

Beyond the Scale: Body Mass Index and Lifestyle Patterns of Grade 7 Students

Sherryl Montalbo^{1*}, Bismarck Del Mundo², Jubelle Gutierrez³, Ronnel Latag⁴, Maybie Lyn Tulipan⁵

¹ Batangas State University, Philippines. sherryl.montalbo@g.batstate-u.edu.ph

² Batangas State University, Philippines. bismarckbingbongdelmundo@gmail.com

³ Batangas State University, Philippines. gutierrezjubelle@gmail.com

⁴ Batangas State University, Philippines. ronnellatag@gmail.com

⁵ Batangas State University, Philippines.

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ABSTRACT

This study examined the Body Mass Index (BMI), lifestyle patterns, and level of health awareness of Grade 7 students under the MATATAG Curriculum at Canossa Academy Lipa City, Inc. Adolescence is a critical developmental stage during which health-related behaviors such as nutrition, physical activity, screen time, and sleep patterns are established and can significantly influence long-term health outcomes. The increasing prevalence of both undernutrition and overweight among Filipino adolescents highlights the need to assess lifestyle behaviors and awareness within the school context.

This action research employed a descriptive quantitative design using anthropometric measurements and a structured self-report questionnaire to assess students' BMI, lifestyle behaviors (screen time usage, nutrition and eating habits, sleep duration and quality, and physical activity), and level of awareness regarding BMI and healthy lifestyle practices. The respondents' demographic profile was also documented in terms of BMI and gender. Data were analyzed to determine patterns, differences across profile variables, and relationships among awareness, lifestyle behaviors, and BMI status.

The findings of the study are expected to provide insights into the prevailing lifestyle practices and health awareness of Grade 7 learners and how these factors relate to their BMI status. Results aim to inform the development of appropriate school-based physical fitness activities and health promotion strategies that support healthy BMI and positive lifestyle habits. This

study contributes to strengthening the implementation of the MATATAG Curriculum by providing evidence-based recommendations for enhancing health education and promoting holistic learner well-being among Filipino adolescents.

Keywords: Body Mass Index, lifestyle patterns, health awareness, adolescents, MATATAG Curriculum, physical activity, nutrition

Corresponding Author:

Sherryl Montalbo

- Batangas State University, Philippines.
- Email: sherryl.montalbo@g.batstate-u.edu.ph

Introduction

Adolescence is a vital stage in human growth and development, characterized by rapid physical, emotional, and social changes that have a lasting impact on overall health and well-being (Christie & Viner, 2005). In the Philippine context, young people make up a substantial portion of the population. An estimated 30 million Filipinos aged 10 to 24 years comprise about 28% of the country's total population. According to projections from the Philippine Statistics Authority, this proportion is expected to remain relatively stable until 2055 (UNDP Philippines, 2024). During this period, individuals begin to form habits and lifestyle choices—such as screen time usage, physical activity, and health-related behaviors—that can significantly influence their health outcomes in adulthood. It represents a critical transition from childhood dependence to adult responsibility, marked by increased independence, identity formation, and maturation.

Body Mass Index (BMI) is an assessment based on an individual's weight relative to height, and remains as a key indicator of nutritional status and overall well-being among young people. It is a reliable anthropometric tool to measure obesity, and the assessment of a person's nutritional and health status that applies to both adult men and women (WHO, 2000). It serves as a reliable risk indicator for various diseases that can develop due to a higher percentage of body fat. Classifying individuals into different weight categories, which helps identify potential health risks associated with underweight and excess body weight (overweight/obesity) Excess body weight in young people, particularly among university students, represents one of the most important public health problems worldwide. In the Philippines, increasing concerns about adolescent nutrition—including both under-nutrition and overweight/obesity—underscore the need for heightened awareness of healthy lifestyle behaviors such as balanced eating,

physical activity, and appropriate rest. Numerous studies conducted worldwide have reported a significant decline in students' physical activity levels during the COVID-19 pandemic, with reductions ranging from 48% to 61% compared to pre-pandemic periods. This decrease in physical activity has raised concerns due to its impact on students' academic performance. Several studies have demonstrated a significant positive correlation between physical activity and academic achievement, indicating that students who engage in regular physical activity tend to perform better academically.

In School Year 2024–2025, the Department of Education (DepEd) began implementing the MATATAG Curriculum for Grade 7 students, a revised basic education framework designed to produce holistic learners who are competent, responsible, and health-aware. The MATATAG Curriculum integrates core subjects while emphasizing learner well-being, including health and physical education concepts that promote healthy habits, such as understanding the importance of proper nutrition, physical activity, and preventing common adolescent nutritional concerns like malnutrition and obesity. These competencies are outlined as part of the Physical Education and Health learning area, where learners explain the importance of healthy eating, prevention of nutritional issues, and its relation to active living (Department of Education, 2024). The National Association for Sport and Physical Education states that students who participate in daily physical education classes have a better attitude towards school and perform better academically.

The WHO Regional Office for Europe (1998) emphasized that, by the year 2000, all settings of people's lives and social activities in cities, schools, workplaces, and home environments, must provide greater opportunities to promote health. Schools are identified as ideal places for physical activity and health promotion. Health promotion and an active lifestyle can be a preventive and curative source for non-infectious disease. Based on the results, the findings showed that school-based interventions targeting adolescents were twice as effective as interventions targeting adolescents in regular social settings. Many school-based interventions are effective in increasing physical activity and preventing obesity. The challenge of achieving health behavior has prompted the exploration of new and interesting intervention strategies.

Awareness of health concepts, particularly those related to BMI and lifestyle patterns, is essential for adolescents to make informed choices that support their

physical and cognitive performance at school and beyond. However, despite curricular emphasis, gaps may still exist in students' actual awareness and application of healthy lifestyle principles in daily life.

