

A Study on Developing the Lifestyle Modification Program for Adolescents

Bhavna Kakkar^{1*}

ABSTRACT

This research paper presents a study on a lifestyle modification program aimed at combating everyday distress experienced by the adolescent population. Adolescence is a critical developmental period characterized by numerous challenges, including academic pressures, social expectations, and physical changes. These factors often contribute to distress and negative emotional well-being among adolescents. Therefore, implementing effective interventions to address these issues is crucial for promoting their overall mental health. The research methodology employed a mixed-methods approach, combining qualitative and quantitative data collection methods. The findings of this study demonstrate the significance of addressing everyday distress through a lifestyle modification program tailored for adolescents. The participants acknowledged the impact of various stressors on their mental well-being and expressed a strong interest in participating in a program that could help them manage their distress and improve their overall lifestyle habits. The implications of this study are relevant for educators, parents, and mental health professionals working with adolescents. By implementing and supporting lifestyle modification programs, stakeholders can provide adolescents with valuable tools and resources to navigate the challenges they face and improve their overall well-being.

Keywords: Lifestyle Modification Program, Distress, Adolescent Population

Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is your body's response to anything that requires attention or action. Everyone experiences stress to some degree. Stress is a normal reaction to everyday pressures but can become unhealthy when it upsets our day-to-day functioning. On that basis, stress can be divided into two different types:

Eustress: Eustress or “positive stress” is usually a product of nerves, which can be brought on when faced with a fun challenge. According to clinical psychiatrist Dr. Genovese, exciting or stressful events cause a chemical response in the body. Eustress helps us stay motivated. Work toward goals & feel good about life.

¹Department of Psychology, School of Liberal Arts, Noida International University, Greater Noida, Uttar Pradesh, India

*Corresponding Author

Received: July 06, 2023; Revision Received: November 3, 2023; Accepted: November 6, 2023

Distress: Unlike eustress, distress can make us feel overwhelmed because our responses (physically, mentally, emotionally) are inadequate to meet the demands we're facing. Licensed professional counsellor Casey Lee (MA) says this type of negative stress can lead to anxiety, depression, & a decrease in performance.

1.1 Stress and adolescence:

Adolescence is the period from the beginning of sexual maturity (puberty) to the completion of physical growth. Adolescence can be divided into two stages – early adolescence and late adolescence. Early adolescence ranges from 10-14 or 15 years and late adolescence ranges from 16-19 or 20 years. During adolescence, they imbibe both positive and negative things from their parents & environment. The choice they make in this phase is very much dependent upon the upbringing they get and expectations from family, society, peers, and more importantly, their own self. The problem arises when the adolescents are unable to cope with stressful situations and end up themselves in the distressed state of mind. In this distressed situation, they indulge themselves in anti-social and self-destructive activities.

1.2 Stress in early adolescents (K-12 students) vs. late adolescents (college/university students):

An article published by guide2research.com on October 16, 2020, discussed about the statistics of the US students exploring the stress levels and challenges faced by K-12 students vs. college/university students.

Stress among K-12 students:

Stress for a middle schooler may be slightly different from those experienced by college students, but it does not mean they have it easier. Dealing with schoolwork and a burgeoning social network, coupled with a body rapidly adjusting to adolescence, is something that can induce stress. Here are some statistics that show how teens deal with their new role as high schoolers:

- Seven out of ten teens in the U.S. (between 13 and 17 years old) have named anxiety or depression as a major problem among their peers in the community.
- 75% of U.S. high school students expressed boredom, anger, sadness, fear, or stress while in school.
- On a 10-point scale, where normal values for adults are 3.8, American teens rated their stress rate at an average score of 5.8.
- Three quarters (75%) of American high schoolers and half of middle schoolers described themselves as “often or always feeling stressed” by schoolwork.

Stress among college and university students:

College life is a bit more advanced compared to high school. Students not only have to deal with a bigger academic workload, but they are expected to function socially, plan financially, and deal with living away from home for the first time. Consequently, an American College Health Association (2015) survey found that stress has become the most serious academic impediment among students at over a hundred colleges and universities across the U.S.

