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ORIGINAL

Lifestyle of family members and students of the Instituto Superior Tecnológico Adventista del Ecuador, Santo Domingo, 2024

Estilo de vida de los familiares y estudiantes del Instituto Superior Tecnológico Adventista del Ecuador, Santo Domingo, 2024

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ABSTRACT

The study was conducted with the aim of determining the level of lifestyle of the families and students of the Adventist Technological Institute of Ecuador, Santo Domingo, using the FANTASTIC TEST. The methodology used focused on determining the attitudes and practices regarding the lifestyle of students and their families. To do this, data was collected through surveys, the most relevant results revealed that most students and their families maintain healthy habits in terms of diet and physical activity, which suggests a solid basis for promoting health and well-being in the educational community. Regarding sociodemographic data, the majority of respondents are women, predominantly between 18-24 years and 35-44 years. Higher education is common among the participants and the Catholic religion is the most represented, in addition, the majority of respondents are at a medium socioeconomic level and consider their health status as good. In the results regarding lifestyle, it is highlighted that 32 % consider it good and 59 % catalog it as regular. However, 33,3 % never attend social groups, 26,36 % never check their weight, and 18 % never attend medical appointments. In addition, 13 % always feel tense or stressed, 8 % feel upset or angry for no reason, and 7 % always feel depressed or sad.

Keywords: Healt; Activity; Stress; Students.

RESUMEN

El estudio se realizó con el objetivo de determinar el nivel de estilo de vida de los familiares y estudiantes del Instituto Tecnológico Superior Adventista del Ecuador, Santo Domingo, utilizando el TEST FANTÁSTICO. La metodología utilizada se centró en determinar las actitudes y prácticas sobre el estilo de vida de los estudiantes y sus familiares. Para ello, se recopilaron datos mediante encuestas, los resultados más relevantes revelaron que la mayoría de los estudiantes y sus familiares mantienen hábitos saludables en términos de alimentación y actividad física, lo cual sugiere una base sólida para promover la salud y el bienestar en la comunidad educativa. En cuanto a los datos sociodemográficos, la mayoría de los encuestados son mujeres, con edades predominantemente entre 18-24 años y 35-44 años. La educación superior es común entre los participantes y la religión católica es la más representada, además, la mayoría de los encuestados se sitúa en un nivel socioeconómico medio y considera su estado de salud como bueno. En los resultados en cuanto estilo de vida se destaca que, el 32 % considera que es bueno y 59 % catalogo como regular. Sin embargo, el 33,3 % que nunca asiste a grupos sociales, el 26,36 % que nunca controla su peso, y el 18 % que nunca asiste a consultas médicas. Además, el 13 % siempre se siente tenso o estresado, el 8 % se siente molesto o enojado sin razón, y el 7 % siempre se siente deprimido o triste.

Palabras clave: Salud; Actividad; Estrés; Estudiantes.

INTRODUCTION

Problem statement

Overall health worldwide has been improving over the years, such that "a steady increase in global life expectancy at birth was observed from 2000 until the onset of the COVID-19 pandemic".[1,2,3,4] However, this situation is due to improvements in medical treatments and not to a system of healthy habits among the population. In this regard, the World Health Organization[1] states that, globally, 28 % of adults aged 18 and over were not completely active, with 23 % of men and 32 % of women. In the case of adolescents, 81 % of those aged 11 to 17 did not engage in sufficient physical activity. Regarding sleep habits, approximately 40 % of people worldwide are affected by sleep disorders.[5,6,7,8]

At the regional level, "life expectancy in Latin America and the Caribbean fell by 2,9 years, from 75,1 years in 2019 to 72,2 years in 2021". Compared to other continents, it is the region where physical activity is least familiar, with 39 % of the population.[2] Additionally, according to data from the Food and Agriculture Organization of the United Nations and agriculture[3] the number of people suffering from hunger worldwide increased to 828 million in 2021 and 2022; the percentage of people suffering from hunger worldwide is 9,8 %, meaning that around 828 million people suffer from hunger around the world.[9,10,11]

The Food and Agriculture Organization of the United Nations[4] reports that 22,5 % of the population of Latin America and the Caribbean does not have the necessary means to eat a healthy diet. According to the magazine Salud[5], 75 % of the population in Latin America suffers from sleep disorders. On the other hand, no data was found that records or shows a percentage related to mental disorders or illnesses. As a result, there is a push to promote physical activity and healthy policies in an effort to mitigate the effects of unhealthy habits caused by sedentary behaviors.[6]

