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Lifestyles in adolescents of a public educational institution in Cahua, Lima, Peru

Estilos de vida en adolescentes de una institución educativa pública en Cahua, Lima, Perú

Estilos de vida de adolescentes em uma instituição educacional pública em Cahua, Lima, Peru

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ABSTRACT

Objective: To characterize the lifestyles of adolescents from first to fifth grade of high school at a public educational institution in Cahua, Lima, Peru, in 2023. **Materials and methods:** A quantitative research study with a cross-sectional design. A total of 47 students from the first to fifth year of high school took part in it. The instrument used was the "Lifestyle Scale for Adolescents", which consists of six dimensions. **Results:** 66.0% of participants exhibited moderately healthy lifestyles; however, in the dimensions of physical activity and sexuality, the morbid lifestyle predominated with 53.2% and 83.0%, respectively. Only 49.0% had used alcohol and drugs. **Conclusions:** Adolescents from a rural public educational institution exhibited moderately healthy lifestyles, with low physical activity and exposure to risky behaviors such as alcohol and tobacco consumption. This information is relevant for the implementation of programs aimed at promoting physical activity, preventing diseases, encouraging healthy eating, strengthening sexuality, and maintaining healthy social relationships.

Keywords: healthy lifestyles; adolescents; adolescent behavior; adolescent health; health vulnerability.

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Scientific contribution:

School health is a topic of interest to the public and nursing professionals. This study provides an insight into the needs of adolescents in a rural area regarding their lifestyles, which must be understood to design nursing intervention strategies in schools that, in turn, address the characteristics of these communities.

RESUMEN

Objetivo: Caracterizar los estilos de vida en adolescentes de primero a quinto grado, nivel secundario, de una institución educativa pública en Cahua, Lima, Perú, en 2023. **Materiales y métodos:** Investigación cuantitativa y de diseño transversal. Participaron 47 estudiantes del primero a quinto año de secundaria. El instrumento utilizado fue la «Escala de los estilos de vida para adolescentes», que consta de seis dimensiones. **Resultados:** El 66,0 % de participantes presentó estilos de vida moderadamente saludable; sin embargo, en las dimensiones actividad física y sexualidad predominó el estilo mórbido con 53,2 % y 83,0 %, respectivamente. Solo el 49,0 % había consumido bebidas alcohólicas y drogas. **Conclusiones:** Los adolescentes de un centro educativo público rural presentaron estilos de vida moderadamente saludables, destacándose la baja actividad física y la exposición a comportamientos de riesgo como el consumo de alcohol y tabaco. Esta información es pertinente para la implementación de programas orientados a fomentar la actividad física, prevenir enfermedades, impulsar la alimentación saludable, fortalecer la sexualidad y mantener relaciones sociales saludables.

Palabras clave: estilos de vida saludable; adolescentes; conducta del adolescente; salud del adolescente; vulnerabilidad en salud.

RESUMO

Objetivo: Caracterizar os estilos de vida dos adolescentes da primeira à quinta série do ensino médio em uma instituição educacional pública em Cahua, Lima, Peru, em 2023. **Materiais e métodos:** Projeto de pesquisa quantitativa e transversal. Participaram 47 alunos do primeiro ao quinto ano do ensino médio. O instrumento utilizado foi a "Escala de Estilo de Vida do Adolescente", que consiste em seis dimensões. **Resultados:** 66,0% dos participantes tinham estilos de vida moderadamente saudáveis; entretanto, nas dimensões atividade física e sexualidade, predominaram estilos de vida mórbidos, com 53,2% e 83,0%, respectivamente. Apenas 49,0% haviam consumido bebidas alcoólicas e drogas. **Conclusões:** Os adolescentes de uma escola pública rural apresentaram estilos de vida moderadamente saudáveis, com destaque para a baixa atividade física e a exposição a comportamentos de risco, como o consumo de álcool e tabaco. Essas informações são relevantes para a implementação de programas destinados a promover a atividade física, prevenir doenças, promover uma alimentação saudável, fortalecer a sexualidade e manter relações sociais saudáveis.

Palavras-chave: estilos de vida saudáveis; adolescentes; comportamento do adolescente; saúde do adolescente; vulnerabilidade à saúde.

INTRODUCTION

Adolescence, according to the World Health Organization (WHO), is a stage of human life characterized by an intense process of physical, psychological, and social growth. Ages 10 to 13 represent the early stage, which is characterized by physical changes. Ages 14 to 16 represent the middle stage, in which they build their identity and independence. Ages 17 to 21 represent the late stage, where the social aspect stands out. During this period, young people experience significant changes in their bodies, emotions, and relationships, leading them to adapt to new realities and challenges (1).

