

**DETERMINANTS OF UNDERGRADUATE STUDENTS NUTRITIONAL AND  
HEALTH STATUS WITHIN THE UNIVERSITY OF BENIN CORRIDOR**

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BENIN CITY.**

**SEPTEMBER, 2025**

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**BEING A PROJECT SUBMITTED TO THE  
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY  
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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
AWARD OF BACHELOR OF SCIENCE DEGREE (B.Sc.) IN  
SOCIOLOGY AND ANTHROPOLOGY.**

**SEPTEMBER, 2025**

## CERTIFICATION

This is to certify that this research work titled "Determinants of undergraduate students nutritional and health status within the university of Benin corridor" carried out by ISRAEL Sarah Oluwatitilayo (Ssc2105937), is adequate in scope and quality in partial fulfillment for the award of Bachelor of science (B Sc.) Degree in the department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City.

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(Project Supervisor)

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Ass Prof Greg Igbinomwanhia  
(Head of Department)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **DEDICATION**

This work is dedicated to God almighty who made the completion of this course possible and a success.

To myself for carrying on to the every end regardless of all difficulties and challenges, it wasn't easy but was definitely worth it.

To my lovely father, Apostle Isaiah Laja Israel, and my amazing mother, Mrs. Adenike Israel, for their prayers and support through the whole process.

To my dearest siblings, Elijah, Miracle and Isaac Israel, your love, warmth and support kept me going.

To Ayodele Michael Otaigboria, your love, words of advice, warmth and support really helped me through, Thank you and God bless you all, I Love you forever.

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## ABSTRACT

*This study investigates the determinants of nutritional and health status among undergraduate students at the University of Benin, focusing on residents of the Aminu Kano, Dr. Nnamdi Azikiwe, Madam Tinubu, and Akanu Ibiam hostels. Utilizing a descriptive and expository research design, data were collected from 110 respondents through semi-structured questionnaires and in-depth interviews, employing a multi-stage sampling technique combining quota and convenience sampling. The findings reveal that while 90% of students are aware of balanced diets, only 60% consistently apply this knowledge; hindered by financial constraints, time limitations, and limited access to healthy foods. Lifestyle factors, including low physical activity (40% rarely exercise), high stress (80% report moderate to high levels), and inadequate sleep (30% sleep less than 6 hours), significantly impact health. Dietary habits show reliance on starchy staples (60%) and low fruit/vegetable intake (10%), with 70% influenced by cultural factors. Socioeconomic status, particularly low income (30%), exacerbates nutritional deficiencies, such as anemia. Although 60% report healthy food availability, affordability and accessibility remain barriers for 50% and 45% of students, respectively. Students expressed strong interest in interventions, with 80% favoring nutrition workshops, fitness programs, and mental health support. Thematic analysis highlighted financial constraints, time limitations, and lack of nutritional knowledge as key barriers. The study recommends subsidized healthy food programs, nutritional education, improved recreational facilities, stress management support, and targeted assistance for low-income students to promote healthier lifestyles and enhance overall well-being.*

## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND OF THE STUDY

The nutritional and health status of undergraduate students is a significant concern globally, as research has shown that university students often experience poor eating habits, stress, and physical inactivity, which can negatively impact their overall health and well-being.

Nutritional status refers to the balance between nutrients intake and the requirements of the body for proper functioning, it comprises of various factors including dietary habits, nutrient absorption, lifestyle and overall health status. (Gibson (2005)). Nutrition refers to the process of taking in and utilizing nutrients, which are substances that support the growth, maintenance, and repair of the body. According to various studies, nutrition encompasses the intake of essential nutrients, including proteins, carbohydrates, vitamins, and minerals, which contribute to the survival, growth, development, and overall biological function of an organism. (Andrés-Hernández (2022)).

Health is a wide-ranging concept that deals with the entirety of man or individual existing in a society. The health system of any person is often affected by cultural factors, social factors, and environmental factors in which they find themselves. Conceptions of what constitutes health vary widely. To some people, health is a general sense of well-being, “feeling good.” For others, health includes the expectations that they will not become ill or will be able to recover quickly. For most, health involves the ability to do what they want to do, with one’s body not presenting difficulty in normal activities

Pindar (5th century BC) defined health as the "Harmonious functioning of organs". Hence health was seen as a balance between a person and their environment, emphasizing Physical and mental wellbeing.

According to World Health Organization (1946) health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition as being widely debated from being too broad and unrealistically setting a high standard that was not believed to be attainable.

Health was later redefined by the World Health Organization in (1986) as "a resource of living" that encompasses the extent, to which an individual realizes their aspirations, satisfies their needs and cope with the environment. Some researchers propose that health is the intersection of physical, mental, social, economic, emotional and spiritual wellbeing. Others defined Health as the ability to perform daily tasks, perform social roles and adapt to stressors. Hence, health means a healthy mind in a healthy body – that is freedom from physical, social and mental diseases accompanied by feeling of justice, health equity, and resources to express the array of one's unique potentialities in everyday life.

The study of the university life represents a transitory period during which students often mingle with a multitude of individuals with different cultural background and personal traits. Beaudry et al. (2019) noted that university undergraduate students are comprised mostly of young females and males who go through a transition in dietary and lifestyle changes. This change impacts their nutritional status and general wellbeing; subsequently defining whether they are at risk of developing diseases (particularly non-communicable diseases). The study by Mwangi. (2019) found that 59.6%, 31.2%, 6.2% and 3.1% of the undergraduate students had normal weight,

overweight, obese and underweight respectively. University students' lifestyle habits experience a rapid transformation to adjust to their new environment. Noteworthy, it is during this transition period that most teenagers become independent from their parents and start taking care and making decisions for themselves. They become responsible for their eating patterns, physical activities, and sleep patterns. (Almutairi. 2018). Transiting from high school to university comes with increased freedom and choices in diet, physical activities, and sleep patterns which affects their nutritional status. The university food environment influences the dietary behaviors of students, mostly promoting unhealthy eating habits due to limited access to healthy options, high cost for healthy nutritional food and the availability of cheaper junk foods, important factors like taste, price and convenience influences the food choices of students with stress and time constraints promoting poor eating habits. (Li, X, Braakhuis (2022)).

The nutrition and health of individuals, in this study the "undergraduate students" has been commonly linked to a variety of determinants with biological, physical, environment, culture, social - demographic characteristics, dietary habits, lifestyle and Behavioral factors and also the availability of healthy food within the school campus which will be deeply studied and analyzed in this study.

Health as a concept is not rigorously definable, but it has different components such as: clinical, epidemiological, health care and social. Even though biological, genetic, physical environmental and nutritional factors clearly determine health in individuals, other factors are also active. Nutritional knowledge, economic pressures, cultural constraints, the social environment and social support, behavioral patterns of the individual and can contribute to the burden of ill-health or, perhaps to positive well-being.

