AN EXPLORATORY STUDY ON CHANGING FOOD HABITS OF STUDENTS IN NIZWA COLLEGE OF TECHNOLOGY, NIZWA, SULTANATE OF OMAN

Dr. V. Vishnukanth Rao  
Lecturer, Business Studies Department, Nizwa College of Technology, Sultanate of Oman.  
Corresponding Email: vishnu1301@gmail.com

Shamsa Abdullah AL Rawahi, Hajar Ali Brashdi, Fatma Abdullah Al Khanjari  
and Rahma Mahmood Al Harassi  
Advanced Diploma in Marketing, Nizwa College of Technology, Sultanate of Oman

ABSTRACT
This study is focused on Changing Food Habits of Students in Nizwa College of Technology Nizwa, Sultanate of Oman. The objectives of the study is to understand the changing food habits of students in NCT and its effect, to understand the problems faced by students of NCT after consuming outside food and to analyze the long-term effect of changing food habits of students in NCT. The data collected from primary and secondary sources by using an interview schedule with doctors and structured questionnaire with 200 students taken as sample from four departments of Nizwa College of Technology and used for analysis. Sampling method used for the study is stratified proportionate random sampling. The results of the study showed that 52% of respondents prefer the fast food over homemade food, 35% of the respondents eat fast food daily and 41% of the respondents eat fast food thrice a week, the average age of the patients visiting the hospitals is ranging from 18-40, 58% respondents visited doctors from one to four times since last month, 46% of respondents visited the doctor since last month for various reasons like stomach upset, fever, food poison and diarrhea. Chi-Square test is used for testing the hypotheses. The study proved that the outside fast food intake among Nizwa college students is increasing day by day and their health is affected. Researchers proposed an appropriate suggestion to reduce intake of fast food by the students of Nizwa college of Technology for improving their health.

KEYWORDS: Homemade food, fast food, doctors, food habits, patients, food poison, diarrhea

1. INTRODUCTION

Maintaining good health is like earning a wealth in our life, but due to mechanical life we are not able to concentrate on our health by taking proper nutritious food along with regular exercise. Food allergies are more common now than before. This is often attributed to processed, unnatural and chemical-filled foods – none of which were present back in our ancestor’s days. Can these alterations to our food make our immune systems weaker? There’s also the suggestion that our ‘cleaner’ lifestyle means we are less exposed to germs, that we don’t do as much activity and that we eat less fruit and vegetables, all of which may weaken our immune systems and reduce our toleration to foods. However, could there be another reason why we suffer from more food allergies now than our ancestors did. It’s worth considering that our ancestors didn’t suffer from allergies, not because of their healthier lifestyles, but because they simply weren’t as aware that conditions such as allergies existed. If people are less aware of the signs and symptoms, they will be less likely to report them, and less likely to be diagnosed with the condition. In your grandparents’ day, it was common place for people only to visit the doctor when they were really ill, so many food intolerances may never have been diagnosed.

Bartholomew et al (2016). Mentioned that eating is considered a social behavior, often done in the presence of others like friends, family or colleagues. General principles of intervention design therefore, not surprisingly, include the guideline to take the participant's social environment into account when developing interventions. Wilson, et al (2016).
Revealed that fourth narrative review demonstrated that although nudging interventions focusing on one specific aspect (e.g. availability, accessibility, visibility) were moderately effective, combined strategies including multiple factors at once were the most effective in achieving healthier food choices. Casazza, et al (2013). They identified that the common problems are small samples, lack of long-term follow-up, and neglect of psychological or social and environmental factors that may influence diet and lifestyle in general. Moreover, many studies have been conducted in high risk populations (e.g. metabolic syndrome) or people suffering from chronic illness, making it difficult to generalize preventative implications of diet to the general population. Altogether, it has proven extremely difficult to draw any definite conclusions about the specific components of a healthy diet on risk factors for chronic illness. Sleddens, et al (2015). They outlined a large number of determinants of dietary intake, which illustrates the complexity of eating behaviour. Although reflective determinants as described in social-cognitive models are amongst the most frequently studied in the context of eating behavior, the evidence on their importance in the context of eating behavior is moderate, at best, according to an umbrella review.