In this regard, the daily life of adolescents is aligned with the lifestyle they adopt, defined as a way of living and carrying out daily activities related to basic needs. This involves acquiring knowledge, attitudes, behaviors, customs, and habits that may or may not be healthy for life, primarily in areas related to diet, physical activity, sleep, social relationships, and stress management. These patterns largely determine individuals' overall health and well-being, especially during adolescence, when habits that can have long-term consequences are consolidated (2).

The study conducted by Lema et al. (3) in four educational institutions—two public and two private—located in the southern highland region of Ecuador, reported that unhealthy lifestyles were more prevalent in private schools. Similarly, Ramírez-Izcoa et al. (4), in their research conducted in three public

and three private schools located in a neighborhood in Tegucigalpa, Honduras, found that malnutrition is higher in public schools and that overweight/obesity is more prevalent in private schools. Approximately 155 million adolescents between the ages of 15 and 19 worldwide are alcohol consumers (5). Moreover, the obesity rate has affected 33.6% of children and adolescents in the American continent, a result attributed to low levels of breastfeeding, low consumption of vegetables and fruits, high intake of ultra-processed and sugary foods, and skipping breakfast (6-8). In Lima, however, figures range between 21.9% and 18.9% (9).

In addition, adolescents exhibit risky habits, such as sleeping less than seven hours, avoiding physical exercise, and spending a significant amount of time watching television, the latter being considered a sedentary leisure activity (10). Meanwhile, in their desire to experience new things and/or gain acceptance within peer groups, adolescents may make risky decisions, such as drug use, which can affect their physical and mental development. This can manifest in poor academic performance, dangerous relationships, delinquent activities, injuries and accidents, suicide, and substance use disorders in adulthood (11).

The rural community of Cahua, located in the district of Manas, Cajatambo, Lima, Peru, has approximately 250 inhabitants and only one school to meet the educational needs of the children and adolescents in the area. According to the National Institute of Statistics and Informatics (INEI), poverty in the rural areas of the region of Lima, including locations such as Cajatambo, exceeds 40%, reflecting the precarious living conditions in the area. Furthermore, the illiteracy rate in rural areas tends to be higher than in urban areas. According to census data, the province of Cajatambo has a high proportion of residents who have not completed secondary education (12, 13).

The main economic activities in this area are agriculture and animal husbandry, which provide the population with food, and form part of the local economy. There are no fast-food restaurants here, but there are small businesses that sell salchipapas (fried potatoes with hot dog) and chifa (Chinese-styled food). Adolescents engage in physical activity at school as part of their Physical Education classes and occasionally participate in district tournaments; however, regular exercise is not a habit they have developed. Despite being a rural area, the community has internet access, allowing adolescents to use social media, with much of their time spent playing video games. The community usually celebrates several holidays throughout the year, events that promote the sale of beer and tobacco. In terms of sexuality, adolescents often avoid seeking specialized counseling at health centers, which frequently leads to unplanned pregnancies and school dropout, thereby frustrating their prosperous future (14, 15).

For these reasons, analyzing the health condition of adolescents is a fundamental pillar. Based on this knowledge, nursing professionals will be able to develop effective health promotion and education strategies among other actions that contribute to improving individual and collective health (16).

In populations of this nature, studies characterizing the lifestyles of secondary school adolescents are scarce, as their experiences are tied to very specific and diverse contexts (17). Therefore, the information obtained from the study results becomes a fundamental tool for the joint action of the educational community, parents, and nursing professionals to design health promotion and counseling programs, among other interventions. These efforts aim to improve the health and well-being of adolescents and foster healthy lifestyles adapted to the rural reality. Hence, the objective of this study was to characterize the lifestyles of adolescents from first to fifth grade of high school at a rural public educational institution in Cahua, Lima, Peru.

MATERIALS AND METHODS

A quantitative, descriptive, and cross-sectional study. The participants were 47 male and female students from first to fifth grade of secondary school, aged 12 to 17, enrolled in the 2023 school year at Public Educational Institution 20037 in the town of Cahua, province of Cajatambo, district of Manás, region of Lima, Peru. These students were authorized to participate through informed consent signed by their parents or legal guardians, in addition to signing an informed agreement. The study received risk-free research approval by the Ethics Committee of the Universidad Peruana Cayetano Heredia and authorization for implementation by the institution studied.

