

Unhealthy Lifestyle Practices of In-School Adolescents in Nsukka Local Government Area of Enugu State, Nigeria

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Abstract

The main purpose of the study was to find out the unhealthy lifestyle practices of in-school adolescents in Nsukka LGA of Enugu State. Three specific objectives with three corresponding research questions and two null hypotheses guided the study. The descriptive research design was employed for the study. The population for the study consisted of 56,231 in-school adolescents during the 2015/2016 academic session. The multi-stage sampling procedure was used to obtain 400 in-school adolescent aged between 10-22 years. The instrument for data collection was 27-item researchers' designed questionnaire termed Unhealthy Lifestyle Practices Questionnaires (ULPQ). The results showed that unhealthy lifestyle practices of in-school adolescents include physical inactivities (70.5%), unhealthy nutritional behaviour (54.6%), substances abuse (54.0%), and unhealthy sexual behaviour (53.9%). There was significant association between age and gender, and unhealthy lifestyle practice of in-school adolescents. (Age: $p = .000 < .05$, Gender: $p = .001 < .05$). The researchers recommended among others that government should ensure that all school have good environment for learning, enough facilities and equipments in school to occupy the students especially during their leisure time.

Keywords: Unhealthy, Lifestyle, Practices, In-school, Adolescents

Introduction

Unhealthy lifestyle practices among young people have over the years been a major concern to the government and society at large. It contributes significantly to the burden of diseases, both communicable and non-communicable diseases (Sara & Adriana, 2009). Some lifestyles are associated with serious life-threatening consequences that lead to morbidity and mortality among adolescents in developed and developing nations, including Nigeria. Scarce medical resources that could alternatively be spent on interventions to prevent or cure diseases for which no one is to be blamed, are spent on prevention or treatment of diseases that could be avoided through individual lifestyle changes (Cappelen & Norheim, 2012). Poor lifestyle or unhealthy lifestyle choices including physical inactivity, poor eating habits, early sexual initiation, unprotected sex, and harmful substance use (tobacco use and hard drugs) are strongly associated with heart diseases, diabetes, sexually transmitted infections (STIs), HIV and AIDs, and cancers. These diseases are responsible for over 50 per cent of mortality worldwide especially among the youths and elderly (Derman, 2008).

About one million deaths occur annually due to unhealthy lifestyles practices, and this number of death is expected to reach more than eight million by the year 2030 (World Health Organization (WHO), 2009). According to Onifode, Somoye, Ogunwobi, Akinhanmi, and Adamso (2011), Nigeria has the highest one-year prevalence rate of drug abuse (14.3%) in Africa. Although, data on drug abuse in Nigeria are sparse, some existing studies show 290 drug abusers in Enugu State (Igwe, Ngozi, Ejiogor, Emechebe, & Ibe, 2009).

Lifestyle is the personal customs or habits of an individual or group of individuals (Dermis, 2008). Dermis further posited that with regard to health, lifestyle refers to dietary habits, physical activity habits, use of substances such as alcohol and tobacco, and exposure to other risky behaviors. The World Health Organization in 2003 stated that 60 per cent of an individual's health-related quality of life depends on his or her lifestyle (Ziglio, Currie, & Rasmussen, 2004). Okafor (2011) stated that lifestyles of an individual are either beneficial or detrimental to his or her health. Lifestyle could be healthy or unhealthy.

Students engage in unhealthy lifestyles that they have not previously experienced. College freshmen experience a new environment that generally involves increased workload and stress, altered sleeping patterns and dining halls with a great variety of fast food, which are significant contributors to weight gain (Economos, Hildebrandt, & Hyatt, 2008). Pyszcznki (2002) described unhealthy lifestyles as the choices, actions and events that threaten young peoples' health, and has been observed by many researchers as part of the growing up processes of young people. Unhealthy lifestyles include cigarette smoking (tobacco consumption), high alcohol consumption, high salt intake, body weight and obesity and drug abuse and misuse (Akubue, 2009). Unhealthy lifestyles among youths are strongly linked to unhealthy habits in adulthood (Lowry, Galuska, Fulton, Wechsler, Kann, & Collins, 2000). Okafor (2011) posited that unhealthy lifestyles are the ways individuals live that do not promote their wellbeing, that is, the reverse of what are termed healthy lifestyles. In this study, unhealthy lifestyle

practices refer to lifestyles of in-school adolescents that are known to be detrimental to their health, such as substance use, not exercising regularly or enough, eating unhealthy food on a regular basis, not maintaining a healthy weight among other unhealthy lifestyle practices.