The primary objective of this study is to document the current demographic profile of the respondents in their health records for future reference. In addition, this study aims to assess the BMI status and lifestyle patterns of Grade 7 students under the MATATAG Curriculum, focusing on their understanding of nutrition, physical activity, and health-care practices. In addition, it assesses the health awareness of the respondents by examining the extent of an individual's knowledge and concern regarding their health status and habitual behaviors. Measured through self-assessment of health awareness, it encompasses specific health behaviors and the psychological states that these behaviors may induce. Furthermore, the assessment test evaluates indicators that influence their body mass index. Findings from this research can help educators and policymakers strengthen health education strategies within the MATATAG framework and support programs that encourage healthier lifestyles among young Filipinos. Specifically, this study seeks to address the following objectives:

1. Determine the profile variables of the respondents in terms of:
 - 1.1 BMI
 - 1.2 gender
2. Assess the level of awareness of the respondents about Body Mass Index (BMI).
3. Describe the lifestyle patterns of the respondents in terms of:
 - 3.1 Screen time usage
 - 3.2 Nutrition and eating habits
 - 3.3 Sleep duration and quality
 - 3.4 Physical Activities
4. Compare the differences in the level of awareness when respondents are grouped according to profile variables
5. Compare the differences in lifestyle when respondents are grouped according to profile variables
6. Propose physical fitness activities in PE classes to promote healthy BMI and lifestyle habits.

Review of Related Literature and Studies

Adolescence represents a critical period of human development in which biological, psychological, and social influences converge to shape long-term health outcomes. During this stage, patterns related to diet, physical activity, sedentary behavior, and sleep are gradually established and often persist into adulthood, thereby affecting body composition and overall health (WHO, 2018). Body Mass Index (BMI), commonly used as an indicator of nutritional status, captures the combined effects of growth processes and lifestyle behaviors among young people. Examining the relationship between these health-related behaviors, BMI, and adolescents' level of health awareness is essential in designing effective school-based interventions and to target health education programs.

Physical activity plays a vital role in maintaining health, as it helps prevent various diseases and enhances quality of life through its broad psychological and physiological benefits. Data from the National Health Survey (ENAH) indicates that 61.9% of the population fails to meet the recommended levels of physical activity internationally. The World Health Organization recommends that adults engage in at least 150 minutes of moderate-intensity physical activity each week (Lalović et al., 2025; WHO, 2010). However, evidence from multiple studies shows that over 70% of students do not achieve the suggested target of 10,000 steps per day. This insufficient level of physical activity may be attributed to factors such as limited time availability, academic demands, and other related constraints. Following these recommendations for physical activity levels helps preserve and improve health by maintaining and reducing the decline of motor and functional abilities, which positively impacts the quality of life.

Lifestyle Behaviors and BMI

Lifestyle behaviors play a significant role in influencing body weight and overall health and are shaped by various social and environmental factors. A growing body of evidence indicates that the prevalence of many diseases is closely linked to lifestyle practices. Unhealthy dietary habits and insufficient physical activity have been strongly associated with the development of numerous chronic conditions (WHO, 2004). Physical inactivity, in particular, has been identified by the WHO (2010) as the fourth leading risk factor for global mortality. In response to the gradual decline in physical demands associated with work and daily activities over recent decades, public health organizations have

increasingly emphasized the importance of engaging in regular leisure-time exercise as a fundamental component of a healthy lifestyle (Abel, 1991).

A growing body of empirical evidence suggests that lifestyle behaviors, including physical activity levels, sedentary time, dietary patterns, and sleep quality—are closely associated with Body Mass Index (BMI) and the development of obesity among children and adolescents (Martínez-Gómez et al., 2010). Numerous studies have shown that sedentary behaviors, particularly prolonged screen time, are consistently linked to unfavorable body composition and increased health risks. A comprehensive meta-analysis involving more than 230 studies reported that excessive sedentary behavior, especially television viewing exceeding two hours per day, is associated with higher BMI and lower levels of physical fitness among school-aged children and adolescents. Furthermore, findings from intervention studies indicate that reducing sedentary time can lead to significant decreases in BMI, underscoring the importance of minimizing sedentary activities while actively promoting physically active lifestyles among young people (Puente Hidalgo et al., 2024).

Nutrition, Physical Activity, Sleep, and Screen Time

The interplay between lifestyle behaviors extends beyond BMI to include eating habits and sleep patterns. Population-based research has shown that meeting recommendations for physical activity, limited screen time, and adequate sleep was associated with healthier eating behaviors among adolescents, including increased consumption of fruits, vegetables, and regular breakfast intake. This suggests that adopting multiple healthy behaviors simultaneously may be more effective in improving nutritional patterns compared with focusing on single behavior alone. Moreover, night-time screen viewing has been linked with poorer diet quality and disrupted sleep, further implicating screen behaviors in adverse health and weight outcomes. The increasing prevalence of screen time among children has raised concerns about its impact on their physical activity and overall health. In an era where digital devices are widely accessible, children often spend long hours engaging with screens, leading to sedentary lifestyles.

Evidence also points to behavioral clustering: adolescents who engage in extended screen time are more likely to have irregular sleep patterns, less physical activity, and poorer diet quality, all of which contribute to increased BMI and other metabolic risks. Sleep disruption itself may mediate the

relationship between screen exposure and obesity risk, as reduced sleep quality can lead to hormonal changes that increase appetite and reduce energy expenditure. The decline in regular physical exercise has been intensified, among other factors, by the rise in technological leisure activities that encourage a sedentary lifestyle.

Valladares et al. (2016) found that students who maintained a healthy and balanced diet were more likely to achieve better academic performance. Sleep quality has also been identified as a crucial factor influencing academic performance. Research highlights a strong association between optimal sleep duration and improved academic achievement, suggesting that adequate sleep plays a vital role in students' cognitive functioning and academic success.

There is growing awareness that extracurricular activities are an important resource to stimulate optimal adolescent development. Generally, the preferred activities in adolescence include socializing with friends, followed by watching television, listening to music, playing sports, going to the movies, reading books, sleeping/resting, doing nothing, and traveling (Rodríguez Suárez et al., 2003). Few take part in structured activities. Regarding gender, Hernando et al. (2013) found girls engage less in extracurricular activities than boys, likely due to the predominance of sports, particularly soccer, among these activities.

