Gender Differences in Lifestyle: Results of a Survey among Indian School-going Adolescents

Social Change
46(3) 428–443
© CSD 2016
SAGE Publications
sagepub.in/home.nav
DOI: 10.1177/0049085716654816
<http://sch.sagepub.com>

Arun Pratap Singh¹
Girishwar Misra²

Abstract

Gendered segregation of lifestyle issues is of central importance in identifying gender-linked priorities of health education being followed in various schools with different economic-cultural settings. Therefore, this study has examined gender differences in multiple aspects of an adolescent's lifestyle, including dietary habits, food consumption, sleep, sports, games, physical activity, sedentary and leisure patterns through an anonymous lifestyle survey. The survey questioned 1,500 Indian school-going adolescents from 18 schools located in various rural, urban and metro areas of the country. The results indicated that female adolescents in rural schools had the least positive dietary habits, and had a limited engagement in sports or games while male school-going adolescents fared less favourably in cultural activities. Urban and metro-urban female school going adolescents reported a greater engagement in sedentary activities than their rural counterparts. Such trends would suggest a crucial need to design and implement gender-sensitive health education.

Keywords

Adolescent, gender, lifestyle, diet, leisure

Introduction

Gender is an important contributor in the shaping of cognitive performance, personality and many social behaviours (Balliet, 2011; Hyde, 2014; Li, 2014).

¹ Department of Psychology, School of Education, Mahatma Gandhi International Hindi University, Wardha, Maharashtra, India.

² Vice Chancellor, Mahatma Gandhi International Hindi University, Wardha, Maharashtra, India.

Corresponding author:

Arun Pratap Singh, Department of Psychology, School of Education, Mahatma Gandhi International Hindi University, Wardha 442001, Maharashtra, India.

E-mail: [jyotiarun13@gmail.com](mailto: jyotiarun13@gmail.com)

Gender-linked social sanctions, attributions and responsibilities regulate conduct not only during adulthood but also in adolescence which is a critical time for the modification, strengthening or shaping of gender roles and identity and this, in turn, affects key aspects of psychological and social functioning (Erikson, 1968; Signorella, Bigler, & Liben, 1993; Zosuls, Miller, Ruble, Martin, & Fabes, 2011). Ironically, available research on gender disparity has largely focused on adulthood. It lacks an attempt to understand the pattern of gendered differentiation in diverse dimensions during adolescence (Ritchie, Lloyd, & Grant, 2004; Zosuls et al., 2011). Fortunately, the urgency for studying gender differences among school adolescents for modifying and framing relevant health education policies has been significantly recognised over the last decade (Ritchie et al., 2004; United Nations Millennium Project, 2005).

It is believed that gender, linked with differences in socialisation, rearing practices, opportunities, deprivation and discrimination, shapes adolescent lifestyle across varying demographics (Feinstein, Bynner, & Duckworth, 2005; Hendry, Kloep, Espnes, Ingebrigtsen, Glendinning, & Wood, 2010; Kapur, 1992; Ram, Strohschein, & Gaur, 2014; Singh & Misra, 2012; Verma & Saraswathi, 2002). Because of variations in opportunity structure (Srivastava, Kumar, Bharti, & Sharma, 1997), exposure to media, extent of family support, degree of peer pressure, nature of rearing practices, value preferences and environmental features among early, middle and late male and female adolescents in their various places of residence (Ganguli, 2003; Kapur, 1992; Rangnathan, 2003; Sibal, 1997), one can expect that lifestyle patterns among adolescents living in rural, urban and metro areas are complex, and differently vulnerable.

It has been observed that the knowledge of structure and segmentation of lifestyle-related behaviours can provide the required leverage for developing gender-sensitive and culturally relevant health education policies in schools (Archana, 2004; Sibal, 1997; Singh & Misra, 2012). But although some studies have highlighted gender-relevant concerns regarding the miserable nutritional status and sexuality in Indian female school-going adolescents (Abraham & Kumar, 1999; Archana, 2004; Brown, Larson, & Saraswathi, 2002; Jessor, 1992; Mitra, Kumar, Chakrabarty & Bharti, 2007; Sandhu & Mehrotra, 1999), gender differences in the practice of many other culturally and health-relevant behaviours, including physical activity, leisure time, sleep, yoga, daily routine, including cultural and religious practices, have not attracted much attention.