The data collection instrument used was the "Lifestyle Scale for Adolescents" questionnaire, validated in Mexico by Bazán-Riverón et al. (18) from the Universidad Nacional Autónoma de México. The instrument demonstrates overall satisfactory internal consistency (Cronbach's alpha = 0.75) as well as within each of its dimensions (Cronbach's alpha = 0.68–0.85). The questionnaire consists of 40 questions divided into six dimensions: diet (10 items), physical activity (5 items), emotional state (8 items), social relationships (5 items), substance use (4 items), health (8 items), and, finally, emotional state (10 items). The response format is a Likert-type scale ranging from 0 to 4

points. Scores for each dimension are summed and divided by the total number of items in that dimension to obtain a corresponding average, which was categorized as follows: 0 to 1.9 = morbid; 2 to 3 = moderately healthy; and 3.1 to 4 = healthy lifestyle. The data was coded and then entered into a database created in Microsoft Excel. It was subsequently analyzed using the statistical program STATA version 17. Frequency distribution tables were obtained according to the instrument's global classification scales and their respective dimensions. The results were presented in tables and graphs.

RESULTS

Among the 47 adolescents surveyed from first to fifth grade of secondary school, females prevailed (57.4%) along with the second grade of instruction (25.5%). The average age was 14.4 years, with a standard deviation of 1.6 years. The youngest age recorded was 12, and the oldest was 17 (Table 1).

Table 1. Sociodemographic data of adolescents from first to fifth grade of secondary school in a public educational institution in Cahua, Lima, Peru (n = 47).

General data	n	%
Sex		
Female	27	57.4
Male	20	42.6
Grade level		
First	10	21.3
Second	12	25.5
Third	7	14.9
Fourth	8	17.0
Fifth	10	21.3
Age		
Average	14.4	
Standard deviation	1.6	
Youngest age	12	
Oldest age	17	

Among the participants, the most prevalent lifestyle was classified as moderately healthy (66.0%), followed by a morbid lifestyle (34.0%) (Table 2).

Table 2. Lifestyles of adolescents from first to fifth grade of secondary school at a public educational institution in Cahua, Lima, Peru (n = 47).

Lifestyle	n	%
Morbid	16	34.0
Moderately healthy	31	66.0
Healthy	0	0.0

Regarding the dimensions of "physical activity" and "disease prevention and sexuality", the morbid style prevailed with 53.2% and 83.0%, respectively. In terms of the other dimensions, the moderately healthy lifestyle prevailed; however, the "substance use" dimension presented a healthy lifestyle (Table 3).

Table 3. Lifestyles of adolescents from first to fifth grade of secondary school at a public educational institution, according to the evaluated dimensions in Cahua, Lima, Peru (in %).

Dimension	Lifestyle		
	Morbid	Moderately healthy	Healthy
Physical activity	53.2	44.7	2.1
Nutrition	8.5	80.9	10.6
Emotional state	36.2	55.3	8.5
Social relationships	17.1	63.8	19.1
Substance use	4.3	44.7	51.0
Disease prevention and sexuality	83.0	14.9	2.1

Regarding the "physical activity" dimension, it is noteworthy that 48.9% of participants never engage in any high-risk sports, such as skating or performing acrobatics. In addition, 53.2% sometimes read or engage in artistic activities in their free time, and 40.4% sometimes check their social media, watch television, or play video games for more than three hours a day in their free time (Table 4).

Table 4. Physical activity dimension according to statements by adolescents from first to fifth grade of secondary school at a public educational institution in Cahua, Lima, Peru (in %).

Physical activity	Never	Almost never	Sometimes	Almost always	Always
When I am in school, I engage in physical activities more than three times a week.	10.6	19.1	23.4	34.0	12.8
I practice sports in my free time (swimming, soccer, dance, etc.).	6.4	10.6	29.8	38.3	14.9
In my free time, I usually check my social networks, watch TV, or play video games for more than three hours per day.	6.4	34.0	40.4	12.8	6.4
In my free time, I usually read or engage in some artistic activity (painting, drawing, playing an instrument, etc.).	2.1	12.8	53.2	23.4	8.5
I participate in high-risk sports (skating, climbing, and jumping through walls doing acrobatics, etc.).	48.9	27.7	17.0	6.4	0.0

Regarding the dimension of "disease prevention and sexuality," it is noteworthy that 40.4% of participants sometimes attend preventive medical checkups; 48.9% sometimes take general health measures such as vaccination; 38.3% sometimes sleep less than seven hours a day; and 29.8% never consult their teachers and/or parents about contraceptive methods and sexually transmitted infections (STIs). It is worth mentioning that only 30.0% of participants reported having sex, and most of them never use any contraceptive method or condom (Table 5).

Table 5. Disease prevention and sexuality dimension according to statements from adolescents from first to fifth grade of secondary school at a public educational institution in Cahua, Lima, Peru (in %).

