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Relationship between Bad Food Choice and Classroom Performance of Young Adults

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ABSTRACT

This study examines the relationship between health care practices and classroom performance of students at university level, particularly eating habits with focus on junk food intake. It is important to look how these decisions affect young adults' academic outcomes given the rising incidence of bad food choices among young adults. The main objective explores the relationship between health care practices, particularly intake junk food, and the classroom performance at university level and to identify effective healthcare involvements and educational programs that can help to improve students' health practices, with a focus on falling junk food intake and enhancing classroom performance. The research understanding and comprehensive analysis of health care and classroom performance in Bahawalpur. The method of research was based on quantitative research. The study was descriptive in nature and self-develop questionnaire. The population for the study includes all university students enrolled in different departments. The study participators were belonged to different departments. This study was done by using a convenient sampling technique with a sample of 300 students from two universities. Findings showed that majority of university students were eating unhealthy food in the form of junk food that affect their academic performance. It was also found that the students with more health caring were good in classroom performance.

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1. Introduction

Students' health is positively impacted by healthy food and exercise, which enhances academic performance, mental abilities, and student learning (Chen, 2005). the health of students has a strong bearing on how well they perform in the classroom. Eating healthful foods improves a person's ethics, inner happiness, and cognitive function (Baxter, Royer, Hardin, Guinn, & Devlin, 2011). A healthy diet and vice versa are two of the most significant determinants of outstanding academic achievement ((Florence, Asbridge, & Veugelers, 2008; Halterman, Kaczorowski, Aligne, Auinger, & Szilagyi, 2001). The majority of university students have changed their eating behaviors, Abolfotouh, Bassiouni, Mounir, and Fayyad (2007) report, by consuming fewer fruits, vegetables, and fresh juices from the garden, fish, milk, and other dairy items. Person's development is influenced by a combination of cultural, familial, congenital, and environmental factors which are essential for a child's cognitive development and learning capability, along with a host of other elements. There is often a connection between physical health and cognitive function (Choy, Horn, Nuñez, & Chen, 2000). As a result, children who experience physical pain are more

likely to have poor academic performance. Furthermore, being ill makes it harder to take part in typical school activities (Snodgrass Rangel, 2012). Numerous factors, such as frequent absences, agony or suffering, limitations on movement, exhaustion, and the psychological and physical side effects of medication used impair students' abilities to participate in the educational process (Fowler, Davenport, & Garg, 1992).

Students with medical conditions struggle to establish meaningful emotional relationships with teachers, which has negative effects on their academic performance as well (Needham, Crosnoe, & Muller, 2004). Additional research has shown that the well-being of students plays a crucial role in predicting lower educational achievement, disparities in social and economic outcomes, and persistent behavioral issues that extend into adulthood (Case, Fertig, & Paxson, 2005; Needham et al., 2004). Given the considerable influence that students' health has on their ability to learn, School psychologists must take the lead in programs to advance kids' health and so lessen the likelihood that they will develop various medical illnesses. To improve a child's academic performance, improving their physical health has the potential to be a significant protective factor (Roberts, Freed, & McCarthy, 2010; Taras & Potts-Datema, 2005; Telford et al., 2012). Academic success and healthy behavior are closely associated (Grizzell & McNeil, 2007). Sallis et al. (2010) asserts that a child's physical health, more specifically physical fitness, is related to better self-esteem, increased attention, a decrease in health problems, improved social engagement, a decrease in obesity, increased organization, and a host of other factors that may serve as protective factors for students who are at risk of experiencing poor academic outcomes. Low levels of physical fitness have been related to a variety of problems with mental health and academic performance (Brown, Pearson, Braithwaite, Brown, & Biddle, 2013). The links between physical fitness and adaption challenges are becoming more significant in light of the well-known global increase in the incidence of low physical fitness and childhood obesity.