Substance use (alcohol, illicit drugs and smoking) is among the leading cause of accidents, homicides and suicides; the three leading causes of teenage deaths in Nigeria, as in most countries of the world (Abanobi, 2005). Sule (2010) found that 67 per cent of young adults consume excessive alcohol while 54 per cent indulge in cigarette smoking as a way of managing stress. Toumbourou, Stockwell, Neighbors, Marlatt, Sturge and Rehm (2007) reported that patterns of substance use established in adolescence are quite stable and predict chronic patterns of use, mortality and morbidity later in life. Substance abuse and misuse drastically reduce quality of life, and demands substantial economic costs to remedy such abnormalities on the part of the individual, family, and government (Diclement, Prochaskas, & Gilbertim, 1999; Spinger et al., 2006). The authors further stated that adolescents are trying illicit drugs at early ages, with almost one in every three individuals having first experimented with alcohol before turning 13 years of age.

Physical inactivity is another factor responsible for an estimated 1.9 million annual deaths worldwide (WHO, 2002). Physical inactivity, tobacco use, and unhealthy diet contributed significantly as risk factors for non-communicable diseases (NCDs), even though, it is preventable. It was reported that in 2001, NCDs accounted for 59 per cent of global deaths, of which 77 per cent were in developing countries like Nigeria (Healthy People, 2010). Unhealthy eating habits such as emotional eating, skipping breakfast, eating late at nights, eating foods that are not adequate and balanced among others may lead to weight-related issues and other health problems of in-school adolescents. Unhealthy nutritional behavior such as binge drinking and eating, anorexia nervosa and bulimia nervosa have been identified as unhealthy lifestyles prevalent among the adolescents in both developed and developing nations, including Nigeria (WHO, 2005).

Unhealthy sexual behavior is an important health problem that contributes to adolescent's mortality and morbidity. Kirby (2002) observed that inappropriate sexual behaviors contribute to many preventable reproductive health problems. Philip (2010) noted that sexual health is a crucial aspect of relationships, which has been proven to have great consequences such as teenage pregnancy, STIs, HIV and AIDs, among others. Furthermore, research shows that suicidal behavior is an unhealthy lifestyle and the risk factors include depression, cigarette smoking, alcohol and drug use, parental care, and experience of bullying (Rudatsikira & Muula, 2007).

Age and gender are among socio-demographic factors likely to be associated with lifestyle practices. Someone's age may influence his or her lifestyle practices. Age-related processes play a central role in determining unhealthy practices (Wong, Ofstedal, Yount, Agree, 2008). Gender has also been identified to have association with unhealthy lifestyles. Pyszczynski (2008) reported that men generally have unhealthy lifestyle practices than their female counterparts. Obot (2000) asserted that males use alcohol and other substances more than females. Males use alcohol and other substances to overcome life challenges while some indulge in casual and unprotected sexual activities after taking them. Similarly, Olaoye and Oyetunde (2011) stated that women tend to be more preoccupied with losing weight and as a result have poor eating practices than their male counterparts. Moreover, adolescents engage in unhealthy lifestyles more than adults.

Adolescents refer to young people in the transition from childhood to adulthood and are usually found in secondary schools. In-school adolescents in this study refer to adolescents in secondary schools. From observation, majority of in-school adolescents engage in one form of unhealthy lifestyle practice or the other during or after school hours. Engagement in some of these practices may be the cause of some health problems and academic failure among students, including in-school adolescents in Nsukka LGA of Enugu State. These adolescents are supposed to lead healthy lifestyles in order to prevent diseases associated with unhealthy lifestyles. Adolescents are expected to behave in healthy manners that promote their wellbeing such as healthy eating habits, exercises, management of stress, medical check-ups, good sexual life, and abstinence from substance abuse among others.