Disease prevention and sexuality	Never	Almost never	Sometimes	Almost always	Always
When I am in good health, I go for preventive medical checkups (with my family doctor or pediatrician, dentist, optometrist, etc.).	23.4	29.8	40.4	4.3	2.1
In my family, we take general health measures (deworming, vaccination, etc.).	8.5	14.9	48.9	19.1	8.5
I usually sleep less than seven hours a day.	19.1	19.1	38.3	12.8	10.6
I consume protein powder, amphetamines, or medications to control my weight.	0.0	0.0	2.1	17.0	80.9
I consult with my teachers and/or parents for information about contraceptive methods and sexually transmitted diseases (STDs).	29.8	10.6	31.9	23.4	4.3
If you have already had sex, go to question 38; if not, hand the questionnaire back to the interviewer (*30% answered yes*).					
I use some contraceptive method when having sex.	17.0	0.0	2.2	10.8	0.0
I use a condom when having sex.	15.0	0.0	2.1	10.8	2.1
I have more than one sexual partner.	0.0	0.0	0.0	2.2	27.8

Regarding substance abuse, it is noteworthy that 51.0% of participants reported never having smoked, consumed alcohol, or tried any drugs. However, 40.4% stated that they always consume alcoholic beverages more than once a week, and 46.8% always consume some kind of drug (Table 6).

Table 6. Substance Use dimension according to statements from adolescents from first to fifth grade of secondary school at a public educational institution in Cahua, Lima, Peru (in %).

Substance use	Never	Almost never	Sometimes	Almost always	Always
If you have never smoked, consumed alcohol, or tried any drugs, go to question 33. If you have smoked, drunk alcohol, or tried any drugs, go to question 29 (*49% answered yes*).					
At parties, I drink more than two alcoholic beverages (glasses of beer, rum and coke, mixed drinks).	0.0	2.1	6.4	12.8	27.7
I smoke.	46.9	2.1	0.0	0.0	0.0
I consume alcoholic beverages more than once a week.	2.2	0.0	0.0	6.4	40.4
I use drugs (marijuana, cocaine, inhalants, crystal meth, heroin, etc.).	0.0	0.0	2.2	0.0	46.8

DISCUSSION

Regarding the lifestyles of study participants, it was observed that most of them fall into the "moderately healthy" category. This finding aligns with the research conducted by Lema et al. (3), who reported serious issues related to the lifestyles of adolescents attending public schools in the highland region of southern Ecuador. Similarly, Sevilla-Vera et al. (8), in their study conducted in schools within a rural area of Cuenca, Castilla-La Mancha, Spain, found that participants maintained an unhealthy diet, as they frequently skipped meals. This contrasts with the findings of the present study, where only 8.5% of adolescents exhibited a morbid eating pattern. In addition, the aforementioned authors reported that the researchers maintained a sedentary lifestyle and spent several hours a day watching television, findings similar to those obtained in this study, where 53.2% of adolescents reported morbid physical activity.

However, Oliver et al. (19), in their research conducted with students from schools in the 41 municipalities of the province of Barcelona, pointed out that vigorous physical activity, skipping breakfast, excessive use of the internet, or frequently meeting up with friends during the week increase the likelihood of consuming energy drinks, thereby promoting the risk of being overweight or obese. Meanwhile, Campos-Valenzuela et al. (20), in their study conducted with adolescents aged 10 to 19 from public schools located in the Biobío region of Chile, reported that adolescents from rural areas obtained better lifestyle scores compared to those living in urban areas ($t = 2.007$; $df = 70.91$; $p < 0.04$). Furthermore, adolescents aged 10 to 14 showed higher averages in the dimensions of physical activity, nutrition, sexuality, and alcohol and drug consumption, as well as in the overall lifestyle score.

In terms of emotional state and social relationships, only 8.5% and 19.1% of adolescents, respectively, exhibit a healthy lifestyle. This low prevalence could be related to their low level of physical activity. In this regard, Castro-Sánchez et al. (21) investigated male and female adolescents aged 13 through 16 who were enrolled in a compulsory high school in Granada, Spain, and found a negative and direct relationship between sedentary lifestyles and the level of emotional intelligence in students, which translates into an increase in symptoms such as stress, anxiety, and difficulty relating to their peers (22). According to the study by Bazán-Riverón et al. (18), conducted with adolescents aged 11 to 15 from a secondary school in the State of Mexico, adolescents require good examples of self-regulation to help them learn when and how their emotions affect them, as emotional regulation is more flexible during this stage. The adoption of lifestyle habits in adolescents can be influenced by social and contextual relationships; a close relationship with family allows for better stress management, strengthens healthy behaviors such as physical activity, mental well-being, self-esteem, and life satisfaction, serving as protective factors against alcohol and drug use (20).