Nationally, the combined rate of overweight and obesity among adults is high (62,8 %), with the prevalence of obesity being higher in females and overweight being higher in males. This indicates unhealthy habits that affect a large part of the population. This is complemented by a study, who suggests that the country faces alarming levels of health risk between 2022 and 2023. He adds that Ecuadorian families must overcome these difficulties in a context of neglect by the state in terms of social investment in public health and increased job insecurity, which hinders access to private healthcare.[12,13,14,15]

In Santo Domingo de los Tsáchilas, a significant prevalence of overweight and obesity was observed among the adult population. According to a study, 57,6 % of overweight and obese individuals do not have type 2 diabetes mellitus, while 42,4 % do have this disease. This indicates that, although a large part of the overweight population does not suffer from type 2 diabetes, a considerable percentage is affected by this condition, highlighting the need to address both obesity and diabetes in public health programs. This indicates that, although obesity is not a determining factor for diabetes, poor nutrition can trigger this risk, in addition to other health risks, if unhealthy lifestyles are maintained. Family stability plays a vital role in the lives of older adults. Although many of them maintain healthy lifestyles, a study by a study found that 46,6 % of older adults experience moderate family dysfunction. This data highlights the need to pay attention to family dynamics, as even those with healthy habits can face significant challenges in the family environment. In this context, this indicates that lifestyle is affected by dissonances in family well-being.[16,17,18,19]

At ITSAE, lifestyle influences all academic and social aspects of students and their families, as it includes diet, sleep habits, physical activity, and study habits.[20,21] This is evidenced by the "significant relationship between study habits and the dimensions of educational motivation: intrinsic motivation, extrinsic motivation, and amotivation". Lifestyle habits determine the amount of physical and mental energy available to face daily challenges, especially academic ones. Poor nutrition can lead to a deficiency in essential nutrients, which in turn can affect concentration and academic performance. On the other hand, poor sleep habits can lead to fatigue and decreased cognitive ability, making it more challenging to learn and retain information.[22,23]

Lack of physical activity contributes to a sedentary lifestyle, which in turn can cause health problems such as obesity, diabetes, and cardiovascular disease, affecting not only physical health but also emotional well-being. Additionally, poor study habits can lead to procrastination and stress, ultimately affecting motivation and academic performance. Thus, an imbalance in these habits can make it difficult to maintain order in actions and decision-making, triggering new unhealthy habits.[24,25,26]

The consequences of these imbalances are manifold. First, students may experience poor academic performance due to a lack of energy and motivation. Second, physical health problems can lead to increased school absences and impact participation in educational and extracurricular activities.[27,28,29,30] Finally, stress and anxiety resulting from poor lifestyle habits can affect social and family relationships, creating a vicious cycle that perpetuates imbalance and academic and personal difficulties. It is necessary to promote healthy lifestyle habits to ensure a balance that favors both academic performance and the overall well-being of students.[31,32,33,34]

For these reasons, it is essential to conduct a study to determine the lifestyle level of family members and students at the Adventist Technological Institute of Ecuador in Santo Domingo. In addition, the aim is to propose educational strategies to improve knowledge, attitudes, and practices regarding healthy lifestyles. As a result, readers of this work will have a precedent that will allow them to conduct studies that explore the relationship between students' healthy habits in greater depth. Therefore, this research poses the following question: What is the lifestyle level of family members and students at the Adventist Higher Institute of Ecuador in Santo Domingo in 2024?

Objective

To determine the lifestyle level of family members and students of the Adventist Technological Institute of Ecuador, Santo Domingo, 2024.

METHOD

Type and Design of the Research

Type of research

The research was quantitative in nature, as it collected all the information obtained from the data in the research by counting the surveyed population. It used a descriptive level, which seeks to explain the variable and its dimensions. Within the academic context of ITSAE students and their families, they participated in data collection. This approach seeks to identify the relationship between the dimensions related to a healthy lifestyle by collecting quantitative data, considering various areas that involve the problem. With the data collected, it was possible to determine how many students have healthy and unhealthy habits in their lifestyle. The study was basic in nature, as the objective was to obtain new knowledge about lifestyles and to develop a theoretical framework that addresses educational issues.

Research design

The research design was carried out through a non-experimental study, which was cross-sectional in nature because data collection was carried out at a specific and single point in time. In addition, there was no influence on the strategic variables related to lifestyle. This situation provided evidence of the poor lifestyle habits of the population, such as skipping meals, sleeping little, and not eating breakfast, among others. Based on the results obtained, a precedent will be set in the study of the factors that determine a healthy lifestyle, which can be used for future research.