Regrettably, the observed mental, social, nutritional and sexual and reproductive health problems among these in-school adolescents suggest there is a problem related to their lifestyles. Previous studies focused on unhealthy lifestyle of different groups, and prevalence of unhealthy lifestyles and coping patterns, mainly conducted in foreign nations. There is no published study to the researchers' best knowledge on unhealthy lifestyle practices and associated factors of in-school adolescents in Nsukka LGA, Enugu State. The purpose of the study was therefore to identify in-school adolescents' unhealthy lifestyle practices and factors that could be responsible for these unhealthy lifestyle practices. Specifically, the study sought to determine:

1. unhealthy lifestyle practices of in-school adolescents;
2. unhealthy lifestyle practices of in-school adolescents based on age; and
3. unhealthy lifestyle practices of in-school adolescents based on gender.

Research Questions

The following research questions were posed to guide the study:

1. What are the unhealthy lifestyle of in-school adolescents?
2. What are the unhealthy lifestyle practices of in-school adolescents based on age?
3. What are the unhealthy lifestyle practice of in-school adolescents based on gender?

Hypotheses

The following null hypotheses were postulated and tested at .05 level of significant

1. There is no significant association between age and unhealthy lifestyle practices among in-school adolescents in Nsukka LGA.
2. There is no significant association between gender and unhealthy lifestyle practices among in-school adolescents in Nsukka LGA.

Method

The descriptive research design was adopted. According to Nworgu (2006), the design is used to describe situations as they exist in the natural setting. The population for the study consisted of all in-school adolescent of public secondary school (56,231) in Nsukka LGA of Enugu State. The sample consisted of four hundred (400) in-school adolescents. This is in line with the suggestions of Cohen, Manion, and Morrison (2011), that when a population size is 50, 000 or above at 95% confidence level (5% interval), the sample size should be 381 or above.

The sample was drawn using the multi-stage sampling procedure. The first stage involved using systematic sampling technique to draw 20 secondary schools out of the 86 secondary schools in Nsukka LGA. The second stage involved the use of simple random sampling technique of balloting without replacement to select twenty (10 males and 10 females) in-school adolescents from each of the 20 schools. The 20 selected in-school adolescents from each school comprised 5 students selected from JSS1, JSS11, SSS1 and SSSII. The reason for not using the other classes was because JSSIII and SSSIII have finished their final examinations and vacated school at the period of this study. This brought the sample size to four hundred (400) in-school adolescents of secondary schools.

The instrument used for data collection was 27-item questionnaire titled 'Unhealthy Lifestyle Practices Questionnaire (ULPQ)' which was structured by the researchers. The face and content validity of the questionnaire was established through the judgment of three experts from the Department of Human Kinetics and Health education, University of Nigeria Nsukka. The reliability of the instrument was established using split-half method and spearman's Brown proficiency correlation formula which yielded a coefficient of .78.

A total of 400 copies of the questionnaire were administered by hand. Out of the 400 copies, 393 were returned (representing 98.3% return rate) and duly completed and were used for the data analysis. The information were analyzed using Internal Business Machine Statistical Package for Social Sciences –IBM-SPSS (version 22). Data were analyzed using frequencies and percentages in order to answer the research questions. The null hypotheses were tested using chi-square statistic at .05 level of significant at appropriate degrees of freedom.

Results

The findings of the study are presented in Tables according to research questions and hypotheses.

Table 1
Percentage Responses of Unhealthy Lifestyle Practices of In-school Adolescents (n = 393).