1.1 Need of the study

The reasons underlying the rapid increase of Western diets and fast foods consumption in Oman include; trade liberalization of food imports from developed countries to meet the rising demand associated with the spectacular increase in income and wealth, the spread of hypermarkets and fast food restaurants, creative food products marketing and promotion strategies and a lack of awareness of health problems of high caloric density, mainly foods rich in saturated fat and refined sugars. Although a comprehensive study has not been conducted in Oman to evaluate the frequency of fast food consumption by children and adolescents, yet subjective evidence and casual observations supported the notion that fast food meals are more popular among these age groups than in adults. This is consistent with the published reports from Gulf countries that share the same culture background and dietary habits as in Oman. Due to the above reasons overweight and obesity that is mainly attributed to sedentary lifestyle and unhealthy nutritional habits which may lead to adverse health issues among the youth in Oman. Hence, the researcher felt the need to study the changing food habits of students in Nizwa College of Technology.

1.2 Statement of the problem

Over the last century, eating habits in Oman have changed dramatically. Our diets have been influenced by all kinds of factors: by the technology’s involvement in our kitchens, by the modes of transport supplying our shops, by the media, government, trade and migration. Just think about it, at one time the concept of fast food dining was considered a breakthrough in the restaurant industry. Placing an order for hot food that was ready to eat in a very short time was an exciting wave of the future. Fast-forward decades later to the age of Information. The explosion of mobile technology and smart phones is reshaping the way fast food restaurants serve customers. In turn, customers are also changing the way they do business with fast food restaurants. Due to sedentary lifestyle and unhealthy nutritional habits which may lead to adverse health issues among the youth in Oman.

1.3 Objectives of the study

To understand the changing food habits of students in NCT and its effect.

1. To know the changing food habits of students in NCT.
2. To understand the problems faced by students of NCT after consuming outside food.
3. To analyze the long-term effect of changing food habits of students in NCT.

1.4 Significance of study

The outcomes of the present study is specifically significant to students to change their food habits and improve their health. It is also important for the society to encourage the healthy food habits in the future for their succeeding generation. It is also gives feedback to the industry to improve their food products with healthy ingredients for their long-term survival in the business. It gives inputs to the policy makers for improving the existing health policies in the country.

1.5 Hypotheses

Ho – There is no change in food habits of students of various departments in Nizwa College of Technology.
Ha: There is a change in food habits of students of various departments in Nizwa College of Technology.
Ho - There is no effect of outside food intake on the students of Nizwa College of Technology.
Ha: There is an effect of outside food intake on the students of Nizwa College of Technology.
2. REVIEW OF LITERATURE

Beer-Borst, et al (2000). Highlighted that the low numbers of adherence to dietary guidelines illustrate that it is almost impossible to determine which people eat an unhealthy diet, as almost all people seem to do so. When considering demographic characteristics such as age, gender or ethnic background, no clear pattern emerges from the empirical literature. This even holds for gender, which is generally regarded a distinctive factor in eating a healthy diet. To illustrate, a large European study revealed that men eat different types of food than women (e.g. more red meat and less fruits and vegetables), but the proportion of total energy from macronutrients was found to be similar. McLean, et al (2003). they concluded that another social influence that is important in eating behaviour is social support. Intuitively, one would predict that support from someone's direct social environment could be helpful, or may even be a necessary condition, for long-lasting eating behaviour change. However, research supporting this notion is limited.

One systematic review on interventions including family involvement demonstrated inconclusive results, suggesting that not only were there very few attempts to systematically assess the effects of social support on weight loss interventions, but that the effectiveness of family involvement remained to be properly tested. for men and women. Mann, et al (2013). Emphasized that people cannot afford to simply eat what is on their plate or what they like, but have to base their food choices in consideration of the health consequences, including weight status. In other words, they have to regulate their food in view of a short-term or long-term health goal. The psychological literature on self-regulation has documented that this is not an easy task, especially because health goals may be forgotten in the heat of the moment, as when one is standing face to face with a delicious chocolate cake. Verhoeven, et al (2015). they emphasized that the eating from a health psychology perspective.