Available studies on gender difference as determinants of health have largely a biomedical perspective. Being focused on the pathological processes (Bury, 2004), such analyses have not taken into account other environmental, cultural and alternative notions and approaches of health. In existing studies, the construction of lifestyle has been rather segmented and reductionist. These studies have considered hygiene, entertainment activity and few risk behaviours but have left many other relevant promotive and preventive aspects of adolescent living, for example, religiosity, a daily routine, sleep, aggressive behaviours and so on.

One would like to argue that an Ayurvedic lifestyle provides a holistic, integrated and comprehensive possibility for addressing many key health concerns of adolescents. It recognises adolescence as a crucial period of life for inculcating

appropriate attitudes and behaviours necessary for promoting health in different dimensions, including physiological functioning, psychological adjustment, social commitment and positive virtues. The ancient school system of education, Gurukul, imbibed many lifestyle practices in its educational programme and thus enabled transmission of relevant knowledge about a healthy way of living (Koller, 2006: 97).

Against this backdrop, this study was designed to comprehensively examine the impact of gender and its intersection with three different eco cultural settings—metro, urban and rural—and multiple lifestyle practices related to diet, sleep, daily routine, religiosity, and physical activity among school-going adolescents. The construct of lifestyle in this study was developed on the basis of comprehensive conceptualisation of lifestyle as espoused in the practice of Ayurveda. According to the division of adolescence into three basic categories (Steinberg & Morris, 2001), adolescence was conceived to fall in the following developmental stages: early (12–14 years), middle (15–16 years) and late adolescence (17–19 years). The study was conducted in two parts. In the first part, a pilot study was undertaken to ensure the adequacy of procedures and measures. In the second part, a lifestyle survey was conducted.

Method

Participants

A large sample of 1,500 adolescents were enrolled: 750 boys and 750 girls, all in the 7th–12th grades in 18 schools. The schools were located in three residential settings: Delhi—metro city and capital of India, Lucknow—an urban city and capital of Uttar Pradesh and Kaisarganj—a rural setting in a block of villages in the state of Uttar Pradesh. These schools were of different types including co-educational, only boys and only girls and were schools owned and run by government or private societies. Consenting adolescents in attendance at the various schools completed the survey in classroom settings. The distribution of sample is shown in Table 1. With a no-response rate of 6.2 per cent, we obtained responses from 1,500 respondents.

Table 1. Distribution of Sample

Residential Setting	Gender	Age Groups			Total
		12–14	15–16	17–18	
Metro	Boys	162	50	38	250
	Girls	152	51	47	250
Urban	Boys	174	63	13	250
	Girls	102	115	23	250
Rural	Boys	131	86	33	250
	Girls	96	83	71	250
Total		817	458	225	1,500

Source: Authors' own.

Measures

Adolescent lifestyle survey: This survey was developed on the basis of insights derived from the practice of Ayurveda: personal experiences of the researcher, the opinions of school health professionals and a careful scrutiny of existing measures of Youth Risk Behavior Survey Questionnaire 1999 (Brener et al., 2002) and physical activity questionnaire (Wolf et al., 1994). It covered background information, dietary habits, food consumption, sleep, physical activity, yoga, hygiene habits, especially bathing and a list of 20 leisure time activities including sedentary, sports/games, community leisure, hobbies and cultural activities.

The initial draft was pre-tested on 50 students and no change was found to be necessary. Before the actual conduct of the survey, the procedure was explained to all research assistants to maintain uniformity in the administration of the questionnaire. The assessment of various lifestyle behaviours was limited to the usual week, last week, and preceding year in order to minimise recalled biases (see Appendix). A brief description of various components of the survey is given as below:

