

Assessment of Lifestyle Among Conflict-Exposed Households: Basis for Home Economics Program Intervention

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Abstract

Armed conflict has shown significant concern for security and safety, which disrupted an individual's daily life and negatively impacted their overall health and well-being (Kibret, 2023). Understanding how this different lifestyle affects an individual can help identify the support needed for improving their health and wellness. However, research on the different lifestyle factors behind the conflict-exposed household is limited. The main objective of this quantitative study was to assess the lifestyle of a hundred individuals in the Philippines who are exposed to distressing events related to conflict. Data were collected using an adapted and structured questionnaire and analyzed through descriptive and inferential statistical methods. The study examined lifestyle factors that affect health indicators in conflict-exposed individuals, revealing a complex pattern concerning sleep, physical activity, weight management, smoking habits, and food intake. The results indicated that a significant portion of the population maintains a sedentary lifestyle, possibly contributing to increased mortality rates. While a higher number of individuals have a normal Body Mass Index (BMI), attention is still required for those who need to manage their weight. The results also strongly correlated with the participants' demographic profiles and lifestyle factors. This implies that in order to improve the participants' general health and wellness, it is imperative that the health-related issues they are facing be addressed. To address these problems, an intervention program was also proposed and created utilizing the Home Economics framework. Administrators looking to enhance wellness may find this program a good starting point for promoting a healthy lifestyle.

Keywords: *Lifestyle; Wellness; Conflict; Home Economics Education*

1. Introduction

Armed conflict has shown significant concern about security and safety, which disrupts an individual's daily life and negatively impacts their overall health and well-being (Kibret, 2023). The disruption caused by the conflict altered an individual's lifestyle, affecting their sleeping patterns, food intake, physical Activity, and reliance on substances (i.e., cigarettes), which could potentially lead to long-term health issues—understanding how a lifestyle shift is necessary for creating intervention programs to improve quality of life and promote recovery and Resilience, especially considering the impact of conflict on vulnerable populations (Bernal et al., 2024; Kiwan, 2021).

The lifestyle concept has extended beyond individual choices, as it is a critical determinant of health, particularly in at-risk populations (Bagherzadeh et al., 2021). Factors such as gender, civil status, educational attainment, and employment status have collectively shaped lifestyle patterns and determined health outcomes (Wang et al., 2022; Khaw et al., 2022; Zeinali et al., 2016). In developing countries, especially those affected by conflict, the efforts to uplift life satisfaction and increase food availability have paradoxically resulted in poor food intake and sedentary lifestyles, while rising substance use has hindered the adoption of healthy lifestyles (Ndubuisi, 2021; Bovet & Paccaud, 2021). This study contends that assessing lifestyle factors such as sleeping patterns, physical Activity, weight management, and smoking habits would better understand the situation of those individuals who suffer from conflict.

Lifestyle interventions are pivotal in mitigating the risk and progression of these conditions (Amiri et al., 2024; Castle et al., 2023; Tariq et al., 2022). Home economics emphasizes everyday life skills that significantly contribute to an individual's lifestyle by teaching them practical skills for daily life management, critical thinking skills, and well-being to foster a healthy lifestyle (Kostanjevec & Kozina, 2021). These empower individuals to become self-reliant, create sustainable living practices, make informed food choices, and manage resources effectively (Bamalli, 2013). Therefore, home economics education contributes significantly to vulnerable populations by helping them become more resilient and adaptable, teaching them how to overcome challenges encountered, and promoting essential knowledge, skills, and values necessary for sustainable living and high quality of life. This study provides practical tools to help individuals and families navigate and adapt to their environment after experiencing conflict. This study aims to leverage the home economics discipline by designing a contextualized intervention program to promote wellness among vulnerable populations. The intervention program is designed for future testing and has not yet been implemented.

This study is important because it aligns with the United Nations Sustainable Development Goals (SDGs), especially SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), which focus on ensuring healthy lives for everyone, SDG 4 (Quality Education), which aims for fair and quality education for all, and SDG 16 (Peace, Justice, and Strong Institutions). Thus, this study aims to assess the lifestyle patterns of those armed conflict-exposed individuals and use the results to develop a Home Economics-based intervention program that promotes sustainability and long-term wellness. Thus, this study aims to assess the lifestyle patterns of those armed conflict-exposed individuals and use the results to develop a Home Economics-based intervention program that promotes sustainability and long-term wellness.