S/N		Yes		No	
		f	%	f	%
	Substance Abuse				
1	Smoke cigarette	188	47.8	205	52.2
2	Chew tobacco	178	45.3	215	54.7
3	Drink alcohol in excessive bouts	219	55.7	174	44.3
4	Use drug without doctor's prescription	265	67.4	128	32.6
	Cluster %		54.0		42.1
	Unhealthy Sexual Behaviour				
5	Engage in prostitution	149	37.9	244	62.1
6	Engage in unprotected sexual intercourse (having sex without condom)	179	45.5	214	54.5
7	Having multiple sex partner	226	57.5	167	42.5
8	Ignore treating sexual transmitted infections (STIs)	198	50.4	195	49.6
9	Engage in sexual intercourse	308	78.4	85	21.6
	Cluster %		53.9		46.0
	Unhealthy Nutritional Behaviour				

10	Skip meals especially breakfast	255	64.9	138	35.1
11	Force yourself to vomit after meal because of over eating	213	54.2	180	45.8
12	Take laxatives often	189	48.1	204	51.9
13	Starve yourself sometimes without any specific reason	223	56.7	170	43.3
14	Eat late in the night	229	58.3	164	41.7
15	Eat one class of food often	179	45.5	214	54.5
	Cluster %		54.6		52.2
	Physical In-Activities				
16	Engage in moderate physical activities regularly	225	64.9	138	35.1
17	Consider physical activities to be relevant to your health status	308	78.4	85	21.6
18	Derive joy in engaging in physical activities	281	71.5	112	28.5
19	Usually have fatigue after physical activities	264	67.2	129	32.8
	Cluster %		70.5		29.5
	Suicide Behaviour				
20	Attempted to kill yourself before?	137	34.9	256	65.1
21	Use dangerous weapon on yourself before?	138	35.1	255	64.9
22	Have you ever thought of committing suicide action before?	106	27.0	287	73.3
23	See yourself as a frustrated person?	109	27.7	284	72.3
	Cluster %		31.2		68.9

Table 1 show that unhealthy lifestyle practices of in-school adolescents include physical in-activities (70.5%), unhealthy nutritional behaviour (54.6%), substance abuse (54.0%) and unhealthy sexual behaviour (53.9%). The Table further revealed that the most unhealthy lifestyle practice of the adolescents was physical in-activities (70.5%).

Table 2
Unhealthy lifestyle practices of in-school Adolescents (393) Based on age (n=393)

S/N	Items	10 -13 years (n=125)				14 -22 years(n=268)			
		Yes		No		Yes		No	
		f	%	f	%	f	%	f	%
	Substance Abuse								
1	Smoke cigarette?	19	15.2	106	84.8	169	63.1	99	36.9
2	Chew tobacco?	26	20.8	99	79.2	152	56.7	178	45.3
3	Drink alcohol in excessive bouts?	35	28.0	90	72.0	184	68.7	84	31.3
4	Use drug without doctor's prescription	67	53.6	58	46.4	198	73.9	70	26.1
	Cluster %		29.4		70.6		65.5		34.9
	Unhealthy Sexual Behaviour								
5	Engage in prostitution	21	16.8	104	83.2	128	47.8	140	52.2
6	Engage in unprotected sexual intercourse (having sex without condom)	40	32.0	85	68.0	139	51.9	129	48.1
7	Having multiple sex partner	36	28.8	89	71.2	190	70.9	78	29.1
8	Ignore treating sexual transmitted infections (STIs)	33	26.4	92	73.6	165	61.6	103	38.4
9	Engage in sexual intercourse	63	50.4	62	49.6	245	91.4	23	8.6
	Cluster %		30.8		69.1		64.7		33.5
	Unhealthy Nutritional Behaviour								
10	Skip meals especially breakfast	60	48.0	65	52.0	195	72.8	73	27.2
11	Force yourself to vomit after meal because of over eating	46	36.8	79	63.2	167	62.3	101	37.7
12	Take laxatives often	36	28.8	89	71.2	153	57.1	115	42.9
13	Starve yourself sometimes without any specific reason	68	46.4	67	53.6	165	61.6	103	38.4
14	Eat late in the night	64	51.2	61	48.8	165	61.6	103	38.4
15	Eat one class of food often	48	38.4	77	61.6	131	48.9	137	51.1
	Cluster %		41.6		58.4		70.9		39.2
	Physical In-Activities								
16	Engage in moderate physical activities regularly	71	56.8	54	43.2	184	67.8	84	31.3