- *Dietary habits:* Respondents were asked to rate how frequently their dietary habits were characterised by eating only when hungry, maintaining a gap of six hours in between two meals and avoiding intake of water during meals on a 5-point scale ranging from 'never' (1) to 'always' (5).
- *Food consumption:* Respondents were asked how often they consumed nine food and drink items including bakery items, green vegetables, milk, fast food, fruit juice, non-vegetarian, cold drinks, soft drinks, chocolates by using the 7-point scale ranging from 'never' (1) to 'every day more than once' (7).
- *Sleeping habits:* The questionnaire contained two items related to the frequency of sleeping after 10 pm and leaving the bed before sunrise during a usual week to be responded on a 4-point scale ranging from 'never' (1) to 'always' (4).
- *Religious behaviour:* The questionnaire contained six items referring to frequency of performing religious behaviours (e.g., reciting *mantras*, attending *satsangs*, visiting religious places, meditation, listening to spiritual hymns and reading scriptures) on a 7-point scale ranging from 'never' (1) to 'more than six days a week' (7) during a usual week.
- *Physical activity:* It consisted of one item to measure the days of activity for at least 60 minutes during the usual week. The respondent provided the reply on a 8-point scale ranging from '0 days' (1) to '7 days a week'.
- *Leisure time use:* It contained queries related to the frequency of involvement in 20 leisure time activities on a 5-point scale ranging from 'never' (1) to 'more than 6 days a week' (5) in a usual week.
- *Daily routine:* There were six items to measure engagement in healthy daily routine activities (i.e., getting up before sunrise, sleeping about 10 p.m., yoga, bathing, getting massaged and physical exercises). The responses were obtained on a 5-point scale ranging from 'never' (1) to 'seven days a week' (5).

Ethical Considerations

In the spirit of the ethical considerations outlined in the Ethical Principles for Medical Research Involving Human Subjects of the Helsinki Declaration (World Medical Association Declaration of Helsinki, 2008), we made all possible efforts to ensure compliance with ethical standards of the research. The protocol of the study was approved by the Departmental Research Committee of the Department of Psychology at the University of Delhi responsible for guiding the ethical compliance of research and the overall research protocol of the study.

According to the protocol approved, first of all, a written informed consent was obtained from school authorities. Later, students were approached in a classroom setting and were explained the purpose of the study, the voluntary nature of participation and the confidentiality of information sought. We also received a written consent for the respondents to participate in this study from their legal guardians and parents. Participants were also informed about their freedom to withdraw from the process of data collection at any point of time without giving any reasons. After obtaining the responses, students were thanked for their cooperation. Later on, the data were analysed while maintaining confidentiality during the process of data collection, entry and analysis.

Statistical Analysis

The data were analysed using Windows SPSS version 20.0. Initially, relevant descriptive statistics were computed. To analyse the gender variation in lifestyle practices, the mean scores for each of them was subjected to separate 3x2x3 between group factorial analyses of variance with three levels of setting, two gender categories and three age groups. *Post hoc* mean comparisons were run for each individual lifestyle practice to decipher gender difference.

Results

A total of 1,590 adolescents were approached for this survey but only 1,500 adolescents, that is, a response rate of 94.08 per cent, gave their consent to participate. The participation of late adolescents ($n = 225$) was comparably less than the early ($n = 817$) and middle adolescent groups ($n = 458$).

Comparative prevalence of lifestyle behaviours: Figures 1 and 2 display graphical representation of comparative prevalence of various lifestyle behaviours. Except for meditation and reading scriptures, female respondents displayed greater practice of other religious behaviours including chanting of divine syllables, *satsanga*, visiting religious places and listening hymns. However, they reported least engagement in yoga, exercise, active leisure time use and awakening before sunrise, less consumption of milk, green salad but more of late night sleep habits, using the internet, chatting on their cell phones and hurried eating style in comparison with male participants. But male participants exhibited a greater tendency to listen fast music and watch more TV than female participants in the study.

Figure 1. Comparative Prevalence (per cent) of Religious Behaviours, Daily Routine Practices and Dietary Habits in Indian Male and Female School Adolescents (N = 1,500)
Source: Authors' own.

Figure 2. Comparative Prevalence (per cent) of Leisure-time Use Activities among Indian Male and Female School Adolescents (N = 1,500)
Source: Authors' own.

Gendered pattern of lifestyle behaviours: Significant mean scores, corresponding F values for engagement in various lifestyle behaviours by boys and girls in different residential settings and age groups are tabulated separately in Tables 2 and 3 consecutively.

It was significant that female adolescents participated less in playing table tennis, playing *khokho* or *kabaddi*, doing yoga and physical exercise. Particularly, rural girls reported the least engagement in sports such as playing cricket, traditional games like *kabaddi* and yoga and physical exercise as compared to their male counterparts. Urban female adolescents reported the least practice of healthy dietary habits such as eating when hungry, regular eating, showing less intake of favourable food items, such as milk and green vegetables; a minimal engagement in sports, such as cricket; playing indigenous games, such as *kabaddi* or *khokho*; and walking and following positive daily routine practices, such as yoga and physical exercise.