Awareness and Health Education

Adolescence is a period of development ranging between 10 and 19 years old. Adolescence is one of the most rapid and formative stages of human development; national development policies, programs, and plans must pay particular attention to the unique physical, cognitive, social, emotional, and sexual development during this period. The WHO (Nutbeam, 1998) defines lifestyles as identifiable behavioral patterns, determined by the interaction between individual personal characteristics, social interactions, and socioeconomic and environmental living conditions. Lifestyle choices and individuals' behaviors have the potential to influence health and improve the quality of life. There is growing evidence of the detrimental effects of lifestyle characteristics like excessive alcohol consumption, smoking, poor eating habits, and low physical activity on an individual's health.

Awareness of healthy lifestyle practices, including knowledge about BMI and its implications, plays a critical role in enabling adolescents to make informed

choices. Studies suggest that nutritional literacy and understanding of lifestyle guidelines are positively correlated with healthy behavior patterns; adolescents with greater awareness of the benefits of adequate physical activity, limited screen time, and proper sleep are more likely to adopt these behaviors. However, research indicates that many adolescents still lack sufficient awareness of healthy lifestyle principles, with significant proportions demonstrating limited understanding of exercise recommendations, nutritional quality, and weight management strategies. Socioeconomic factors, parental education, and family support have been identified as influential determinants of adolescents' health awareness, highlighting the importance of contextual and environmental influences.

Evidence from the Philippine Context

Local studies reinforce global findings on the links between lifestyle factors and BMI among Filipino youth. Research among junior high school students has shown significant correlations between eating habits, recreational physical activity, and BMI, indicating that reduced physical activity and unhealthy dietary intake are associated with higher rates of overweight and obesity. These findings underscore the role of physical activity and nutrition education in school programs as strategies for fostering healthier weight outcomes. Similarly, studies involving college students in the Philippines have identified associations between lifestyle factors—such as exercise duration, screen time use, and sleep habits—and BMI, emphasizing the relevance of lifestyle behaviors across different age groups and educational settings.

Implications for School-Based Health Education

The literature collectively affirms that adolescent lifestyle behaviors, including physical activity, nutrition practices, screen time, and sleep, are interconnected determinants of BMI and overall health. These findings provide a strong empirical foundation for integrating comprehensive health awareness and behavior change strategies within educational curricula. School-based interventions that address multiple lifestyle domains concurrently, not just physical activity or nutrition alone—are more likely to be effective in promoting sustained behavioral change among adolescents. Additionally, enhancing students' awareness and understanding of BMI and related health concepts may empower them to engage in healthier practices that support both their physical development and academic performance.

In the context of the MATATAG Curriculum's emphasis on holistic learner well-being, these insights highlight the need for reinforced instructional approaches that not only teach health principles but also facilitate practical application of healthy lifestyle behaviors. By grounding health education in evidence-based lifestyle research, educators and policymakers can better support adolescents in developing habits that contribute to healthier BMI status and improved quality of life.

Materials and Methods

Research Design

This action research utilized a descriptive quantitative method to evaluate the Body Mass Index and Lifestyle Patterns and improving lifestyle choices among Grade 7 students at Canossa Academy Lipa City - Inc. These were evaluated by developing items that assessed both the learners' awareness and their implementation of habits or activities that meet the health standards for adolescents.

The researcher used observation checklists and close-ended survey questionnaires. The instruments were developed by identifying the factors that needed to be assessed or measured in the respondents, ensuring alignment with the stated objectives and set standardized procedures. A survey questionnaire was designed to assess students' lifestyle, physical activity involvement, and Body Mass Index.

Items are based on lifestyle and habituality that are linked in Body Mass Index (BMI). The first part of the questionnaire involved four questions and encompassed anthropometric data including age, weight, height and BMI. The other part consisted of assessment aligned to daily habits, lifestyle behaviors, physical activity patterns, screen time, and sleep patterns of the respondents. The questionnaire included items that assessed the respondents' knowledge of BMI, their understanding of BMI categories, and their awareness of the health risks and benefits associated with having a high or low BMI. It also assessed the learners' level of knowledge and competency in striving for better outcomes in physical assessment tests and standardized tests through self-monitoring, guided by health professionals.

The instrument used a Likert-scale format to measure lifestyle behaviors and patterns for statistical data. Using this method, it allows researchers to quantify how often or to what extent individuals engage in certain lifestyle behaviors that may influence their BMI, such as diet, physical activity, and sleep habits. Scores from the Likert scale can be summed or averaged to create a lifestyle index that reflects healthy or unhealthy habits.

The construction of this instrument ensures reliability, measurability, and appropriateness for the school setting, as well as for the cognitive abilities and developmental level of Grade 7 students. The respondents underwent a physical assessment test to measure standard height and weight, providing accurate data needed to compute Body Mass Index (BMI). The method employed in the test, including the scoring scheme and age-specific standards and categories, allows for standardized comparison of results. The advantages of the assessment test include its simplicity, accuracy, and the fact that it does not require specialized equipment, enabling standardized results. The questionnaire was designed to identify the different factors that may influence the respondents' Body Mass Index. These items aim to gather reliable information and measurable data that assess various lifestyle and personal habits contributing to the students' BMI status. The researcher formulated standardized questions to determine which lifestyle patterns have the strongest or weakest impact on BMI, to generate accurate data insights and develop an appropriate program proposal.

Participants of the Study

The population of the study involved the 152 Grade 7 students and the teacher who is the adviser at Canossa Academy Lipa City Inc. Slovin's formula is used to identify the appropriate number of respondents for the students.

Slovin's formula was used to determine the appropriate sample size from the total population of students to ensure representativeness and reliability of the data. The selected respondents were chosen using an appropriate sampling technique, allowing equal opportunity for participation. The participants are suitable for the study as they belong to the targeted school setting and age group and possess the appropriate health level for assessing Body Mass Index (BMI) and lifestyle patterns in a school-based setting. The researcher seeks validation of the research questionnaire to ensure the accuracy, reliability, and relevance of the data gathered for statistical analysis. Approval from the teachers is also

sought to ensure ethical conduct and successful implementation of the research survey. The students and teachers were informed about the objectives, procedures, and potential benefits of conducting the study for future researchers and health facilitators. The voluntary nature of participation emphasizes the responsibility of respondents to provide honest and accurate information, which is essential to ensuring the validity and reliability of the study's findings.