## **1.2 STATEMENT OF THE PROBLEM**

In the past decade much research has been focused on the determinants of nutritional and health status of the people and communities in general, focusing on family settings and how it affects the society at large, looking at areas like "life expectancy" Advances in medical sciences have improved global life expectancy, with life expectancies increasing from 32.0 years in 1900 to 66.3 years in 2000 (Galvani-Townsend, 2022). Social determinants play a crucial role in a population's quality and longevity of life, including factors such as education, economic stability, neighborhood, built environment, social and community context, and health care. Education plays a significant role in prolonging life expectancy, as it impacts both well-being and caliber. Higher educational attainment can account for up to 30% of adult life expectancy in the US. (Galvani-Townsend, 2022).

This research focuses on the nutritional and health status of the undergraduate students within the school environment and the determinants of their nutrition and health status. While there is limited research specifically on the University of Benin Corridor, studies have been conducted on the nutritional and health status of undergraduate students in Nigeria. These studies highlight the need for interventions to promote healthy lifestyles among university students and the need for building up their nutritional Knowledge.

This study aims to fill the gap of the limited research conducted specifically in University of Benin corridor on the determinants of undergraduate students Nutritional and health status. It aims to give a deeper understanding to the factors that influence and play vital roles in the nutritional and health status of the Undergraduate students within the university of Benin, to

study their life styles and nutritional knowledge as well as give possible solutions to help improve their nutritional status thereby improving their overall health and wellbeing.

### **1.3 RESEARCH QUESTIONS**

1. What are the determinants of undergraduate students' nutritional knowledge within the University of Benin Corridor?
2. How do socio-demographic characteristics influence undergraduate students' nutritional status within the University of Benin Corridor?
3. What are the dietary habits of undergraduate students within the University of Benin Corridor?
4. What are the lifestyle factors that influence undergraduate students' health status within the University of Benin Corridor?
5. What are the healthy food options on campus that influences undergraduate students' dietary choices?
6. What are the potential interventions that can be implemented to promote healthy lifestyles among undergraduate students within the University of Benin Corridor?

### **1.4 OBJECTIVES OF THE STUDY**

The purpose of this study is to investigate the determinants of undergraduate students' nutritional and health status within the University of Benin Corridor.

The specific objectives of this study include;

1. To assess the nutritional knowledge of undergraduate students within the University of Benin Corridor.
2. To investigate how socio-demographic factors influences undergraduate students' nutritional status within the university of Benin corridor.
3. To identify the dietary habits of undergraduate students within the university of Benin corridor.
4. To examine the lifestyle factors influencing undergraduate students' health status within the university of Benin corridor.
5. To explore healthy food options on campus, how they influence students' dietary choices within the university of Benin corridor.
6. To identify potential interventions to promote healthy lifestyles among undergraduate students within the University of Benin Corridor.

### **1.5 SIGNIFICANCE OF THE STUDY**

Nutrition plays a vital role on the overall health of an individual, nutrients needed to grow and develop properly comes from the food we eat and substance taken into the body, this study on the determinants of Undergraduate nutritional and health status within the university of Benin is very essential and vital as it gives us a deeper into this aspect of the undergraduate students within the university of Benin corridor and the factors that determine their nutritional and health status. Firstly, this study is very essential as it will contribute to the existing body of knowledge on the determinants of undergraduate students' nutritional and health status, it would serve as the basis of future study on the area of study and as future references for other researchers. Secondly, this study will help determine and analyze the factors that influence the nutritional and health

status of the undergraduate students with the University of Benin. Thirdly, this study will help analyze the relationship between the socio-demographic factors (age, sex, and socioeconomic status) of the students and their Nutritional and health status. Furthermore, this study will help analyze possible health outcomes of the undergraduate students within the University of Benin based on the factors that influence their nutritional and health status. Lastly, the findings of this study will help inform, create enough awareness, analyze and bring about interventions to promote healthy lifestyles, food choices and improve the nutritional knowledge among undergraduate students within the University of Benin Corridor, ultimately improving their overall health and well-being.

## **1.6 SCOPE OF THE STUDY**

This study focuses on the determinants of undergraduate students nutritional and health status within the University of Benin corridor. This study will specifically focus on the undergraduate students residing in some of the residential hostels within the University of Benin, The Aminu kano hostel (hall 3) and The Dr Nnamdi Azikiwe hostel (hall 5) as well as the Madam Tinubu hostel (hall2) and the Akanu Ibiam hostel (hall4).

## **1.7. OPERATIONAL DEFINITION OF TERMS**

**DETERMINANT:** This refers to a determining factor, an element that determines the nature of something.

**UNDERGRADUATE:** A student at a university who has not yet received a degree.

**NUTRITIONAL:** This refers to something pertaining to or providing nutrition.

**NUTRITION:** The organic process by which an organism assimilates food and uses it for growth and maintenance.

**HEALTH:** A state of wellbeing or balance often physical but also involves the mental and social aspects of an individual.

**STATUS:** A person's condition, position or standing on a particular area.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 INTRODUCTION

Undergraduate students (between 18–26 years) are typically in the period of young adulthood, an important time of their lives. They are different from older adults in ways that affect their decision-making, behavior, and health choices (Bonnie, R.J (2015)). During these years, they also shape their attitude towards behaviors which may greatly impact their well-being and health in the present and future, and this age is depicted as one of the best periods in the lifespan for health promotion and the primary prevention of chronic non-communicable diseases (Turco, J.V (2018)). Motivating young people to adopt a healthy lifestyle (defined as individual behaviors having a significant impact on health and well-being, such as nutrition, physical activity, stress management, sleep hygiene, and consuming risky substances, for example smoke and alcohol) is demanding since they frequently engage in health behaviors below public health recommendations (Wald, A (2014)). A recent study on a large Spanish student population conducted during the COVID-19 pandemic revealed that a lack of time and laziness were indicated as the main reasons for giving up or not taking up physical activity (Carballo-Fazanes (2020)). Other recent studies addressing nutrition in students have shown that a “healthy diet” pattern is present only in subjects who exercise on a regular basis (Cheema, S (2023)), that there is evidence of a connection between poor diet quality in students with elevated BMI and smoking, stress level, alcohol consumption, and poorer sleep quality (Doak (2023)), and that there is an association between healthy diet and physical activity. Generally, undergraduate students consider themselves healthy individuals and are more prone to focusing “on the present”

instead of “on the future”, as regarding health issues. To promote healthy behaviors among young populations (undergraduate students), it might be particularly important to draw their attention to the “immediate” benefits of a healthy lifestyle; among these benefits, the perception of well-being and improved quality of life may play a pivotal role (Lucini (2023)). It might be particularly appropriate to change undergraduate students’ “point of view” (Kraus (2015)) via preventive strategies, focusing more on well-being and the promotion of healthy behaviors (in particular, a physically active life, healthy nutrition, non-smoking, stress management and sleep hygiene) than solely on reducing traditional cardio-metabolic risk factors (such as high cholesterol level, high blood pressure, overweight/obesity, etc.), which often are within the normal range. It is important to underline that the worsening of psychological well-being linked to anxiety and stress is particularly prevalent among undergraduate students. Stress and depression represent an emerging health issue (Evans 2018, Pascoe 2020), especially in young populations. The link between stress and lifestyle is complex, and many pieces of evidence suggest that stress may worsen lifestyle (York, 2017), with those affected favoring poor nutrition, sedentariness, smoking, alcohol, drug abuse, etc., as coping strategies, with a negative consequence on cardio metabolic–oncological health. On the other hand, lifestyle improvement has been shown to be a pivotal strategy to prevent chronic diseases, improve well-being, and manage stress (Curran, 2021). Becoming or remaining physically active plays a central role in this context (Herbert, 2022). Many Academic Institutions offer their students services to promote and improve well-being, including psychological support and lifestyle improvements, and some scientific papers have been devoted to the study of students’ lifestyles. For instance, one study (Barbosa, 2024) showed, in a large cohort of Brazilian students, that the odds of depression and anxiety symptoms were higher in students characterized by sedentary behavior; another study

(Nowak, 2019) revealed in German students that lower sedentary time and higher physical activity were associated with reduced levels of perceived stress. Another one (El Ansari,2024), using cluster analysis, showed that students that smoked were more likely to report higher stress.