Regarding the substance use dimension, only 4.3% of the participating adolescents exhibited a morbid lifestyle. It is noteworthy that a considerable percentage have had contact with alcoholic beverages

and drugs. In this regard, adolescents are in a stage of physical, emotional, and social developmental changes. In addition, they are particularly vulnerable to external influences, which puts them at a higher risk of developing addictive habits. Drugs represent a constant threat to the health and well-being of young people. Their consumption can cause irreversible brain damage and negatively affect their long-term quality of life (11, 23–25).

In addition, 47.7% have moderately healthy substance use, suggesting that they have had some experience in this area. Similar results were reported by Cabanillas-Rojas (11), who found that both boys and girls begin consuming alcohol between the ages of 11 and 13, and during their first year of secondary school, with similar percentages of drunkenness lasting one to two days. However, differences emerge as the number of drinking days and episodes increases. Addolorato et al. (26) mention that excessive alcohol consumption during adolescence is related to alcohol use disorder in adulthood.

In relation to the above, alcohol consumption begins on average at the age of 16, with males consuming it more days than females. Regarding tobacco, the average age of consumption is 17, with women consuming more cigarettes. In addition, each adolescent's lifestyle is a determining factor in the consumption of legal substances, due to their easy access in the social context in which they live (27, 28). Similarly, Moral-García et al. (29) report that adolescents with little parental support show ($p < 0.001$) more boredom, less fun, poorer academic performance, and higher alcohol consumption; age establishes ($p < 0.01$) that older adolescents (15-16 years old) experience more boredom, less fun, less physical activity, lower academic performance, and higher alcohol consumption than younger boys and girls (12-14 years old).

Similarly, it was observed that there is a morbid behavior in disease prevention and sexuality, an alarming figure given that adolescents could be exposed to sexually transmitted infections and early pregnancy. The latter would mean abandoning their life plans, dropping out of school, and increasing poverty levels. For instance, the research study conducted by Cifuentes et al. (30) showed that the average age of sexual initiation was approximately 15 years, and that these adolescents were unaware of preventive methods. Another study concluded that the frequency of sexual initiation among adolescents was low; however, they are more vulnerable to contracting sexually transmitted infections and/or experiencing unintended pregnancies due to the lack of protection (31). This problem could be related to drug use, which encourages risky sexual activities and/or cases of sexual assault.

In relation to the above, the results of this study show that only a small percentage of participants have an unhealthy lifestyle in terms of diet and physical activity. This differs from the studies by Sevilla-Vera et al. (8) and Lema et al. (3), who reported very unhealthy eating habits and a sedentary lifestyle among adolescents in rural settings. Although this study also reports a high prevalence of sedentary behavior, compared to the findings of Oliver et al. (19), participants have better nutrition.

All in all, the influence of family relationships and emotional support stands out, an aspect that could be crucial in understanding why this study shows lower rates of substance use and risky sexual behaviors compared to studies conducted in more vulnerable contexts, such as that of Cifuentes et al. (30). However, the trend toward a moderately healthy lifestyle, combined with the presence of risky behaviors such as alcohol and drug use, highlights a complex and contradictory reality in which, although adolescents appear to have relatively better habits, they remain vulnerable to social and contextual factors that encourage harmful behaviors. This contrast highlights the need for a comprehensive approach to preventing risky behaviors, promoting education about healthy habits, and providing adequate emotional support.

CONCLUSIONS

The participating adolescents exhibited moderately healthy lifestyles, with low physical activity and exposure to risky behaviors such as alcohol and tobacco consumption standing out. In this scenario, nursing professionals must intervene in the community of Cahua through educational programs that promote healthy lifestyles, especially in the school context. The implementation of educational activities on nutrition, prevention of non-communicable chronic diseases, and sexual and reproductive health could have a significant impact on improving adolescents' health habits. In both urban and rural schools, nurses have the responsibility to promote healthy lifestyles through health education and counseling, providing adolescents with the necessary tools to make responsible decisions regarding their health.

A limitation of this study was the sample size used in the rural area, as there are no other secondary schools available. It is advisable to replicate this research with a sufficiently large sample of secondary school adolescents from various rural schools to validate both the instrument and the results found in this study.

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Authorship Contribution:
LSRL, CCMM: conceptualization, data curation, formal analysis, research, methodology, project administration, validation, visualization, writing of original draft, writing - review & editing.
MPGL: formal analysis, research, methodology, validation, writing - review & editing.

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