Results and Discussion

Objective No. 1: Profile of the Respondents

Table 1. Total Number of Participants

GENDER	UNDERWEIGHT	NORMAL	OVERWEIGHT	OBESE
FEMALE	19	52	7	1
MALE	17	42	16	1
TOTAL	36	94	23	2
GENDER	UNDERWEIGHT	NORMAL	OVERWEIGHT	OBESE
FEMALE	24%	66%	9%	1%
MALE	22%	55%	21%	1%
TOTAL	23%	61%	15%	1%

Total No. of Female Students 79

Total No. of Male Students 76

The table shows that most respondents are within the normal weight range (61%), indicating that most of them maintain a generally healthy body weight. However, 23% are underweight, with a slightly higher percentage among females (24%) compared to males (22%), suggesting that being underweight is still a concern, especially for female students. In contrast, overweight cases make up 15% of the total, and this condition is more common among males (21%) than females (9%). Only 1% of both males and females are classified as obese, showing that obesity is rare in this group. Overall, while most respondents fall under a healthy weight category, the percentages highlight the need to address underweight and overweight issues to support better health and well-being.

Objective No. 2: Level of Awareness about BMI

Table 2. Level of Awareness about BMI

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	38	60	40	17	2.77
I can monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	35	60	45	15	2.74
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	87	57	10	1	3.48
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	66	70	15	4	3.28
I recognize that BMI is an important indicator of overall health.	99	50	6	0	3.60
Composite Mean					3.17

The composite mean is 3.17, it means that the level of awareness of Grade 7 about BMI is Moderate-High.

The table shows that Grade 7 students have a moderate-high level of awareness about Body Mass Index (BMI), as reflected by the composite mean of 3.17. Most students strongly recognize that BMI is an important indicator of overall health (WM = 3.60) and show good understanding of the health risks related to being underweight, overweight, or obese (WM = 3.48). They also demonstrate a high level of awareness of the factors affecting BMI and ways to manage or prevent unhealthy results (WM = 3.28). However, skills related to computing BMI (WM = 2.77) and monitoring BMI changes over time (WM = 2.74) are slightly lower, though still within the moderate-high range. Overall, the findings suggest that while students understand the importance and health implications of BMI, there is still room to improve their practical skills in calculating and tracking their own BMI.

Objective No. 3: Lifestyle Patterns of the Respondents

Table 3. Screen Time Usage

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	62	55	29	9	3.10
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	42	66	37	10	2.90
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	72	69	13	1	3.37
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	37	60	44	14	2.77
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	53	71	25	6	3.10
Composite Mean					3.05

The composite mean is 3.05, it means that the SCREEN TIME USAGE of Grade 7 is Moderate-High.

The table indicates that the screen time usage of Grade 7 students is at a moderate-high level, with a composite mean of 3.05. Many students report spending more than three hours a day on gadgets for non-school purposes (WM = 3.10), yet they also show awareness of the negative effects of excessive screen time, such as physical inactivity and poor health (WM = 3.37). While students moderately prioritize physical activities over gadget use (WM = 3.10), their ability to regulate screen time and follow set limits is slightly lower (WM = 2.90 and 2.77). Overall, the findings suggest that although students understand the health risks associated with prolonged screen use, consistent self-regulation and adherence to screen time limits still need to be strengthened to support healthier daily routines.

Table 4. Nutrition and Eating Habits

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	74	48	18	15	3.17
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	41	68	40	6	2.93
I drink enough water throughout the day to stay hydrated.	94	51	6	4	3.52
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	65	61	22	7	3.19
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	61	53	29	12	3.05
Composite Mean					3.17

The composite mean is 3.17, it means that the NUTRITION AND EATING HABITS of Grade 7 is Moderate-High.

The table shows that the eating habits of the respondents are at a moderate-high level, as reflected by the composite mean of 3.17. Most students demonstrate positive practices such as drinking enough water daily (WM = 3.52) and maintaining regular mealtimes, including eating breakfast (WM = 3.17), which support proper nutrition and overall health. They also show awareness in managing meal intake and avoiding stress eating (WM = 3.19) and limiting late-night eating (WM = 3.05). However, the avoidance of junk food and sugary drinks received a slightly lower rating (WM = 2.93), suggesting that while students understand healthy eating, consistency in choosing nutritious foods over unhealthy options still needs improvement. Overall, the results indicate generally good eating habits, with room for further encouragement toward healthier food choices.

Table 5. Sleep Pattern

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	45	57	45	8	2.90
I sleep and wake up at consistent times every day.	61	50	34	10	3.05
I have trouble falling asleep because of gadget use.	15	53	33	54	2.19
I feel rested and energized when I wake up.	49	58	39	9	2.95
I avoid caffeine or sugary drinks before bedtime.	73	44	19	19	3.10
Composite Mean					2.84

The composite mean is 2.84, it means that the SLEEP PATTERN of Grade 7 is Moderate-High.

The table indicates that the sleep habits of the respondents fall under a moderate-high level, as shown by the composite mean of 2.84. Many students report maintaining consistent sleep and wake times (WM = 3.05) and avoiding caffeine or sugary drinks before bedtime (WM = 3.10), which support better sleep quality. However, getting the recommended 7–8 hours of sleep (WM = 2.90) and feeling rested upon waking (WM = 2.95) are only moderately practiced, suggesting that sleep quality may still be affected. Notably, trouble falling asleep due to gadget use received a lower mean (WM = 2.19), indicating that screen time continues to interfere with sleep for some students. Overall, while students show awareness of healthy sleep practices, improving sleep duration and reducing gadget use before bedtime remain important areas for improvement.

Table 6. Physical Activities

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	67	71	13	4	3.30
I participate actively in PE classes.	75	67	12	1	3.39
I prefer walking or biking instead of using vehicles for short distances.	84	48	17	6	3.35
I spend time doing physical exercise at least three times a week.	55	63	29	8	3.06
I feel motivated to stay physically active to maintain good health.	79	58	15	3	3.37
Composite Mean					3.30

The composite mean is 3.30, it means that the PHYSICAL ACTIVITY of Grade 7 is High.