Population and sample

Population

According to a study, a population is a set of elements that share certain characteristics and are of interest for a specific study. In this sense, the characteristics of the population necessary to study quality of life include people aged 18 and over. Aspects such as educational level and income were not considered in determining the population. In this sense, 475 ITSAE students and their close relatives were allowed to. This made it possible to understand people's daily behaviors, which in turn made it easier to determine their habits and assess the level of impact on their lives.

Sample

In the context of lifestyle research, the sample represents a total of 330 participants, including adolescents, young people, adults, and older adults. Non-probabilistic sampling was used, which does not expect the cases evaluated to be strictly representative of the population.

Inclusion criteria

Students currently enrolled at the Adventist Higher Institute of Ecuador, immediate family members (parents, siblings, grandparents) of enrolled students, and family members over the age of 18.

Exclusion criteria

Students and family members under 18 years of age, individuals who are not enrolled students or immediate family members of enrolled students, and people who do not wish to participate in the research.

Data collection instruments

The FANTÁSTICO test, proposed by Villar et al.[8], is a comprehensive assessment tool comprising 30 questions distributed across 10 key dimensions of lifestyle and personal well-being. These dimensions include aspects such as physical activity, nutrition, tobacco and alcohol consumption, interpersonal relationships, stress management, and sleep quality, among others. The questionnaire is tailored to the study population and,

therefore, modified according to their preferences and language, with an integrative vision that facilitates an overview of lifestyle. To complete the scale, it was observed that the time required ranged from 10 to 15 minutes, which is relatively short and ensures that participants can respond thoughtfully and entirely without the questionnaire becoming an excessive burden.

In this study, the survey was used as a data collection technique because this tool allows information to be obtained in a systematic and structured manner, which reduces the margin of error and facilitates a more accurate analysis. The primary purpose of the survey was to collect specific data to examine and understand the opinions, interests, and perspectives on lifestyle for ITSAE students. In this context, surveys are presented as an effective tool for this research, which seeks to promote healthy living.[9] The FANTÁSTICO test contains questions that are integrated into the following dimensions: F: family and friends, A: associativity and physical activity, N: nutrition, T: toxicity, A: alcohol, S: sleep and stress, T: personality type and activities, I: inner image, C: control of health and sexuality, and finally, O: order. The adaptation presents three response options with a numerical value from 0 to 2 for each category and is scored using a Likert scale, with a score from 0 to 120 points. The higher the score in the dimension, the more positive the rating is towards health. The total score is classified into qualitative ranges. This instrument has been adapted for use in different contexts, such as its validation for school-aged adolescents in Colombia, using the Delphi technique to ensure its content validity. The reliability of the questionnaire is high, with an overall Cronbach's alpha of 0,934 and specific values for its dimensions ranging from 0,800 to 0,948, reflecting excellent internal consistency.

Data processing and analysis plan

After obtaining the data from the instrument applied through a digital survey, each question was analyzed to collect the information necessary for processing in Microsoft Excel. All data were quantitative in nature. Once the data from the instrument had been collected, it was grouped into similar categories. This information was organized into a data table that included the questions and answers, facilitating the tabulation and analysis of the data. By creating frequency tables, it was possible to determine the percentage of participants who were guided by the different answer options.

Ethical considerations

The analysis of information in digital media provides significant benefits to students and their lifestyles. When consulting informational data, ethical aspects such as informed consent, anonymity, and confidentiality of responses must be considered. In this regard, the privacy of participants is valued, and the possibility of refusing to participate in the questionnaire is included. These ethical considerations are attributed to the fact that research challenges researchers to engage with the student community, fostering theoretical innovation and the generation of new knowledge. In addition, it promotes the consideration of leaving data for future use and working on its improvement, which contributes to the evolution of lifestyles.[10] Therefore, it has been developed based on the principles of respect for privacy and consent of individuals.

RESULTS

General Lifestyle Level

The percentage distribution of the students surveyed according to their perception of the quality of their lifestyle is reflected. It was observed that 32 % of the participants considered themselves to have good lifestyle habits. However, it is also clear that there is a minority (2 %) who recognize the existence of poor habits, suggesting that there are areas for improvement in the adoption of healthier lifestyles.

Table 1. Lifestyle level

Category	N	%
Excellent	2	1
Very good	22	7
Good	105	32
Fair	196	59
Terrible	5	2
Total	330	100

Sociodemographic data

According to the survey data, the majority of participants in the test were female, accounting for 59,4

% of the total. The survey was mainly answered by people aged 18-24 and 35-44. The second most common field of work among respondents was commerce and sales (18,5 %), and 52,7 % had higher education. In terms of religious affiliation, the majority of respondents identified as Catholic, representing 43,7 % of the total, followed by 27 % who identified as Seventh-day Adventist. Evangelicals make up 10,3 %, while 12,4 % of respondents do not associate with any religion. In addition, 7 % identify with other religions.