- 40% of college students in the U.S. admit to feeling inadequately rested - five out of seven days a week.
- One in four American college students indicate that lack of sleep has affected their academic performance in a negative way: lower grades, missed a paper or project deadline, or had to withdraw from class.

A Study on Developing the Lifestyle Modification Program for Adolescents

- U.S. students who sleep six or fewer hours a night have a lower Grade Point Average (GPA) than those who get eight or more.
- 40% of American college students take naps, but nappers tend to sleep less in total than non-nappers.
- 45% of American college students claimed to undergo “more than average stress,” while 33% of students reported “average stress” and 12.7% saying it is “tremendous stress.”
- Students who reported “no stress” or “less than average stress” combined for 9% total.
- 8 out of 10 university students in the U.K. reported stress and/or anxiety in school.
- 45% of United Kingdom students reported feeling stressed by their course, which is higher than students who are enjoying their classes (41%).

A study conducted by Biegel, Gina M. Brown, Kirk Warren et all on Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients assessed the effect of the mindfulness-based stress reduction (MBSR) program for adolescents aged 14 to 18 years with heterogeneous diagnoses in an outpatient psychiatric facility (N = 102). The MBSR group showed a higher percentage of diagnostic improvement over the 5-month study period and reported reduced symptoms of anxiety, depression, and somatic distress, and increased self-esteem and sleep quality.

1.3 Stress and Indian Adolescents:

When it comes to the Indian context of looking at the stressors of both early adolescent and late adolescent life, it differs a lot from the western culture, and the major difference includes the heavy dependency of Indian teens on their parents vs. western teens being highly independent of their life choices. So, the environment is quite different in both cases, and so as the stressor inducing factors in them. In Indian or any eastern cultures, children are heavily relying on to their families for financial support, which means they're automatically becoming subjective to high expectations from both their families, academics, and their society, and so as the autonomy of making career choices.

The pressure to do exceedingly well and fulfilling everyone's demands and expectations induce an undue stress, resulting in emotional instability and psychological stressors, even leading to suicide. In most cases, school-related distress exhibiting symptoms of depression, anxiety, college refusal, phobia, physical complaints, irritability, weeping spells, and decreased interest in schoolwork is shown to be the major cause for the stress. Historically, most Indian parents never considered stress in adolescent as a major factor. However, things are now changing, and in the recent past, parents have been bringing their children for psychological counselling to mitigate the problem and develop remedial coping skills.

And thus, the main purpose of this study is to identify the stressors of both early and late Indian adolescents from different areas of their life, provide interventions and guidance on maintaining disciplined and healthy lifestyle, and check the effect of the same on to their stress levels.

A study done by Rohit Rastogi (Asso. Prof. ABESEC), Navneet Arora (Prof. IIT-Roorkee), et al on Statistical Analysis for effect of Positive Thinking on Stress Management and Creative Problem Solving for Adolescents in 2018 studied the effect of positive thinking in reducing the stress levels and growing the problem-solving capacity of technocrats and

A Study on Developing the Lifestyle Modification Program for Adolescents

students in daily life. In this, sixty volunteers from both the genders were selected who were studying in ninth class, with the age range of 12-14 years of age. This study concluded that the effect of watching positive thinking enhancing movies does help in stress management and increase the level of creative problem-solving among students. They also concluded that students who were watching positive enhancing movies performed good in their work as compared to those who did not do the same.

Rationale of the Study

The rationale for conducting this study on a lifestyle modification program aimed at combating everyday distress suffered by the adolescent population is driven by the need for a comprehensive approach to address the multidimensional challenges faced by adolescents. By targeting various aspects of distress such as academic stress, social media, sedentary lifestyles, and unhealthy dietary habits, the study aims to provide adolescents with practical strategies for stress management, physical activity promotion, healthy eating, and digital well-being. The study seeks to empower adolescents, enhance their resilience, and improve their overall mental health and well-being, recognizing the limited research in this area and the potential impact of a holistic lifestyle modification program on the lives of adolescents.