The table shows that the physical activity level of the respondents is high, as reflected by the composite mean of 3.30. Most students actively participate in PE classes (WM = 3.39) and regularly engage in physical activities such as sports, jogging, or dancing (WM = 3.30). Many also prefer walking or biking for short distances (WM = 3.35), indicating healthy and active lifestyle choices. In addition, students feel motivated to stay physically active for good health (WM = 3.37), which supports sustained engagement in exercise. Although exercising at least three times a week received a slightly lower mean (WM = 3.06), it still falls within a positive range. Overall, the results suggest that students demonstrate strong participation and motivation toward maintaining an active and healthy lifestyle.

Objective No. 4: Level of Awareness about BMI by Gender and BMI Classification

Table 7. Level of Awareness about BMI – Female

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	18	34	19	8	2.78
I can monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	17	29	25	8	2.70
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	44	30	5	0	3.49
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	32	38	8	1	3.28
I recognize that BMI is an important indicator of overall health.	50	25	4	0	3.58
Composite Mean					3.17

Table 8. Level of Awareness about BMI – Male

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	18	31	20	7	2.79
I am able to monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	20	26	21	9	2.75
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	43	27	5	1	3.47
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	34	32	7	3	3.28
I recognize that BMI is an important indicator of overall health.	49	25	2	0	3.62
Composite Mean					3.18

Table 9. Level of Awareness about BMI – Comparison by Gender

GENDER	COMPOSITE MEAN	MEAN DIFFERENCE	INTERPRETATION
FEMALE	3.17	0.01	MODERATE-HIGH
MALE	3.18		MODERATE-HIGH

The table shows that both female and male students have a moderate-high level of awareness about Body Mass Index (BMI), with very similar composite means of 3.17 for females and 3.18 for males. For both groups, the highest level of awareness is seen in recognizing that BMI is an important indicator of overall health (Female WM = 3.58; Male WM = 3.62) and in understanding the health risks associated with being underweight, overweight, or obese (Female WM =

3.49; Male WM = 3.47). This suggests that students generally understand the importance of BMI and its connection to health. However, slightly lower scores were observed in computing BMI and monitoring BMI changes over time, indicating that while students are aware of BMI concepts, some may still need guidance in applying this knowledge practically. Overall, the results reflect a good level of BMI awareness among both genders, with males showing a marginally higher overall awareness than females.

Table 10. Level of Awareness about BMI – Underweight

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	9	13	9	4	2.69
I can monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	9	12	9	5	2.64
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	18	14	3	0	3.33
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	15	18	2	0	3.28
I recognize that BMI is an important indicator of overall health.	26	9	0	0	3.64
Composite Mean					3.12

The data shows that the respondents have a good overall awareness of BMI, with a composite mean of 3.12, indicating a generally “agree” level of understanding. Most participants strongly recognize that BMI is an important indicator of overall health (weighted mean 3.64) and are knowledgeable about health risks associated with being underweight, overweight, or obese (3.33). They also demonstrate a good understanding of the factors influencing BMI and ways to manage it (3.28). However, slightly lower scores in computing BMI (2.69) and monitoring changes over time (2.64) suggest that while students understand the importance of BMI, some still need guidance in applying this knowledge practically. Overall, the results indicate a positive awareness of BMI concepts with room for improvement in hands-on skills.

Table 11. Level of Awareness about BMI – Normal Weight

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	23	40	21	10	2.81
I am able to monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	21	38	27	8	2.77
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	54	35	4	1	3.51
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	39	41	11	3	3.23
I recognize that BMI is an important indicator of overall health.	57	32	5	0	3.55
Composite Mean					3.17

The findings show that respondents generally have a strong understanding of Body Mass Index (BMI), with a composite mean of 3.17 indicating overall agreement with the statements. Most participants clearly acknowledge BMI as an important measure of overall health and are aware of the health risks linked to being underweight, overweight, or obese. They also have a good grasp of the factors that affect BMI and the actions that can be taken to manage or prevent unhealthy outcomes. However, the slightly lower scores in calculating BMI and tracking changes over time suggest that while respondents understand BMI in theory, some still need support in applying this knowledge in a practical way. Overall, the results reflect good awareness of BMI concepts but highlight the need to strengthen skills in computation and self-monitoring.

Table 12. Level of Awareness about BMI – Overweight

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	4	7	10	3	2.50
I am able to monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	5	9	8	2	2.71
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	13	8	3	0	3.42
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	10	11	2	1	3.25
I recognize that BMI is an important indicator of overall health.	14	9	1	0	3.54
Composite Mean					3.08

The findings show that most respondents have a fairly good understanding of Body Mass Index (BMI), with an overall composite mean of 3.08, showing general agreement with the statements. Many clearly see BMI as an important

measure of overall health and are aware of the health risks linked to being underweight, overweight, or obese. They also understand the different factors that can affect BMI and know that there are ways to manage or prevent unhealthy results. However, the lower scores in computing BMI and tracking changes over time indicate that while respondents know *why* BMI matters, some still find it challenging to calculate it or monitor it regularly. Overall, the results show a positive level of awareness but highlight the need for more practical guidance and hands-on learning when it comes to using BMI in daily life.

Table 13. Level of Awareness about BMI – Obese

STATEMENTS	4	3	2	1	Weighted Mean
I know how to compute my Body Mass Index (BMI).	2	0	0	0	4.00
I can monitor changes in my BMI over time and interpret the corresponding categories (underweight, normal, overweight, and obese).	0	1	1	0	2.50
I am knowledgeable about the health risks associated with individuals who are underweight, overweight, or obese.	2	0	0	0	4.00
I understand the factors that influence Body Mass Index (BMI) results and the measures that can be taken to manage or prevent them.	2	0	0	0	4.00
I recognize that BMI is an important indicator of overall health.	2	0	0	0	4.00
Composite Mean					3.70

The findings show that the respondents have a very strong understanding of Body Mass Index (BMI), with a high composite mean of 3.70 indicating overall strong agreement. Most participants are confident in calculating their BMI and clearly see it as an important measure of overall health. They also demonstrate clear awareness of the health risks related to being underweight, overweight, or obese, and understand the factors that affect BMI as well as ways to manage or prevent unhealthy results. However, the lower score for monitoring BMI changes over time suggests that although respondents know the concept well, some may find it less easy to regularly track and interpret their BMI categories. Overall, the results reflect excellent awareness of BMI, with only a small need to improve consistency in self-monitoring.