While the connection between physical fitness and nutrition undeniably has cultural aspects, there is compelling evidence indicating a decline in physical fitness and a rise in obesity across diverse regions, including North America, Australia, Africa, Europe, and Asia (Deforche et al., 2003; Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1995; Warraich, Javed, Faraz-ul-Haq, Khawaja, & Saleem, 2009). Poor physical and mental health, as well as slow academic performance, are all risks associated with obesity and low physical fitness (Busch et al., 2014). To address the expansion of these important risk factors, it is necessary to increase protective variables while reducing risk factors globally (Cohen, Rai, Rehkopf, & Abrams, 2013; Daniels et al., 2005). As academic psychologists broaden their scope to incorporate various protective measures for enhancing resilience in children across different tiers of intervention—preventative (Tier 1), at-risk (Tier 2), and clinical (Tier 3)—there arises a necessity to offer evidence-based interventions along with implementation support aimed at improving nutrition, promoting a healthy weight, and enhancing students' physical fitness. The primary objective of educational institutions is the achievement of educational ideals.

The findings of the study do, however, point to a strong link between students' health and academic success. Low academic achievement is associated with health problems like obesity from junk food, chronic stress, attention deficit and hyperactivity disorders, as well as dangerous conduct like hostility, violence, unsafe sexual behavior, inactivity, and substance abuse. This chapter will consequently look at the intricate connection between number of health conditions and academic success. Understanding the concept of health is crucial to understand how health and academic success are related. The majority of health intervention initiatives rooted in academic settings have been shaped by a restricted understanding of the concept of health. These strategies often prioritize a "pathogenic" approach, which primarily revolves around the treatment of illnesses. The expansion of medical treatment-focused clinics inside of schools serves as evidence for this. According to the World Health Organization (WHO), achieving a state of good health encompasses more than simply the absence of illness. Many theories and models have been put out in an effort to explain health as a nuanced concept. The notion of Saluto genesis, advocated by Lindstrom in 2010 after it was first put forth by Aaron Antonovsky in 1917, is one intriguing theory. The relationship between health, stress, and coping is supported by the theory of health. The idea holds that health is realized holistically and includes more than just being free of disease. This chapter addresses the idea of health from a broad

viewpoint in order to establish the relationship between the various aspects of health and academic success. The World Health Organization asserted in 1986 that individuals develop and perceive their health within the framework of their everyday lives, encompassing various aspects such as their workplaces, leisure activities, and romantic relationships.

1.1. Statement of the problem

The statement of the problem was "Relationship between healthcare practices and classroom performance of students at university-level". This study seeks to investigate how various aspects of healthcare, including physical and mental health, nutrition, exercise, and access to healthcare services, may have relationship with students' academic performance. Understanding the connections between health and classroom outcomes is essential for developing strategies to enhance the overall well-being and academic success of university students.

1.2. Objective of the study

- To find out the health care practice of students at university level
- To explore the relationship between health care practices and the classroom performance of university-level students:
- Find out the classroom performance of university students with different diet forms.

1.3. Significance of the study

The main significance of this study is to see the relationship between healthcare practices, particularly dietary choices such as the intake of junk food, and the classroom performance of students at university-level. Several key aspects make this research important

1. By examining the impact of dietary choices on students' academic performance, this study can provide insights into how interventions in dietary habits can help to improve students' concentration, cognitive function, and overall classroom achievements. Such findings can be invaluable in enhancing educational outcomes.
2. Unhealthy dietary habits, including the excessive intake of junk food, are linked to a range of health problems, including obesity, diabetes, and cardiovascular issues. Understanding this connection can inform preventive strategies, potentially reducing health-related absenteeism and improving students' overall well-being
3. This research also addresses the often-overlooked link between dietary choices and mental health. Recognizing how mood swings, anxiety, and depression may be influenced by diets high in sugar and processed foods can aid in the development of support systems and interventions that promote better mental health among students, ultimately contributing to their classroom success.
4. Educational institutions bear a responsibility to nurture the holistic development of their students. This study highlights the role of universities in providing healthier food options on campus and promoting physical activity. By doing so, institutions can foster an environment that encourages healthier lifestyles and subsequently benefits students' academic performance.