Table 2. Sociodemographic data

Variable		**N**	**%**
Gender	Male	134	40,6
	Female	196	59,4
Level of education	None	5	1,5
	Basic education	9	2,7
	High school	142	43
	Higher education	174	52,7
Religion	Seventh-day Adventist	89	27
	Catholic	143	43,7
	Evangelical	34	10,3
	None	41	12,4
	Other	23	7
Age	Between 18-24 years old	197	54,2
	25-34	20	21,3
	35-44 years old	54	57,4
	45-54	16	17
	55 - 64	4	4,3
	65 years and older	2	0,6
Sector or area of activity	Trade and sales	61	18,5
	Administration and finance	23	7
	Education	32	9,7
	Information technology and computing	5	1,5
	Manufacturing and crafts	2	0,6
	Construction	6	1,8
	Tourism	7	2,1
	Public services	11	3,3
	Agriculture	13	3,9
	Other	129	39,1
	Health	41	12,4
Socioeconomic status	High	7	2,1
	Medium	243	73,6
	Low	80	24,2
Overall, how would you rate your health?	Good	169	51,2
	Poor	6	1,8
	Fair	155	47
Select one of the two options	Student	122	37
	Relative of a friend or student	208	63

Family and Friends Dimension

52 % consider that they sometimes have someone to talk to about things that are important to them, while only 4 % never have anyone to talk to about such things. 49 % believe that they show affection, and 2 % never do. In addition, 49 % sometimes receive affection and 4 % never do.

Table 3. Family, friends

No.	Question	Always		Sometimes		Never		Total	
		N	%	N	%	N	%	N	%
1	I have someone to talk to about things that are important to me	148	45	170	52	12	4	330	100
2	I give affection	163	49	159	48	8	2	330	100
3	I receive affection	154	47	162	49	14	4	330	100

Physical and social activity

Mostly, 40,3 % tend to only attend groups made up of scouts, conquerors, red cross, sports, religious, cultural, or youth groups sometimes, while 33,3 % say they never do so.

Table 4. Attendance at stakeholder groups

No.		Always		Sometimes		Never		Total	
		N	%	N	%	N	%	N	%
1	I attend a group made up	87	26,4	133	40,3	110	33,3	87	100

Therefore, 46,97 % confirm that in the last 7 days they have never or only once engaged in physical exercise for 30 minutes, intense enough to feel agitated and end up fatigued.

Table 5. Frequency of weekly physical activity

No.	Question	5 or more		2 to 4 times		0 and 1 time		Total	
		N	%	N	%	N	%	N	%
	In the last 7 days, I have done intense physical exercise	55	16,67	120	36,36	155	46,97	330	100

Nutrition Dimension

The questionnaire results show that most respondents (65 %) follow a balanced diet only sometimes, although 67 % always eat at least breakfast, lunch, and dinner. Unhealthy food consumption occurs sometimes for 78 % of participants, while only 13 % do so always. As for weight control, 56,36 % do so periodically only sometimes, and 26,36 % never do so.

Table 6. Frequency of balanced eating

No.	Question	Always		Sometimes		Never		Total	
		N	%	N	%	N	%	N	%
1	My daily diet is balanced.	98	30	214	65	18	5	330	100
2	At least breakfast, lunch, and dinner every day	221	67	104	32	5	2	330	100
3	I often consume a lot of sugar, salt, fats, or junk food.	42	13	256	78	32	10	330	100
4	I check my weight regularly	57	17	186	56,36	87	26,36	330	100

Toxicity Dimension

The data shows that most people do not tend to smoke cigarettes (59 %), and 52 % stated that they never use non-prescription drugs.

Table 7. Use of harmful substances

No.	Question	Always		Sometimes		Never		Total	
		N	%	N	%	N	%	N	%
1	I have smoked a cigarette at some point	11	3	123	37	196	59	330	100
2	Use of non-prescription drugs	12	4	146	44	172	52	330	100

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Table 8. Frequency of consumption of caffeinated beverages

		Less than 3 days		3 to 6 days		More than 6 times a day		Total	
No.	Question	No	%	N	%	N	%	N	%
1	I drink beverages containing caffeine	291	88,18	30	9,09	9	2,73	330	100

In addition, it was found that 88,18 % drink beverages containing caffeine (coffee, Coca-Cola, Pepsi, Vive 100, Red Bull, Ciclón, Monster) less than three times a week.

Alcohol Dimension

77,58 % consider the effects of alcohol to be harmful, and only 5 % think that it never has adverse effects. However, 50 % live with people who drink alcohol.