Gender differences were found to be highly accentuated among metro female adolescents who reported comparatively least practice of positive dietary habits, intake of healthy food items, and engagement in sports, games, physical exercises, yoga and exhibited greater late night sleep patterns as compared to their counterparts in both genders. Further, the Gender X Age Group interaction effect showed that older adolescent girls exhibited the least consumption of milk, participated the least in games like table tennis, football or hockey, racing, physical exercises and walking than other counterparts of both genders.

In contrast, the male adolescents' life was characterised by greater listening to fast music, participation in leisure activities, such as racing, cycling, table tennis, jogging, traditional games, martial arts or karate, boy scouts/NCC volunteering, physical exercise but less participation in dancing and religious behaviours, such as reciting divine syllables and listening to hymns. In particular, rural male adolescents reported significantly least consumption of fresh green vegetables, minimal reading of newspapers, and doing walk but contrastingly exhibited greater performance of some religious behaviour like attending satsanga, reading scriptures and of some leisure activities (i.e., cycling, playing some traditional games as *Khokho* or *Kabaddi*, Watching TV or cinema, listening fast music) and daily routine activities (i.e., yoga, massaging, physical exercise). Moreover, a significant Residential Setting X Gender X Age-Group interaction effect showed that older adolescents girls endorsed in their responses for greater consumption of fast foods ($F(12, 1488) = 3.58, p < 0.01$), cold drinks ($F(12, 1488) = 3.04, p < 0.05$), but least practice of religious behaviours such as meditation ($F(12, 1488) = 2.77, p < 0.05$), reading scriptures ($F(12, 1488) = 2.64, p < 0.05$) while the least participation in games such as *kabaddi* ($F(12, 1488) = 3.91, p < 0.05$), yoga ($F(12, 1488) = 10.04, p < 0.001$), physical exercise ($F(12, 1488) = 3.20, p < 0.05$) and higher level of victimisation ($F(12, 1488) = 2.89, p < 0.05$) was prevalent among late rural adolescent girls. However, late metro adolescent boys showed least consumption of green vegetables ($F(12, 1488) = 5.19, p < 0.001$), engagement in physical activity ($F(12, 1488) = 2.73, p < 0.05$) and are getting 'used to' leaving their beds late in the morning ($F(12, 1488) = 3.26, p < 0.05$).

Table 2. Summary of Significant Mean Scores, MS and F values for Practice of Lifestyle Behaviours by Indian Male and Female School Adolescents Studying in Different Settings (N = 1,500)

Life Style Variables	Rural		Urban		Metro		MS	F(31,497)
	Boys	Girls	Boys	Girls	Boys	Girls		
Eating when very hungry	3.35	3.37	3.50	2.98	3.28	3.08	8.96	5.46**
Eating regularly	3.44	3.62	3.65	3.16	3.43	2.96	13.59	6.64**
Eating in hurry	2.18	2.33	2.29	1.96	2.18	2.46	9.68	6.15**
Fresh green vegetables	4.33	5.02	4.99	4.66	4.72	5.00	13.16	5.47**
Milk consumption	4.03	3.62	4.44	3.57	5.08	4.58	16.50	4.63**
Sleeping regularly	2.44	2.70	2.68	2.16	2.42	2.08	9.26	5.96**
Attending <i>satsang</i>	3.82	3.26	2.71	2.81	2.51	2.90	32.47	10.08***
Visiting religious places	4.02	3.63	3.88	3.86	3.81	4.26	30.63	9.67***
Reading scriptures	4.22	3.50	3.40	3.41	3.53	3.70	34.50	8.24***
Lack of rest during study	2.61	2.52	2.60	2.65	2.72	2.44	4.46	3.33*
Physical activity	5.24	5.00	5.58	4.95	4.78	5.20	15.49	3.31*
Watching TV/cinema	2.59	1.84	1.70	1.72	1.75	1.76	24.15	11.68***
Walking	1.56	1.90	2.10	1.82	2.33	1.83	16.16	6.69***
Cycling	2.24	1.20	2.16	1.90	2.12	1.82	27.57	11.36***
Listening classical music	.94	.80	1.13	1.17	1.36	1.60	7.48	4.09*
Listening fast music	2.79	2.18	2.19	2.18	2.21	1.80	9.60	4.09*
Cricket	1.48	.00	1.92	.10	1.85	.35	4.66	3.37*
<i>Khokho</i> or <i>Kabaddi</i>	1.32	.84	1.30	1.24	1.58	1.18	9.59	5.48**
Some job work	.84	.36	.89	.68	.83	.93	15.42	9.98***
Reading newspapers	1.48	1.94	2.06	2.15	1.83	1.90	9.85	3.99*
Yoga	2.72	1.92	2.19	1.99	2.62	2.65	42.06	18.18***
Massaging	3.35	2.30	2.41	1.83	2.45	2.68	44.41	17.53***
Physical exercise	2.74	2.18	2.63	2.40	2.73	2.72	13.28	6.65**
Victim of violence	2.07	1.66	2.09	1.84	2.18	2.04	2.65	4.22*
Carrying arms	1.88	1.12	1.90	1.05	1.99	1.01	2.70	10.45***

Source: Authors' own.