2. Research Methodology

2.1. Design of the study

This research objective to design a proportional analysis of the perception of males and females at government Sadiq College Women University and Islamia University Bahawalpur. The study was descriptive in nature and survey method was use to data collecting from the respondent.

2.2. Population

The population of this study will consist of male and female students enrolled at the Govt. Sadiq College Women University and Islamia University Bahawalpur. Out of the total population of 51,746 students from Government Sadiq College, Women's University, and

Islamia University of Bahawalpur, a sample of 300 students was selected. This sample was drawn from 11 different departments, including Islamiyaht, Urdu, English, Psychology, Chemistry, Physics, Education, Computer Science, Botany, and Zoology within these institutions.

2.3. Sample Size

Given the extensive geographically distributed nature of the study population comprising a total of 51,746 individuals within Govt. Sadiq College Women University and Islamia University Bahawalpur a representative sample was deemed appropriate. The research focused on the Bahawalpur district for selecting a convenient sample 300 from District Bahawalpur.

2.4. Research Tool

The research was based on first-hand accounts. Respondents to the study were students. Government Sadiqe College, and Women's University, and Islamia University district Bahawalpur were selected to meet the study's objectives and provide a suitable sample. Questionnaires were the most often used data collecting strategy in survey research. The questionnaire was based on close ended questions. The questionnaire contained 50 statements in total, 19 for academic achievement and 31 for eating junk food or unhealthy meals. A six-point scale was used. (Never=1, Rarely=2, Sometimes=3, Sometime=4, Often=5 to Always-6). Respondents to the study were students. The district of Bahawalpur was picked for random sampling and to meet the objectives.

2.5. Data Collection

Data will be collected self-administrated questionnaires distributed to the select students 300 students at Government Sadiq College and Women's University, and Islamia University received the questionnaire when the researcher paid visits to several of these institutions. 300 questionnaires were filled out and returned will be given adequate time to complete the survey.

2.6. Data Analysis

Data was collected by questionnaire, and the data was analyzed using statistical techniques that were deemed appropriate for changing percentages. After gathering the data, it was loaded onto a statistical program (SPSS) software sheet, and the mean score was produced by multiplying the frequency of each alternative response such as: Always, Often, Sometime, Occasional, Rarely, Never. The results were derived through data analysis.

3. Results and Discussion

The study reports that 32.3% of the respondents reported that they sometimes add extra chili and salt in their meals. 49% respondents reported that they never take snacks in their breakfast. 40.3% respondents reported that they never drink sting. 28% respondents reported that they never take coca cola in their dinner. 31% respondents reported that they eat sweets sometime. 33% respondents reported that they never take food when they feel not hungry. 40.3% respondents reported that they never take pizza. 32% respondents reported that they take sand witches sometime in their lunch. 34% respondents reported that they eat sometime French fries chat and samosa. 51.3% respondents reported that they never take ketchup in their breakfast. 53% respondents reported that they never used extra sugar in their tea. 37% respondents reported that they always enjoy eating fast food. 28% respondents reported that they always satisfied after eating fast food. 28.3% respondents reported that they never feel less energy after eating fast food. 26.3% respondents reported that they eat fast food sometime during traveling.

In this paper, 38% respondents reported that they never feel weight gain after eating fast food. 24% respondents reported that they never eat cake and chocolate in large amount. 37% respondents reported that they never take coffee to make them active. 41.3% respondents reported that they never eat junk food daily basic. 36% respondents

reported that they never check the nutrient fact label in the junk food before eating. 25% respondents reported that they feel uncomfortable sometime when they skipped junk food. 42.3% respondents reported that they never highly addicted to junk food. 46.3% of the respondents reported that they their day not spend good without eating junk food.

