

# HEALTH PROMOTING LIFESTYLES AMONG UNDERGRADUATES OF UNIVERSITY OF UYO, AKWAIBOM STATE

<sup>1</sup>Dorathy I. Achalu, <sup>2</sup>Peter Nnabuihe Chikezie and  
<sup>3</sup>Nsidibe Johnson Ita

*Dept. of Physical and Health Education,  
University of Uyo, Uyo, Akwa Ibom State  
greatpeterchikezie@gmail.com 07064765727*

## **Abstract**

*Health promoting lifestyle is an important prerequisite for attaining optimal health. University period is one of the critical periods in one's lifespan when the individual gradually assumes responsibilities for his/her self and majority of an individual's lifestyle is formed/modified during this period which positively or negatively affects health. Considering the high cost of healthcare, it is therefore paramount to shift from curative to preventive approach which requires healthy lifestyles among individuals especially the youths. This study evaluated the health-promoting lifestyle of undergraduate of University of Uyo, Akwa Ibom state. The descriptive survey research design was used for the study. The population for the study comprised all undergraduate students of University of Uyo. A multi-stage sampling procedure was adopted, in which a total sample size of 450 students were selected using convenience sampling technique. A 52-item Health-promoting lifestyle profile II with a reliability coefficient of 0.94 was used as instrument for data collection. Data were analysed using percentages, mean, independent t-test and ANOVA at 0.05 level of significance. Findings from the study revealed that, the health-promoting lifestyle of undergraduate students of University of Uyo was above average (67.30%) based on the lifestyle mean score, the difference in health-promoting lifestyle between male and female undergraduate students, as well as among the different age groups of students, was significant. It was therefore, recommended, among others, that health education and health promotion programmes with emphasis on health-promoting lifestyle, should be intensified in the University of Uyo community through seminars, workshops and symposiums. This will help create more awareness on the need to develop healthy lifestyles and reduce risky health behaviours among undergraduate students.*

**Keywords:** *Health promoting lifestyles, Undergraduate, University of Uyo*

## **Introduction**

Health is a fundamental human right, essential for personal development and vital to a nation's economic growth and internal stability (WHO, 2010). According to World Health Organization, health is more than the state of not having a disease or disability but a state of being well in terms of mental, physical and social aspects (WHO, 1986). Being healthy is being aware of breathing, being able to meet daily needs, being able to change the environment or handle the environment. Health is a complex and dynamic process that constantly changes throughout life and one of the factors that determines good health is lifestyle (Al-

Khawaldeh, 2014). In other words, having a healthy lifestyle is one of the major strategies for maintaining health (Golmakani, Naghibi, Moharai & Esmaily, 2013).

University undergraduate students comprised mainly youths who are known for their risk taking lifestyles such as smoking, too much consumption of alcohol, drug abuse among others. This period in one's lifespan is critical as lifestyles developed at this stage of life have the tendency to affect one's health either positively or negatively. As such, there is need to evaluate the lifestyle of students in tertiary institution as regards health promotion, which is the aim of this study.

According to Paksereshet, Rezaei, Pasha, Leili and Hasandoost (2017), lifestyle involves individual's ordinary daily activities which affect their lives. The authors further stressed that individuals may maintain and improve their health and prevent diseases through the adoption of a healthy lifestyles such as adopting a healthy diet, appropriate sleep and activity patterns, exercise, weight control, avoiding smoking and alcoholic drinks, immunizing the body against diseases, stress management and use of health services. Mehi, Solhi, Garmaroudi, Nadrian and Sighaldah (2016) described lifestyle as the way of living of individuals, families and societies which can be healthy or unhealthy in terms of personal behaviours such as nutrition, physical activity, and stress management. A healthy lifestyle may result in better health and happiness, and in contrast, unhealthy lifestyle may cause illness and morbidity (Safari, Amini, Eftekhari, Sanaeinasab, Mahmoudi & Piper, 2013).