Table 3. Summary of Significant Mean Scores, MS and F values for Practice of Various Lifestyle Behaviours by Indian Male and Female School Adolescents of Various Age Groups (N = 1,500)

Life Style Variables	Boys			Girls			MS	F(41,496)
	12-14	15-16	17-18	12-14	15-16	17-18		
Milk consumption	4.60	4.29	4.56	4.29	3.72	3.36	2.00	6.67***
Attending satsanga	3.06	3.10	2.57	2.84	2.86	3.62	36.34	11.28***
Reading scriptures	3.60	3.92	3.90	3.43	3.39	4.11	17.97	4.29*
Regular homework	2.80	2.76	2.90	2.75	2.40	2.50	4.70	4.48**
Surfing Internet	2.25	2.20	1.65	2.47	2.81	2.53	12.84	6.68***
Walking	1.92	2.06	2.30	1.94	1.68	1.95	11.239	4.65**
Racing	1.98	1.66	1.90	1.81	1.17	1.07	8.730	3.89*
Listening classical music	1.08	1.11	1.57	1.25	1.11	1.21	6.232	3.40*
Table tennis, badminton	1.46	1.10	1.25	1.42	.76	.59	5.335	3.00*
Football or hockey	1.30	.95	.77	.33	.27	.18	4.727	3.84*
Physical exercise	2.71	2.64	2.79	2.66	2.24	2.23	7.756	3.88*
Carrying arms to school	1.87	1.88	2.31	1.05	1.06	1.08	1.991	7.70***

Source: Authors' own.

Discussion

The findings pronounced gender differences in multiple lifestyle behaviours among Indian school-going adolescents. In consonance with previous studies, this study also noted that female adolescents, particularly older ones, appeared to get less opportunities to play games and sports and participate in community activities than boys (Larson & Verma, 1999; Lloyd, Grant, & Ritchi, 2008). However, girls, in overall, seem to dedicate more time to gender-specific leisure engagements such as dancing and religious leisure. Also, they were getting greater access to the internet, videogames and the mobile. In particular, rural female adolescents seemed to be deprived of the consumption of healthy food items but urban female adolescents seemed to get an increased opportunity to use the internet, the mobile and play videogames.

The findings indicated the role of multiple eco-cultural factors, including socialisation, opportunities, resources and discrimination resulting in variation of lifestyles between male and female school adolescents (Rangnathan, 2003; Sibal, 1997; Srivastava et al., 1997). In a recent study, Ram et al. (2014) enlisted some gender-discriminatory practices of socialisation in Indian society. In particular, they noted that male adolescents were given preference in education, outdoor activities and household tasks and they also had greater freedom to exercise independent decision making, whereas female adolescents had restrictions on their movement outside their homes.

In the present study, the findings relating to the greater practice of religious behaviours by rural female adolescents seemed to indicate the continuing trend of the traditional, dependent and sacrificial-self in the female population as part of efforts to prepare them for their future roles as daughters-in-law, wives and mothers (Kapur, 2001; Ram et al., 2014). Traditionally, female adolescents particularly of the older age group, had restrictions on their mobility and therefore they had less opportunity to participate in outdoor activities but, on the other hand, were encouraged to participate in gender-specific activities, for example, dance.

Eco-cultural difference in the practice of religious behaviours and active leisure could be explained by the altering gradient of societal perceptions regarding masculinity and femininity. Certain features of an urban residential setting (i.e., less engagement with family, increased peer contact and multiple socialisation processes) might have lead to the proliferation of unhealthy sedentary activities. Increased opportunities for a sedentary leisure through, say, a growing mall culture, the presence of the media and parents increased financial resources and, therefore, the adolescents, seemed to be influenced by leisure choices in metro and urban settings. Moreover, expanding infrastructure, transgression of rural territories and industrialisation might be changing the dynamics of gender differences in a rural adolescent lifestyle. As a result, greater education, social change, change in gender identity, acculturation, urbanisation and an increase in orientation to exercise autonomy, may be compelling some of the female population to choose sedentary lifestyle choices such as using the internet, playing videogames and chatting on the mobile.