## **2.2 OVERVIEW OF HEALTH**

The concept of health has undergone significant transformations over the centuries. Health was viewed as the absence of disease or infirmity, The World Health Organization's (WHO) definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1946) marked a significant shift in the understanding of health. This definition acknowledges that health is a multifaceted concept that encompasses physical, mental, and social aspects. From sociological perspective, Health is a socially and culturally constructed concept that varies across societies and historical period (Turner, 2004).

Health is the absence of disease or injury as determined by medical diagnosis, it can be defined as the ability to function, this doesn't mean that healthy people are free from health problems but that they can function in their day to day activities and responsibilities, being healthy is not being ill, injured, it is also being physically fit, having good mental health and a good social relationship.

## **2.3 COMPONENTS OF HEALTH**

Health is a dynamic concept, it doesn't deal with the physical aspect of an individual, it is interwoven in different other components this different aspects or components of health collectively contribute to an individual overall wellbeing. They comprise of several components, including:

**Physical Health:** This refers to the body's ability to work efficiently and properly, including the absence of disease or infirmity (WHO, 2019). It is the state of the human body's ability to function effectively which included fitness, nutrition, sleep, and absence of disease, getting enough exercise, nutrition, sleep, medical care, and absence of illness (WHO, (2021)).

**Mental Health:** This has to do with an individual's emotional, psychological, and social well-being influencing thoughts, feelings, and behaviors. stress management, emotional regulation, mental illness prevention and resilience. (CDC, (2020)). It Consists of feelings, thoughts, coping with challenges, self-esteem, confidence and social relationships and functionality, the capacity to cope with stress, think clearly, and maintain healthy relationships (WHO, 2019).

**Social Health:** This has to do with the day-to-day socialization with others, man is a social being and cannot live in isolation or by oneself, and there must be interaction and inaction with others. This refers to how well a person interacts with others and builds relationships, support networks, cooperation, Social health is the ability to form satisfying interpersonal relationships and adapt to social situations, build communication skills, social support and community engagement. (WTO, 2001).

**Environmental Health:** It's the impact of one's surroundings on your health, This has to do with one's physical environment, the external conditions affecting health, including safe housing, sanitation, pollution control, clean air and water, safe workplaces and sustainable practices (Bell, S., & Lee, K. (2019)).

**Spiritual Health:** This is a sense of purpose, meaning, and connection beyond oneself, often associated with religion or personal beliefs, Inner peace, value systems, faith, and existential fulfillment. (Koenig (2012)).

**Intellectual Health:** It refers to the mental stimulation and lifelong learning, this is the ability to think critically, learn, and solve problems, it involves creativity and curiosity (American Psychological Association. (2020))

**Occupational health:** Refers to job satisfaction and work- life balance e.g. career fulfillment, professional growth, managing skills at work and work safety.

## **2.4 FACTORS THAT DETERMINE HEALTH**

**Genetics:** This is the biological make up of an individual that influences one's health such as blood type, DNA, genes and hereditary diseases, genetic predispositions can influence health outcomes, including susceptibility to certain diseases (Khoury et al., 2013).

**Lifestyle:** This has to do with one's daily routine, exercise, food choices and living life style as a whole. Diet, physical activity, and other lifestyle choices impact health, with unhealthy choices contributing to chronic diseases (WHO, 2018).

**Environment:** Exposure to environmental pollutants and toxins can affect health, including air and water pollution, climate change, and occupational hazards (WHO, 2018).

**Access to healthcare:** Availability and quality of healthcare services influence health outcomes, including access to preventive care, treatment, and rehabilitation (WHO, 2019).

## **2.5 OVERVIEW OF NUTRITION**

Nutrition refers to the intake of nutrients and energy necessary for growth, maintenance, and repair of the body (FAO, 2019). Nutrition has played a crucial role in human health, with inadequate nutrition contributing to various health problems, including malnutrition and related health issues. Nutrition refers to the process of taking in and breaking down nutrients, which are

substances that support the growth, maintenance, and repair of the body. According to various studies, nutrition encompasses the intake of essential nutrients, including proteins, carbohydrates, vitamins, and minerals, which contribute to the survival, growth, development, and overall biological function of an organism. (Andrés-Hernández (2022)).

## **2.6 IMPORTANCE OF NUTRITION**

**Growth and development:** Adequate nutrition supports growth and development, particularly during childhood and adolescence (WHO, 2019).

**Maintenance of health:** Proper nutrition helps maintain overall health and well-being, including the prevention of chronic diseases (WHO, 2018).

**Prevention of disease:** A balanced diet can help prevent chronic diseases, such as heart disease, diabetes, and certain types of cancer (WHO, 2018).

## **2.7 FACTORS THAT DETERMINE NUTRITION**

Several factors influence nutrition, including:

**Food availability:** Access to nutritious food is essential for proper nutrition, including the availability of fruits, vegetables, whole grains, and lean protein sources (FAO, 2019).

**Food choices:** Individual food choices, influenced by cultural, social, and economic factors, impact nutrition, including the selection of nutrient-dense foods (WHO, 2018).

**Socioeconomic status:** Economic constraints can limit access to nutritious food, including the affordability of healthy food options (WHO, 2018).

## 2.8 POSSIBLE HEALTH OUTCOMES

Poor nutritional and health status can lead to various health outcomes, including:

**Obesity and overweight:** Sedentary lifestyle and unhealthy eating habits can contribute to weight gain.

**Mental health issues:** Stress, anxiety, and depression can affect students' mental well-being.

**Chronic diseases:** Poor diet and physical inactivity can increase the risk of chronic diseases, such as diabetes and heart disease. A diet lacking essential nutrients can contribute to chronic diseases, such as heart disease, diabetes, and certain types of cancer (WHO, 2018).

**Malnutrition:** Inadequate nutrition can result in malnutrition, including under nutrition and over nutrition, with serious health consequences (WHO, 2019). Malnutrition is a common consequence of poor nutrition, it can lead to various health problems, including heart disease, type 2 diabetes, and certain cancers.

