



## Practice Pattern of Healthy Lifestyle Indices of University Health Education Students

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**Abstract.** Unhealthy lifestyle is increasing at alarming rates with University students being one of the drivers of the lifestyle. The study was undertaken to determine the pattern of practice of healthy lifestyle indices of the students. One research question and eight hypotheses were verified at 0.05 level of significance. The survey research design of a cross-sectional approach and the 201 Health Education students who were successful in the 2022/2023 Academic Session were used for the study. A sample of 138 made up of 109 females and 29 male students were randomly chosen using disproportionate stratified sampling technique. An adapted 'Healthy Lifestyle Scale' which was validated and reliability established at 0.798 was used to collect data from the students. Data were analysed using descriptive and inferential statistics. Results revealed that the practice pattern of University Health Education students is either good or poor. Moreover, while the exercise behaviour, regular behaviour, health risk behaviour and life appreciation were statistically significantly different by gender, nutrition, health responsibility, social support and stress management were not statistically significantly different by gender. It was recommended from the findings that the poor practice pattern of the students in healthy lifestyle indices can be improved through sensitization of the students by their lecturers on indices in which they reported poorly.

**Keywords:** University, Health Education, healthy lifestyle, students, good, poor, exercise behaviour.

### 1. Introduction

A healthy lifestyle connotes a living pattern devoid of onset of illness or premature death. A number of authorities have provided several indicators of

lifestyle such as regular physical activity, good sleep habits, proper dietary patterns, controlled caffeine intake, proper use of screens, avoidance of substance use and reduced feeling of anxiety and these generally are assumed to be crucial for increased academic outcome (Mahfouz et al. 2024; Sánchez-Hernando et al. 2021). Apart from increased academic outcomes, those indicators are also expected to foster healthy lifestyle patterns for male and female University Health Education students

Healthy lifestyle appears to vary between male and female individuals with some significant and not significant gender differences found in literature. For example, James et al. (2022) provided an indication of this seemingly difference highlighting females' behaviour concerning diet and water intake to be worthwhile compared to males and with males leading in physical exercise and sleep pattern. James and colleagues emphasized that the gender difference and healthy lifestyle behaviours was statistically not significant. Similarly, smoking by males was 24.5 percent of the individuals and no significant difference was found between them (Feraco et al. 2024).

The place of Health Education in the promotion of healthy lifestyle cannot be underrated. Its place in healthy lifestyle promotion continually attracts not only international attention, but also national and local attention. One example of such attention is the 'Healthy Lifestyles Programme (HeLP)', an obesity avoidance initiative (Lloyd & Wyatt, 2015). Yet, the number of Health Education students seeking health care services for avoidable lifestyle ill health, in the University health facility is sometimes alarming. This is evident in the millions of individuals with unhealthy lifestyle suffering metabolic illness, skeletal issues,

high blood pressure, overweight, violence, disability and even death (Farhud, 2015). The researcher was worried and wanted to know if the knowledge gained from exposure to Health Education Programme influenced the healthy lifestyle of recipients of the programme. Efforts were, therefore, intensified to assess the pattern of practice of healthy lifestyle of University Health Education students. A determination of whether each index of healthy lifestyle (exercise behaviour, regular behaviour, nutrition behaviour, health responsibility, health risk behaviour, stress management, social support and life appreciation) differed by gender of the students was also done.

## 2. Research Methodology

The survey research design of a cross-sectional approach was used in the study. The population of the study consisted of the 201 Full Time University Health Education students in the Department of Health, Safety and Environmental Education, University of Benin during the 2022/2023 Academic Session. These were 154 females and 47 males who were successful in the sessional examination. A sample of 138 made up of 109 females and 29 males were randomly chosen using disproportionate stratified sampling technique from the University Senate approved results. After a determination of the sample size by gender, the required number from each level were picked starting from the 1<sup>st</sup> serial number until the need sample size of 138 was realized.

The researcher adapted the 'Healthy Lifestyle Scale for University Students' developed by Wang et al. (2012) with slight language change. Although, the psychometric properties of the instrument were established with a split-half correlation coefficient of 0.841 and 33-expert content validity confirmation (Wang et al. 2012), the researcher re-established the validity and reliability of the adapted instrument from an English Language expert and with a split-half correlation, a coefficient of 0.798 was obtained. The response options of the original instrument were unaltered still ranged from 'always', 'usually', 'sometimes', 'rarely' and 'never' and were scored as 5, 4, 3, 2 and 1 respectively for positive items and the reverse for negative items. A total score of 1-38, 39-77, 78-116, 117-155 and 156-190 were assigned to the 'never', 'rarely', 'sometimes', 'usually' and 'always' respectively.