2. Methodology

2.1 Research Design

This research employed a quantitative, descriptive correlation design to examine how lifestyle and nutritional behavior are associated with levels of food insecurity among conflict-exposed households. Without modifying the variables, this design is appropriate for finding and examining patterns and

correlations between them. The employed design can precisely identify the interconnectedness of these variables among the conflict-exposed households. Furthermore, this design is well-fitted for analyzing cross-sectional studies, making it helpful in collecting and analyzing information from a specific population's data at one particular moment.

2.2 Research Respondent and Sampling

The sample was determined using purposive sampling; four hundred respondents who have directly experienced a significant conflict or distressing event were selected to participate in the study. The target of the study is individuals 18 years and above who are informed about their family's access to food and consumption habits and are responsible for food procurement and meal preparation in the home. Purposive sampling is a non-probability sampling method in which participants are selected according to their unique traits or expertise pertinent to the study question (Bullard, 2024). The study judged this approach suitable because it meets an inclusion criterion.

2.3 Research Instrument

This study adopted the Conflict Exposure Checklist (Schmid & Muldoon, 2015). The checklist comprises 28 items that assessed the conflict experienced by the participants. Moreover, a demographic profile and structured questionnaire were also utilized in the study to assess lifestyle behavior, specifically on the respondents' exercise frequency, sleep length, smoking habits, and food intake.

2.4 Data Analysis

We used SPSS version 25 for descriptive and inferential statistical analysis in the study. We tabulated the summary of participants' lifestyle behaviors, eating habits, and food security using descriptive statistics such as frequencies, means, and standard deviations. Inferential statistics, particularly Pearson correlation analysis, were employed to assess the relationship between the independent variables (exercise frequency, sleep length, smoking status, and food choices) and the dependent variable (respondent's demographic profile). The Pearson correlation coefficient is a quantitative measure that measures the strength and direction of the linear relationship between two continuous variables. This analysis is sufficient and suitable for assessing the degree to which lifestyle factors are associated with the demographic profile of the participants. This parametric test implies normality and linearity, allowing for a more exact study of how the variables interact among respondents.

2.5 Ethical Consideration

This study has adhered to the ethical standards to ensure all participants' safety, dignity, and rights. The respondents were informed of their freedom to participate in answering the scales, whereas a consent form was provided outlining the rights and roles of the participants. Participants were told the study's full details, nature, and purpose and that all data would be secure and confidential. We encouraged the participants to ask questions or seek clarification if they encountered difficulties with the research details. Psychological support referral will be provided in case participation will lead to distress, considering the sensitive nature of food insecurity or conflict experiences.

3. Result and Discussion

This study aimed to determine the lifestyle pattern of individuals who are exposed to conflict. The following are the results of the data analysis conducted:

3.1 What Are the Lifestyle Patterns of Individuals Exposed to Armed Conflict in Terms of the Following Components: Sleeping Pattern, Food Intake, Physical Activity, Healthy Weight, and Smoking Habits?

Table 1: Lifestyle patterns in terms of sleep, food intake, physical activity, healthy weight management, and smoking habits.

Component	Level/Degree	Frequency		Mean	Percentage
		Male	Female		
Sleeping Pattern	Less than 8 hours	41	69	55	28%
	7-9 hours	79	116	97.5	49%
	More than 8 hrs	38	57	47.5	24%
Physical Activity	No exercise	36	92	64	32%
	Less than 3 times	34	45	39.5	20%
	More than 3 times	88	105	96.5	48%
Healthy Weight Management	Underweight	32	24	28	14%
	Normal	101	149	125	63%
	Overweight	23	39	31	16%
	Obese	2	30	16	8%
Smoking Habit	Non-smoker	115	43	171.5	86%
	Smoker	228	14	28.5	14%
Food Intake	No	44	67	55.5	28%
	Less than 3 times a week	54	60	57	29%
	More than 3 times a week	60	115	87.5	44%

Table 1 presents the lifestyle patterns of conflict-exposed households regarding their sleeping pattern, physical Activity, healthy weight, smoking habits, and food intake. The majority of conflict-affected individuals (49%) who reported sleeping 7 to 9 hours a night were less likely to get less than 8 hours (28%) or to get more than 6 hours (24%). These findings suggest that sleep habits vary and that there is potential for improvement in sleep quality. More than half (48%) of respondents said they exercised more than three times a week, suggesting they were a fairly active group; 32% said they did not exercise, suggesting that inactive groups, especially women, need targeted interventions. Regarding weight, 63% had a normal body mass index, 14% were underweight, and 24% of the participants were considered overweight or obese, which may indicate issues in weight management brought about by stress or nutrition. While 14% of male respondents are reported smokers, a significant portion (86%) did not. Lastly, 29% said they skip meals less than three times a week, 28% said they did not, and 44% said they skip meals more than three times a week.