## 2.9 DETERMINANTS OF NUTRITIONAL AND HEALTH STATUS

People's lifestyles and the conditions in which they live and work strongly influence their health and longevity, for this study the undergraduate students' lifestyles, food choices and the conditions on which they live and study greatly influences their nutrition and health. Advances in medical sciences have improved global life expectancy, with life expectancies increasing from 32.0 years in 1900 to 66.3 years in 2000 (Galvani-Townsend et al., 2022). However, there are still significant differences in life expectancies across countries and territories. Social determinants play a crucial role in a one's quality and longevity of life, including factors such as economic stability, lifestyle, built environment, social environment, and access to quality health

care. The social and economic conditions that affect undergraduate students are very important. Poor conditions lead to poorer health. An unhealthy environment and unhealthy behaviors have direct harmful effects, and the worries and insecurities of daily life and the lack of supportive environment's also have an influence. Several factors contribute to the nutritional and health status of undergraduate students. These include:

- **Socio-demographic characteristics:** Age, sex, and socioeconomic status can influence students' dietary habits and lifestyle choices.

- **Social determinants:** These are factors that are non-medical conditions but socially based factors such as race/ethnicity, place of birth, occupation, education, and geographic location.

**Race/Ethnicity and place of birth:** One's ethnicity and place of birth plays a role on their food choices and nutritional lifestyle, A child born into a Yoruba home will be accustomed to eating his/her local dishes because that's the culture he/she was raised in regardless of if its Healthy or not, it would be seen as the norm.

**Occupation:** Mansouri et al. found that the unpredictable nature of emergency medical services (EMSs) poses barriers to maintaining a healthy diet. The barriers included fatigue, heavy workloads, lack of meal breaks, reliance on convenience food, and limited food options at work. A previous study showed that hospital workers who skipped meals tended to make less healthy dietary choices, with those skipping breakfast having lower diet quality. Understanding how different occupations influence dietary habits could offer new opportunities for promoting healthy choices at work

**Education:** The level of Education one has plays a role also, in communities and individuals with high illiteracy level there is poor nutrition because they are not well informed or educated

on the benefits of eating and living healthy and also do not have the financial capacity to sponsor the lifestyle.

- **Nutrition knowledge:** Students with good nutrition knowledge are more likely to make informed choices about their diet. Ignorance is also a key factor that determines the nutritional and health status of the undergraduate students as they don't place importance and necessity on eating right and living healthy lifestyles.

- **Socio-economic status:** This has to do with the financial and social class of an individual or family in the society. This plays a very vital and crucial role in determining the nutritional and health status of an individual (undergraduate students), as it influences several other factors including, access to healthy food options and access to quality health care. The students with high socioeconomic status will have free and unrestricted access to quality health care and services and will also be able to easily afford the healthy food options on campus regardless of the price but the students with low socioeconomic status will have restrictions and limitations to quality health care and services and face challenges buying the healthy food options on campus frequently of set at a high price and this will in no doubt affect their nutritional and health status.

- **Lifestyle:** The importance of lifestyle related non-communicable diseases (NCDs) in explaining the health of populations cannot be overstated. Approximately two thirds of the global mortality is caused by NCDs, mainly due to cardiovascular diseases (CVDs), diabetes, cancers and chronic respiratory diseases. Unhealthy lifestyles characterized by physical inactivity, poor diet, tobacco smoking and excessive alcohol use, as well as mental ill health are seen as the main risk factors for chronic diseases and premature deaths.(WHO, 2015), Together they account for a significant amount of preventable deaths worldwide, with tobacco smoking alone claiming 6

million annual deaths, physical inactivity 3.2 million, harmful alcohol use 2.3 million, overweight and obesity 2.8 million(WHO,2015) and dietary risks 11.3 million (Forouzanfar MH, 2013). The impact of these individual issues is exacerbated by the interactions between major risk factors, which further endanger the populations' health. For instance, overweight/obesity, poor diet, and physical inactivity are linked to increased risk for CVDs, type-2 diabetes, cancer and depression (Plotnikoff RC, 2015) Mental illness raises the risk for CVD, diabetes, cancer and obesity, and is also associated with higher rates of substance use (Dennhardt AA, 2013). The reduction of risk factors by adoption of healthy lifestyles, including regular physical activity, reduced alcohol use and balanced diet could save many of lives and prevent large proportions of NCDs(WHO, 2015). Several studies suggest that the transition to higher education makes students susceptible to adopting unhealthy routines. For example, weight gain in the students is higher than in equivalent population not attending colleges or universities and the prevalence of obesity and overweight is increasing (Vella-Zarb RA, 2010). Root causes seem to be insufficient physical activity as well as poor diet. Additionally, students' dietary patterns deteriorate with increases in sugar, fat and sodium intake and suboptimal consumption of fruits, vegetables and whole grains (Strong KA, 2008). Some suggest that while knowledge on what constitutes balanced diets exists, the problem is the translation into cooking and eating practices(Murray D, 2016). The negative behavior changes occurring during the first years of higher education are not solely individual decisions but environmentally driven too. Students are influenced by university facilities (including their food, alcohol, and leisure activities offers), their social environment and especially peers' attitudes and behaviors, their financial resources, time availability, stress, academic pressure and competition (Garcia Ac, 2010).

- **Stress:** High levels of stress can negatively impact students' eating habits and mental health. Undergraduate students faces daily academics stress and difficulties in time management, the early morning classes, late night reading, sometimes balancing and juggling school and work together leaves the students most time exhausted and stress exposure negatively encourages deleterious eating habits with increasing tendencies to snack, skip breakfast, and consume larger portions (Vella-Zarb RA, 2010).

- **Access to healthy food options:** Availability of healthy food options on campus can influence students' dietary choices, regardless of if a student is from a high socioeconomic or not, if healthy food options are not available on campus and within close and accessible proximity, with fair easily affordable price it will influence the students food choices daily, as students stressed and tired from the day's activity will find it difficult to walk or go far distances to get these scarce healthy food options and mostly likely substitute it for what they can get around and have quick and easy access to not minding if they unhealthy.

- **Access to quality health care:** Health care is an essential social determinant of health that impacts life expectancy and one's health status. Research shows lasting effects on individual health, including malnutrition and immunosuppression, regular visits to good primary healthcare centers and providers can identify issues like malnutrition and preventative immunizations early on, reducing the likelihood of disease development later in life. (Galvani-Townsend et al., 2022)

Access to health care is the most important social determinant, as it provides individuals with increased access to primary, secondary, and tertiary prevention services and treatment, this factor is also greatly influenced by the student's socio-economic status as those in the lower socio-economic level will face limitations and restrictions to getting quality healthcare. Understanding

the role of publicly funded health care in promoting the health status of students is crucial for promoting overall health and well-being. A study found that the average life expectancy was greater in nations and territories with publicly funded health care than in those without. (Galvani-Townsend et al., 2022) Moreover, publicly funded healthcare is crucial for health by reducing costs and ensuring equitable access. However, a lack can create barriers for vulnerable populations and delay disease diagnosis, potentially leading to fatal outcomes. Early entry into care is crucial for reducing disability, morbidity, and mortality risks.

## **2.10 THEORETICAL FRAMEWORK**

This study will be guided by the Health Belief Model (HBM), which posits that individual health behaviors are influenced by perceived susceptibility, severity, benefits, and barriers (Rosenstock et al., 1988). The HBM will help explain the relationship between undergraduate students' health and nutritional behaviors.