Health promotion is the science and art of lifestyle modification aimed at attaining perfection (Lee & Loke, 2005). One of the most important objectives of promoting health according to Mirghafourvand, Sehhati and Rahimi (2014) is for individuals in a community to be able to control their health and increase their health level. As such, a healthy lifestyle can be considered a valuable resource through which health problems can be reduced, thereby promoting and improving optimal health (Al-khawaldeh, 2014). An individual health is influenced by his/her lifestyle, and health promoting behaviours and healthy lifestyles, offer major guidelines to facilitate and maintain one's health (Quintiliani, Allen, Marino, Kelly-Weeders & Li, 2010). Health promoting lifestyle, according to Wallace (2000), is a multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization and fulfillment of the individual.

Pirincci, Rahman and Erdem (2008) in their study maintained that many chronic diseases result from lifestyle and human behaviours. Maintaining further, the authors stressed that, to adopt health promoting behaviours is one of the best ways whereby one can control and maintain one's health. To this end, university period is one of the critical periods in one's lifespan when the individual gradually assumes responsibilities for his/her self. According to Pakseresht *et al*

(2017), the habits and lifestyle of the students change during university years. The authors noted that students go through a dynamic transition period of growth and perfection that bridges adolescence to youth. This thus becomes the appropriate time to form health promoting lifestyles which can lead to rapid changes in the student's physical, mental, spiritual and social health (Lee & Loke, 2005).

Healthy lifestyles aim not only to prevent a disease or illness but also to bring a person's general health to a better level. According to Esmaeili, Salem, Sheikh, Rezaei and Ebrahimi (2015), the leading cause of morbidity and mortality in the world today is non-communicable diseases such as cardiovascular problems, hypertension, cancer and diabetes. Healthy lifestyle is the most important factor in the prevention of chronic diseases. Statistics showed that 53% of deaths due to chronic diseases are related to lifestyle (Golmakanr, Naghibi, Moharai & Esmaily, 2013). Pander (1996) posited that by engaging in health promoting lifestyle, individuals can maintain and enhance their well-being and prevent the early onset of disabling health conditions. Stressing further, the author maintained that adoption of healthy lifestyle can slow physical decline from a chronic health problem and even improve general physical and mental well-being in older persons.

Admission into universities, according to Hosseini, Kazemi and Shahbaznezhad (2006) is accompanied by certain emotions that can affect one's mental and physical health. With a different way of studying and new living conditions, many students are exposed to a wide range of unhealthy habits including poor diet, inadequate rest and insufficient physical activity (Pakseresht, Rezaei, Pasha, Leili & Hasandoost, 2017). Mehi et al (2016) added that the changes which occur in the study modes and living in campus hostels may be the reasons many students experience a wide range of unhealthy habits such as high level of fast food intake, low level of physical activity and irregular sleep. According to the authors, the young age of students may lead them to believe that they are in good health, and this would be possible reasons they are not very conscious of their health behaviours. Researchers have reported that many students engage in risky lifestyles such as smoking, drinking alcohol, physical inactivity, unhealthy diets and poor sleep and rest. These unhealthy lifestyles will lead to poor health status among the youths which will continue into later stages of their lives (Abolfotouh, Bassiouni, Mounir & Fayyad, 2007). Therefore, evaluating the students' lifestyles and their contributing factors may be considered a priority for preventive efforts and control of non-communicable diseases.

The Health-promoting lifestyle profile II (HPLP-II) is one of the criteria of health and prevention of health-threatening factors. The HPLP-II consists of six (6) dimensions which include; spiritual growth, health responsibility, nutrition, stress management, interpersonal relationships and physical activity

(Esmaili *et al*, 2015). Spiritual growth focuses on the development of inner resources. Health responsibility is a person being actively responsible for his personal health. Nutrition means an individual's choice and management of his meals and the value of his food. Stress management entails determining and activating an individual's physiological and psychological resources to reduce and control intensity of daily activities. Interpersonal relationship involves the relationships with others and requires the use of communication. Physical activity involves doing exercise at every level, that is, avoiding sedentary lifestyle (Bozlar & Arslanoglu, 2016).

Having known the benefits of adopting health promoting lifestyles, studies have examined the rate at which university students observe these lifestyles. Research conducted by Rejali and Mostajeran (2010) on the assessment of physical activities in medical and public health students of Osfahan university of medical science revealed that 48.8% of medical and health students were active in terms of moderate physical activities and 51.4% were inactive, in terms of high physical activity, 32.6% of the students were active and 76.4% were inactive.

