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Factors across home, work, and school domains influence nutrition and physical activity behaviors of nontraditional college students

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Abstract

Nontraditional college students (older, part-time, and/or working) have less healthful nutrition and physical activity behaviors compared to traditional students, yet few health promotion efforts focus on nontraditional students. The purpose of this study was to use qualitative methods to explore factors affecting nutrition and physical activity behaviors of nontraditional students. Fourteen semi-structured individual interviews were conducted with nontraditional undergraduate students attending a large university. The sample had a median age of 25 (range: 21–64), 57% were men, 43% were racial/ethnic minorities, and 57% were employed (mean 22 hours/week). Data were coded using a systematic team-based approach. Consistent themes (mentioned by 4+ students) were identified and categorized into three domains: home, work, and school. Home (themes: neighborhood characteristics, family, partners, friends from home), work (theme: work environment), and school (themes: cafeteria, vending machines) factors consistently influenced positive nutrition behaviors. Similarly, home (themes: neighborhood including safety, friends from home, partner,), work (theme: work environment), and school (themes: not having a car, campus structure, campus gym, friends at school) factors consistently influenced positive physical activity. Financial resources and perceptions of autonomy had influence across domains. Results indicate consistent influences on nutrition and physical activity behaviors across home, work, and school domains for nontraditional college students. Study findings suggest possible, and sometimes unconventional, intervention strategies to promote healthful eating and physical activity. For example, when cafeteria meal plans are not offered and financial constraints limit eating at the cafeteria, encouraging healthful choices from vending machines could be preferable to not eating at all.

Keywords

qualitative research; health promotion; diet; exercise; humans

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1. Introduction

College settings offer opportunities to reach large numbers of adults with health promotion services. Most health promotion interventions in college settings are designed for traditional students, which typically means young adults enrolled full-time. Over the coming decade, enrollment of part-time students is projected to keep pace with full-time students and the enrollment of students age 25 or older (vs. <25) is projected to double.[1] Thus, research is needed to understand the health promotion needs of older part-time college students.

‘Nontraditional’ refers to college students with one or more of the following characteristics: financial independence (includes older age), part-time enrollment, full-time employment, having dependents, among others.[2] While there is scant research comparing the health behaviors of nontraditional vs. traditional college students *per se*, national data indicates that students in 2-year colleges (which have a higher proportion of nontraditional students[2]) have higher rates of overweight/obesity and lower physical activity levels than students attending 4-year colleges.[3] More detailed, but geographically restricted, data indicate significantly higher overweight/obesity among females and less healthful dietary behaviors (e.g., fewer sugary drinks, fast food) among 2-year college students vs. 4-year students.[4] These associations remained significant after adjusting for age, race/ethnicity, and other socio-demographics,[4] indicating a need to identify contributing contextual factors, such as living at home with parents or in a rented apartment vs. on-campus.[5]

A growing body of research has examined influences on nutrition and physical activity among primarily young adult and/or full-time college students,[6–10] yet qualitative investigations with nontraditional students, who are unique in that they are older and often balance work, home, and college roles, are lacking. Thus, the objective of this study is to address this gap in the literature using qualitative methods to examine influences on healthful nutrition and physical activity behaviors among nontraditional students. These findings are then discussed in relation to potential intervention opportunities in this population.

2. Methods and Materials

2.1. Setting and Participants

The study setting was a large urban public 4-year university that has the most racially/ethnically diverse student body in New England (University of Massachusetts Boston [UMass Boston]). Among undergraduates attending UMass Boston, 42% are from a racial/ethnic minority group; mean age is 25 years old; 31% are enrolled part-time, and 1/3rd are Pell-grant eligible, which is federal financial aid targeted to the lowest income student/families.[11,12] Half of all students are first generation college students.[13] Among freshman responding to a survey, more first year students reported working off-campus >20 hours/week (45%) compared to other universities (31% at other urban universities and 13% nationally) and spending time each week caring for dependents (54% vs. 39% at urban universities and 22% nationally).[14]

2.2. Recruitment

Promotional efforts included flyers, web postings, and a table in the campus center to recruit students in 2009–2010. Study staff spoke to interested students to determine eligibility and schedule appointments. Eligibility criteria included being: enrolled part-time and/or 24 years old or older (either indicating nontraditional student status), at least 18 years old, a current undergraduate student, an English speaker, and ability to give informed consent. This study was approved by the Institutional Review Boards at the participating universities.