Lifestyle factors were analyzed to determine their impact on various health indicators, specifically sleeping patterns, physical Activity, weight management, smoking habits, and food intake among conflict-exposed individuals. The result is consistent with the previous study (Chakma & Gupta, 2017; Dziedzic et al., 2019), indicating an intricate pattern among participants' lifestyles. The evidence suggests a variation in the quality of sleep, physical activity level, weight management, smoking habits, and food intake of an individual. Although the result shows that 49% of participants have a duration of 7 to 9 hours, the recommended sleeping hours for adults (NIH, 2022), we cannot disregard those individuals who do not get optimal quality sleep. Sleep is an important pillar in achieving a healthy

lifestyle; disruption and poor-quality sleep can have far-reaching health consequences on an individual's overall well-being (Shochat, 2012; Hale et al., 2020; Makarem et al., 2022).

Conversely, physical Activity varies in intensity, and a significant portion of the population leads to a sedentary lifestyle. This scenario may lead to an increase in the mortality rate among the conflict victims. According to previous literature, having a sedentary lifestyle is linked to increased health risk (Kamakhya, 2017; Singh et al., 2025). This condition can be characterized by a lack of physical Activity and prolonged periods of sitting (Park et al., 2020; Silveria et al., 2022; Hanna et al., 2023). Weight management is important to achieving a healthy lifestyle (Fuglestad et al., 2012; Gardner et al., 2015). The result reveals that many conflict-exposed individuals can be categorized as having a normal body mass index. This signifies that, although they are experiencing food insecurity brought on by conflict exposure, this does not always equate to undernutrition or noticeable weight loss; rather, it usually reflects uneven availability of reasonably priced, balanced meals. Moreover, BMI does not measure diet quality, muscle mass, micronutrient status, or health risks but only measures the anthropometric characteristics of an individual (Nuttall, 2015).

Furthermore, the data demonstrates that a sizable portion of the population identifies as non-smokers; meanwhile, there is a higher prevalence of male smokers than female smokers. The relationship between gender and smokers was consistent with previous studies showing a higher number of male smokers than female (Chinwong et al., 2018; Syamlal et al., 2015; Agaku et al., 2024). This may lead to giving importance to smoking cessation programs and preventative measures in reducing the prevalence of tobacco use among conflict-exposed individuals. Regarding food intake, the result shows that there are times when they could skip meals. According to previous studies, skipping meals can result in lower energy intake and may be linked to higher levels of triglycerides and visceral adipose tissue (House et al., 2013). Decreasing meal frequency may be associated with more favorable serum lipid levels (Shirvani et al., 2025). Nevertheless, maintaining a regular food intake of nutritious meals is generally recommended for a healthy lifestyle (Pengpid et al., 2025).

Therefore, the intricate relationship between lifestyle decisions and health indicators highlights the need for comprehensive interventions that address multiple health determinants and promote healthy lifestyle choices across various populations. A comprehensive approach that considers social, environmental, and individual factors is required to improve overall health outcomes and reduce the burden of chronic diseases (Davis et al., 2022; Lee et al., 2020; Zsákai et al., 2023).

3.2 Does Lifestyle Behaviors Have a Significant Relationship Based on Demographic Variables (Gender, Civil Status, Education, And Employment.)?