Data were analysed using descriptive statistics of frequency counts, percentages, mean and standard deviation. The t-test inferential statistic was used to verify the hypotheses at 0.05 level of significance. All

analyses were done with Statistical Package for Social Sciences (SPSS) Version 14.0. The decision benchmark for the frequency counts of each item was based on the highest percentage obtained in the item. All highest percentages that fell under 'never', 'rarely', 'sometimes' and 'usually' were qualified as 'poor' practice pattern and all highest percentages that fell under 'always' were qualified as 'good' practice pattern.

## 3. Results

Data in Table 1 (see Appendix) is the frequency counts and percentages of the practice pattern of healthy lifestyle of University Health Education students. Precisely 21.7%, 26.1% and 31.9% of the students reported they never, rarely and sometimes and with 11.6% and 8.7% usually and always respectively, reporting participating in vigorous exercise of thirty minutes thrice weekly. Similarly, It is poor that majority of them reported they sometimes participate in vigorous exercise of thirty minutes thrice a week. Precisely, 17.4%, 18.8% and 20.3% of the students reported they never, rarely and sometimes but with 21.0% and 22.5% usually and always respectively, reporting warm up before vigorous exercise. It is good that majority of the students reported they always warm up before vigorous exercise. Participation in brisk walking, bicycling, aerobic dancing, stair climbing and/or other mild/moderate physical activity was reported done by 11.6%, 8.7% and 31.9% of the students who never, rarely and sometimes respectively, did. Moreover, 14.5% and 33.3% of them reported they usually and always respectively, participate in the mild/moderate physical activity of that nature. It is also good that majority of the students reported they always participate in brisk walking, bicycling, aerobic dancing, stair climbing and/or other mild/moderate physical activity. Thirty minutes after meals, 50.7%, 29.0% and 8.7% of the students reported they never, rarely and sometimes respectively, indulge in vigorous exercise. Similarly, 7.3% and 4.3% of them reported they usually and always respectively, indulge in the exercise after meals. It is also poor that majority of the students never indulge in vigorous exercise thirty minutes after meals. Therefore, the exercise behavior of the students is partly good and poor.

Precisely, 10.2%, 10.2% and 21.7% of the students reported they never, rarely and sometimes respectively, consume breakfast each day. Similarly, 21.7% and 36.2% of the students reported they usually and always respectively, consume breakfast each day. It is good that majority of them reported they always consume breakfast each day. Precisely, 10.2%, 13.0%

and 37.7% of the students reported they never, rarely and sometimes respectively, eat three meals daily at specific times. Additionally, 14.5% and 24.6% of them reported they usually and always eat three meals daily at specific times. It is poor that majority of the students reported they sometimes eat three meals daily at specific times. Specific study and resting times was reported as never, rarely and sometimes observed by 4.3%, 16.0% and 37.7% of the students respectively. Moreover, 17.4% and 24.6% of them reported they usually and always respectively, observe specific study and lecture times. It is also poor that majority of the students reported they sometimes observe specific study and lecture times. Precisely, 8.7%, 13.1% and 21.7% of the students reported they never, rarely and sometimes respectively, take enough sleep daily. Similarly, 18.8% and 37.7% of them reported they usually and always respectively take enough sleep on daily basis. It is also good that majority of the students reported they take enough daily sleep each day. Therefore, the regular behavior of the students is also partly good and poor.

Precisely, 7.2%, 23.2% and 30.4% of the students reported they never, rarely and sometimes respectively, consciously replaces fluids during exercise. Similarly, 16.0% and 23.2% of them reported they usually and always respectively, did. It is poor that majority of them reported they sometimes consciously replace fluids during exercise. Again, 5.8%, 14.5% and 29.7% of the students reported they never, rarely and sometimes take in at least 800ml/5 disposable paper cups of water daily and with 18.9% and 31.2% usually and always respectively, reporting in the same way. This means it is good that majority of the students reported they always take in at least 800ml/5 disposable paper cups of water daily. Precisely, 1.5%, 8.7% and 32.6% of the students reported they never, rarely and sometimes and with 34.1% and 23.2% usually and always respectively, reporting the consumption of food high in fibre such as fruits and vegetables. It is poor that majority of the students reported they sometimes consume food high in fibre such as fruits and vegetables. 11.6%, 17.4% and 30.4% of the students reported they never, rarely and sometimes and with 14.5% and 26.1% usually and always respectively, reporting the consumption of carefully selected food low in saturated fat, salt and/or cholesterol. It is poor that majority of the students reported they sometimes carefully select food low in saturated fat, salt and/or cholesterol. Therefore, the nutrition behavior of the students is poor.