Result of a study conducted by Ramezankkhani, Rakhshani, Ghaffari, Ghanbari and Azimi (2015) on health promoting behaviours at Shahid Beheshti University in Iran revealed that the highest and lowest scores of health promotion were assigned to spiritual growth/self-actualization and physical activity respectively. The results of the study carried out by Pekerand and Bermek (2011) on predictors of health-promoting behaviours among Turkish university students showed that a great number of the students adopted high-risk behaviours such as drinking alcohol, tobacco use, physical inactivity and unhealthy diets. Study by Montazeri, Kianipour, Nazari, Ziapour and Bakhshi (2017) on health promoting behaviours among university students revealed that the status of health promoting behaviours was average, in which the highest and lowest scores are related to the spiritual growth and physical activities, respectively.

Study by Pakseresht *et al* (2017), on health promoting lifestyle among students at Guilan University of medical sciences revealed that girls scored higher in eating habits and health responsibility, boys did better in physical activity. However, the total health promoting lifestyle scores was undesirable among the students and significantly related to eating and physical activities. Abolfotouh *et al* (2007), examined the health-related lifestyle and risk behaviours among university students, the result revealed that majority of the students indulged in unhealthy and high-risk lifestyle as about 86% ate poor diet, 17.5% of male students were current smokers, 32.2% had poor sleep behaviours and 28% of the students adopted 3 or more risk behaviours.

Unhealthy lifestyle behaviours are modifiable and usually established during youth or young adulthood, which characterized the age bracket of university students. Despite the widely-documented consequences associated

with unhealthy lifestyle behaviours, globally, a substantial proportion of young adults, notably university students, engage in unhealthy lifestyle practices. The transition from school into university is normally coupled with a combination of stressors, which can have a significant impact on students' health lifestyle choices. This transitional period is critical for the development of lifelong healthy attitudes and practices, as well as for avoiding the biological precursors of chronic disease in later life. This study therefore aims to evaluate health promoting lifestyles among undergraduate students of University of Uyo, Akwa Ibom State.

### **Methodology**

The descriptive survey research design was adopted for the study. The population for the study comprised all undergraduate students of University of Uyo, Uyo, Akwa Ibom State. A sample of 450 students was used for the study. The multi-stage sampling procedure was used for the study. Stage one involved the selection of three (3) campuses out of 4 campuses in university of Uyo using purposive sampling techniques. The campuses were; Town, Annex and Main campuses. The second stage involved the selection of two (2) faculties from each of the selected campuses, using simple random sampling technique by balloting. Stage three involved the selection of three (3) departments from each selected faculties using simple random sampling technique by balloting. Stage four involved the selection of twenty-five (25) students from each of the selected departments. Convenience sampling technique was used to select the respondents from the departments. At the end, a total of four hundred and fifty (450) respondents were selected.

The instrument used for data collection was a questionnaire. The questionnaire consisted of two parts, part A and B. Part A comprised of the demographic characteristics of the respondents while part B consisted of the Health-Promoting Lifestyle Profile II (HPLP-II) questionnaire which was adopted from Pander (1996). The HPLP-II questionnaire contained 52 items, which assessed health promoting lifestyles in six (6) dimensions including; spiritual growth and self-actualization, responsibility towards health, interpersonal relationship, stress management, sport and physical activity and nutrition. In this questionnaire, each item was scored based on modified 4-point likert scale with the options of; Never (1point), Sometimes (2 points), Often (3points), and Routinely (4 points).

The total score of the HPLP-II was obtained by answering all the 52questions. The minimum score of 52 and maximum score of 208 was obtained. To evaluate the health-promoting lifestyles in this study, a mean lifestyle score of less or equal to 49% of the total score was considered as poor status, 50% to 75% was considered as average status and above 75% was considered as good status

among students. Also, a higher mean score represented the activities or lifestyles that were most practiced by students.

The instrument (HPLP-II) was found to be highly reliable with total alpha coefficient of .94. The reliability of the six subscales was found to have had the following alpha coefficients: Physical Activity (.85), Nutrition (.80), Health Responsibility (.86), Interpersonal Relations (.87), Stress Management (.76), and Spiritual Growth (.86) ( Pander, 1996).