In particular, why and how people regulate their food intake while taking into consideration the health consequences of this behaviour, either as interpreted by health professionals or by themselves. Considering that people may eat for many other reasons than for improving their health. We will from this point onwards use the term ‘diet’ when people eat for health reasons. By diet we mean a pattern of food intake that meets certain demands that are relevant to weight or health. Diet is different from eating behaviour which we consider as a more unconstrained behaviour that may be guided by individual habits or ingrained social and cultural standards but not so much by distinct requirements. In view of such requirements, people cannot afford to simply eat what is on their plate or what they like, but have to base their food choices in consideration of the health consequences, including weight status. Lappalainen, et al (1998). In view of the complex information about healthy diet that is released by professional and governmental bodies, the public understanding of healthy nutrition is remarkably accurate and reflects the headlines of dietary guidelines. In a survey amongst 14.331 European consumers, balance and variety, low fat, more fruit and vegetables, and variety and fresh foods were the most mentioned aspects of a healthy diet.

Wansink, B., Sobal (2007). Revealed that the overweight epidemic has spurred research into the health consequences of overeating and overweight, and information about this has found its way to the general public that now tends to associate eating with health, especially in the US. Te Morenga, et al (2013). suggested that sugar might have adverse health effects has been a recurring theme for decades, with claims that high intake may be associated with an increased risk of conditions as diverse as obesity, cardiovascular disease, diabetes and some cancers. Commissioned by the WHO and following Cochrane guidelines, concluded that in trials of adults with ad libitum diets (i.e. with no strict control of food intake), reduced intake of so-called free sugars (particularly from sugar sweetened beverages) was associated with a slight decrease in body weight (.80 kg) while increased sugar intake was associated with a comparably modest weight increase (.75 kg) over the course of 10 weeks. The data from this meta-analysis further show that the change in body fatness results from an alteration in energy balance rather than from metabolic consequences of sugar consumption, suggesting that the health risks of overconsumption of sugar primarily lie in increasing the risk of overweight rather than having a direct impact on risk of chronic illness. Sofi, et al (2010).

They revealed that the Mediterranean diet refers to a collection of eating habits traditionally followed by people in the countries bordering the Mediterranean Sea and typically consists of high consumption of fruits and vegetables, legumes and complex carbohydrates (whole grains), a moderate consumption of fish and low consumption of red meat, olive oil as the main source of fat, low-to-moderate consumption of red wine, and low-to-moderate consumption of milk and dairy products. A recent meta-analysis including more than 2 million people has suggested a significant protection against chronic illness for people who report a greater degree of adherence to this diet with 6–13% reduction of death and/or incidence of neurodegenerative disease, cardiovascular illness and cancer.
Adler, et al (2014). Emphasized that Cochrane review of the health benefits of salt reduction was even more cautious and concluded that cutting down on the amount of salt had no clear benefits in terms of reducing the risk of cardiovascular disease, although the authors suggest that reformulating processed foods with less salt by the food industry might have beneficial effects as compared to encouraging the population to use less salt at the table and in home cooking. Hartley, et al (2013). Mentioned that the modest effects have also been reported on the health protective effect of one of the cornerstones of healthy diet, the consumption of fruit and vegetables. In a meta-analysis of 10 randomized controlled trials (six examining the provision of fruit and four trials examining dietary advice to increase fruit and vegetable intake), a Cochrane review failed to find evidence of reduced risk of cardiovascular events or beneficial effects on blood pressure and lipid levels within one year, suggesting an absence of direct health benefits when people eat more fruits and vegetables.

Kanter, R., & Caballero, (2012). they mentioned that regarding gender differences in overweight and obesity, no clear pattern emerges as well with large differences within and between countries, generally showing that in developing countries (particularly in the Middle East and North Africa) women are more often found to be overweight whereas in industrialized countries men. Al-Yateem,(2017) opined that it shows a great lack of knowledge of healthy nutrition and healthy eating habits and suggest that, without active intervention, these young people are at risk of obesity, nutritional deficiencies and associated health problems. Alzeidan, (2017) highlighted that high prevalence of BCVRFs among the study population. Non-Saudi participants showed a higher rate of physical inactivity, higher consumption of fast food and lower consumption of fruit and vegetables after their arrival in Saudi Arabia. Living in Saudi Arabia had a different impact on gender.