Table 9. Correlation with alcoholic beverages

		Always		Sometimes		Never		Total	
No.	Question	N	%	N	%	N	%	N	%
1	I believe that the effects of alcohol are harmful	256	77,58	58	18	16	5	330	100
2	The people I live with drink alcohol	10	3	155	47	165	50	330	100

54,24 % of respondents said they had not consumed alcohol in the last 6 months (beer, cocktails, canelazo, rum, aguardiente), and only 10,91 % had consumed it more than 3 times.

Table 10. Frequency of alcohol consumption

		0 times		1 to 3 times		More than 3 times		Total	
No.	Question	No	%	N	%	N	%	N	%
	I have consumed alcohol in the last 6 months	179	54,24	115	34,85	36	10,91	330	100

Sleep and stress dimension

66 % of participants said that they only sometimes felt able to sleep well and feel rested when they woke up. Similarly, 62 % said that they sometimes felt able to handle stressful situations and easily find alternative solutions, and 50 % managed to relax and enjoy their free time.

Table 11. Stress management ability

		Always		Sometimes		Never		Total	
No.	Question	N	%	N	%	N	%	N	%
	I sleep well and feel rested when I wake up	88	27	219	66	23	7	330	100
	I feel capable of handling stressful situations and easily finding alternative solutions.	112	34	203	62	15	5	330	100
	I relax and enjoy my free time	149	45	166	50	15	5	330	100

Work dimension

Regarding 62 %, it can be concluded that sometimes participants feel upset or angry for no reason. 61 % are in a good mood, cheerful, and active, and similarly, only sometimes do 52 % feel satisfied with their studies. 68,48 % have never felt pressured, physically assaulted, or verbally abused by their peers.

Table 12. Mood and student environment

		Always		Sometimes		Never		Total	
No.	**Question**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
1	I feel annoyed or angry for no reason	25	8	204	62	101	31	330	100
2	I feel cheerful, happy, and active.	125	38	201	61	4	1	330	100
3	I am satisfied with my studies	144	44	171	52	15	5	330	100
4	I feel pressured, physically assaulted, or verbally abused	21	6,36	83	25,15	226	68,48	330	100

Introspection dimension

Mostly, 53 % always had positive and optimistic thoughts, 79 % sometimes felt tense or stressed, and only 7 % felt depressed.

Table 13. Mental state

No	**Question**	**Always**	**%**	**Sometimes**	**%**	**Never**	**%**	**Total**	**%**
1	I have positive and optimistic thoughts	175	53	145	44	10	3	330	100
2	I feel tense or stressed	43	13	260	79	27	8	330	100
3	I feel depressed or sad	23	7	221	67	86	26	330	100

Health monitoring dimension

66 % said that they only sometimes attend appointments to monitor their health, while 59 % sometimes discussed sexuality issues with family members, and half of those surveyed accepted and felt satisfied with their physical appearance or the way they looked.

Table 14. Frequency of medical information and check-ups

		Always		Sometimes		Never		Total	
No.	**Question**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
1	I attend consultations to monitor my health	51	15	219	66	60	18	330	100
2	I discuss sexuality issues with members of my family	39	12	195	59	96	29	330	100
3	I accept myself and feel satisfied with my physical appearance or the way I look.	165	50	146	44	19	6	330	100

Other behaviors

52 % sometimes consider themselves to be organized with their daily responsibilities, while 49 % respect traffic rules (seat belts, crosswalks, pedestrian bridges, traffic lights).

Table 15. Daily organization and compliance with regulations

		Always		Sometimes		Never		Total	
No.	**Question**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
1	I am organized with my daily responsibilities	148	45	170	52	12	4	330	100
2	I respect traffic rules	163	49	159	48	8	2	330	100

DISCUSSION

Fifty-two percent of participants in this survey say they have someone to talk to about important matters.

Similarly, Villafrade et al.[1] emphasize the importance of family communication reinforced through cohesive activities and how it influences student performance and mood. However, the article by Pizzinato et al.[12] shows neglectful environments where there was a lack of communication, emphasizing the weakening of the interpersonal support network. Although most respondents have a solid support network provided by friends and family, there are still gaps to be filled, the roots of which lie in a hostile family environment.[35,36,37,38]

Forty-three percent confirmed that they were sometimes interested in attending a group (Scouts, Conquistadors, Red Cross, sports, religious, cultural, or youth groups).[39,40,41] Similarly, the study by Salgado et al.[13] highlights students' interest in regular physical activity, as they are aware of its benefits. However, González et al.[14] indicate that 19,49 % of students never engage in physical activity. Generally, there is an interest in staying physically active within the university community, which reduces stress levels and improves performance in day-to-day activities. However, there is still a small percentage that is not interested in putting it into practice.[42,43,44,45]