Objective of the Present Study

- To assess the prevalence and sources of distress among adolescents.
- To evaluate the effectiveness of a lifestyle modification program.
- To explore the perceived benefits and acceptability of the lifestyle modification program.

Hypotheses of the Study

H1: There is no significant relationship between participation in a lifestyle modification program and reduction in everyday distress among adolescents.

H2: Participation in a lifestyle modification program is associated with a significant reduction in everyday distress among adolescents.

METHODOLOGY

Design

The research design for this study on a lifestyle modification program aimed at combating everyday distress suffered by the adolescent population incorporates a mixed-methods approach, combining both qualitative and quantitative data collection and analysis methods. This approach allows for a comprehensive understanding of the phenomenon under investigation and provides rich insights into the experiences and perceptions of the participants.

Sample

In this study, the targeted population chosen were adolescents aged between 14-20 years of age. They were divided into two groups: “Group A” (aged 14-16 years) and “Group B” (ages 17-20), where “Group A” represents early adolescents, and “Group B” represents late adolescents. Each group contained five participants and the total sample size was ten (n=10).

Measuring Instruments

Adolescent Stress Questionnaire (ASQ) – for measuring the before and after levels of distress. Self-report form designed for collecting the weekly progress report of individual participant.

A Study on Developing the Lifestyle Modification Program for Adolescents

There are two versions of ASQ that have been used in this study:

- 1) ASQ (Byrne et al, 2007) – 58-item version used on adolescent who are 17-20 years of age.
- 2) Indian adaptation of ASQ (Ovine Loyster D'souza, Sucharita Suresh, Manjeshwar Shrinath Baliga, 2019) – 38-item version used on adolescents aged between 14–16-year-old.

Both version of questionnaires has been divided into different subscales covering major areas of stressors in daily life:

ASQ (38) contains the following subscales of measurement – home life, school performance, attendance, peer-pressure, body image, teacher interaction, future uncertainty, school-leisure conflict, financial pressure and emerging adult responsibilities. ASQ (58) contains the following subscales of measurement – home life, school performance, school attendance, romantic relationships, peer-pressure, teacher interaction, future uncertainty, school/leisure conflict, financial pressure, emerging adult responsibilities. Scores of individual participants are compared based on – a) individual subscales and b) overall score, adjoining the scores on each subscale. As for the weekly progress report, it was designed for participants to fill in the records of all the tasks that were assigned to participate to follow daily, as well as to rate their overall mood throughout the week and how much changes they felt from the previous week. The tasks allotted to them were – following the schedule, waking up early morning and doing meditation + motivational video watching, spending “me time”, doing physical activity, and journal writing at night. They were given 4 options to select from for each task – everyday, 4-5 days, 3 days or less, not at all. At the end of form, they had to rate their “overall mood” and “changes from before/previous week” on the scale of 1-5 (“1” being “not at all” and “5” being “quite a lot”).

Procedure

The whole process was divided into 4 different stages:

Stage 1 – The Selection Process:

The first step was to select the appropriate sample that would fit into the criteria of the study – suffering from distress. For that, a visit to the school (for group A sample) as well as at the college (for group B sample) was made.

For collecting sample for Group A, a local school named “Satluj Public School” in Rupnagar, Punjab was chosen, and students of 9th grade aged between 14–16-year-old were chosen for the sampling process. They were each passed down the questionnaire (ASQ – 38) for the purpose of recording the distress score and the instructions were delivered. They weren't revealed about the whole process and purpose of study, but just were informed about the purpose of the questionnaire they were about to fill. After filling the responses, the questionnaires were taken back & the students were asked to be ready to be called in for a group session in case they get selected. A total number of 55 students took part in the process.

For collecting sample for group B, students studying in “Noida International University” situated in Greater Noida, Uttar Pradesh were approached. The age range for this group of students was limited to 17–20-year-old. They were approached through the notice posted on the college notice board, inviting interested students to be a part of this study. They were all gathered at one place, were given the questionnaire (ASQ-58) to fill in order to measure their distress levels and were informed about the purpose of the same. Just as for group A

students, the students in this group were also not revealed about the whole procedure of the study but just were asked to be ready for further stages in case they got selected. A total number of 25 students took part in this first stage of selection process.