The extent of gender differences in adolescent lifestyles may lead to greater consumerism, low self-regulation and increase in health risks. While rural adolescent girls, being deprived of the consumption of healthy food items and practice of positive leisure, may have experiences of under-nourishment and greater mental health-related difficulties (Ahmed, 2013), the urban female adolescents' lives would be threatened by lack of privacy, a decrease in familial and social support due to a relatively greater involvement in the internet, mobile chatting and playing videogames as compared to boys (Brown & L'Eagle, 2009). The avoidance of many traditional but healthy lifestyle habits, including the habit of eating only when hungry, consuming milk, regular sleep, rising early in the morning, doing yoga, may be posing some health risks and resulting in missed opportunities for increasing health and well-being at minimal expenditure in the female population.

Conclusion

The present study provides a snapshot of some critical gender differences in the lifestyle patterns seen among school-going adolescents. Due to the purposive nature of sampling, there could have been biases in the sample selection. In addition, due to practical constraints and the self-reported nature of data, some cognitive and affective issues related to lifestyle and seasonal variation could not be taken into account. Also, since the present study could not attempt an investigation of class and caste differences in lifestyle that intersected with gender, no inferences could be drawn in this area. Despite these limitations, the study indicates the need to prioritise and recalibrate lifestyle education among school-going adolescents.

In a nutshell, this study has demonstrated the necessity of understanding gender differences in an adolescent's lifestyle for designing an appropriate health education policy in India. The findings also reflect an increased blending of modernity and traditionalism in rural areas. Educational endeavours to overcome the damaging consequences of gender discrimination in rural settings and acculturation in urban and metro female adolescents seemed to be steps that need to be taken.

Appendix

I. The following statements refer to **people's dietary habits**. Please read each item carefully and decide how frequently the items denote to your dietary behaviour. Tick the appropriate boxes

Dietary Habits	Never	Rarely	Sometimes	Usually	Always
<i>Eating when very hungry</i>	☐	☐	☐	☐	☐
<i>Eating daily at fixed time</i>	☐	☐	☐	☐	☐
<i>Eating in hurry</i>	☐	☐	☐	☐	☐

2. How many times a week do you usually eat or drink....?

Food Items	Frequency of Consumption						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Never	Less than Once a Week	Once a Week	2-4 Days/ Week	5-6 Days/ Week	Every Day	Every Day more than Once
candy or chocolates, pastry	☐	☐	☐	☐	☐	☐	☐
Non-Vegetarian items	☐	☐	☐	☐	☐	☐	☐
Green Salads	☐	☐	☐	☐	☐	☐	☐
Seasonal fruits	☐	☐	☐	☐	☐	☐	☐
Fresh green vegetables	☐	☐	☐	☐	☐	☐	☐
Fast foods	☐	☐	☐	☐	☐	☐	☐
Milk	☐	☐	☐	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐	☐	☐	☐
Pepsi, coke, other soft drinks	☐	☐	☐	☐	☐	☐	☐

Please tick one box for each line.

3. The following statements are related to sleep. Please, denote how many days in a usual week, you carry on these practices.

Sleep Habits	5-7 Days	3-4 Days/Week	1-2 Days/Week	Never
Going to bed for sleep at fixed time	☐	☐	☐	☐
Sleeping late in night (after 10 p.m.)	☐	☐	☐	☐

4. Over a typical or usual week, on how many days do you carry on any or all of the following **religious/spiritual practices**?

Religious Behaviours	0 Days	1-2Days	3-4 Days	5-6 Days	Monthly	Yearly	Uncertain
Reciting mantra	☐	☐	☐	☐	☐	☐	☐
Attending satsanga	☐	☐	☐	☐	☐	☐	☐
visiting religious places	☐	☐	☐	☐	☐	☐	☐
Meditation	☐	☐	☐	☐	☐	☐	☐
Listening spiritual hymns	☐	☐	☐	☐	☐	☐	☐
Reading scriptures	☐	☐	☐	☐	☐	☐	☐

(For next question, **add up all the time** you spend in physical activity each day.)