Regularly, 46,97 % practice sports once a week intensely until they feel exhausted. Similarly, Ibarra et al.[15] consider that there is a low level of weekly physical activity (19,6 %) among young students, which contrasts with the 15,6 % of male physical education students with high physical activity according to data obtained by Ordoñez et al.[16]. Although it can generally be inferred that there is little interest in practicing intense sports every week among young people, a low percentage of them are actually interested in doing so.[46,47,48]

Seventy-eight percent of respondents consider that they sometimes tend to consume junk food or food high in sugar or salt, which is confirmed by Carías et al.[17], where surveys determined that the most consumed junk food among students is churros (92,9 %). In contrast, the first factor analyzed by Pastor et al.[18] (called the Western consumption pattern) was positively associated (absolute load ≥ 0,250) with frequent consumption of dairy products and derivatives, eggs, meat and legumes, cold cuts, nuts, and fats other than olive oil. Although the benefits of a balanced diet are well known, it is observed that its consumption is much less frequent than that of junk food, with excess fat or sugar, which more than half of those surveyed frequently prefer.[49,50,51]

Of the 330 respondents, 59 % say they have never smoked a cigarette. Similarly, reported that 87,6 % of students do not smoke; however, 45,7 % of students at a private university smoke occasionally. Although most university students are not attracted to tobacco and have not consumed it, there is an upward trend in consumption, just 9 % below those who say they do not consume it.[52,53,54,55]

2,63 % consume caffeinated beverages (coffee, Coca-Cola, Pepsi, Vive 100, Red Bull, Ciclón, Monster) daily for more than 6 days. Similarly, 44 % of students consumed caffeinated beverages every day; however, Rubio et al.[19] report that 37,9 % consume one cup of caffeinated beverages weekly. Caffeine-based beverages are not very popular, and their consumption is relatively low every week.

Although a small number of people consume them daily, the percentage is so low that it is not considered a significant health risk indicator for students.

54,24 % have not consumed alcohol (beer, cocktails, canelazo, rum, aguardiente) more than three times in the last six months. Similarly, in astudy, only 2,7 % did not consume alcohol but did tend to smoke tobacco. However, the study by Fuente et al.[20] asserts that 58 % of students consume beer 1 to 2 times per week. Although the ITSAE shows a low trend in alcohol consumption over 6 months, the figures are very different in higher education institutions, where the prevailing trend among students is to consume alcohol 1 to 2 times per week, and only a very low percentage do not consume alcohol at all.[56,57,58,59]

77,8 % identify that alcohol has counterproductive effects on health. Similarly, in Falconi's[21], 88 % identify the adverse consequences of its consumption, marking themselves as the majority in terms of their perception of alcohol consumption. However, 93 % of the participants in Mantilla et al.[22] are in environments where alcohol is regularly consumed, and even the participants consume it. Although most recognize the harmful effects of alcohol, there is also a high percentage of coexistence with people who frequently consume alcohol as a lifestyle habit.[60,16,62]

Sixty-six percent of those involved said they sometimes sleep well and feel rested when they wake up. Similarly, the population studied by Carrillo et al.[23] claims to have sleep disorders only occasionally due to university demands and an environment that sometimes makes it difficult to rest properly. However, report that 77,7 % consider themselves to have poor sleep quality and, therefore, always feel fatigued. Although there is a high percentage with good sleep and rest rates, there is currently an increased tendency toward sleep disorders due to the general increase in stress among students.[63,64,65,66]

Sixty-two percent sometimes feel capable of handling stressful situations and easily finding alternative solutions. Similarly, Rivas et al.[24] reported that 46 % of participants felt stress infrequently. However, in contrast to the above, Quiliano et al.[25] point out that most students lack sufficient emotional intelligence, which may be reflected in difficulties coping with general stressful situations. Although there is a high percentage of regular stress management, the tendency to lose control in these situations is increasing due to the environment and

the lack of importance that society places on addressing these issues.