Other than approaching school and college, an invitation to participate in this study was also shared through social media platform (Facebook, WhatsApp groups). Those who contacted were informed about the whole nature and purpose of study, and those who agreed they showed symptoms of distress and would be benefitted from participating in this study were passed down the questionnaire to be filled to record their distress levels. They were then asked to be ready for further process in case they got selected. From here, students for both the groups (A and B) were considered. A total number of 10 students took part through this method.

Stage 2 – First Group Session:

From the selection process, whom-so-ever got the highest scores in the questionnaire were supposed to be considered for further process. After calculating everyone's scores manually, a total number of 5 students for group A and 5 students for group B were selected, making the final sample size (n) to be 10. Each group of selected students were contacted to meet at the school/university for the introductory group session. The school and university students were gathered separately in their respective institution for taking the session, and those who got selected through online were taken separate online session (through google meet and zoom).

The first step was to go through repo formation and to introduce each other so as to make them comfortable. Then, they were given a short lecture explaining the basic psychological-backed theory and ideology behind the whole study so that they can get the idea of the purpose and role this study plays to help them through their issues. At the end of the lecture, students were asked to note down the following tasks to incorporate into their everyday routine:

1. Creating a schedule for every day of the week in which each task will be given a specific amount of time & focus.
2. Waking up at least an hour early than normal waking up time to devote for practicing meditation (e.g., music meditation), and then reading or watching stuff that would aid in inducing positive emotions throughout the day.
3. Devoting at least 15-30 minutes of “relaxation time” & learning to enjoy their own company. It can range from listening to some music, doing something that is their favourite hobby, walking or sitting in some park, being connected with nature, and so on.
4. Depending upon them, they were asked to devote at least 30 minutes for doing any sort of physical workout – Gym, running, cycling, doing a bunch of exercises, dancing, playing sports, and so on.
5. At night before going to bed, they needed to write a letter addressing any person/fictional/non-fictional figure of their desire (e.g. writing a letter to God), and express their feelings in it. It can range anything from talking about their day, whether they accomplished their goals or not, or anything that'd be bothering them emotionally.

They were explained the purpose behind doing each activity and what issues each of those tasks are targeting to resolve in them. At the end of the session, they were further instructed

A Study on Developing the Lifestyle Modification Program for Adolescents

to follow this routine for 4 consecutive weeks, and that they would be contacted after the end of each week to check on their progress.

Stage 3 – Recording Progress:

After the first group session, participants were contacted after the completion of their first week towards the program. An online session was conducted separately for both group of students in which they were asked about any changes that they felt after following the routine and techniques taught to them. This was more shaped into “group therapy” form where all of them would share their experiences as well as problems they were facing while trying to manage doing the activities and following strict routine.

So, this group sessions were taken in the exact same manner for two more times after the end of their second and third week, similar with filling the weekly progress report after the end of each session.

Stage 4 – Final Group Session:

The final group session was held at the end of their fourth and last week of participation. Depending upon the availability and comfort of each participant, they were grouped into “individual, in-person session” or “online group session” as usual. They were asked about the changes they felt from the beginning of their participation in this study till the end. Just like the previous sessions, they were given counselling on their questions and any additional problems they were facing. At the end, they were passed down the same questionnaire that they filled during the selection process for measuring their stress levels. The “before-after” stress scores of participants were revealed to them only if they asked for the same later on.