17	Consider physical activities to be relevant to your health status	89	71.2	36	28.8	219	81.7	49	18.7
18	Derive joy in engaging in physical activities	84	67.2	41	32.8	197	73.5	71	26.5
19	Usually have fatigue after physical activities	84	67.2	41	32.8	180	67.2	88	32.8
	Cluster%		59.8		40.1		64.8		35.0
	Suicide Behaviour								
20	Attempted to kill yourself before	46	56.8	79	65.2	91	34.0	177	66.0
21	Use dangerous weapon on yourself before?	34	27.2	91	72.8	104	38.8	164	61.2
22	Have you ever thought of committing suicide action before?	21	16.8	104	83.2	85	31.7	183	68.3
23	Seen yourself as a frustrated person?	27	21.6	98	78.4	82	30.6	186	69.4
	Cluster %		21.8		78.1		33.7		66.3
	Overall		38.5		61.4		59.8		40.2

Data in Table 2 show that those aged between 14 and 22 years (59.8%) practiced all the unhealthy lifestyles more than those aged between 10 and 13 years (38.5%). Majority of adolescent aged between 14 and 22 years practices unhealthy nutritional behaviour (70.9%) while those between 10 and 13 years engage more in physical in-activities (59.8%).

Table 3
Unhealthy Lifestyle Practice of In-school Adolescents Based on Gender (n=393)

S/N		Male (n=239)				Female (n=154)			
		Yes		No		Yes		No	
		f	%	F	%	f	%	f	%
	Substance Abuse								
1	Smoke cigarette?	159	66.5	80	33.5	80	33.5	125	81.2
2	Chew tobacco?	142	59.4	36	23.4	97	40.6	118	76.6
3	Drink alcohol in excessive bouts?	166	69.5	53	34.4	73	30.5	101	65.5
4	Use drug without doctor's prescription	117	74.1	88	37.1	62	25.9	66	42.9
	Cluster percentage		67.3		37.1		32.6		66.5
	Unhealthy Sexual Behaviour								
5	Engage in prostitution	88	36.8	61	39.6	151	63.2	93	60.4
6	Engage in unprotected sexual intercourse (having sex without condom)	114	47.7	65	42.2	125	52.3	89	57.8
7	Having multiple sex partner	152	63.6	74	48.1	87	36.4	80	51.9
8	Ignore treating sexual transmitted infections (STIs)	137	57.3	61	39.6	102	42.7	93	60.4
9	Engage in sexual intercourse	204	85.4	104	67.5	35	14.6	50	32.5
	Cluster Percentage		58.1		47.4		41.8		52.6
	Unhealthy Nutritional Behaviour								
10	Skip meals especially breakfast	169	70.7	86	55.8	70	29.3	68	44.2
11	Force yourself to vomit after meal because of over eating	140	58.6	73	47.4	99	41.4	81	52.6
12	Take laxatives often	128	53.6	61	39.6	111	46.4	93	39.6
13	Starve yourself sometimes without any specific reason	144	60.3	79	51.3	95	39.7	75	48.7
14	Eat late in the night	155	64.9	74	48.1	84	35.1	80	51.9
15	Eat one class of food often	122	51.0	57	37.0	117	49.0	97	63.0
	Cluster percentage		59.8		46.5		47.8		50
	Physical In-Activities								
16	Engage in moderate physical activities regularly	148	61.9	107	69.5	91	38.1	47	30.5
17	Consider physical activities to be relevant to your health status	180	75.3	128	83.3	59	24.7	26	16.9
18	Derive joy in engaging in physical activities	168	70.3	71	29.7	113	73.4	41	26.6
19	Usually have fatigue after physical activities	157	65.7	82	34.3	107	69.5	47	30.5
	Cluster Percentage		68.3		54.2		51.4		26.1

Suicide Behaviour									
20	Attempted to kill yourself before?	76	31.8	163	68.2	61	39.6	93	60.4
21	Use dangerous weapon on yourself before?	84	35.1	155	64.9	54	35.1	100	64.9
22	Have you ever thought of committing suicide action before?	60	25.1	179	74.9	46	29.9	108	70.1
23	Seen yourself as a frustrated person?	64	26.8	175	73.2	45	29.2	109	70.8
Cluster percentage			29.7		70.3		33.4		66.5
Overall			55.4		52.6		40.0		52.1

Data in Table 3 show generally that male (55.4%) engage all the unhealthy lifestyles more than the females (40.0%).