Objective No. 5: Comparison of Screen Time Usage for Female, Male, Underweight, Normal Weight, Overweight, and Obese Respondents

Table 14. Screen Time Usage – Female

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	32	30	14	3	3.15
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	21	33	21	4	2.90
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	34	39	6	0	3.35
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	16	34	19	10	2.71
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	24	42	12	1	3.13
Composite Mean					3.05

Table 15. Screen Time Usage – Male

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	30	25	15	6	3.04
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	21	33	16	6	2.91
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	38	30	7	1	3.38
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	21	26	25	4	2.84
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	29	29	13	5	3.08
Composite Mean					3.05

Table 16. Screen Time Usage – Underweight

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	12	15	6	2	3.06
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	14	12	0	1	2.66
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	19	13	3	0	3.46
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	11	13	8	3	2.91
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	14	15	4	2	3.17
Composite Mean					3.05

Table 17. Screen Time Usage – Normal Weight

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	38	34	16	6	3.11
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	22	44	20	8	2.85
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	40	48	6	0	3.36
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	20	38	25	11	2.71
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	31	46	15	2	3.13
Composite Mean					3.03

Table 18. Screen Time Usage – Overweight

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	11	5	7	1	3.08
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	6	9	8	1	2.83
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	6	9	8	1	2.83
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	11	8	4	1	3.21
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	5	8	11	0	2.75
Composite Mean					2.94

Table 19. Screen Time Usage – Obese

STATEMENTS	4	3	2	1	Weighted Mean
I spend more than 3 hours daily using gadgets for non-school activities.	1	1	0	0	3.50
I regulate my use of electronic devices to ensure it does not interfere with my sleep, dietary habits, or engagement in daily physical activities	0	1	1	0	2.50
I believe that excessive screen time may result in physical inactivity, promote a sedentary lifestyle, and negatively affect overall health.	2	0	0	0	4.00
I set regular limits on my screen time or follow the time restrictions established by my parents or teachers.	1	1	0	0	3.50
I prioritize outdoor, indoors, or other physical activities over using electronic devices.	1	1	0	0	3.50
Composite Mean					3.40

Table 20. Comparison of Level of Screen Time Usage Awareness

CATEGORY	COMPOSITE MEAN	INTERPRETATION
Female	3.05	Moderate–High
Male	3.05	Moderate–High
Underweight	3.05	Moderate–High
Normal Weight	3.03	Moderate–High
Overweight	2.94	Moderate–High
Obese	3.40	High

The comparison of screen time usage across different groups shows that most respondents demonstrate a moderate to high level of awareness regarding their screen time habits. Both female and male respondents obtained the same

composite mean of 3.05, indicating a similar level of understanding and behavior when it comes to managing screen time. Likewise, respondents who are underweight and of normal weight also fall within the moderate–high range, suggesting that awareness of the effects of excessive screen use is generally consistent regardless of BMI classification. Although the overweight group recorded a slightly lower composite mean of 2.94, their level of awareness remains moderate–high. Notably, respondents classified as obese showed a high level of awareness with a composite mean of 3.40, indicating stronger recognition of the health impacts of screen time. Overall, the results suggest that awareness of screen time usage is generally evident across all groups, with only minor variations among categories.

Objective No. 5: Comparison of Nutrition and Eating Habits for Female, Male, Underweight, Normal Weight, Overweight, and Obese Respondents

Table 21. Nutrition and Eating Habits – Female

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	29	29	11	10	2.97
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	19	37	21	2	2.92
I drink enough water throughout the day to stay hydrated.	45	29	3	2	3.48
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	30	34	13	2	3.16
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	28	25	20	6	2.95
Composite Mean					3.10

Table 22. Nutrition and Eating Habits – Male

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	45	19	7	5	3.37
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	22	31	19	4	2.93
I drink enough water throughout the day to stay hydrated.	49	22	3	2	3.55
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	35	27	9	5	3.21
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	33	28	9	6	3.16
Composite Mean					3.24

Table 23. Nutrition and Eating Habits – Underweight

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	16	10	6	3	3.11
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	5	18	9	3	2.71
I drink enough water throughout the day to stay hydrated.	21	10	3	1	3.46
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	17	12	3	3	3.23
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	10	12	9	4	2.80
Composite Mean					3.06

Table 24. Nutrition and Eating Habits – Normal Weight

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	46	31	9	8	3.22
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	29	40	23	2	3.02
I drink enough water throughout the day to stay hydrated.	57	33	1	3	3.53
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	38	41	13	2	3.22
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	39	39	16	7	3.32
Composite Mean					3.26

Table 25. Nutrition and Eating Habits – Overweight

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	10	7	3	4	2.96
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	5	10	8	1	2.79
I drink enough water throughout the day to stay hydrated.	15	7	2	0	3.54
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	8	8	6	2	2.92
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	10	9	4	1	3.17
Composite Mean					3.08

Table 26. Nutrition and Eating Habits – Obese

STATEMENTS	4	3	2	1	Weighted Mean
I follow regular mealtimes and do not skip breakfast.	2	0	0	0	4.00
I avoid frequent consumption of junk food, sugary snacks, carbonated drinks, and instead consume fruits and vegetables frequently.	2	0	0	0	4.00
I drink enough water throughout the day to stay hydrated.	1	1	0	0	3.50
I pay attention to my meal intake and avoid stress eating to prevent overeating, which can lead to excessive weight gain	2	0	0	0	4.00
I avoid eating late to prevent stomach discomfort or other complications and to maintain proper digestion and a healthy BMI.	2	0	0	0	4.00
Composite Mean					3.90