RESULTS

After collecting data from the whole one-month process of the study, following results came forward:

Table 1 Combined Results for Group A

Participants	Before	After
LK	111	95
IK	125	79
NH	102	91
PK	92	93
LG	123	66

Figure 1 Combined Results for Group A



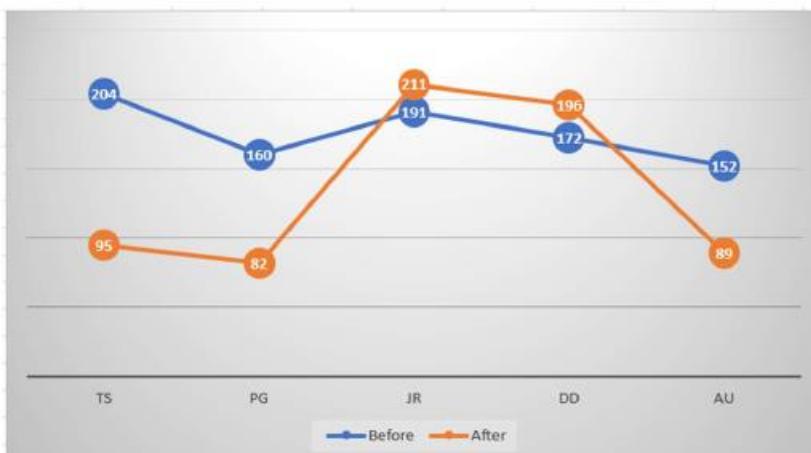
A Study on Developing the Lifestyle Modification Program for Adolescents

The final result table and graph shows that all of the participants, except for one, were able to bring down their distress levels after participating in this study. The highest difference between before and after scores recorded is 57 (LG), and second highest is 46 (IK). They both showed higher success rate than others because they were highly consistent with doing their daily tasks properly, which kept their mood elevated, and thus, helped them feeling the changes in themselves. The one participant (PK), who failed to show changes in her distress levels, scored even higher in her after results because of her a) inconsistency in keeping up with daily tasks as time passed; b) not showing up in weekly group sessions; c) not even contacting personally or even answering if she was facing any issues. Thus, for group A, we can conclude that the study has shown highly significant results and fulfilled the study's objective.

Table 2 Combined Results for Group B

Participants	Before	After
TS	204	95
PG	160	82
JR	191	211
DD	172	196
AU	152	89

Figure 2 Combined Results for Group B



Final results combining every participant in group B shows that three out of five cases showed positive results towards bringing down the distress levels after participating in this study.

The two participants who failed to lower their distress was due to the inconsistency they showed in doing the tasks as first week went by. There may also be some personal issues or conflicts in their mind that may have been disrupting the process and demotivating them to keep following the tasks, since they did not speak up or shared about any issues at all, even after asking. Plus, both of them showed a drop in their overall mood/changes graph as well as they approached their last week of observation. Thus, for group B, the study showed significant results to say it fulfilled the study's objective.

DISCUSSION

The present study investigated the effectiveness of a lifestyle modification program in combating everyday distress among the adolescent population. The findings of this study contribute to the understanding of interventions targeting the multidimensional challenges faced by adolescents and provide insights into their experiences and perceptions of the program.

The quantitative phase of the study revealed a significant relationship between participation in the lifestyle modification program and reduction in everyday distress among adolescents. The results indicated that adolescents who actively engaged in the program demonstrated lower levels of distress compared to those who did not participate or had limited participation. This finding supports the hypothesis that the lifestyle modification program has a positive impact on alleviating everyday distress.

Furthermore, the quantitative analysis explored potential differences among subgroups of adolescents. The results indicated that gender and age might play a moderating role in the effectiveness of the program. It was found that certain subgroups, such as females and older adolescents, experienced greater benefits in terms of distress reduction compared to their counterparts. This suggests that tailoring interventions and program components to specific subgroups may enhance their response to the program.

The qualitative phase of the study provided valuable insights into the participants' perspectives on the benefits and acceptability of the lifestyle modification program. The focus group discussions and individual interviews revealed several themes related to the perceived benefits, challenges, and suggestions for improvement. Participants reported improvements in stress management skills, increased physical activity levels, healthier dietary habits, and enhanced digital well-being. They highlighted the program's role in empowering them to cope with everyday distress and promoting positive lifestyle changes. Challenges identified included time constraints, social pressures, and the need for ongoing support and reinforcement. Suggestions included incorporating peer support, integrating program components within educational curricula, and providing long-term follow-up.