Precisely, 92.8% of the students reported they never and with 1.4%, 2.9% and 2.9% rarely, usually and always respectively, reporting the intake of alcohol in

excess take in alcohol in excess. It is good that majority of the students never take in alcohol in excess. In another item, 88.4% of the students reported they never and with 2.9%, 7.3% and 1.4% rarely, sometimes and always respectively, reporting the use tobacco or marijuana. It is good that majority of the students reported they never use tobacco or marijuana. 7.3%, 13.0% 26.1% of the students reported they never, rarely and sometimes and with 21.7% and 31.9% usually and always respectively, reporting the use of headphones for at least thirty minutes. It is poor that majority of the students reported they always use headphones for at least thirty minutes. Above Twenty-seven percent (27.5%), 17.4% and 23.2% of the students reported they never, rarely and sometimes and with 17.4% and 14.5% usually and always respectively, reporting reading or using computer consistently for at least one hour. It is, therefore, good that majority of the students reported they never read or use computer consistently for at least one hour. Therefore, the avoidance of the health risk behavior of the students is good.

The percentages of the students who reported they never, rarely and sometimes visit the physician promptly in case of uncommon signs and symptoms are 20.3%, 26.1% and 26.1% respectively. For those that reported they usually and always did, their percentages are 5.8% and 21.7% respectively. It is poor that majority of the students reported they rarely and sometimes visit the physician promptly in case of uncommon signs and symptoms. 7.3%, 8.7% and 18.8% of the students reported they never, rarely and sometimes respectively, comply with physician advice/treatment. However, 29.0% and 36.2% of the students reported they usually and always respectively, did. It is good that majority of the students always comply with physician advice/treatment. Precisely, 2.9%, 4.4% and 36.2% of the students reported they never, rarely and sometimes brush their teeth or use floss after eating but with 21.7% and 34.8% reporting they usually and always respectively, did. It is poor that majority of the students reported they sometimes brush their teeth or use floss after eating. 1.4%, 5.8% and 11.6% of the students reported they never, rarely and sometimes and with 17.4% and 63.8% reporting they usually and always respectively, wash their hands before eating. It is good that majority of the students always brush their hands before eating. 4.4%, 1.4% and 5.8% of the students reported they never, rarely and sometimes but with 14.5% and 73.9% reporting they usually and always respectively, cover mouth and nose when sneezing/coughing. It is good that majority of the students reported that they always cover mouth and nose when sneezing/coughing. Precisely, 4.4%, 7.3%

and 4.4% of the students reported that they never, rarely and sometimes keep classroom, library and/or laboratory clean but with 18.9% and 63.8% reporting they usually and always respectively, did. It is good the majority of the students reported they always keep classroom, library and/or laboratory clean. Therefore, the health responsibility of the students is good.

The students that reported never, rarely and sometimes help their classmates in trouble promptly is represented by 18.8%, 33.3% and 29.0%, but with 7.3% and 11.6% of them reporting usually and always respectively. It is poor that majority of the students reported they are rarely prompt to help their classmates in trouble. 7.3%, 23.2% and 27.5% of the students reported they never, rarely and sometimes respectively, enjoy visiting relatives. However, 27.5% and 14.5% of them reported they usually and always respectively, enjoy visiting relatives. It is poor that the students reported they sometimes and usually enjoy visiting relatives. 11.6%, 18.8% and 24.6% of the students reported they never, rarely and sometimes and with 29.0% and 16.0% usually and always respectively, getting involved in group work with classmates. It is poor that majority of the students reported they usually involve in group work with classmates. The percentage of students that reported they never, rarely and sometimes discuss trouble with people are 15.9%, 23.2% and 27.5% respectively. For students that reported they usually and always discuss trouble with people are represented with 15.9% and 17.8% respectively. It is poor that majority of the students reported they sometimes discuss trouble with people. 8.7%, 21.7% and 21.7% of the students noted that they never, rarely and sometimes pay attention to people when tackling affairs but with 21.7% and 26.1% of them reporting they usually and always respectively, did. It is good that majority of the students reported they pay attention to people when tackling affairs. 23.2%, 21.7% and 17.4% of the students reported never, rarely, sometimes but with 16.0% and 21.7% usually and always respectively, reporting expressing feelings in inoffensive ways. It is poor that the students reported never expressing feelings in inoffensive ways. Therefore, the social support of the students is poor.