Table 2: Analysis of the significant relationship in lifestyle behaviors based on demographic variables

Variable	Mean	SD	Sleeping Pattern	Physical Activity	Healthy Weight	Smoking Habit	Food Intake
Gender	1.4	0.489	0.021	.153**	-.218**	.300**	-0.057
Civil Status	1.22	0.55	0.027	-0.053	0.081	0.045	-.138**
Education	3.14	0.729	0.000	-0.008	.127*	-0.059	0.008
Employment	4.37	2.196	0.025	.124*	-0.076	-.154**	.139**

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

Table 2 shows the correlation data on the notable links between demographic factors and lifestyle choices. Men and women differ significantly in these behaviors; gender exhibits statistically significant connections with physical Activity ($r = .153$, $p < 0.01$), healthy weight ($r = -.218$, $p < 0.01$), and smoking habits ($r = .300$, $p < 0.01$). Food intake is much connected with civil status ($r = -.138$, $p = 0.01$), suggesting that marital status could affect food consumption habits, maybe because of shared obligations or support systems. Healthy weight ($r = .127$, $p = 0.05$) is favorably correlated with education level, meaning improved weight control may follow higher educational achievement. Suggesting that working people are more physically active, smoke less, and have greater access to food; employment status also exhibits notable connections with physical Activity ($r = .124$, $p < 0.05$). These results underline the importance of focused wellness interventions in home economics education and the effect of sociodemographic elements on health-related activities.

The result of the study is aligned with a previous study in which the association of different lifestyle choices and demographic variables had a significant influence on the health outcomes of individuals (Alva, 2020). First, the findings of the study show that gender exhibits a positive relationship with the physical Activity and smoking habits of an individual. At the same time, it has a negative relationship with healthy weight. The result suggests that there are disparities in lifestyle between genders, which may be attributed to different factors, such as biological variation, societal expectations, and differences in health awareness, which may lead to inadequate well-being (Lee et al., 2020; Khaw et al., 2022). Moreover, the results regarding civil status indicate a negative relationship with food intake. This data indicates that conflict-exposed individuals in a certain civil status may have different dietary choices and needs (Dziedzic et al., 2019). Third, educational attainment has shown a significant positive correlation with healthy weight. The result is consistent with the study of McPhee et al. (2016), which shows that a higher level of educational attainment may increase the awareness and adherence of an individual to healthy weight management. Moreover, employment status is positively related to food intake but negatively correlated with smoking habits. These suggest that employment may be vital in shaping an individual's lifestyle (Sakai et al., 2023). Lastly, sleeping patterns and demographic variables have not shown a significant relationship at all.

3. How can Home Economics Education design an intervention program?

The proposed intervention program was designed for Home Economics to incorporate various components of lifestyles into its curriculum, including better quality sleep, physical Activity, healthy weight and wellness monitoring, smoke-free life skills, and nutrition for Resilience. The following are the recommended activities to improve and attain a healthy lifestyle.

Table 3: Proposed intervention program designed through Home Economics for Conflict-Affected Individuals

Component	Goal and Objectives	Coping Strategies	Intervention Activities	Expected outcomes
Better Quality Sleep	Provide the individuals and families affected by conflict with home economics skills in resource management and home sleep practices for improving sleep quality, food	> Conduct workshops or individual counseling sessions to educate individuals about healthy sleep habits. > Offer training	>Workshop that addresses subjects such as optimizing the sleep environment, maintaining a consistent sleep schedule, and establishing a relaxing bedtime routine	>Increased Sleep Duration >Reduced Sleep Disturbances >Enhanced Sleep Efficiency >Restorative Sleep

	<p>choices that could mitigate nutritional deficiencies that may contribute to poor sleep, and reduced dependency on substances-with an end goal of improving overall health and sustainable living.</p>	<p>in relaxation techniques such as deep breathing exercises, progressive muscle relaxation, mindfulness meditation, or yoga.</p> <p>> Provide resources and support to improve the sleep environment of conflict-exposed individual</p>	<p>>Utilize evidence-based therapies, such as Cognitive Behavioral Therapy for Insomnia or Eye Movement Desensitization and Reprocessing, to resolve trauma-related sleep issues.</p> <p>>Distribute goods such as blankets, pillows, mattresses, and earplugs. Provide support in the establishment of a secure and tranquil sleeping environment.</p>	
Physical Activity	<p>Through home economics education, foster healthier family and community environments by ensuring that women, men, and gender minorities affected by food insecurity and conflict have equitable access to customized and regular physical exercise options, promoting family resilience, and contributing to community health through improved nutrition and active lifestyles.</p>	<p>>Plan group workouts in easily available, safe community venues.</p> <p>>Create customized workout routines for each person that can be completed at home using few tools.</p> <p>>Encourage cycling or walking as a form of mobility for necessary events like visiting services or the market.</p>	<p>>Home-based exercises</p> <p>> Movement integrated with chores</p> <p>>Walking and fitness groups</p> <p>>Organize and invite Zumba instructor</p>	<p>>Increased physical activity, for men and women of all age.</p>
Smoke-Free Life	Promote healthier	> Motivate	>Peer-led quit	>Decreased smoking