3. RESEARCH METHODOLOGY

The research design for the present study is exploratory research. The present study is based on primary and secondary data. The primary data required for the study was collected from two sources, one form medical practitioners by using an interview schedule and another by using structured questionnaire from the students of Nizwa College of technology .The questionnaire has been divided into several parts to fulfill the objectives of the study. The secondary data was collected from leading daily newspapers, books, journals and other sources. The study area selected for this study was Nizwa College of Technology, across four departments English language center, Engineering, Business studies and Information Technology. The sampling frame comprises the students of Nizwa College of Technology as the study focuses on changing food habits of students in Nizwa college of Technology. The period of study was from September 2018 to November 2018.

3.1. Population and sample size

Samples are a part of population. Sample size refers to the number of opinions taken for the research study. Sample frame of the study are present students at NCT. The population size of the present study was 4668 students in NCT covering all departments, the sample size was fixed as 200 and distributed among various strata’s of population with 95% confidence level and 6.78 % margin of error. The sample size was calculated from survey system sample calculator. Sampling method used for the study was stratified proportionate random sampling. Response controlled sample collection was initiated to get the required sample from each department. The researcher collected 200 samples which were used for analysis.

Table 01: Sampling distribution across departments in NCT

<table>
<thead>
<tr>
<th>Departments at NCT</th>
<th>No of the students</th>
<th>Sample size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Studies Department</td>
<td>897</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Engineering</td>
<td>1831</td>
<td>78</td>
<td>39</td>
</tr>
<tr>
<td>Information Technology</td>
<td>549</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>English Language Centre</td>
<td>1391</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4668</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: NCT Registration department. (15.10.2018)
Data was collected from primary and secondary sources. Primary data was collected with the help of an interview schedule and structured questionnaire. A pilot study of the questionnaire was conducted among 20 students to identify the faults and errors and minor corrections were made before it was administered for data collection. Hypothesis testing is done with the help of chi-square analysis. The supportive literature review and the conceptual framework are taken from secondary sources.

3.2. Analysis and Discussion

Factor analysis is performed for the data obtained from the questions asked to the respondents related to the changing food habits of students in Nizwa College of Technology. Principle component analysis method and varimax rotation with Kaiser Normalization is done.

Table 02: KMO and Bartlett's Test

| Kaiser-Meyer-Olkin Measure of Sampling Adequacy | .721 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 715.384 |
| df | 105 |
| Sig. | .000 |

From the above table no: 2 it is evident that Kaiser –Meyer-olkin and Bartletts test sampling adequacy is 0.721 (> 0.5) which is acceptable for the present study. The component matrix found that there are 4 factors extracted from original 15 variables. Table 3 examines the total variance explained by the factor analysis and gives an indication about the number of useful factors. The table 3 has three parts. First part titled initial eigen values gives the variance explained by all the possible factors. Second part extraction sums of squared loading gives the information for factors with eigen values greater than one. The last part titled, rotated sum of squares gives the information for extracted factors after rotation. The result indicates four factors with eigen values greater than one suggesting a four-factor solution. The factor 1 explains 22.20 percent of variance (under varimax rotation) out of total variance of 56.80 percent of 4 factors.

Table 03: Total variance of the respondents on changing food habits of students in Nizwa College of Technology

<table>
<thead>
<tr>
<th>Total Variance Explained</th>
<th>Extraction Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component</strong></td>
<td><strong>Initial Eigenvalues</strong></td>
</tr>
<tr>
<td>1</td>
<td>3.331</td>
</tr>
<tr>
<td>2</td>
<td>2.170</td>
</tr>
<tr>
<td>4</td>
<td>1.274</td>
</tr>
<tr>
<td>5</td>
<td>.998</td>
</tr>
<tr>
<td>6</td>
<td>.868</td>
</tr>
<tr>
<td>7</td>
<td>.811</td>
</tr>
<tr>
<td>8</td>
<td>.647</td>
</tr>
<tr>
<td>9</td>
<td>.585</td>
</tr>
<tr>
<td>10</td>
<td>.528</td>
</tr>
<tr>
<td>11</td>
<td>.484</td>
</tr>
<tr>
<td>12</td>
<td>.441</td>
</tr>
<tr>
<td>13</td>
<td>.415</td>
</tr>
<tr>
<td>14</td>
<td>.368</td>
</tr>
<tr>
<td>15</td>
<td>.335</td>
</tr>
</tbody>
</table>

3.3. Extraction Method: Principal Component Analysis

Results of factor analysis for the questions related to the respondents perceptions towards teaching learning in NCT. Each factor is analyzed by identifying those items that had high factor loading and 0.4 is used as cut-off for assigning
variable to the factors. Labelling has been done after discussing with the subject experts.