Above eleven percent (11.6%) of the students reported they never and with 14.5%, 21.7% and 27.5% rarely, sometimes and usually respectively, reporting making out time to relax on daily basis. 26.8% of them reported they always make out time to relax daily. It is poor that majority of the students usually make out time to relax daily. The percentage of students that reported they never, rarely and sometimes but with 18.8% and 24.6% usually and always respectively,

reporting accepting things that cannot be changed. It is good that majority of the students reported they always accept things that cannot be changed. To make effort to monitor emotional changes, 4.3%, 16.0% and 31.9% of the students never, rarely and sometimes and with 27.5% and 20.3% usually and always respectively, reporting making effort to monitor emotional changes. It is poor that majority of the students sometimes make effort to monitor emotional changes. 2.9%, 17.4% and 30.4% of the students reported that they never, rarely and sometimes and with 30.4% and 18.9% usually and always respectively, reporting scheduling study/lecture activities. It is poor that majority of the students reported they sometimes and usually schedule study/lecture activities. Responding calmly to frustration and remaining unruffled was reported by 10.1%, 18.9% and 26.1% of the students as never, rarely and sometimes but with 21.7% and 23.2% usually and always respectively, did. It is poor that majority of the students reported they sometimes respond calmly to frustration and remain unruffled. Therefore, the management of stress as reported by majority of the students is poor.

Precisely, 13.1%, 21.7% and 18.9% of the students reported they never, rarely and sometimes respectively, take new experiences and issues with pleasure. However, 21.7% and 24.6% of them reported they usually and always respectively, did. It is good that majority of the students reported taking new experiences and issues with pleasure. Another 7.3%, 14.5% and 24.6% of the students reported they never, rarely and sometimes but with 23.2% and 30.4% usually and always respectively, reporting feeling satisfied. It is also good that majority of the students reported always feeling satisfied. 11.6%, 16.0% and 18.8% of the students never, rarely and sometimes respectively, take interest and challenges in daily studies and life, but 30.4% usually and 23.2% always did. It is poor that majority of the students reported they usually take interest and challenges in daily studies and life. To feel growth in positive ways, 5.8%, 16.0% and 26.1% of the students reported they never, rarely and sometimes respectively, feel growth in positive ways but with 18.8% usually and 33.3% always did. It is good that majority of the students reported they always feel growth in positive ways. 13.1%, 18.8% and 21.7% of the students reported they never, rarely and sometimes and with 16.0% and 30.4% usually and always respectively, clarifying own learning purpose. It is also good that majority of the students reported always clarifying own learning purpose. Therefore, the life appreciation as reported by majority of the students is good.

In summary, therefore, the practice pattern of University Health Education students in healthy lifestyle indices is at the midpoint, half way good and

half way poor. This means that the practice pattern is either good or poor.

**Table 2:** t-test Statistics of the Indices of Healthy Lifestyle and Gender of University Health Education Students.

Index of Healthy Lifestyle	Gender	N	Mean	Std. Dev.	t	df	Sig. (2-tailed)
Exercise behaviour	Female	109	10.30	3.812	-5.051	136	.000
	Male	29	14.31	3.743			
Regular behaviour	Female	109	14.76	4.098	2.794	136	.006
	Male	29	12.38	4.013			
Nutrition behaviour	Female	109	13.95	3.792	.333	136	.740
	Male	29	13.69	3.855			
Health responsibility	Female	109	23.40	3.739	1.873	136	.063
	Male	29	21.86	4.627			
Health risk behaviour	Female	109	16.42	1.983	4.048	136	.000
	Male	29	14.76	1.902			
Social support	Female	109	18.43	4.831	-.829	136	.408
	Male	29	19.24	4.024			
Stress management	Female	109	17.03	3.745	.487	136	.627
	Male	29	16.66	3.309			
Life appreciation	Female	109	17.02	4.342	-3.175	136	.002
	Male	29	19.86	4.068			
Total	Female	109	129.67	17.196	-.826	136	.411
	Male	29	132.62	16.760			