Table 4
Summary of Chi-square Analysis of No Significant Association between Age and Unhealthy Lifestyle Practices of in-school Adolescents of Nsukka LGA (n= 393)

Age	N	χ^2	Df	P-Value
10-13	125	34.682	1	.000*
14-22	268			

Key: χ^2 = chi-square, df = degree of freedom, *significant

Table 4 shows the calculated p-value of .000 which is less than .05 level of significance at one degree of freedom. The null hypothesis which states that there is no statistically significant association between age and unhealthy lifestyle practice among in-school adolescent in Nsukka LGA was therefore rejected. This implies that age of the students were associated with their unhealthy lifestyle.

Table 5
Summary of Chi-square Analysis of No Significant Association between Gender and Unhealthy Lifestyle Practice of In-school Adolescent in Nsukka LGA (n=393)

Gender	N	χ^2	Df	P-Value
Male	239	10.561	1	.001*
Female	154			

χ^2 = chi-square, df = degree of freedom, *significant

Table 5 shows that the calculated p-value of .001 is less than .05 at 1 degree of freedom. The null hypothesis which states that there is no statistically significant association between gender and unhealthy lifestyle practice of in-school adolescent in Nsukka was therefore, rejected. This implies that there is significant association between gender and unhealthy lifestyle practices of in-school adolescents.

Discussion

Table 1 indicated that unhealthy lifestyles of in-school adolescents were physical in-activities, unhealthy nutritional behavior, substance abuse, and unhealthy sexual behaviours. However, the most practiced unhealthy lifestyle was physical in-activities. This is in line with the finding of Rudatsikira & Muula (2007) who reported that adolescents engage in unhealthy lifestyles like cigarette smoking, physical in-activity and unhealthy sexual behaviours. Various degrees of preventable health problems prevalent among adolescent result from unhealthy lifestyles (Arriba, 2001).

Results in Table 2 showed that those aged between 14 and 22 years engage in unhealthy lifestyles more than those between 10 and 13 years. The table further revealed that the unhealthy lifestyle most practiced by age 14-22 was unhealthy nutritional behaviour. The findings also revealed significant association between age and unhealthy lifestyle practices of in-school adolescent. Wong, Young, Ofstadal and Agree (2008) reported association between age and lifestyles in United States.

Findings of the study showed that males practiced unhealthy lifestyles more than their female counterparts. There was also significant association between gender and unhealthy lifestyle practices of the in-school adolescents. Previous studies by Pyszczynski (2008) and Mora and Nestle (2012) reported that males showed unhealthier lifestyles than females.

Conclusion

The study therefore, concludes that in-school adolescents engage in unhealthy lifestyles and there was significant association between age and gender of the in-school adolescent and unhealthy lifestyle practices.

Recommendations

Based on the finding and discussion of the study, the following recommendations were made:

1. The Local Government Education Authority should ensure that all schools within the Local Government Area have good environment for learning, enough facilities and equipments in school to occupy the students especially during their leisure time.
2. Schools should organize sports competition within and outside the schools, and put other educative clubs like HIV and AIDS club; Science club; Red Cross society; debating club; these will help engage the students and prevent unhealthy lifestyles.
3. Parents and guidance and counselors need to carry out their responsibilities of bringing up and assisting the adolescents to grow and mature positively. This is because adolescents lack appropriate coping strategies and often offer subtle clues about their negative unhealthy practices.
4. Health educators should ensure that adequate information and knowledge on the importance of healthy lifestyle practices are highly impacted on the adolescents and also to teach the students about the danger of unhealthy lifestyle practices to their personal life.

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