The Health Belief Model (HBM) is a psychological framework that explains and predicts health-related behaviors based on individuals' beliefs and behaviors towards a particular health issue. It was developed in the early 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, and Stephen Kegels, the Health belief model (HBM) aims to understand why people participate in health programs and adhere to medical treatments, some of the key concepts of this model includes;

**Perceived Susceptibility:** This has to do with the individual's belief about their likelihood of developing a specific health problem or experiencing negative health outcomes.

**Perceived Severity:** The individual's subjective assessment of the severity of a health problem and its potential consequences.

**Perceived Benefits:** The individual's belief in the effectiveness of taking action to reduce risk or severity of a health condition.

**Perceived Barriers:** The individual's perceptions of tangible and psychological costs associated with a health action.

**Cues to Action:** Triggers that prompt engagement in health-promoting behaviors, such as health campaigns or medical advice.

**Self-Efficacy:** The individual's confidence in their ability to take action and make changes.

The Health Belief Model (HBM) provides a valuable framework for understanding the determinants of undergraduate students' nutritional and health status, it provides a theoretical framework for understanding the complex factors influencing students' health behavior by understanding the specific beliefs and perceptions that drive students' behaviors, interventions can be tailored to address these factors.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. PREAMBLE**

This chapter will outline the methods employed in gathering data relevant to the study. It will cover the Research design, area of study, population of the study, sample size, sampling techniques, and instruments for data collection as well as the methods of data collection and analysis.

#### **3.2. RESEARCH DESIGN**

The descriptive and expository research designs will be adopted for this study.

The descriptive approach will be used to identify and describe the determinants of the nutritional and health status among the undergraduate students within the university of Benin corridor. While the Expository approach will be used to explore the experiences of the undergraduate students within the university of Benin corridor in relation to the factors that determine their nutritional and health status and the health outcomes.

#### **3.3 AREA OF THE STUDY**

This research will be conducted at the University of Benin, Ugbowo, Edo State. This research focuses specifically on some of the residential hostels within the University of Benin corridor, The Amino kano Hostel (Hall 3) and Dr Nnamdi Azikiwe Hostel (Hall 5) as well as the Madam Tinubu Hostel (Hall 2) and The Akanu Ibiam hostel (Hall 4).

### **3.4. POPULATION OF THE STUDY**

For the purpose of this research, the population comprises all undergraduates that resides in The Aminu kano Hostel (Hall 3) with a population of 1,920 undergraduate students both male and female (University of Benin, 2019-2020, Pocket Statistic, retrieved from uniben.edu) and Dr Nnamdi Azikiwe Hostel (Hall 5) with a population of 200 plus(+) Undergraduate students both male and female as well as the Madam Tinubu Hostel ( Hall 2), with a population of 1,920 female students (University of Benin, 2019-2020, Pocket Statistic, retrieved from uniben.edu) and The Akanu Ibiam hostel (Hall 4) with a population of 480 plus(+) male undergraduate students, Totaling to 4,520 undergraduate students that reside in the residential hostels within the University of Benin.

### **3.5. SAMPLE SIZE**

The sample size for this study will be 110 persons (respondents) which will be selected from the four residential hostels this study focuses on. The researcher considers this large enough for the study. The choice of the sample size is also influenced by factors such as time and cost.

### **3.6. SAMPLING TECHNIQUE**

For this study, a multi-stage sampling technique will be adopted and this will be a combination of quota and convenience sampling techniques. The population will be divided into subgroups based on gender with specific quota assigned to ensure a balanced representation. For the undergraduate students residing in The Aminu Kano Hostel (Hall 3) and The Dr Nnamdi Azikiwe Hotel (hall 5) Fifty questionnaires were distributed (twenty-five male and twenty-five female). Participants for the questionnaire were selected using convenience sampling, focusing on their availability and willingness to participate. For the In-depth Interview, five female

participants will be selected from the undergraduates residing in the Madam Tinubu hostel (hall 2) and five male participants will be selected from the undergraduates residing in the Akanu Ibiam hostel (hall 4), making a total of ten in-depth interview respondents (five male and five female) using convenience sampling. This ensures gender balance while maintaining flexibility in participants' selection. This approach allowed for data collection across the subgroups and methods, ensuring diverse perspectives while remaining practical.

### **3.7. INSTRUMENTS FOR DATA COLLECTION**

Our instrument for data collection will consist of a semi-structured questionnaire, which will be administered to 100 respondents from both the undergraduate students residing in the Aminu kano hostel (hall 3) and the Dr Nnamdi Azikiwe hostel (hall 5). The questionnaire will be divided into two sections: Section A and Section B. Section A will collect personal data from the respondents, including information such as gender, age, academic level, and other relevant demographic factors. Section B will contain a list of items or statements formulated with respect to the research objectives and corresponding research questions related to the determinants of undergraduate students nutritional and health status within the university of Benin corridor. In addition to the questionnaire, interviews will be conducted with selected respondents residing in the Madam Tinubu hostel (hall 2) and the Akanu Ibiam hostel (hall 4) to complement the questionnaire data.

### **3.8. METHOD OF DATA COLLECTION**

This study makes use of the mixed methods data collection, that it the qualitative method being the in-depth interview and quantitative method being the administration of semi-structured questionnaires to obtain and collect data. This study will adopt the primary and Secondary

methods of data collection, of which the primary method includes semi- structured questionnaires and in-depth interviews. A one-time survey method was utilized, involving a face-to-face administration of the semi- structured questionnaires to various respondents. While the secondary data collection was Textbooks, Journals, Monographs, Newspapers, Magazines, etc.

### **3.9. METHOD OF DATA ANALYSIS**

Data collected from this study will be analyzed using simple percentage and frequency distribution table.

## CHAPTER FOUR

### DATA ANALYSES AND INTERPRETATION

#### 4.1. INTRODUCTION

This chapter dealt with data analysis and presentation of results. The data were sourced from the administered questionnaires and interviews. It shows the questionnaire response rate, analysis of the socio demographics characteristics of respondents, research questions and interview questions in relations to the research objectives. A total of one hundred and ten (110) respondents were selected across four residential hostels within the University of Benin, A hundred (100) questionnaires were administered to respondents across two (2) of the halls of residents and ten (10) In-depth interview respondents across the other two (2) halls of residents within the University of Benin in complementary to the questionnaires administered.

#### 4.2. QUESTIONNAIRE RESPONSE RATE

**Table 1: Questionnaire Response Rate**

<b>Number of copies of questionnaires administered</b>	<b>Number of copies of questionnaires retrieved</b>	<b>Percentage of copies of questionnaires retrieved</b>
<b>100</b>	<b>100</b>	<b>100%</b>

**Source: Field Survey 2025**

**Table 1** shows the questionnaires response rate, from the table, it was shown that a total number of 100 questionnaires were administered and retrieved from all sampled respondents. From the

analysis of the questionnaire response rate, it is evident that the response rate of the respondents was high.