Table 27. Comparison of Nutrition and Eating Habits

CATEGORY	COMPOSITE MEAN	INTERPRETATION
Female	3.10	Moderate–High
Male	3.24	Moderate–High
Underweight	3.06	Moderate–High
Normal Weight	3.26	Moderate–High
Overweight	3.08	Moderate–High
Obese	3.90	High

The comparison shows that respondents across different genders and BMI categories generally exhibit moderate to high levels of healthy nutrition and eating habits. Both female and male respondents demonstrate positive eating behaviors, with males registering a slightly higher composite mean, suggesting

more consistent meal patterns and hydration practices. Similarly, individuals who are underweight, of normal weight, and overweight all fall within the moderate–high range, indicating balanced nutrition habits regardless of body weight classification. In contrast, respondents in the obese category show a high level of nutrition and eating habits, reflecting greater awareness and more deliberate efforts to make healthy food choices. Overall, the findings suggest that healthy eating practices are common across most groups, with increased attentiveness to nutrition observed among individuals with higher BMI, possibly due to heightened health awareness.

Objective No. 5: Comparison of Sleep Pattern for Female, Male, Underweight, Normal Weight, Overweight, and Obese Respondents

Table 28. Sleep Pattern – Female

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	19	28	26	6	2.76
I sleep and wake up at consistent times every day.	28	29	17	5	3.01
I have trouble falling asleep because of gadget use.	11	24	13	31	2.19
I feel rested and energized when I wake up.	20	31	22	6	2.82
I avoid caffeine or sugary drinks before bedtime.	36	23	11	9	3.09
Composite Mean					2.77

Table 29. Sleep Pattern – Male

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	26	29	19	2	3.04
I sleep and wake up at consistent times every day.	33	21	17	5	3.08
I have trouble falling asleep because of gadget use.	4	29	20	23	2.18
I feel rested and energized when I wake up.	29	27	17	3	3.08
I avoid caffeine or sugary drinks before bedtime.	37	21	8	10	3.12
Composite Mean					2.90

Table 30. Sleep Pattern – Underweight

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	15	10	8	2	3.09
I sleep and wake up at consistent times every day.	18	8	6	3	3.17
I have trouble falling asleep because of gadget use.	3	12	5	15	2.09
I feel rested and energized when I wake up.	13	10	8	4	2.91
I avoid caffeine or sugary drinks before bedtime.	16	9	4	6	3.00
Composite Mean					2.85

Table 31. Sleep Pattern – Normal Weight

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	22	37	30	5	2.81
I sleep and wake up at consistent times every day.	31	34	23	6	2.96
I have trouble falling asleep because of gadget use.	8	35	22	29	2.23
I feel rested and energized when I wake up.	27	37	25	5	2.91
I avoid caffeine or sugary drinks before bedtime.	41	29	14	10	3.07
Composite Mean					2.80

Table 32. Sleep Pattern – Overweight

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	7	9	7	1	2.92
I sleep and wake up at consistent times every day.	11	7	5	1	3.17
I have trouble falling asleep because of gadget use.	4	6	6	8	2.25
I feel rested and energized when I wake up.	7	11	6	0	3.04
I avoid caffeine or sugary drinks before bedtime.	15	6	1	2	3.42
Composite Mean					2.96

Table 33. Sleep Pattern – Obese

STATEMENTS	4	3	2	1	Weighted Mean
I get at least 7–8 hours of sleep daily.	1	1	0	0	3.50
I sleep and wake up at consistent times every day.	1	1	0	0	3.50
I have trouble falling asleep because of gadget use.	0	0	0	2	1.00
I feel rested and energized when I wake up.	2	0	0	0	4.00
I avoid caffeine or sugary drinks before bedtime.	1	0	0	1	2.50
Composite Mean					2.90

Table 34. Comparison of Sleep Pattern

CATEGORY	COMPOSITE MEAN	INTERPRETATION
Female	2.77	Moderate
Male	2.90	Moderate
Underweight	2.85	Moderate
Normal Weight	2.80	Moderate
Overweight	2.96	Moderate
Obese	2.90	Moderate

The table shows that respondents across different genders and BMI groups generally have average or moderate sleep patterns, with composite means that are closely clustered together. This suggests that most participants experience similar sleep habits regardless of gender or weight status. While many can maintain regular sleep routines, the results also indicate that getting enough sleep, feeling fully rested upon waking, and managing gadget use before bedtime remain common challenges. These patterns imply that although healthy sleep practices are present to some extent, they are not consistently achieved by all respondents. Overall, the findings highlight a shared need across all groups to improve sleep habits, such as maintaining consistent sleep schedules and reducing screen time at night, to support better rest and overall well-being.

Objective No. 5: Comparison of Physical Activities for Female, Male, Underweight, Normal Weight, Overweight, and Obese Respondents

Table 35. Physical Activities – Female

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	23	44	8	4	3.09
I participate actively in PE classes.	34	37	7	0	3.30
I prefer walking or biking instead of using vehicles for short distances.	38	24	13	4	3.22
I spend time doing physical exercise at least three times a week.	19	37	19	4	2.90
I feel motivated to stay physically active to maintain good health.	32	35	12	0	3.25
Composite Mean					3.15

Table 36. Physical Activities – Male

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	44	27	5	0	3.51
I participate actively in PE classes.	41	30	5	0	3.47
I prefer walking or biking instead of using vehicles for short distances.	46	24	4	2	3.50
I spend time doing physical exercise at least three times a week.	36	26	10	4	3.24
I feel motivated to stay physically active to maintain good health.	47	23	3	3	3.50
Composite Mean					3.44

Table 37. Physical Activity – Underweight

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	13	18	2	2	3.20
I participate actively in PE classes.	16	14	4	1	3.29
I prefer walking or biking instead of using vehicles for short distances.	19	9	0	2	3.00
I spend time doing physical exercise at least three times a week.	12	17	2	4	3.06
I feel motivated to stay physically active to maintain good health.	17	13	5	0	3.34
Composite Mean					3.18