5. Over a typical or usual week, on how many **days** are you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

6. The following questions ask about how you spent your time. Please indicate how often you did each activity on average over the last 12 months. Please indicate the average length of time that you spent doing the activity on each occasion. **If you did not carry out any activity, then leave that row blank.**

Please give an answer for the number of times you did the following activities in the last 12 months and the average time you spent on each activity. Please complete each line.

Activities	No. of Times of Activity in Last Week			
	Once a Week	2 to 3 Times a Week	4 to 5 Times a Week	6 Times or More
Surfing Internet	☐	☐	☐	☐
Watching TV/Cinema	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Racing	☐	☐	☐	☐
Cycling	☐	☐	☐	☐
videogame	☐	☐	☐	☐
Chatting on mobile	☐	☐	☐	☐
Participating cultural event	☐	☐	☐	☐
Listening classical music	☐	☐	☐	☐
Listening fast music as Rock	☐	☐	☐	☐
Dancing	☐	☐	☐	☐
Jogging	☐	☐	☐	☐
Table Tennis or badminton	☐	☐	☐	☐
Football, rugby or hockey	☐	☐	☐	☐
Cricket	☐	☐	☐	☐
Khokho or Kabaddi	☐	☐	☐	☐
Martial arts, or karate	☐	☐	☐	☐
Some job work	☐	☐	☐	☐
Reading newspapers	☐	☐	☐	☐
Scout/NCC	☐	☐	☐	☐

7. Please, indicate how often you carry out following daily routine practices during a usual week.

Daily Routine Practices	Never	Once a Week	2–3 Times/ Week	4–5 Times/ Week	6 Times or More/Week
Getting up before sunrise	☐	☐	☐	☐	☐
Sleeping about 10 p.m.	☐	☐	☐	☐	☐
Yoga	☐	☐	☐	☐	☐
Bathing	☐	☐	☐	☐	☐
Massaging	☐	☐	☐	☐	☐

References

- Abraham, L., & Kumar, A. (1999). Sexual experiences and their correlates among college students in Mumbai city. *International Family Planning Perspectives*, 25(3), 139–146.
- Ahmed, M.D. (2013). Comparative study of well-being, thought control, academic achievement and health related physical fitness of active and inactive adolescent school students. *International Leisure Review*, 2, 135–156. doi:10.6298/ILR.2013.2.2
- Archana, P.V. (2004). *A study of health related behaviors among adolescents*. Unpublished M.Sc. project, University of Madras, Chennai.
- Balliet, D. (2011). Sex differences in cooperation: A meta-analytic review of social dilemmas. *Psychological Bulletin*, 137(6), 881–909.
- Brener, N.D., Kann, L., Manus, T.M., Kinchen, S.A., Sundberg, E.C., & Ross, J.G. (2002). Reliability of youth risk behaviour survey questionnaire. *Journal of Adolescent Health*, 31, 336–342.
- Brown, B., Larson, R., & Saraswathi, T.S. (Eds) (2002). *The world's youth: Adolescence in eight regions of the globe*. New York: Cambridge University Press.
- Brown, J. D., & L' Engle, K. L. (2009). X-rated: Sexual attitudes and behaviors associated with us early adolescents' exposure to sexually explicit media. *Communication Research*, 36(1), 129–151.
- Bury, M. (2004). Researching patient/professional interactions. *Journal of Health Services Research and Policy*, 9(1), 48–54.
- Erikson, E. (1968). *Identity: Youth and crisis*. New York: Norton.
- Feinstein, L., Bynner, J., & Duckworth, K. (2005). *Leisure contexts in adolescence and their effects on adult outcomes*. London: Centre for Research on Wider Benefits of Learning, Institute of Education. Retrieved from <http://eprints.ioe.ac.uk/5967/2/Feinstein2005leisure.pdf>
- Ganguli, S.K. (2003). Psychoanalysis and eastern spiritual traditions. *Journal of Analytical Psychology*, 48(5), 659–678.
- Hendry, L.B., Kloep, M., Espnes, G.A., Ingebrigtsen, J.E., Glendinning, A., & Wood, S. (2010). Leisure transitions—a rural perspective. *Leisure Studies*, 21(1), 1–14.
- Hyde, J.S. (2014). Gender similarities and differences. *Annual Review of Psychology*, 65, 373–398.
- Jessor R. (1992). Risk behaviours in adolescents: A psychosocial framework for understanding and action. In D.E. Rogers & E. Ginzberg (Eds), *Adolescents at risk: Medical and Social perspectives* (p. 24). Boulder: Westview Press.
- Kapur, M. (1992). School mental health in India. In S. Malhotra, A. Malhotra, & V.K. Sharma (Eds), *Child mental health in India* (pp. 179–188). Delhi: Macmillan.
- . (2001). Mental health, illness and therapy. In J. Pandey (Ed.), *Psychology in India revisited: Developments in the discipline (Vol. 2): Personality and social psychology* (pp. 412–472). New Delhi: Sage.
- Koller, J.M. (2006). *The Indian way: An introduction of the philosophies and religions of India*. Delhi: Pearson Education.
- Larson, R., & Verma, S. (1999). How children and adolescents spend time across the world: Work, play and developmental opportunities. *Psychological Bulletin*, 125(6), 701–736.
- Li, R. (2014). Why women see differently from the way men see? A review of sex differences in cognition and sports. *Journal of Sports and Health Science*, 3(3), 155–162.
- Lloyd, C.B., Grant, M.J., & Ritchi, A. (2008). Gender differences in time use among adolescents in developing countries: Implications of rising school enrollment rates. *Journal of Research on Adolescence*, 18(1), 99–120.
- Mitra, M., Kumar, P. V., Chakrabarthy, S., & Bharati, P. (2007). Nutritional status of Kamar tribal children in Chhattisgarh. *Indian Journal of Pediatrics*, 74, 381–384.