Skills	<p>coping mechanisms and reduce smoking dependence among individuals affected by conflict through home economics programs by teaching stress management techniques, building social support systems, facilitating access to smoking cessation resources, and addressing food insecurity with education on food preparation, preservation, and access to local resources, thereby enhancing overall health and resilience.</p>	<p>individuals to seek assistance from family, friends, and colleagues who can offer accountability and encouragement.</p> <p>> Empower individuals to promote for smoke-free policies in their communities.</p>	<p>groups</p> <p>>Stress-relief alternatives (cooking, handicraft making, sewing)</p> <p>> Role-plays</p>	<p>rates; improved awareness of smoking's effects</p>
Healthy Weight & Wellness Monitoring	<p>Analyze home economics concepts to guide persons whose weight control is affected by conflict in the development of an extensive plan for wholesome diet (indicating food availability and local ingredients) and exercise (considering what is available and culturally appropriate) and mental health</p>	<p>>Guide individual on healthy eating</p> <p>> Connect with mentors who can offer encouragement, support, and guidance as you embark on the path to a healthy weight and overall well-being.</p>	<p>>Weight & waist tracking</p> <p>>Sleep and food journals</p> <p>> Invite doctors for basic health checks</p>	<p>>Better weight management, awareness of sleep-diet-weight link</p>

	(dealing with stress and trauma), while continuously monitoring the lifestyle factors affecting food security and nutrition in these communities in search of viable long-term solutions that respect and protect the environment to promote better health.			
Nutrition Resilience for	Through home economics, support conflict-affected persons to improve their wellbeing and eating practices. With a focus on long-term healthy practices and resilience, develop an all-encompassing approach to honor local cultural practices, building nutrition knowledge and practical, inexpensive local food options, supporting people to engage with local community initiatives for healthier food, and including emotional supports for food.	<ul style="list-style-type: none"> > Establish community support by making a community garden to promote healthy eating > Support food assistance program 	<ul style="list-style-type: none"> > Make community garden > Cooking demos using affordable foods > Teach individual on Meal planning > Portion & frequency education 	> Improved dietary habits, increased food intake among food insecure

Table 3 showcases the suggested intervention activities designed to enhance and encourage healthy lifestyles among victims of conflict. The research reveals that households exposed to conflict often exhibit poor lifestyle choices. Such results trace back to how lifestyle has a significant influence on the overall well-being of a person. Thus, this proposed program tailored to home economics education is necessary to support victims of conflict in achieving a healthy lifestyle. Significantly, this proposed intervention program aims to address issues encountered by those individuals. This initiative should be added to the home economics program and can help the administrator improve wellness.

Conclusion

Notwithstanding its limitations, the study was able to provide some important insight. The study assessed lifestyle factors, such as sleeping patterns, physical Activity, healthy weight, smoking habits, and food intake. The result shows a varying impact of armed conflict on the lifestyle behavior of conflict victims. Although many people exposed to conflict report enough sleep, regular physical Activity, and a good weight, the study exposes notable differences, especially in sleep quality, female physical inactivity, and cases of under- or overweight. Men smoke more often than women, and skipping meals is a common sign of nutritional problems. Demographic elements, including gender, education, civil status, and job, influence lifestyle habits. These results show the need for focused, home economics-based wellness programs addressing gender inequalities, encouraging good practices, and supporting the general well-being of households affected by conflict. In addition, home economics has greatly helped advance policy-making and improve well-being by teaching common skills that help in being self-reliant and problem solvers that help make better decisions and promote healthy lifestyles.

Limitation of the Study

One of the limitations of this study is its reliance solely on quantitative data, which may not fully capture the personal experiences and underlying reasons behind lifestyle behaviors among conflict-affected individuals. The absence of qualitative perspectives limits a deeper understanding of how conflict impacts daily choices related to food, Activity, and health. In addition, the psychological factors that strongly affect the behavior and well-being were not accounted for. A mixed-methods approach, including interviews or focus groups, is suggested to explore individual experiences more thoroughly. Expanding the study to include psychological and environmental variables would also offer a more holistic view and help design more responsive, culturally sensitive interventions—especially those grounded in home economics education and policy support.

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