Table 38. Physical Activity – Normal Weight

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	45	40	7	2	3.36
I participate actively in PE classes.	48	41	5	0	3.46
I prefer walking or biking instead of using vehicles for short distances.	47	33	0	4	3.10
I spend time doing physical exercise at least three times a week.	34	37	20	3	3.09
I feel motivated to stay physically active to maintain good health.	47	37	9	1	3.38
Composite Mean					3.28

Table 39. Physical Activity – Overweight

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	8	12	4	0	3.17
I participate actively in PE classes.	9	12	3	0	3.25
I prefer walking or biking instead of using vehicles for short distances.	17	5	2	0	3.63
I spend time doing physical exercise at least three times a week.	8	8	7	1	2.96
I feel motivated to stay physically active to maintain good health.	13	8	1	2	3.33
Composite Mean					3.27

Table 40. Physical Activity – Obese

STATEMENTS	4	3	2	1	Weighted Mean
I engage in physical activities such as sports, jogging, or dancing regularly.	1	1	0	0	3.50
I participate actively in PE classes.	1	1	0	0	3.50
I prefer walking or biking instead of using vehicles for short distances.	0	0	0	2	1.00
I spend time doing physical exercise at least three times a week.	2	0	0	0	4.00
I feel motivated to stay physically active to maintain good health.	1	0	0	1	2.50
Composite Mean					2.90

Table 41. Comparison of Physical Activity

CATEGORY	COMPOSITE MEAN	INTERPRETATION
Female	3.15	Moderate-High
Male	3.44	High
Underweight	3.18	Moderate-High
Normal Weight	3.28	High
Overweight	3.27	High
Obese	2.90	Moderate-Low

The table shows differences in composite mean scores based on sex and weight classification. Males posted a higher mean score (3.44), rated as High, while females had a slightly lower score (3.15), classified as Moderate-High. When grouped by weight status, respondents with normal weight (3.28) and those who are overweight (3.27) both achieved High levels, whereas underweight individuals registered a Moderate-High mean of 3.18. Meanwhile, the obese group recorded the lowest composite mean (2.90), interpreted as Moderate-Low, indicating a relatively lower level compared with the other categories.

Conclusion

The findings of the study reveal that most Grade 7 students maintain a generally healthy physical status and demonstrate a moderate-high level of health awareness and practices. In terms of Body Mass Index (BMI) classification, most respondents fall within the normal weight range, indicating acceptable body weight conditions among students. Based on the results, a notable number of underweight cases are observed among females compared to males. Although obesity cases are minimal, these findings signify that the respondents need to be included in targeted health programs, nutrition interventions, and healthcare initiatives to support balanced growth and development during their adolescent period.

The results indicate that Grade 7 students possess a moderate-high level of awareness regarding Body Mass Index (BMI), strongly recognize its importance, and demonstrate a good understanding of the health risks associated with different BMI levels. However, the findings reveal gaps between the high level of knowledge and the low level of actual practice. The study indicates that although a considerable level of awareness is present, the respondents' practical skills and behavioral application remain insufficient. The results suggest that BMI education is well implemented; however, enhanced school-based health

programs are still needed to develop students' practical skills and support healthier lifestyle behaviors.

The findings reveal that respondents classified as underweight, of normal weight, and overweight all fall within the moderate–high range, suggesting that healthy sleep practices are maintained regardless of body weight. Both female and male students exhibit positive dietary behaviors, with males showing slightly more consistent meal patterns and hydration practices. However, the study indicates that other factors may influence health or weight status despite the application of good nutritional habits.

Monitoring during the study revealed that students of different genders exhibit similar sleep habits despite variations in health status. While some attempt to follow healthy sleep practices, these routines are not consistently maintained. This underscores the need for targeted interventions at school and home to promote regular sleep schedules, reduce factors such as excessive screen time, and reinforce restorative rest for improved well-being and academic performance.

Males showed higher physical activity involvement (High) compared to females (Moderate-High). By weight status, normal and overweight students had High participation, underweight students were Moderate-High, and obese students scored the lowest at Moderate-Low. Overall, while most students engage moderately to highly in physical activity, targeted strategies are needed to increase participation among obese students for better health and well-being.

Recommendation

Based on the findings of the study on factors influencing students' overall health and well-being, it is recommended that educational institutions place greater emphasis on the effective implementation of activities and healthy lifestyle habits. This can be achieved through varied interactive platforms, programs, interventions, and appropriate teaching strategies. Implementation of proper nutritional choices, along with continuous reinforcement of healthy eating habits through education, guidance, and structured school-based programs, can help students develop more consistent and sustainable dietary practices.

The study suggests that educational institutions place greater emphasis on the effective implementation of programs and interventions focused on enhancing

overall health and well-being. School-based programs should implement more structured health activities and conduct regular health assessments to enable students to apply their knowledge effectively, develop sustainable healthy lifestyle habits, and ensure continuous health care monitoring.

This study emphasizes the need for all educators and education providers to provide sufficient and regular training for teachers and health facilitators to ensure the effective delivery of health and physical education, as well as appropriate equipment and materials for accurate BMI assessment and interpretation. Increase the focus on providing appropriate equipment and materials to support accurate BMI assessment and the proper interpretation of results. Schools should prioritize each learner's health by conducting regular and gradual health monitoring to ensure early identification of potential health concerns. Health should not be monitored solely by Physical Education teachers and health facilitators but also by other learning facilitators, as students' health is a major concern that affects overall development. If the acquired knowledge is applied as practical skills and practices, respondents can maintain healthy habits and consistently apply these practices within both the school environment and the home setting. Schools should focus on the implementation of extracurricular activities, programs, and interventions that promote physical activity, balanced nutrition, and positive health behaviors. These initiatives should be inclusive and designed to benefit all learners.

The study emphasizes that parents should be the primary facilitators of health monitoring and should assist their children in tracking their BMI in a supportive manner while reinforcing a positive body image. Parents should also serve as role models by practicing healthy lifestyle choices and coordinating with schools and facilitators to promote healthy practices and positive lifestyle patterns.

It is recommended that future research explore the long-term impact of implementing BMI assessment programs and evaluate the effectiveness of health education over several years. They should also examine the effectiveness of structured physical activity programs and identify the different school-based approaches used to implement physical activities and promote healthy habits.

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