The integration of quantitative and qualitative findings enhanced the understanding of the overall effectiveness and acceptability of the lifestyle modification program. The triangulation of data allowed for a more comprehensive interpretation of the results and strengthened the validity and reliability of the study.

The findings of this study have important implications for educators, parents, and mental health professionals working with adolescents. The lifestyle modification program provides a holistic approach to address the multidimensional challenges of everyday distress, emphasizing stress management, physical activity promotion, healthy eating, and digital well-being. By implementing such programs, stakeholders can contribute to the enhancement of adolescents' mental health and overall well-being.

Limitations and Further Direction of the Study

This study and the methods used in this study to record and analyse the data comes with some limitations as well that can influence the results of the study. Firstly, it is not conducted in a controlled environment, rather in each participant's natural habitat, in their daily lives. Thus, they are exposed to the effects of any environmental factors that can hinder their progress.

A Study on Developing the Lifestyle Modification Program for Adolescents

Although this study's main target is to counterattack these daily mishaps a person might go through, but there's only so much these practices can control. It's highly dependent on a person's ability to perform tasks efficiently and using its power to keep oneself strong and steady. Secondly, since all of the participants are in their natural settings, they're also not under direct observation to check if they're actually able to perform all allotted tasks just like they're guided to. The only method used for observation is to rely on the self-report forms that are sent to them at the end of each week to fill, and on to their active participation in weekly group sessions. Lastly, if a participant is going through some serious inner mental conflict or life situations, it can act as a huge barrier and hindrance towards ensuring the direct observation of the effect of our dependent variable on to the independent variable, i.e., performance on completing the daily tasks on to the participants' distress levels.

CONCLUSION

Stress in adolescents is real and ever-increasing, and both early and late adolescents are facing it far worse than adults in many cases. But often, it gets neglected due to society not accepting it as a serious mental health issue. The "lifestyle modification program" was designed to target those adolescents who were suffering through everyday stress in silence and give them necessary techniques/tasks to follow on daily basis to bring changes in their lifestyle, making them more emotionally stable and disciplined, and learning to be more resilient towards everyday stressors.

The results showed that seven out of ten participants succeeded in scoring lower than their initial distress scores. Those who were not able to show improvement were the ones who did not maintain consistency in following the allotted tasks daily, which resulted in depleting any progress they made at the beginning. Thus, this study proved out to be a huge success since seven out of ten total participants succeeded in achieving the goal of the study.

REFERENCES

- Brown, J.D., & Bobkowski, P.S. (2011). Older and newer media: Patterns of use and effects on adolescents' health and well-being. *Journal of Research on Adolescence*, 21(1), 95-113.
- Eisenberg, N., Cumberland, A., & Spinrad, T.L. (1998). Parental socialization of emotion. *Psychological Inquiry*, 9(4), 241-273.
- Griggs, S. (2019). The impact of social media on adolescent mental health: A review. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(7), 809-810.
- Lippert, A.M., & Martins, N. (2017). Can screen time and other media influences affect children's health and well-being? *Journal of Adolescent Health*, 61(5), 624-632.
- Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A., Afifi, R., Allen, N.B., ... & Viner, R.M. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478.
- Rastogi, R. (2018). Statistical Analysis for Effect of Positive Thinking on Stress Management and Creative Problem Solving for Adolescents. *Computing for Sustainable Global Development*, New Delhi, Delhi.
- Sturgeon, J.A., & Zautra, A.J. (2010). Psychological resilience, pain catastrophizing, and positive emotions: Perspectives on comprehensive modelling of individual pain adaptation. *Current Pain and Headache Reports*, 14(6), 485-492.
- Trochim, W.M., & Donnelly, J.P. (2008). *The research methods knowledge base* (3rd ed.). Cengage Learning.

A Study on Developing the Lifestyle Modification Program for Adolescents

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kakkar, B. (2023). A Study on Developing the Lifestyle Modification Program for Adolescents. *International Journal of Indian Psychology*, 11(4), 1033-1043. DIP:18.01.091.20231104, DOI:10.25215/1104.091