**Factor-1 preference of fast food**

1. My family forces me to eat home food.
2. Every day it is not possible for me to have home food.
3. I prefer outside fast food because it is accessible for me.
4. I prefer fast food because it saves my time.
5. I prefer fast food because it is very tasty.
6. I prefer fast food because I am motivated by the advertisement.
7. I feel proud when I order fast food.
8. I spend lot of money for eating fast food.
9. Sometimes I fell sick when I eat fast food.
10. I am satisfied with my existing food habits.

**Factor-2 preference of home-made food**

1. I prefer home food because it is economical.
2. It will take long-time to prepare home food.
3. Homemade food is better than fast food.
4. I prefer fast food because it saves my time.
5. I spend lot of money for eating fast food.
6. Sometimes I fell sick when I eat fast food.

**Factor-3 healthy food habits**

1. I prefer homemade food because it is hygienic.
2. I know that eating fast food is not healthy.
3. I am satisfied with my existing food habits.

**Factor-4 family influence**

1. I prefer homemade food because it is hygienic.
2. My family forces me to eat home food.
3. Every day it is not possible for me to have home food.
4. Sometimes I fell sick when I eat fast food.

### 4.1 Descriptive statistics of the respondents’ perceptions towards teaching

The following table 4 shows that the mean, standard deviation of the variables asked to the respondents towards changing food habits of students in Nizwa College of Technology.

**Table 04: Descriptive statistics of the respondents’ perceptions towards changing food habits of students in NCT (N=200) (SA-1 A-2 DA-3 SDA-4)**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I prefer homemade food because it is hygienic.</td>
<td>3.88</td>
<td>1.152</td>
</tr>
<tr>
<td>I prefer home food because it is economical.</td>
<td>3.23</td>
<td>1.115</td>
</tr>
<tr>
<td>My family forces me to eat home food.</td>
<td>3.78</td>
<td>1.215</td>
</tr>
<tr>
<td>It will take long-time to prepare home food.</td>
<td>3.23</td>
<td>1.060</td>
</tr>
<tr>
<td>Every day it is not possible for me to have home food.</td>
<td>3.51</td>
<td>1.220</td>
</tr>
<tr>
<td>Homemade food is better than fast food</td>
<td>3.60</td>
<td>1.173</td>
</tr>
<tr>
<td>I prefer outside fast food because it is accessible for me.</td>
<td>3.52</td>
<td>1.177</td>
</tr>
<tr>
<td>I prefer fast food because it saves my time.</td>
<td>3.28</td>
<td>1.173</td>
</tr>
<tr>
<td>I prefer fast food because it is very tasty.</td>
<td>3.54</td>
<td>1.186</td>
</tr>
<tr>
<td>I prefer fast food because I am motivated by the advertisement.</td>
<td>3.21</td>
<td>1.157</td>
</tr>
<tr>
<td>I feel proud when I order fast food</td>
<td>3.27</td>
<td>1.263</td>
</tr>
<tr>
<td>I spend lot of money for eating fast food</td>
<td>3.51</td>
<td>1.139</td>
</tr>
</tbody>
</table>
I know that eating fast food is not healthy. 3.82 1.142
Sometimes I fell sick when I eat fast food 3.66 1.058
I am satisfied with my existing food habits. 3.63 1.053

From the above Table 4 it is revealed that most of the respondents accepts that, they prefer homemade food because it is hygienic (Mean = 3.88) with S.D. of 1.152, followed by the students know that eating fast food is not healthy. (Mean = 3.82) with S.D. of 1.142 and their family forces them to eat home food (Mean = 3.78) with S.D. of 1.215.

4.2. Hypotheses testing -Chi-Square

Ho –There is no change in food habits of students of various departments in Nizwa College of Technology.

Ha: There is a change in food habits of students of various departments in Nizwa College of Technology.