- Ram, U., Strohschein, L., & Gaur, K. (2014). Gender socialization: Differences between male and female youth in India and associations with mental health. *International Journal of Population Research*, 2014, Article ID 357145, 11 pages. Retrieved from <http://dx.doi.org/10.1155/2014/357145>
- Rangnathan, Namita (2003). Puberty, sexuality and coping: An analysis of the experience of urban adolescent girls. *Psychological Studies*, 48(1), 56–63.
- Ritchie, A., Lloyd, C., & Grant, M. (2004). *Gender differences in time use among adolescents in developing countries: Implications of rising school enrollment rates*. New York: Population Council.
- Sandhu, P., & Mehrotra, N. (1999). Time pattern of female students: With reference to leisure time activities. *Indian Journal of Social Research*, 40(4), 285–296.
- Sibal, Bharat (1997). *A study of life style and health profile of senior secondary school boys in Delhi*. Unpublished doctoral dissertation for M.D. (preventive and social medicine), University of Delhi, Delhi, India.
- Signorella, M.L., Bigler, R.S., & Liben, L.S. (1993). Developmental differences in children's gender schemata about others: A meta-analytic review. *Developmental Review*, 13(2), 147–183.
- Singh, A. P., & Misra, G. (2012). Adolescent lifestyle in India: Prevalence of risk and promotive factors of health. *Psychology and Developing Societies*, 24(2), 145–160. doi:10.1177/097133361202400203
- Srivastava, S.P., Kumar, A., Bharati, L.K., & Sharma, V.K. (1997). Dietary practices and beliefs in adolescent girls. *Indian Pediatrics*, 34(8), 726–731.
- Steinberg, L. & Morris, A.S. (2001). Adolescent development. *Annual Psychological Review*, 52, 83–110.
- United Nations Millennium Project (2005). *Taking action: Achieving gender equality and empowering women*. Task Force on Education and Gender Equality. Retrieved 18 December 2014, from http://www.unmillenniumproject.org/reports/tf_gender.htm
- Verma, S., & Saraswathi, T.S. (2002). *Adolescence in India: Annotated bibliography*. New Delhi: Rawat Publications.
- Verma, S., & Sharma, D. (2003). Cultural continuity amid social change: Adolescents' use of free time in India. *New Directions for Child and Adolescent Development*, 99, 37–51.
- Wolf, A.M., Hunter, D.J., Colditz, G.A., Manson, J.E., Stamper, M.J., Corsano, K.A., Rosner, B., Kriska, A., & Willett, W.E. (1994). Reproducibility and validity of a self-administered physical activity questionnaire. *International Journal of Epidemiology*, 23(5), 991–999.
- World Medical Association Declaration of Helsinki. (2008). Retrieved from <http://www.wma.net/en/30publications/10policies/b3/index.html>
- Zosuls, K.M., Miller, C.F., Ruble, D.N., Martin, C.L., & Fabes, R.A. (2011). Gender development research in sex roles: Historical trends and future directions. *Sex Roles*, 64(11–12), 826–842.