2.3. Data Collection

Of 69 interested students, 17 met eligibility requirements and all 17 agreed to participate. We conducted 14 of 17 planned interviews, as 3 students did not attend their appointments. The interview proceeded as follows. First, participants provided verbal informed consent and completed a demographic questionnaire. Next, the interviewer (assisted by a co-interviewer taking notes) followed a semi-structured guide consisting primarily of open-ended questions (see Table 1), supplemented by prompts, designed to explore influences on students' nutrition and physical activity behaviors according to levels of the social-ecological model.[15] Individual (*e.g.*, money, car availability), interpersonal (*e.g.*, family, friends, partners), organizational (*e.g.*, school/work environments), home and neighborhood environment (*e.g.*, food/recreation availability, safety), and societal (*e.g.*, perceptions of race, gender, income bias) influences were explored. Interviews lasted approximately 1 hour and participants received 20 dollars.

After the final interview, we invited all participants to join a member check, a process by which our interpretations of the data are reviewed with participants to enhance the credibility of findings.[16] Five participants agreed to participate. We asked participants to review and comment on a 2-page summary of preliminary findings (sent prior) while we recorded notes. Participants' comments largely resonated with our preliminary findings and are not reported further. Member check calls lasted 30 minutes and participants received a 10 dollar gift card.

2.4. Qualitative Data Analyses and Statistics

All audio recordings were transcribed verbatim and supplemented with notes taken during the interviews. A systematic team based analysis approach assisted by Atlas Ti qualitative data management software was used. To begin, a code list was created based on the *a priori* theoretical topics explored during the interviews (*i.e.*, individual, interpersonal, organizational, environment, and societal-level influences on nutrition and physical activity behaviors). Two investigators independently coded several transcripts and then met on multiple occasions to discuss their coding and refine codes as needed. During this process, the same two investigators made notes about any new ideas in the transcripts not covered by our *a priori* codes. These notes were then formed into emergent codes (these are labeled in the results section). Once a final set of codes were developed, they were applied to the entire set of transcripts. To enhance the trustworthiness of our analysis, we held two peer debriefing meetings[16] to review our analysis decisions with two other investigators who read all transcripts and provided feedback on coding and interpretations of the data. To best reflect how different factors influenced nutrition and physical activity behaviors, we displayed coded data within home, school, and work domains. Thus, individual, interpersonal, organizational, environment and societal levels could appear within a single domain; for example, the school domain contained friends at school (interpersonal level) and vending machines (environmental level). Factors appearing in multiple domains were described as being 'across domains'. Although the majority of factors were grouped within a domain, factors not clearly linked with a particular domain (*e.g.* sleep and motivation) are not presented. Values for data collection are presented as means, medians, ranges, standard deviation, and percentages.

3. Results

Fourteen students completed the initial interview. Their median age was 25 (range: 21–64). Additional characteristics are listed in Table 2. Identified factors (presented in bold below) with good consistency are displayed in Table 3 where they are organized by home, school, and work domains.

3.1. Home domain

The students' perceptions of their neighborhood influenced positive nutrition behaviors if they lived in close proximity to a variety of supermarkets. Conversely, neighborhood was perceived to negatively influence nutrition behaviors if nearby supermarkets carried food that was perceived to be less healthy. Students also thought their neighborhoods positively influenced physical activity if there were pleasant and safe surroundings that encouraged walking recreationally (*e.g.*, near water, parks) or for grocery shopping.

Students viewed family members as helping them eat more healthfully by learning about and discussing nutrition-related topics together, stocking and cooking healthful foods, and by providing motivation to eat more healthfully after watching a poor example set by their family. Students also noted family members promote unhealthful eating habits, for example, by having unhealthful food in the house due to financial constraints.

Having a partner was a consistent influence on healthful nutrition and physical activity practices. A partner was seen as someone with whom the student could enjoy cooking, shopping, and/or sharing knowledge about nutrition topics. Similarly, a partner was primarily seen as a supportive influence with whom the student could go to the gym or do other physical activities (*e.g.*, walking, tennis).

The presence of friends outside of school was seen as influencing unhealthful nutrition behaviors, but conversely influencing positive physical activity behaviors. Socializing with friends was seen as involving eating unhealthful foods (*e.g.*, fast food). However, students spoke of encouraging and participating in physical activity together.