Table 1

Variable	Always	Often	Sometime	Occasional	Rarely	Never
I add extra chili and salt in my meal	22.3	10.3	32.3	3.7	7.7	23.7
I take snakes in my breakfast	3.7	9.7	22.7	5.3	9.7	49
I drink sting.	19	7.3	16	9.7	7.7	40.3
I take coca cola in my dinner	10.3	11.3	26.7	9	14.7	28
I eat sweet daily	12.3	13	31	12.7	8.3	22.7
I take food when I feel not hungry.	13.7	8.3	27.7	7	10.3	33
I take pizza.	12	13.3	40.3	8	12.7	13.7
I take sand witches in lunch.	7.7	10.3	32	10.7	14	25.3
I eat French fries chat and samosa.	14	17.7	34	8	9	17.3
I take ketchup in my breakfast.	6.7	9.7	18.3	7	7	51.3
I use extra sugar in my tea.	13	8.6	16	4.7	5	52.7
I enjoy eating fast food.	36.7	12.7	25.4	5.5	5.7	14
I feel satisfied after eating fast food.	28	9.7	24.3	7.7	9.3	21
I fell less energy after eating fast food	14.3	12.6	27	7.7	10.3	28.3
I eat fast food during traveling.	23.7	11.7	26.3	6	7.3	25
I feel weight gain after eating fast food.	17.3	11.7	20.7	4.3	8.3	38
I eat cake and chocolate in large amount	23	11.3	21.7	9.3	10.7	24
I take coffee to make me active.	21.3	9	14.3	9	9.7	36.7
I eat junk food on daily basic.	11	7.7	22.3	9	8.7	41.3
I check the nutrient fact label in the junk food before eating.	15.3	10.7	20.7	8	9.3	36
When I feel uncomfortable then I skipped junk food	21.7	15.7	25	6	8.3	23.3
I am highly addicted to junk food	9	10	20	9.7	9	42.3
My day not spend good without eating junk foods.	9	7	21.7	7.7	8.3	46.3
Junk food is cheap and affordable for me	14	12.7	26	10.3	10.7	26.3
I aware about the chemicals present in the junk food	27	8.7	21.3	10.7	8.6	23.7
I love junk food because of strong flavor	23.3	11.3	25	11	8.7	20.7
I eat junk food as alternative of breakfast	9.7	9.7	19.7	8.3	12.3	40.3
Junk food is good source of business.	31.3	14	15.3	9.3	9	21
Junk food effect my health	26.3	11.7	26.7	8.7	9.3	17.3
I feel sick after eating	16	12	25.7	6.7	9.7	30

junk food.						
Junk food effect on heart and blood pressure	27	12.7	20.7	10	6.3	23.3
I actively participate in class during lecture	44	14.3	17.3	6.7	8.7	9
I set mentally relax in class	42.7	16.7	18	5.3	4	12.7
I take classes regularly.	65.7	7.3	12.3	3.7	4.3	7
I feel physical fit and attentive in class.	46	12.7	19.7	5	7.6	9
I feel uncomfortable in class when I skipped food	27.3	13.7	30.3	6.7	6	16
I done my assignment on time	52.7	12.7	16.3	5.3	5.3	7.7
I participate in co-curriculum activities.	31.7	10.7	21.3	8	10	18.3
I answer quickly to the question ask by the teacher in class	30	17.3	27.7	8.7	6.5	9.7
After some lecture I need to eat to increase my learning capacity	30	10.3	26.7	9.3	8	15.7
I feel my energy level ok when I give presentation.	30.7	15.3	29.3	8	6.7	10.3
I feel not lazy during class.	28.7	12.7	27.3	10.3	6.3	14.7
I participate in the class activity.	38.3	13.7	23.3	7.3	9.7	7.7
I study hard to improve classroom performance	44	16	16	8.5	5.7	9.7
I use learning facilities to enhance learning skills.	38	17	23	6.7	8.3	7.3
I take good grades in all subject.	38.7	20.3	21.3	7.3	4.7	7.7
I enjoy assignment and class activities	40	13	23.3	5.3	7.7	11
I enjoy a lot while preparing assignment.	35.3	12	26.7	7	7.7	11.3
I feel fatigued after attending one class.	26.5	14	27	6.7	9	16.7
I feel sleepy in class whenever I skipped breakfast.	34	7.7	26.7	9.3	5.3	17.3