We sampled 200 students and evaluated whether the number of students who prefer fast food (f=104) was equal to the number of students who do not prefer fast food (f=96). The data was analyzed by using Chi-square test for independence. The null hypotheses was rejected, $X^2(3) = 14.489 \ P <= .002$, more than half of the students they prefer to eat fast food.

Ho- There is no effect of outside food intake on the students of Nizwa College of Technology.

Ha: There is an effect of outside food intake on the students of Nizwa College of Technology.

We sampled 200 students and evaluated whether the number of students who faced health problem and visited doctor (f=117) was equal to the number of students who had not faced health problem with their marital status (f=83). The data was analyzed by using Chi-square test for independence. The null hypotheses were rejected, $X^2(4) = 10.502 \ P <= .033$, more than half of the students visited the doctor due to their health problems since last one month.

5. FINDINGS OF THE STUDY

1. The respondents in the age group of 21 to 23 are leading with 45% responses. 69% Percentage of respondents are from Engineering and English language Center specialization.
2. Among the respondents 86% eat fast food. 52% of respondents prefer the fast food over homemade food.
3. As far as frequency of intake of fast food in concerned, 35% of the respondents eat fast food daily and 41% of the respondents eat fast food thrice a week.
4. Distance from home to college reveals that 70% of students come from far distance i.e. above 10 kms.
5. The average age of the patients visiting the hospitals is ranging from 18-40.
6. 58% respondents visited doctors from one to four times since last month.
7. 46% of respondents visited the doctor since last month for various reasons like stomach upset, fever, food poison and diarrhea.
8. The reasons for the above ailments are wrong life style, lack of physical activity, improper healthy diet and lack of exercise.

6. CONCLUSION AND RECOMMENDATION

A study in Morocco in 2016 identified moderate levels of overweight and obesity and undernourishment among Moroccan adolescents (1). Similarly, a cross-sectional study in Mozambique in 2015 identified several serious micronutrient deficiencies among adolescent girls which could lead to serious health consequences, especially given that adolescent marriage and motherhood is a common practice (3). Likewise, a 2016 study reported on the nutritional profiles of adolescents of South Asian Indian descent in the USA (5). They found dietary patterns characterized by high levels of saturated fats with low potassium, magnesium, calcium, vitamin D, and fibre intake. Such dietary habits are likely to predispose to future disease risk. Change in lifestyle over the last few decades in Oman influenced by open trade policies resulted in a dramatic change in the Omani diet. High fat and processed foods found their way into the Omani meals and junk food emerged as one of the most common dietary habits among youth and children. This change led to an increase in the prevalence of obesity and chronic diseases in Oman. Hence, the researcher felt the need to study the changing food habits of students in Nizwa College of technology. At the end of the research, it is concluded that the outside food fast food intake among Nizwa college students is increasing day by day and their health is affected and their visits to doctor increased gradually. The need of the hour is to find reasonable solutions to guide students in preferring the homemade...
food over fast food. Measures should be taken after discussing the issue with all the stakeholders including doctors, students, parents, business people and society.

6.1 Recommendations

1. Students should be enlightened with periodic awareness programs on healthy food habits and regular exercises to be practiced for maintaining good health by introducing one subject in college related health and safety issues.
2. The college should appoint a full time dietician to suggest the best nutritious food items to be prepared in cafeteria to minimize the health related issues of students in NCT.
3. Enlighten students by incorporating poster and related materials about diseases caused by changing food habits on NCT website.
4. Once in a semester organize health day in college by inviting doctors and interact with students about their present food habits and how to change in to healthy food habits.
5. The society should highlight the importance of eating healthy foods cooked at home and also initiate campaign for healthy food in Nizwa during vacations, festivals and social gatherings.
6. The government should initiate educational programs on eating healthy and regular exercise in schools, colleges & universities. And the Consumer Protection Forum should be vigilant on food products in market and their content etc.
7. Doctors’ advice should be implemented for reducing the above ailments and practice healthy life style by eating healthy diet, avoid eating outside food and smoking, alcohol, exercise more and do not miss breakfast etc.

6.2. Scope for further research

The present study can be conducted by including all the educational institutions in Nizwa, (schools and colleges) to get a broader perspective and further research can also be extended to Al-Dhakliya region level. The research can also conduct by linking the health conditions of the students with their academic performance with special emphasis on their food habits.

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https://countrysmeters.info/en/Oman