3.2. Work domain

The work environment was a consistent influence on healthful and unhealthful nutrition and physical activity behaviors. Students noted flexible work environments allowing for breaks (*e.g.*, going home for lunch) with access to kitchen equipment (*e.g.*, storage space, microwave) and healthy foods (*e.g.*, healthy snacks served to children at day care that employees could eat) supported healthful eating. For unhealthful nutrition behaviors, students mentioned job conditions that were not conducive to eating, such as not having breaks and unhealthful food available in shared office space. For physical activity behaviors, students frequently mentioned having a job that required physical activity (*e.g.*, a mover, day care provider, food service worker) positively influenced physical activity behaviors. Students also mentioned flexible work environments allow time for physical activity. Students employed in sedentary jobs (*e.g.*, administrative assistant, tutor) perceived their job had a negative impact on their physical activity.

3.3. School domain

Several aspects of the school environment had a consistent influence on healthful and unhealthful nutrition and physical activity behaviors. As UMass Boston is non-residential, most students commuted to campus by driving or taking public transportation. Not driving to campus was a consistent positive influence on physical activity behaviors as participants stated it increased the amount they walk. The influence of having friends at school was similar to that of having friends outside of school described above.

Going to the cafeteria had a consistent influence on healthful and unhealthful nutrition behaviors. Students felt the cafeteria, which carries a variety of nutritious foods, influenced healthful nutrition behaviors. Students also viewed the cafeteria as influencing unhealthful behaviors due to the availability of junk food, limited variety, no available meal plans, and the low cost of unhealthy food.

Campus physical structure was a consistent influence on unhealthy nutrition but healthful physical activity behaviors. For nutrition behaviors, students remarked that carrying their belongings around (*i.e.*, lunch bags) and a lack of storage/re-heating facilities are barriers to healthful eating. Campus structure influenced healthful physical activity behaviors primarily by promoting walking between campus buildings. The influence of storage space and having access to an on-campus gym and exercise programs was a consistent influence on physical activity behaviors. Use of vending machines was a consistent influence on healthful eating behaviors, as students could choose what they perceived to be healthful options (*e.g.*, 100% juice, water, popcorn) and because they are convenient and inexpensive.

3.4. Across domains

Financial resources were a consistent influence on healthful and unhealthy nutrition behaviors. Having adequate money (through working) was seen as enabling students to shop at preferred supermarkets, which were perceived as having healthful foods. Students who need to save money were receiving financial support from working, food assistance, and partners/family. They spoke of going to supermarkets they perceived to have cheaper less healthful foods and eating less.

Students noted aspects of having autonomy and power to make decisions (an emergent theme), such as having 'flex-time' at work to eat lunch and go to the gym, being able to choose where to live, and having the time and ability to cook, was related to healthful nutrition and physical activity behaviors. Although not a consistent theme, a lack of autonomy or power also influenced unhealthy nutrition behaviors.

4. Discussion

Findings from this qualitative study reveal multiple influences on nutrition and physical activity behaviors among nontraditional undergraduate students who frequently encounter work responsibilities, various living situations, financial constraints, and other factors along with academic responsibilities. Financial resources had an impact across domains. For example, despite having healthful options in the school cafeteria, many students perceived price was a limiting factor. Similarly, concerns regarding the cost of healthful food and lack of time have been identified as influencing nutrition and physical activity behaviors in other studies focusing on traditional college students.[6–9] This finding, in combination with the perceived benefits of vending machines in our sample, suggest a potentially effective[17], but less conventional avenue for intervention is vending machines, which typically contain foods high in fat, calories, and salt.[18] However, vending machines may be a lifeline for students who may not have access to meal plans and/or cannot afford to purchase food in the cafeteria. Providing healthful food options, ranging from refrigerated sandwiches to low-calorie snacks, and providing information to encourage their purchase may be effective approaches.[19] In addition, results of this study could be used in an intervention that reinforces the choice to eat (instead of skipping a meal), and then helps students develop problem solving skills to determine inexpensive, quick options available in the cafeteria or better choices from a vending machine. This information would allow an intervention designer to better anticipate the needs of students and to work with them rather than to make unrealistic and judgmental prescriptions.

Similar to previous research, this study found mixed effects of social situations and friends on eating, both encouraging unhealthy [6,7] and healthful[7,9] eating behaviors. Interestingly, other studies also report social support as positively influencing physical activity.[7–9] One avenue for future intervention activities may be to form groups of students through social networking sites to accommodate nontraditional students who often do not have time to meet on campus. These groups could be used to synchronize availability

to exercise together, discuss food-related questions, and could be accessed anytime. Negotiating with family and friends to increase power and autonomy to change eating and physical activity habits within financial constraints could be also coached through such a site.