#### 4.3. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

**Table 2: Demographic Characteristics of the Respondents**

<b>Characteristic</b>	<b>Categories</b>	<b>Frequency</b>	<b>Per cent (%)</b>
<b>Gender</b>	Male	50	55
	Female	50	45
	<b>Total</b>	<b>100</b>	<b>100</b>
<b>Age</b>	15 – 20 years	40	40
	21 –25 years	35	35
	26 – 30 years	15	15
	30 years and above	10	10
	<b>Total</b>	<b>100</b>	<b>100</b>
<b>Religion Affiliation</b>	Christian	80	80
	Islam	15	15
	Traditional/Other	5	5
	<b>Total</b>	<b>100</b>	<b>100</b>
<b>Ethnicity</b>	Edo	30	30
	Yoruba	25	25
	Igbo	20	20
	Hausa	10	10
	Others	15	15
	<b>Total</b>	<b>100</b>	<b>100</b>
	Low	30	30
<b>Socioeconomic Status</b>	Middle	50	50
	High	20	20
	<b>Total</b>	<b>100</b>	<b>100</b>
<b>Level of Study</b>	100L	25	25
	200L	30	30
	300L	20	20
	400L	15	15
	500L	10	10
	<b>Total</b>	<b>100</b>	<b>100</b>

Source: Field Survey 2025

**Table 2** shows that the study is composed of both males and females. It was distributed equally between both male respondents and female respondents for this study; the table shows that the study was composed of respondents with various age distributions. It indicates that a greater proportion of the respondents, representing 35% are between the ages of 21 and 25 years. The table indicates that the study comprised respondents with various religious affiliations. However, respondents who were Christian at the time the questionnaires were administered were more involved in the study, as shown in the study, with a representation of 90% as seen above. The table shows that the study was composed of respondents with different ethnicities. However, respondents who belong to the Edo ethnic group at the time the questionnaires were administered were more involved in the study, as shown in the study, with a representation of 30% as seen above. The table shows that the study was composed of respondents with different socioeconomic statuses. However, respondents who belonged to the middle class at the time the questionnaires were administered were more involved in the study, as shown in the study, with a representation of 50% as seen above. The table shows that the study is composed of different levels of study. However, the majority of the respondents were in the 200 level at the time the questionnaire was administered.

In support of the above data, ten (10) respondents were interviewed to complement the data gotten from the administered questionnaires, five (5) males and five (5) females from different departments and levels.

#### **4.4. ANALYSIS OF DATA FROM SURVEY (FIELD)**

**Research Objective 1:** To assess the nutritional knowledge and practices of undergraduate students within the University of Benin Corridor.

**Table 3:** Distribution of responses on the nutritional knowledge and practices of undergraduate students

<b>Question</b>	<b>Response Options</b>	<b>Percentage (%)</b>	<b>Number of Respondents</b>
<b>Awareness of a Balanced Diet</b>	Yes (Follow: 60%)	90%	90
	No	10%	10
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Overall Nutritional Status</b>	Good	50%	50
	Very Good	30%	30
	Great	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Healthy Eating Habits</b>	Yes	65%	65
	No	35%	35
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Recent Changes to Diet</b>	Yes (Increased Fruits/Vegetables: 20%, Reduced Fast Food: 15%, Others: 5%)	40%	40
	No	60%	60
	<b>Total</b>	<b>100%</b>	<b>100</b>

**Source: Field Survey 2025**

The data indicate a high level of nutritional knowledge, with 90% of respondents aware of a balanced diet, though only 60% of those aware consistently follow it. This suggests a gap between knowledge and practice, possibly due to barriers like cost, availability, or time. The self-reported nutritional status is generally positive (80% rate it as "Good" or better), but 35%

acknowledge their eating habits are not healthy, and only 40% have recently made dietary improvements, primarily increasing fruit/vegetable intake or reducing fast food. These findings highlight the need for educational programs to bridge the gap between awareness and practical application, focusing on actionable strategies for healthy eating.

In support of the above data, an interviewed respondent stated that she is aware of the balanced diet but due to some factors like finance, availability of healthy food and time she is unable to properly practice the balanced diet. [IDI, FEMALE, SAA, 300L, 8/2025]

In support of the above respondent, an interviewed respondent acknowledged that he doesn't eat healthy due to excessive intake of junk food and this is because of his tight class schedules and finance. [IDI, MALE, OPTOMETRY, 200L, 8/2025]

In support of the above respondents, an interviewed respondent stated that she is not fully aware of the 'balanced diet' but eats what's available every time she can. [IDI, FEMALE, 100L, 8/2025]

**Research Objective 2:** To examine the lifestyle factors (physical activity, stress, and sleep patterns) influencing undergraduate students' health status.

**Table 4:** Distribution of responses on the lifestyle factors (physical activity, stress, and sleep patterns) influencing undergraduate students' health status

<b>Question</b>	<b>Response Options</b>	<b>Percentage (%)</b>	<b>Number of Respondents</b>
<b>Frequency of Physical Activity</b>	Rarely	40%	40
	Often	40%	40
	Very Often	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Stress Levels</b>	Low	20%	20
	Moderate	50%	50
	High	30%	30
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Major Causes of Stress</b>	Academic Pressure	60%	60
	Financial Issues	25%	25
	Social Pressures	15%	15
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Hours of Sleep per Night</b>	Less than 6 hours	30%	30
	6–8 hours	60%	60
	More than 8 hours	10%	10
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Overall Health Status</b>	Good	50%	50
	Very Good	30%	30
	Great	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>

**Source: Field Survey 2025**

Lifestyle factors significantly influence students' health. Physical activity levels are evenly split, with 40% rarely engaging in exercise, indicating a need for accessible fitness programs to

address barriers like time or facilities. Stress is prevalent, with 80% reporting moderate to high levels, primarily due to academic pressure (60%). This high stress may contribute to the 30% of students sleeping less than 6 hours per night, which can negatively impact health. Despite these challenges, 80% rate their health as "Good" or better, suggesting resilience or possible overestimation of health status. Interventions should focus on stress management workshops, sleep hygiene education, and promoting regular physical activity to enhance overall health.

In support of the above data, an interviewed respondent stated that he rarely gets enough sleep (less than 4 hours) due to late night reading and does not engage regularly in any physical exercise and sports and due to this he is constantly feeling tired and exhausted. [IDI, MALE, POL, 400L, 8/2025]

In support to the above respondent, an interviewed respondent stated that she feels stressed and pressured trying to balance her academic life and work life with little or no time for exercise of which she doesn't place any importance. [IDI, FEMALE, SW, 100L, 8/2025]

In support of the above respondents, an interviewed respondent stated that he faces financial and academics stress with the buying of textbooks and paying of class dues which makes him feel down and unenergized for daily activities. [IDI, MALE, ECO, 200L, 8/2025]

**Research Objective 3:** To identify the dietary habits (food choices, meal frequency, and snacking patterns) of undergraduate students.

**Table 5:** Distribution of responses on the dietary habits (food choices, meal frequency, and snacking patterns) of undergraduate students.