Data in Table 2 is the t-test statistics of the indices of Healthy Lifestyle and gender of University Health Education students. The results showed that the exercise behaviour of male University Health Education students is statistically significantly better (14.31±3.74) compared to the females (10.30±3.81),  $t(136) = -5.051, p = .000$ . Therefore, the exercise behaviour of University Health Education students is statistically significantly different by gender with the males having better exercise behaviour than the females. Results revealed that the regular behaviour of female University Health Education students is statistically significantly better (14.76±4.10) compared to the males (12.38±4.01),  $t(136) = 2.794, p = .006$ . Therefore, the regular behaviour of Health Education students is statistically significantly different by gender with the females having better regular behaviour than the males.

Results indicated that the nutrition behaviour of female Health Education students appears to be different (13.95±3.79) compared to the males (13.69±3.86) but the difference is not statistically significantly different,  $t(136) = .333, p = .740$ . Therefore, the nutrition behaviour of Health Education students is not statistically significantly different by gender. Results depicted that the health responsibility of female Health Education students is not statistically significantly better (23.40±3.74) compared to the males (21.86±4.63),  $t(136) = 1.873, p = .063$ . Therefore, the health responsibility of Health Education students is not statistically significantly different by gender.

Results also showed that the health risk behaviour of female Health Education students is statistically significantly higher (16.42±1.98) compared to the males (14.76±1.90),  $t(136) = 4.048, p = .000$ . Therefore, health risk behaviour of Health Education students is statistically significantly different by gender with the females taking high health risk than the males. Results also revealed that social support for male Health Education students appear to be better (19.24±4.02) compared to the females (18.43±4.83),  $t(136) = -.829, p = .408$ . Therefore, the social support for Health Education students is not statistically significantly different by gender. Results also depicted that the stress management of male Health Education students is not statistically significant (16.66±3.31) compared to the females (17.03±3.75),  $t(136) = .487, p = .627$ . Therefore, the stress management of Health Education students is not statistically significantly different by gender. Results also indicated that life appreciation of male Health Education students is statistically significantly better (19.86±4.07) compared to the females (17.02±4.34),  $t(136) = -3.175, p = .002$ . Therefore, life appreciation of Health Education students is statistically significantly different by gender with the males reporting appreciating life better than the females.

#### 4. Discussion of Findings

Findings revealed that the practice pattern of University Health Education students in healthy lifestyle is at the midpoint, half way good and half way

poor. Finding could be attributed to the Health Education experiences which they have been exposed to.

Findings also revealed that the exercise behaviour of University Health Education students is statistically significantly different by gender with the males having better exercise behaviour than the females. Finding is consistent with that of James et al. (2022); Ghanim et al. (2022) who noted that male students at the Institute of Rural Development Planning Dodoma performed significantly better in strength and endurance exercise than females.

Findings showed that the regular behaviour of University Health Education students is statistically significantly different by gender with the females having better regular behaviour than the males. One such regular behaviour is breakfast consumption, which differed by gender. Finding is congruent with that found that adult women eat breakfast regularly than other individuals (Ashraf & Ali, 2018).

Findings indicated that the nutrition behaviour of University Health Education students is not statistically significantly different by gender. In some of the variables assessed (that is, daily water intake, alcohol intake per week), significant differences were found between males and females (Feraco et al. 2024). Findings obtained from the present study, though in one dimension, is inconsistent with results showing significant gender difference in eating habits and diet with females opting for healthier foods such as vegetables while males like red and processed meat (Feraco et al. 2024; European Institute for Gender Equality, 2025).

Findings depicted that the health responsibility of University Health Education students is not statistically significantly different by gender. Finding is at variance with evidence that found significant gender differences were documented in health promotion lifestyle profile II values and health responsibility with women having high values and men lower values (Ghanim et al. 2022). This finding is somewhat inconsistent with the result of Thompson et al. (2016) in one domain of health responsibility in which a significant between-effect main effect of gender with females reporting visits to physician to a higher level than males for health issues.