Our study explored how home (including neighborhood and family) and work domains affect nutrition and physical activity behaviors. Given financial constraints and aspects of campus not easily modifiable (*e.g.*, cafeteria food costs, campus physical structure), interventions may need to incorporate students' homes and on/off-campus workplaces. Intervention messages could be responsive to workplace issues and tailored to job type (sedentary or non-sedentary), for example a newsletter could include tips on non-perishable healthful meals to eat at work. Broad policies that use 'best practices' for workplace health promotion programs[20] would be expected to have an impact on nontraditional students. As participants classified nutrition and physical activity behaviors as either healthful or unhealthful, these behaviors were not objectively measured, thus they should be considered as perceived to be healthful or unhealthful.

The qualitative focus and small sample size of our study limits generalizability, however, it provides in-depth insight to a seldom-studied group of students. Our findings are strengthened by the use of data collection and analysis techniques to enhance credibility (peer debriefing and member checking). This is one of the first papers to explore influences on nutrition and physical activity behaviors among nontraditional college students. Further inquiry is needed, for example administering a survey to examine if these themes are reported among a generalizable sample, conducting additional interviews to examine themes not directly linked to a domain (*e.g.*, sleep), or conducting subgroup analyses (*e.g.*, younger vs. older students).

In conclusion, nontraditional students' nutrition and physical activity behaviors are impacted by factors in and between home, work and school domains. Factors such as forming social support among friends, using vending machines, and altering interactions with home and workplace environments, offer a variety of potential intervention opportunities that may be effective to improve nutrition and physical activity behaviors that impact chronic disease prevention among the large and growing population of nontraditional students.

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Abbreviations

UMass Boston

University of Massachusetts Boston

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Table 1

Interview questions from semi-structured interview guide

Individual level factors
I'd like to talk about factors in your life that relate to your eating and physical activity habits. For example, are there things about your personal life that make it easier or harder for you to eat healthy? To be physically active?
Interpersonal factors
I'd like to move on to discuss how some of your relationships you have with other people might affect your nutrition/pa habits. For example, your relationships with friends inside school: how do these relationships have an impact on your eating or physical activity habits?
Some students have other family responsibilities in addition to going to school. Can you tell me more about how these different roles/ responsibilities play in your day-to-day life?
Organizational/neighborhood factors
Can you give me a general idea of the types of places where you work? I'd like to start by talking about your workplace-are there factors there that make it easy or hard to get exercise/eat healthfully?
Now, thinking about where you live, are there factors there that make it easy or hard to get exercise/eat healthfully?
Societal factors
Some studies have pointed to the influence of discrimination, not necessarily solely related to one's race, on having a healthy lifestyle. How might that play into your health behaviors?

Table 2

Participant characteristics (N=14)

Characteristic	n (% or noted otherwise)
Age	
21–24	7 (50)
25–29	4 (28)
30+	3 (21)
Gender, male	8 (57)
Marital status	
Single, never married	11 (78)
Living as married/married/divorced	3 (21)
Race/ethnicity	
Non Hispanic white	9 (64)
Non Hispanic black	2 (14)
Hispanic	1 (7)
Other	2 (14)
Born in the U.S.	13 (93)
First generation college student [/]	9 (64)
Enrollment status	
Full-time, degree seeking	6 (43)
Part-time, degree seeking	5 (36)
Part-time, non-degree seeking	3 (21)
Work for pay, yes	8 (57)
If working, mean (standard deviation) hours per week	21.8 (12)
If working, job type	
Professional, managerial, or administrative	4 (50)
Clerical, office, or sales work	2 (25)
Manual labor	2 (25)

[/] Student indicated that neither their mother nor father completed a 4-year college degree

Table 3

Summary table displaying influences and illustrative quotations on ‘healthy’ (+) and ‘unhealthy’ (–) nutrition and physical activity behaviors in home, work, and school domains¹