Question	Response Options	Percentage (%)	Number of Respondents
<b>Frequency of Eating Breakfast</b>	Often	50%	50
	Very Often	30%	30
	Rarely	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Typical Food Choices</b>	Starchy Staples	60%	60
	Fast Food	25%	25
	Fruits and Vegetables	10%	10
	Others	5%	5
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Number of Meals per Day</b>	1–2 meals	30%	30
	3 meals	50%	50
	4 or more meals	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Influence of Culture on Food Choices</b>	Yes	70%	70
	No	30%	30
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Snacking Between Meals</b>	Yes (Pastries: 40%, Fruits: 15%, Nuts: 5%)	60%	60
	No	40%	40
	<b>Total</b>	<b>100%</b>	<b>100</b>

**Source: Field Survey 2025**

Dietary habits reflect a mix of traditional and convenience-driven choices. While 80% eat breakfast regularly, 20% rarely do, potentially due to time or financial constraints. Starchy

staples dominate food choices (60%), with low consumption of fruits and vegetables (10%), indicating a risk of nutritional imbalances. Half of the respondents eat three meals daily, but 30% consume only 1–2 meals, which may reflect economic or scheduling issues. Cultural influences are significant (70%), suggesting that food preferences are shaped by ethnic and familial traditions. Snacking is common (60%), with pastries being the most popular, highlighting the need to promote healthier snack options like fruits and nuts.

In support of the data above, an interviewed respondent noted that peer pressure and cultural preferences influences her food choices, stating that her and her friends frequently patronize the ‘abacha’ sellers in school because its one of her local dishes. [IDI, FEMALE, MARKETING, 300L, 8/2025]

In support of the above respondent, an interviewed respondent stated that he rarely eats breakfast due to regular early morning classes and ends up taking snacks like soft drinks and pastries most of the time. [IDI, MALE, PUB, 300L, 8/2025]

In support of the above respondents, an interviewed respondent stated that his typical food choices resolved around rice, bread and beans, explaining that his late-night intake of beans makes him sometimes unable to sleep early which causes him to get little or no sleep. [IDI, MALE, SAA, 400L, 8/2025]

**Research Objective 4:** To investigate the relationship between socio-demographic factors (age, sex, and socioeconomic status) and undergraduate students' nutritional and health status.

**Table 6:** Distribution of responses on the relationship between socio-demographic factors (age, sex, and socioeconomic status) and undergraduate students' nutritional and health status

<b>Question</b>	<b>Response Options</b>	<b>Percentage (%)</b>	<b>Number of Respondents</b>
<b>Age</b>	15–20 years	40%	40
	21–25 years	35%	35
	25–30 years	15%	15
	30 & above	10%	10
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Sex</b>	Male	50%	50
	Female	50%	50
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Socioeconomic Status</b>	Low	30%	30
	Middle	50%	50
	High	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Nutritional Deficiencies</b>	Yes (Anaemia: 10%, Vitamin Deficiency: 10%)	20%	20
	No	80%	80
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Overall Nutritional Status</b>	Good	50%	50
	Very Good	30%	30
	Great	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Overall Health Status</b>	Good	50%	50
	Very Good	30%	30
	Great	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>

Source: Field Survey 2025

Socio-demographic factors likely influence nutritional and health outcomes. Younger students (15–25 years, 75%) may have different dietary needs and financial constraints compared to older students. The questionnaire was administered to both male and female respondents equally (50%, 50%), Socioeconomic status shows 30% in the low-income group, who may face barriers to healthy eating, potentially contributing to the 20% reporting nutritional deficiencies (e.g., anemia, more common among females due to biological factors). Despite these challenges, nutritional and health status ratings are generally positive, but low socioeconomic status may correlate with poorer outcomes, necessitating targeted support for this group.

In support of the above data, an interviewed respondent noted that her socioeconomic status greatly affects her eating habits and patterns, that days when she is financially buoyant, she eats better and more healthily than days she is not. [IDI, FEMALE, ACCOUNTING, 200L, 8/2025]

In support of the above respondent, an interviewed respondent stated that he faces nutritional deficiencies due to improper eating habits and regular snacking. [IDI, MALE, PUB, 300L, 8/2025]

**Research Objective 5:** To explore the availability and accessibility of healthy food options on campus and their impact on students' dietary choices.

**Table 7:** Distribution of responses on the availability and accessibility of healthy food options on campus and their impact on students' dietary choices.

<b>Question</b>	<b>Response Options</b>	<b>Percentage (%)</b>	<b>Number of Respondents</b>
<b>Availability of Healthy Food Options</b>	Yes (Fruits, Salads, Vegetable Soups)	60%	60
	No	40%	40
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Affordability of Healthy Food</b>	Yes	50%	50
	No	50%	50
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Challenges Accessing Healthy Food</b>	Yes	45%	45
	No	55%	55
	<b>Total</b>	<b>100%</b>	<b>100</b>

**Source: Field Survey 2025**

The availability of healthy food options is reported by 60% of respondents, with examples like fruits and salads, but 40% perceive limited availability, indicating inconsistencies across campus. Affordability is a significant barrier, with an even split (50% Yes/No), suggesting that cost deters many students from choosing healthier options. Additionally, 45% face challenges accessing healthy food, likely due to cost, proximity, or variety. These barriers disproportionately affect students with lower socioeconomic status, contributing to reliance on cheaper, less nutritious

options like starchy staples or fast food. Improving access and affordability is critical to enhancing dietary choices.

In support of the above data, an interviewed respondent stated that there are healthy food options available on campus but they are expensive and not easily affordable which makes him rely on the affordable options which are not so healthy. [IDI, MALE, SAA, 400L, 8/2025]

In support of the above respondent, an interviewed respondents she regularly buys fruits, eat vegetable soup and eats at standardized eateries on campus and does not face much challenge accessing healthy food options aside distance. [IDI, FEMALE, ACCOUNTING, 200L, 8/2025]

**Research Objective 6:** To identify potential interventions to promote healthy lifestyles among undergraduate students within the University of Benin Corridor.

**Table 8:** Distribution of responses on the potential interventions to promote healthy lifestyles among undergraduate students

<b>Question</b>	<b>Response Options</b>	<b>Percentage (%)</b>	<b>Number of Respondents</b>
<b>Desired Health Promotion Programs</b>	Nutrition Workshops	40%	40
	Fitness Programs	30%	30
	Mental Health Support	20%	20
	Others	10%	10
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Participation in Health Workshops</b>	Yes	80%	80
	No	20%	20
	<b>Total</b>	<b>100%</b>	<b>100</b>
<b>Suggestions for Improving Health/Nutrition</b>	Subsidized Healthy Food	40%	40
	More Food Vendors	30%	30
	Health Awareness Campaigns	20%	20
	Others	10%	10
	<b>Total</b>	<b>100%</b>	<b>100</b>

### **Source: Field Survey 2025**

Students show a strong interest in health promotion, with 80% willing to participate in workshops or seminars. Preferred programs include nutrition workshops (40%), fitness programs (30%), and mental health support (20%), aligning with identified needs in dietary habits, physical activity, and stress management. Suggestions for improvement emphasize subsidized healthy food (40%) and more food vendors (30%), addressing key barriers to healthy eating. Health awareness campaigns (20%) are also desired, indicating a demand for education on nutrition and lifestyle. Implementing these interventions, such as affordable meal programs, campus fitness initiatives, and stress management workshops, could significantly promote healthier lifestyles among students.