Sixty-one percent say they feel in a good mood, cheerful, and active sometimes. Similarly, López et al.[26] confirm that most students are usually optimistic except in specific conflict situations. On the contrary, a study report that a low percentage of women become moody when they are unable to connect to social media. There is a tendency toward good humor among students, who usually remain active and happy except in conflictive situations. However, among young people, constant use of social media is considered so important that if they do not have access, they tend to become moody.[67,68]

Fifty-three percent always have optimistic thoughts. Similarly, a study report lower psychophysiological stress responses compared to those with low cognitive coping (intrusion of negative thoughts). However, a study show that the results of this study indicated that poor constructive thinkers, compared to good constructive thinkers, generally produce more negative thoughts. For the most part, students always have positive thoughts, but this factor is directly affected by the social environment, so it can sometimes vary to intrusive, confusing, and malicious thoughts.[69]

Sixty-six percent attend consultations to monitor their health status sometimes. Similarly, a study state that the best self-care practices belong to nursing and biology. However, interviewed students between the ages of 25 and 35, where 100 % chose to self-medicate. Although a high percentage choose to go for medical check-ups, the prevalence in terms of medication is self-medication.

Proposal

Justification of the proposal

Given that only 52 % of participants have someone to talk to about important matters, it is proposed to implement workshops and programs on family communication and cohesion in universities and educational centers. These programs should include practical activities that encourage open communication and strengthen family relationships. Given the low interest in group activities, with only 40,3 % of respondents showing variable interest in group activities, it is proposed to encourage participation in group activities through awareness campaigns that highlight the benefits of physical activity and social well-being.

Given the current reality of low levels of intense physical activity, with 46,97 % practicing intense sports once a week, it is proposed to develop motivation and education programs that promote regular physical activity and intense exercise. Regarding junk food consumption, 78 % of respondents consume junk food or food high in sugar or salt. It is proposed to create awareness programs on the effects of an unhealthy diet and provide resources for the development of balanced eating habits.

To address alcohol consumption and perceptions of its effects, with 77,8 % of respondents identifying the counterproductive effects of alcohol, it is proposed to develop educational programs on responsible alcohol consumption and its effects on health.

In response to the prevalence of sleep disorders and stress, with 66 % of participants reporting that they sometimes sleep well, it is proposed to implement stress management programs and workshops on sleep hygiene in universities. To help improve the situation regarding self-medication, with 66 % attend medical consultations sometimes, but self-medication is prevalent among students. The proposal is to promote the responsible use of medications and the importance of regular medical consultations.

Next, to address each of the above proposals, a strategy is presented to cover each of these situations:

- Name of activity: comprehensive wellness education program.
- Type of activity: extracurricular activity.
- Objective: to improve knowledge, attitudes, and practices regarding healthy lifestyles among students at the Adventist Technological Institute of Ecuador, Santo Domingo, 2024.
- Description: this project consists of two phases. The first is the preparatory phase, where students will form teams and prepare themselves physically and mentally to experiment with healthy habits. Subsequently, there will be a second action phase, where students will hold a fair to showcase the effects of an unhealthy lifestyle.

In the first phase, teams of volunteers will be assembled to participate in virtual sessions featuring discussions with guest experts on topics related to family communication, teamwork, physical activity, proper nutrition, prevention of toxic substance use, strategies for improving sleep habits, and prevention of self-medication. These presentations should last no longer than one hour and can be held up to three times a week outside of school hours. In each session, participants are invited to practice the advice provided by the experts and to record their progress, discoveries, and curiosities.

In the action phase, participants design a physical presentation for a fair, where they must create infographics, slides, and any other information presentation tools to explain the risks and strategies for addressing each of the dimensions mentioned in the previous phase.

Table 16. Work schedule

Project															
Dates	8-sep - September 2	September 15 - September 9	September 22 - September 16	September 29 - September 23	Oct 6 - September 30	13-Oct - Oct 7	Oct 20 - 14-Oct	Oct 27 - Oct 21	Nov 3 - Oct 28	10-Nov - Nov. 4	Nov. 17 - 11-Nov	Nov 24 - Nov 18	Dec. 1 - Nov. 25	Dec. 8 - Dec 2	Dec 15 - Dec. 9	
Weather	September					October				November				December		Description
Activities	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
Weeks																
C1: (Preparatory phase)																
A 1.1: (Socialization and team building)																
1.1.1. Socialization of the project and distribution of registration forms																Share project details and gather volunteers
1.2.2. Formation of the different teams																Organization and creation of a chat group for each team
1.2.3 Inviting experts and organizing virtual sessions																Sending invitations to health experts, which may include practicing professionals and teaching
A 1.2 (Working sessions)																
1.2.1 Family communication																Presentation of topics related to family communication based on expert criteria, taking into account the results of this research
1.2.2 Teamwork																Brief explanation and team workshops on communication and leadership
1.2.3 Physical activity (face-to-face session)																Physical activity involving dance therapy, volleyball, and soccer with volunteers from different teams.

