare*. 2013;3(7):84-89.
 23. Atikovic A, Hodzic S, Bilalic J, Mehinovic J, Mujanovic AN, Mujanovic E, Kapidzic A. Gender differences in body mass index and physical activity of students in Tuzla. *Baltic Journal of Health and Physical Activity*. 2014;6(3):183-192.
 24. Berge JM, Arikian A, Doherty WJ, Neumark-Sztainer D. Healthful eating and physical activity in the home environment: Results from multifamily focus group. *Journal of Nutrition Education and Behaviour*. 2012;44(2):123-131.
 25. Chatterton H, Younger T, Fischer A, Khunti K. Risk identification and intervention to

- prevent type 2 diabetes in adults at high risk: Summary of NICE guidance. United Kingdom: National Insitute of Health and Care; 2012.
26. Wang Y, Jahns L, Tussings-Humphreys L, Xie B, Rockett H, Liang H, Johnson L. Dietary intake patterns of low - income Urban African - American adolescents. Journal of the American Dietetic Association. 2010;110(9):1340-1345.
27. Palenzuela-Paniagua SM, Perez-Milena A, Perrula de Torres LA, Fernandez-Garcia JA, Maldonado-Alconada J. Food consumption pattern among adolescents. An Sist Sanit Navar. 2014;37(1):47-58.
28. Jimoh LO. Food consumption patterns, physical activity and overweight and obesity among secondary school students in Kwara state, Nigeria. School of Applied Human Sciences; 2006.

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