In support of the above data, an interviewed respondent suggested shops or stall where one can get healthy food options be created close to the residential hostels. [IDI, FEMALE, ACCOUNTING, 200L, 8/2025]

In support of the above respondent, an interviewed respondent suggested that health and nutrition workshops or campaigns be held to increase the awareness of healthy eating and lifestyle. [IDI, FEMALE, MARKETING, 300L, 8/2025]

In support to the above respondents, an interviewed respondent suggested counselling services or stress relief programs stating ‘workshops on managing stress will help me balance my life better’. [IDI, MALE, ECO, 200L, 8/2025]

In support of the above respondents, an interviewed respondent suggested the reduction of the price of healthy food options stating that if fruits and healthy snacks and food were cheaper he will buy them more often. [IDI, MALE, OPTOMETRY, 200L, 8/2025]

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 SUMMARY

This study investigated the determinants of the nutritional and health status of undergraduate students within the University of Benin Corridor, focusing on students residing in the Aminu Kano Hostel (Hall 3), Dr. Nnamdi Azikiwe Hostel (Hall 5), Madam Tinubu Hostel (Hall 2), and Akanu Ibiam Hostel (Hall 4). It explores the factors that determine the nutritional and health status of the undergraduate students, it explores factors such as their nutritional knowledge and practices, dietary habits, lifestyle, availability of healthy food options, socio-demographic influences such as socio-economic status, cultural and social influences and potential interventions. This study used a mixed method to obtain and gather its data, that is, it made use of both quantitative and qualitative methods. The research adopted a descriptive and expository design, utilizing a multi-stage sampling technique that combined quota and convenience sampling to collect data from 110 respondents through semi-structured questionnaires and in-depth interviews. The study addressed six specific objectives: assessing nutritional knowledge and practices, examining lifestyle factors (physical activity, stress, and sleep patterns), identifying dietary habits, investigating socio-demographic influences, exploring the availability of healthy food options, and identifying potential interventions to promote healthy lifestyles.

The research highlights that financial, academical, physical (exercise and sport activities) and mental (stress and sleeping habits) constraints play important roles and determines the nutritional and health status of the undergraduates within the university of Benin corridor.

## **5.2 CONCLUSION**

This study highlights the complex interplay of factors influencing the nutritional and health status of undergraduate students at the University of Benin. Despite high levels of nutritional awareness, practical application is hindered by economic, environmental, and time-related barriers, leading to suboptimal dietary habits and health outcomes. Socio-demographic factors, particularly low socioeconomic status, exacerbate challenges in accessing healthy foods, while lifestyle factors such as limited physical activity, high stress, and inadequate sleep further compromise health. The reliance on starchy staples, low fruit and vegetable intake, and prevalent snacking on pastries underscore the need for targeted interventions to address nutritional imbalances. The positive self-reported health and nutritional status among students may mask underlying risks, such as potential long-term health issues due to poor diet and lifestyle choices. The strong demand for health promotion programs, including nutrition workshops, fitness initiatives, and mental health support, indicates a willingness among students to adopt healthier lifestyles if provided with adequate resources and support. These findings align with existing literature on university students globally and in Nigeria, emphasizing the need for holistic interventions to address the multifaceted determinants of health and nutrition.

## **5.3 RECOMMENDATIONS**

Based on the findings, the following recommendations are proposed to improve the nutritional and health status of undergraduate students within the University of Benin Corridor.

1. Implementation of subsidized meal programs in campus cafeterias to provide affordable, nutrient-rich options such as fruits, vegetables, and whole grains. This would ensure a

consistent supply of healthy foods at reduced costs which addressing the financial barriers faced by low-income students.

2. Nutritional workshop and awareness programs, this will help bridge the gap between knowledge and practice and focuses on practical strategies for healthy eating within budgets and time constraints.
3. Establish free campus fitness centers with good equipment and facilities and promote fitness programs like group exercise classes to encourage regular physical activity.
4. Introduce stress management workshops and counselling services to address academic and financial stressors and also incorporate sleep hygiene education to promote healthy sleep patterns, which are critical for mental and physical health.
5. Provide financial support or meal vouchers for low-income students to access healthy foods.
6. Increase the availability and variety of healthy food vendors on campus, ensuring proximity to hostels and academic areas also conduct regular assessments of the campus food environment to monitor and improve the quality and accessibility of healthy options.
7. Health care programs and free checkups and also equips the existing healthcare centers with Up-to-date facilities and equipment.
8. Establish a monitoring and evaluation framework to assess the impact of implemented interventions on students' nutritional and health status. Regular surveys and health screenings can help track progress and identify areas for further improvement.

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## **APPENDIX**

**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, FACULTY OF SOCIAL  
SCIENCES,**

**UNIVERSITY OF BENIN, BENIN CITY, NIGERIA**

**QUESTIONNAIRE**

**SECTION A: Socio-Demographic Characteristics**

1. Age(15-20)      (21-25)      (25-30).      (30& above)
2. Sex. Male.      Female.
3. Religion
4. Ethnicity.
5. How would you rate your socioeconomic      low      middle      high
6. What is your faculty/department?
7. What is your level of study? 100      200      300      400      500

**SECTION B**

1. How often do you eat breakfast? Often Very often Rarely

2. What are your typical food choices for meals and snacks?

3. How many times do you eat per day?

4. Would u say your home bringing and cultural background play a role on your food choices?

Yes/No

5. Do you snack between meals? If yes, what types of snacks?

6. Are you aware of balanced diet? Yes/No (if Yes, would you say you follow it?)

7. How often do you engage in physical activity (e.g. exercise, sports)? Rarely Often Very often

8. How would you rate your stress levels? low moderate high

What are the major of stress?

9. How many hours of sleep do you get per night?

10. Do you smoke or use other substances? Yes/No

If yes, state the substance

11. Are there healthy food options available on campus? Yes/No

If yes pls state some of them..

12. Are healthy food options affordable on campus? Yes/No

13. Do you face any challenges accessing healthy food on campus? Yes/No

14. Have you experienced any nutritional deficiencies (e.g., anemia, vitamin deficiency)?

15. How would you rate your overall nutritional status?

Good. Very good. Great

16. Would you consider your eating habit and food choices healthy? Yes/No

17. Have you made any changes to your diet recently? Yes/No

If yes, what changes?

18. How would you rate your overall health status? Good very good. Great

19. Have you experienced any health issues recently (e.g., illness, injury)? Yes/No

20. Do you have any chronic health conditions? Yes/No

If Yes, which?

21. What types of health promotion programs would you like to see on campus?

22. Would you participate in health-related workshops or seminars? Yes/No

23. Do you have any suggestions for improving health and nutrition on campus

**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY,**

**FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN,**

**BENIN CITY, EDO STATE.**

**RESEARCH TOPIC: DETERMINANTS OF UNDERGRADUATE STUDENTS**

**NUTRITIONAL AND HEALTH STATUS WITHIN THE UNIVERSITY OF**

**BENIN CORRIDOR**

**INTERVIEW QUESTIONS**

Determinants of Nutritional; what factors do you think influence your food choices as an undergraduate student, and how do they impact your nutritional status?

Determinants of Health Status; How do you think your lifestyle, including physical activity and stress levels, affects your overall health status as an undergraduate student?

Relationship between Nutritional Status and Health Status; Can you describe any experiences where your dietary habits have impacted your health, either positively or negatively?

Potential Interventions; What types of support or resources do you think would be most helpful in promoting healthy lifestyles, including nutrition and physical activity, among undergraduate students on campus?