It was also found in the present study that health risk behaviour of University Health Education students is statistically significantly different by gender with females taking high health risk than males. Finding is two dimensions of health risk behaviour (that is, drinking and smoking) is somewhat not in line with

European Institute for Gender Equality (2025) which noted that the male folk are more prone to smoking and drinking than the female folk. However, the present finding is congruent with the result of Kim et al. (2018) who found that significant differences in mean between men and women were found in all health risk dimensions, including general health, environment and lifestyle with men's perception being lower than women's in self-risk factors.

For social support, findings revealed that University Health Education students is not statistically significantly different by gender. This finding is not consistent with the assertion that boys have the tendency to overlook girls' contributions in small group project (Seifert & Sutton, 2024). Finding is similarly inconsistent Nelson et al. (2018)'s finding that women reported lesser level of social support from family. It is also incongruent with results reflecting socialization patterns existing significantly for gender perspective with females perceiving greater extent of parent's involvement (Garcia-Mendoza et al. 2018).

Stress management of University Health Education students was found not to be statistically significantly different by gender. The finding is different from that indicating that stress was significantly high in female individuals than males in the event of disease pandemic such as COVID-19 (Zhao et al. 2022).

Findings also reflected that the life appreciation of University Health Education students is statistically significantly different by gender with the females reporting appreciating life better than the males. Finding in one aspect of the life appreciation is in line results showing significant gender differences with female individuals reported greater level of feeling satisfied in life than males across educational standing, income and job groups (Joshnloo & Jovanovic, 2020).

## 5. Conclusion

The practice pattern of healthy lifestyle indices of University Health Education students is either good or poor. Their life appreciation, exercise, regular, and health risk behaviour were statistically significantly different by gender while the nutrition, health responsibility, social support and stress management were not significantly different by gender.

## 6. Recommendations

The poor practice pattern of the University Health students can be improved by ensuring that they are more sensitized by the Health Education lecturers

especially in the indices where they reported poorly. For example, usage of headphones for at least thirty minutes.

Male and female University Health Education students should be encouraged and sensitized by guest speakers in Health Education during seminars, workshops and conferences that gender equity is crucial in life appreciation, exercise, regular and health risk behaviours. The females can be encouraged to take up sports on equal basis with males.

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APPENDIX

**Table 1:** Frequencies and Percentages of the Practice Pattern of Health Lifestyle of University Health Education Students