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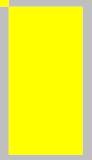
1.2.4 Proper nutrition		Presentation by an expert explaining how to prepare simple and nutritious dishes. And which aspects of health each nutrient addresses.
1.2.5 Prevention of toxic substance use		Presentation of the effects of substance use and ways to prevent it.
1.2.6 Improvements in sleep habits		Presentation of the causes and effects of poor sleep habits, along with strategies for improving them
1.2.7 Risks of self-medication		Presentation of cases of self-medication and the risk of infection resistance due to this practice.
C2. (Action phase)		
A 2.1 (Planning and guidelines for knowledge presentation)		
2.1.1. Socialization of the different teams		Guidelines for developing a presentation for the fair
2.1.2. Support in the development of content and teaching materials		Attention to concerns and difficulties of the different teams
2.1.3. Review and final details of each team's presentations		Monitoring the progress of each team in the development of their presentations
A 2.2 (Organization)		
2.2.1. Layout and preparation of spaces for the fair		Submission of requests for space allocation on campus
2.2.2. Distribution of invitations to the general public		Invitations to students' family and friends
2.2.3. Presentation of the different teams		Development of the fair.

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CONCLUSIONS

The study on the lifestyle of family members and students at the Adventist Technological Institute of Ecuador in Santo Domingo, 2024, shows that the majority of participants, 59 %, consider their lifestyle to be "fair." Only 1 % rate it as "excellent," while 32 % consider it "good." These results highlight critical areas that require attention, including stress, sleep quality, and unhealthy food consumption. In addition, self-medication and lack of regular physical activity are persistent concerns. It is crucial to implement educational strategies and intervention programs that promote a comprehensive approach to health and well-being, considering both individual characteristics and the social context, to improve the overall well-being of the educational community.

Sociodemographic data show significant diversity in terms of gender, age, and educational level, with a majority of young women and young adults predominating. This diversity directly influences the adoption of healthy habits, as educational level and age were found to affect health decisions. Fifty-nine percent of participants rated their lifestyle as "fair," indicating an area for potential improvement. These findings underscore the importance of tailoring health interventions to address the specific needs of different groups within the student community.

Analysis of lifestyle, considering social circle, physical activity, social interaction, and nutritional habits, reveals that although many students participate in physical activities and have social support networks, 78 % consume junk food regularly. In addition, 33,3 % do not participate in social groups, which may limit their social and emotional well-being. These data suggest the need to foster healthier environments that promote proper eating habits and more active participation in community activities.

The psychological well-being assessment indicates that 66 % of students manage to sleep well and cope with stress only sometimes, while 13 % always feel tense. These results highlight the importance of integrating programs that address stress management and promote better sleep hygiene. In addition, personality type and personal satisfaction have a significant impact on health decisions, suggesting that interventions should include components that promote self-efficacy and personal development to improve mental well-being.

The overall lifestyle assessment, which considers health habits and personal organization, reveals concerns about self-medication and lack of regular medical checkups, as 26,36 % never monitor their weight and 52 % use over-the-counter medications. These behaviors reflect a potential health risk that must be addressed through continuing education and awareness campaigns. Promoting self-care and personal planning is crucial to improving lifestyle and preventing long-term health problems in the educational community.

RECOMMENDATIONS

It is recommended to implement a comprehensive educational program that includes workshops and seminars on nutrition, stress management, and healthy sleep habits. This program should be accessible to all students and family members and should involve health professionals who provide practical guidance and personalized advice. In addition, evaluation metrics should be established to measure the impact of these interventions on participants' lifestyles.

It is essential to encourage regular physical activity among students by creating spaces and opportunities for exercise, such as organizing fitness classes, recreational sports, and outdoor activities. It is recommended to establish a weekly calendar of events that motivates students to actively participate, providing incentives and recognition for those who show improvements in their physical condition and commitment to health.

To improve psychological and social well-being, it is advisable to create support and counseling groups within the school, providing a safe space for students to share their personal experiences and challenges. These groups should be led by trained mental health and wellness professionals who can guide participants in developing coping and resilience skills, fostering a supportive community that contributes to a healthy and positive academic environment.

ITSAE students are encouraged to improve communication about sexual health issues with their family members, increase their physical activity, visit their doctor for regular checkups, and create a healthier environment by distancing themselves from people who have problems with alcohol.

For new research topics, the impact of technology on the health habits of university students is being studied. It is recommended to investigate the impact of excessive use of electronic devices, social media, and video games on students' physical activity, nutrition, and emotional well-being. This could involve analyzing strategies to promote a healthy balance between technology use and the adoption of healthy lifestyle habits, as well as identifying possible educational interventions to improve student health in an increasingly digitalized world.

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The authors declare that there is no conflict of interest.

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