The questionnaire was administered by the researchers to the respondents, and collected back the same day after completion. The necessary ethical issues were taken into consideration. The administration of the questionnaire lasted for one week. Out of 450 questionnaires administered, only 440 were correctly filled, returned and valid for the study, giving 98% return rate. The data generated were analyzed using; percentages, mean, independent t-test and one-way Analysis of Variance (ANOVA). Percentage was used for the demographic variables, mean was used to answer research question one, t-test and ANOVA were used to test hypothesis one and two respectively. All data analysis were done using SPSS software (version 20, SPSS Inc.,Chicago, IL, U.S.A). All the hypotheses were tested at .05 level of significance.

## Results

**Table 1: Percentage analysis of the socio demographic data (N=440)**

	Frequency	Percentage
<b>Gender</b>		
Male	215	48.86
Female	225	51.14
<b>Age</b>		
18-22yrs	80	18.18
23-26yrs	162	36.82
27yrs & above	198	45.00
<b>Level</b>		
Year 1	65	14.77
Year 2	90	20.45
Year 3	150	34.09
Year 4	95	21.59
Year 5 & above	40	9.09
<b>Staying in/with</b>		
Hostel	330	75.00
Alone outside campus	90	20.45
Parents/guardian	20	4.55

Result in table 1 showed that 215(48.86%) male and 225(51.14%) female students participated in the study. 80(18.18%) of the students were within the ages of 18-22years, 162(36.82%) were within the ages of 23-26 years, while 198(45.00%) were 27 years and above. Out of 440 respondents, 65(14.77%) were in year one, 90(20.45%) were in year two, 150(34.09%) were in year three, 95(21.59%) were in year four, while 40(9.09%) were in year 5 and above. Among the respondents, 330(75%) were staying in hostel, 90(20.45%) stayed alone outside campus, while 20(4.55%) stayed with their parents/guardians.

**Table 2: Descriptive indicators of the overall score and scores of the six dimensions of health-promoting lifestyle of undergraduates of UNIUYO (n = 440)**

Health-promoting lifestyle and its dimensions SD	Mini.	Maxi.	Mean
Health-promoting lifestyle	52	184	140.34
Spiritual growth and self-actualization	9	36	24.32
Responsibility for health	9	36	23.40
Interpersonal relationships	9	36	23.91
Stress management	8	32	15.38
Sport and physical activity	8	32	14.44
Nutrition	9	36	23.91

Table 2 showed the total mean score of health promoting lifestyle of the undergraduates as 140.34 with standard deviation of 32.54. In other words, in this study, the students obtained 67.30% of the total score of HPL-11. This percentage reflected an average status of health-promoting lifestyle (50%-75%). The table also revealed the mean scores of each dimension of the health promoting lifestyle. Here, spiritual growth had the highest score (24.32±9.81) while sport and physical activity had the lowest score (14.44±6.52). Meanwhile, interpersonal relationship and nutrition had the same score (23.91±9.69).

**Hypothesis one:** There is no significant difference in health-promoting lifestyles between male and female undergraduates of University of Uyo.

**Table 3: Comparison of the health promoting lifestyle based on gender (n=440)**

Variables	n	$\bar{x}$	SD	df	t-cal	p-value	decision
Male	215	116.64	32.51	214	47.74	0.000	reject H <sub>0</sub>
Female	225	127.65	30.67	224	55.93	0.000	

Table 3, revealed that, the mean score of HPL was higher in females (127.65±30.67) compared to males (116.64±32.51). The t-cal of male and female

undergraduates was 47.74 and 55.93 respectively, at degrees of freedom 214 and 224, and at 0.05 level of significance. Since the p-value (0.000) is less than 0.05 therefore, the null hypothesis one is rejected. The implication is that, the health-promoting lifestyle of male and female undergraduates of University of Uyo differs significantly.

**Hypothesis Two:** There is no significant difference in health-promoting lifestyle among the age groups of undergraduate students of University of Uyo.