In the current analysis, 26.3% respondents reported that Junk food is never cheap and affordable for us. 27% respondents reported that they always aware about the chemicals present in the junk food. 25% respondents reported that they love junk food sometime because of strong flavor. 40.3% respondents reported that they never eat junk food as alternative of breakfast. 31.3 respondents reported that Junk food sometime a good source of business. 27% respondents reported that Junk food sometime affect our health. 30% respondents they never feel sick after eating junk food. 27% respondents reported that junk food always effects on heart and blood pressure. 44% respondents reported that they always actively participate in class during lecture. 43% respondents reported that they always sit mentally relax in class. 66% respondents reported that they always take classes regularly. 46% respondents reported that they always feel physical fit and attentive in class. 27.3% respondents reported that they always feel uncomfortable in class when they skipped food.

In this study, 53% respondents reported that they always done their assignment on time. 32% respondents reported that they always participate in co-curriculum activities. 30% respondents reported that they always answer quickly to the question ask by the teacher in the class. 30% respondents reported that after some lecture they always need to eat to increase their learning capacity.

In this study, 31% respondents reported that they always feel their energy level ok when they give a presentation. 29% respondents reported that they always feel not lazy during class. 38.3% respondents reported that they always participate in the class activity. 44% respondents reported that they always study hard to improve classroom performance. 38% respondents reported that they always use learning facilities to enhance learning skills. 39% respondents reported that they always take good grades in all subject. 40% respondents reported that they always enjoy assignment and class activities. 35.3% respondents reported that always enjoy a lot while preparing assignment. 26.5% respondents reported that they always feel fatigued after attending one class. 34% respondents reported that they always feel sleepy in class whenever they skipped breakfast.

Table 2: Relationship between health care practices and academic grades

Correlations			
Pearson correlation		**Grades**	**Health care practice**
Grades	Personal correlation	1	
	Sig. (2-tailed)		
	N	300	
Healthcare practice	Pearson Correlation	-.126*	1
	Sig. (2-tailed)	.030	
	N	300	300
* Correlation is significant at the 0.05 level (2-tailed).			

Table 2 shows that there was negative significance correlation found between health care practice and academic grade. Correlation coefficient between r= -.126 n= .030 that resulted strongly negative significant between health care practice and academic grade.

4. Conclusion

The major motivation behind the study was to explore the relationship between healthcare practices and the classroom performance of university-level students in south Punjab. The primary research objective was to find out our health care practices of students at university level and find out the classroom performance of university students with different diet forms. The present study was descriptive in nature and quantitative approach was used. Data was collected through a self-developed questionnaire administered in the form of a survey among university students. The target population of study was consisted of university students from Government sector universities. Out of the whole population 300 students were selected by a convenient sampling technique. Data analysis was done using an SPPSS spread sheet. Disruptive statistics including frequency, percentage and means will be employed to analyze quantitative data.

4.1. Recommendations

A foundation for encouraging children's academic performance and general health is provided by the Whole Educational Institution, Whole Community, Whole Child model created by the Centers for Disease Control and Prevention (CDC). The social and emotional climate, physical environment, worker wellbeing, family participation, and community involvement are the components of this example. In addition, they offer counseling, psychological services, social services, health services, and services related to diet, the environment, and health. While not all of these criteria have been extensively studied concerning classroom attendance, a recent comprehensive review of the evidence conducted by the authors asserts that each element contributes to an improvement in students' academic achievement. Various aspects, including nutrition services, health services (such as nursing services), counseling and psychological support, social services (especially academic-based mental health care), the social and emotional academic climate (enhancing school connectedness), the physical environment (considering factors like full-spectrum lighting and reduced physical threats, as well as indoor air quality), family engagement, and community involvement, have all been associated with enhancements in academic attendance. The Worker's Safety and Compensation Commission (WSCC) provides a framework that academic health and education professionals can use to promote students' academic success and health. Even though the aim is to apply all of the WSCC's components, the research in this article demonstrates that each one has a positive effect on

students' academic development and health. By making sure that the elements of WSCC are addressed in their health-related policies and practices (such as local school wellness policies), districts and educational institutions can aid in the implementation of WSCC

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