S/N	Healthy Lifestyle	Never (%)	Rarely (%)	Sometimes (%)	Usually (%)	Always (%)	Total (%)	Remark
<b>Exercise behavior</b>								
1	Vigorous Exercise of thirty minutes thrice weekly	30(21.7)	36(26.1)	44(31.9*)	16(11.6)	12(8.7)	138(100)	Poor
2	Warm up before vigorous exercise	24(17.4)	26(18.8)	28(20.3)	29(21.0)	31(22.5*)	138(100)	Good
3	Participates in brisk walking, bicycling, aerobic dancing, stair climbing and/or other mild/moderate physical activity half to one hour thrice weekly	16(11.6)	12(8.7)	44(31.9)	20(14.5)	46(33.3*)	138(100)	Good
4	Vigorous exercise 30 minutes after meals	70(50.7*)	40(29.0)	12(8.7)	10(7.3)	6(4.3)	138(100)	Poor
<b>Regular behavior</b>								
5	Daily breakfast consumption	14(10.2)	14(10.2)	30(21.7)	30(21.7)	50(36.2*)	138(100)	Good
6	Eat three meals daily at specific times	14(10.2)	18(13.0)	52(37.7*)	20(14.5)	34(24.6)	138(100)	Poor
7	Observe specific study and resting times	6(4.3)	22(16.0)	52(37.7*)	24(17.4)	34(24.6)	138(100)	Poor
8	Enough daily sleep	12(8.7)	18(13.1)	30(21.7)	26(18.8)	52(37.7*)	138(100)	Good
<b>Nutrition behavior</b>								
9	Consciously replaces fluids during exercise	10(7.2)	32(23.2)	42(30.4*)	22(16.0)	32(23.2)	138(100)	Poor
10	Daily intake of at least 800ml/5 disposal paper cups of water	8(5.8)	20(14.5)	41(29.7)	26(18.9)	43(31.2*)	138(100)	Good
11		2(1.5)	12(8.7)	45(32.6)	47(34.1*)	32(23.2)	138(100)	Poor
12	Consume food high in fibre (fruits, vegetables) Careful choice of food low in saturated fat, salt and/or cholesterol	16(11.6)	24(17.4)	42(30.4*)	20(14.5)	36(26.1)	138(100)	Poor
<b>Health risk behavior</b>								
13	Excessive alcohol intake	128(92.8*)	2(1.4)	-	4(2.9)	4(2.9)	138(100)	Good
14	Tobacco or marijuana usage	122(88.4*)	4(2.9)	10(7.3)	-	2(1.4)	138(100)	Good
15	Usage of headphones for at least thirty minutes	10(7.3)	18(13.0)	36(26.1)	30(21.7)	44(31.9*)	138(100)	Poor
16	Read or use computer consistently for at least one hour	38(27.5*)	24(17.4)	32(23.2)	24(17.4)	20(14.5)	138(100)	Good
<b>Health responsibility</b>								
17	Prompt visit to a physician in case of uncommon signs and symptoms	28(20.3)	36(26.1*)	36(26.1*)	8(5.8)	30(21.7)	138(100)	Poor
18	Comply with physician advice/treatment	10(7.3)	12(8.7)	26(18.8)	40(29.0)	50(36.2*)	138(100)	Good
19	Brush teeth or use floss after eating	4(2.9)	6(4.4)	50(36.2)	30(21.7)	48(34.8*)	138(100)	Good
20	Wash hands before eating	2(1.4)	8(5.8)	16(11.6)	24(17.4)	88(63.8*)	138(100)	Good
21	Cover mouth and nose when sneezing/coughing	6(4.4)	2(1.4)	8(5.8)	20(14.5)	102(73.9*)	138(100)	Good
22	Keep classroom, library and/or laboratory clean	6(4.4)	10(7.3)	6(4.4)	26(18.9)	88(63.8*)	138(100)	Good
<b>Social Support</b>								
23	Promptly help classmates in trouble	26(18.8)	46(33.3*)	40(29.0)	10(7.3)	16(11.6)	138(100)	Poor
24	Enjoy visiting relatives	10(7.3)	32(23.2)	38(27.5*)	38(27.5*)	20(14.5)	138(100)	Poor
25	Involve in group work with classmates	16(11.6)	26(18.8)	34(24.6)	40(29.0*)	22(16.0)	138(100)	Poor
26	Discuss troubles with people	22(15.9)	32(23.2)	38(27.5*)	22(15.9)	24(17.8)	138(100)	Poor
27	Pay attention to people when tackling affairs	12(8.7)	30(21.7)	30(21.7)	30(21.7)	36(26.1*)	138(100)	Good
28	Express feelings in inoffensive ways	32(23.2*)	30(21.7)	24(17.4)	22(16.0)	30(21.7)	138(100)	Poor
<b>Stress Management</b>								
29	Make out time to relax daily	16(11.6)	20(14.5)	30(21.7)	38(27.5*)	37(26.8)	138(100)	Poor
30	Accept things that cannot be changed	18(13.1)	28(20.3)	32(23.2)	26(18.8)	34(24.6*)	138(100)	Good
31	Make effort to monitor emotional changes	6(4.3)	22(16.0)	44(31.9*)	38(27.5)	28(20.3)	138(100)	Poor
32	Schedule study/lecture activities	4(2.9)	24(17.4)	42(30.4*)	42(30.4*)	26(18.9)	138(100)	Poor
33	Respond calmly to frustration and remain unruffled	14(10.1)	26(18.9)	36(26.1*)	30(21.7)	32(23.2)	138(100)	Poor
<b>Life Appreciation</b>								
34	Take new experiences and issues with pleasure	18(13.1)	30(21.7)	26(18.9)	30(21.7)	34(24.6*)	138(100)	Good
35	Feel satisfied	10(7.3)	20(14.5)	34(24.6)	32(23.2)	42(30.4*)	138(100)	Good
36	Take interest and challenges in daily studies and life	16(11.6)	22(16.0)	26(18.8)	42(30.4*)	32(23.2)	138(100)	Poor
37	Feel growth in positive ways	8(5.8)	22(16.0)	36(26.1)	26(18.8)	46(33.3*)	138(100)	Good
38	Clarify own learning purpose	18(13.1)	26(18.8)	30(21.7)	22(16.0)	42(30.4*)	138(100)	Good
	Overall	-	-	21(15.2)	103(74.6*)	14(10.2)	138(100)	Poor

**Key:** \*highest % accepted as benchmark for decision making