Domain	Nutrition Practices	Physical Activity Practices
Home		
1. Neighborhood	+ + – –	+ + –
2. Perception of a safe neighborhood	NC NC	+ + NC
3. Perception of an unsafe neighborhood	NC NC	NC –
4. Presence of family	+ +* – –*	+ –
5. Time/schedule of family	NC –	NC –
6. Presence of a partner	+ + –	+ + –
7. Presence of friends outside of school	+ – –	+ +* –
8. Lacking friends outside of school	+ –	NC –
9. Presence of roommates	+ –	+ –
Work		
10. Co-workers	+ – –	+ NC
11. Work environment	+ + – –*	+ + – –
School		
12. Drives a car	+ –	+ –
13. Does not drive a car	NC NC	+ +* –
14. Going to cafeteria	+ + – –*	NC NC
15. Not going to cafeteria	+ –	NC NC
16. Campus physical structure	+ – –	+ +* –
17. Going to gym at school	NC NC	+ +* –
18. Not going to the gym at school	NC NC	NC –
19. Use of vending machines	+ +* –	NC NC
20. Presence of friends at school	+ – –	+ + –
21. Presence of peers at school	+ –	+ NC
Across domains		
22. Having adequate money	+ + –	+ NC
23. Needing to save money	+ – –*	NC NC
24. Having autonomy/power	+ +* NC	+ + NC
25. Lacking autonomy/power	NC –*	NC NC

Selected illustrative quotations

#4; Home; Presence of family, Nutrition Practices; + + and – –

“So, when my mom is on track [i.e., trying to lose weight], she’ll have a lot of healthy foods in the house, she’ll cook for my dad and my brother more healthfully so there’s not as much crap lying around that’s a temptation. But, when she’s off track, there’s a lot of crap going around. She loves to cook and bake. So, it’s just laying around and it’s more difficult to avoid.” [female]

#7; Home; Presence of friends outside of school, Physical Activity Practices; + +

“six or seven of us all joined the same gym and one of them is a personal trainer. ... She posted a facebook group so we all log in there and tell each other when we’re going to the gym, and try to coordinate schedules and get there so we’re motivated to get there and working out with someone is more fun.” [female]

#11; Work; Work environment; Nutrition Practices; – –

[a construction site is] “... kind of messy. It’s the kind of environment where you don’t really want to sit down for a meal [male]

“... if you work several hour shifts, you can’t eat on the shift I didn’t eat when I was there.” [female]

#13; School; Does **not** drive a car; Physical Activity Practices; + +

“... taking the T [i.e., the subway], enables me to do more of that [walking], because you get on and off the T at different places and go to different places, where walking is necessary, if you don’t have a car.” [male]

#14; School; Going to cafeteria; Nutrition Practices; – –

“cost-wise, I think it’s more effective to get a cheeseburger ... You get more nutrition for the buck. ... It wouldn’t make sense to get a salad.” [male]

#16; School; Campus physical structure; Physical Activity; + +

[having an on-campus job allowed him to have] “the luxury of locking my stuff up in my own work space, here in the campus center ... so it’s always in a central location” [male]

#17; School; Going to gym at school; Physical Activity; + +

“So, I work full-time on campus and I’m taking a couple of classes, and that’s obviously time-consuming. It can be challenging to find time for the meetings and to exercise and to plan meals, and to shop for the right food. And as a timesaver, having a gym on campus, really helps me.” [female]

#19; School; Use of vending machines; Nutrition Practices; + +

“When I’m here, it’s not only a money issue, but a time issue ... if I do eat something, I’m just grabbing quick out of the vending machine, and ... eating it really quickly. I might only grab one item of food while I’m here, on campus. Sometimes, I won’t eat anything here while I’m on a school day, and then I’ll eat when I get home.” [female]

#23; Across Domains; Needing to save money; Nutrition Practices; – –

[I buy] “quick, ready-made, easy fast foods and buying things that are inexpensive, in bulk, ... [with] less variety than I would normally ...” [male]

#24; Across Domains; Having autonomy/power; Nutrition Practices; + +

[in reference to moving out of his parents’ home] “I make my own decisions in that I deal with the consequences, whereas if I were at home, food would be there every day. So, I wouldn’t necessarily have the responsibility of making the food or buying the groceries. But, then, I wouldn’t have the privilege of saying I want this for dinner.” [male]

#25; Across Domains; Lacking autonomy/power; Nutrition Practices; –

“I feel like if I was aware of my mother’s budget that she spent on food, that I’d be able to buy our house healthier food ... it’s like the same food all the time ... like chop suey, meatloaf, or spaghetti and meatballs. I feel like if I contributed more to the food shopping, I would also change what was on the menu for dinner. ... But, I feel like she wouldn’t ever let me do the food shopping for the house. ... I don’t know whether she wouldn’t trust me to get the right things, even though I am confident I would.” [female]