#### **Analysis of Variance (ANOVA) of Significant Difference in HPL of age Groups of Undergraduates (n=440)**

	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>P-value</i>	<i>Dec</i>
Between Groups	50136.057	2	25068.029	26.270	0.000	reject H <sub>0</sub>
Within Groups	417000.115	437	954.234			
Total	467136.173	439				

Result in table 4 revealed the F-cal of 26.270 at degrees of freedom 2 and 437. Since the p-value of 0.000 is less than the criterion p-value of 0.05, therefore the null hypothesis two was rejected. This implies that there is significant difference in the health-promoting lifestyle of students based on their age groups.

#### **Discussion**

Findings on the level of health-promoting lifestyles of undergraduates of University of Uyo showed that the students had an average health-promoting lifestyle level. The result revealed that the students were much involved in their spiritual growth/self-actualization than other dimensions and less involved in sport and physical activity than other dimensions. However, they gave the same level of attention to their interpersonal relationships and eating habit. This may be attributed to the presence of different spiritual exercises carried out within the campus, such as campus fellowship, campus churches among others in which students play active part for their spiritual growth and development. Low participation in sports and other physical activities among the students may be attributed to their workload on academic career giving little or no time for sports, which they may see as distractions. This result was consistent with the results of studies by Montazeri et al (2017) and Ramezankhani *et al* (2015) who revealed that the status of health promoting behaviours among university students was average, in which the highest and lowest scores are related to the spiritual growth and physical activities, respectively.

Findings on the difference in health-promoting lifestyle of male and female students of University of Uyo revealed that female students had the highest mean score of health-promoting lifestyle (127.65) compared to male students (116.64) and the difference in their mean score was statistically

significant, which led to the rejection of null hypothesis one. This implies that there is significant difference in the health-promoting lifestyle between male and female undergraduate of University of Uyo, which revealed that, female students live a healthy lifestyle than their male counterpart. This finding may not be far from the fact that young men including undergraduates engage in unhealthy lifestyles such as smoking, drug abuse, excessive alcohol consumption, unhealthy eating habits, poor rest and sleep among others compare to their female counterpart. This result is in line with the findings of Pakseresht *et al* (2017), who revealed that girls scored higher in eating habits and health responsibility. From the result obtained in this study, female students seem to be more conscious about their lifestyle than their male counterpart. This result is not surprising, as an earlier study by Abolfotuh *et al* (2007), revealed that 17.5 percent of male students were smokers and consume much alcohol which are threats to the achievement of optimal health.

Findings on the difference in health-promoting lifestyle of undergraduates of University of Uyo based on age groups showed that there is significant difference in the health-promoting lifestyle among the age groups, in that, students within 23-26 years obtained the highest mean score (147.290) while the age group of 18-22 years had the lowest health-promoting lifestyle mean score (117.913) compared to the other age groups. By implication, undergraduate students within the 23-26 years have a better health-promoting lifestyle than students of other age groups. This finding is in contrary with the study by Tahmasbi (2006), which showed that with the increase in age, the level of health-promoting lifestyle decreased. This contradiction may be as a result of the difference in population that was used in the two studies, as the previous study made use of women, while the present study used undergraduate students, both male and females. In this present study, it seems that as the students' age increases they tend to be more conscious of their health and try to improve in lifestyles that would improve their health than in their previous years in which developing healthy lifestyle was not their priority.

## **Conclusion**

An individual's health is influenced by his/her lifestyle. Therefore, a health-promoting lifestyle can be considered a valuable resource through which health problems of an individual or community can be reduced. Based on the findings of this study it can be concluded that the status of the health-promoting lifestyle of undergraduates of University of Uyo was average. The level of health-promoting lifestyle between male and female undergraduate students of University of Uyo as well as among different age groups of the students differ significantly.

Based on the findings of the study, the following recommendations were made:

- 1) Health education and health promotion programmes with emphasis on health-promoting lifestyles should be intensified in the University of Uyo

community, through seminars, workshops and symposiums. This would create more awareness on the need to develop healthy lifestyles and reduce risky health behaviours among the undergraduates.

- 2) Programmes should be developed at each departmental level to actively engage undergraduate students in sports and other physical activities at least twice a week with specific consideration on gender of the students, such as inter-departmental sports competition. This would help to improve the healthy lifestyle of the students.
- 3) Environmental changes should be made to reduce barriers to healthy lifestyles among students through improvement of recreation facilities, provision of sports facilities and equipment, and provision of good healthy food.

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