MedCrave
Step into the World of Research

Nursing & Care Open Access Journal

Research Article

Open Access

CrossMark

A study to assess the healthy lifestyle practices among south indian population

Abstract

Introduction: Unhealthy diet, smoking, alcohol, drug abuse, poor sleep, abuse of technology, stress and so on, are the presentations of unhealthy lifestyle that they are used as dominant form of lifestyle. Lifestyle has a significant influence on physical and mental health of human being. Hence the relationship of lifestyle and health should be highly considered.

Methodology: Under quantitative approach a descriptive cross-sectional survey was conducted among 668 south Indian population to assess the level of healthy lifestyle practices. They were accessed through direct contact or electronic mode (mobile survey app). The tool has two section; demographic variables and practice check list to measure healthy lifestyle practices. Data collection method was self-report technique, a structured questioner was distributed to samples through direct contact and through mobile app (what app, email, twitter, and Facebook).The obtained sample was coded and analysed in SPSS version.

Result: The samples had average healthy lifestyle practices as indicated by mean score and standard deviation (6.95±1.879). The demographic variables such sex, age, education and religion had significant association with level of lifestyle practices, whereas geographic region, place of living, and occupation had no significant association at $P < 0.05$.

Conclusion: From the above findings it was concluded that the south Indian population had average lifestyle practices and they should improve it from current level to healthy lifestyle practice.

Keywords: healthy lifestyle, practice

Volume 7 Issue 4 - 2020

Mohanasundari SK,[1] Padmaja A,[2] Rimple Jeet,[3] Joyce Joseph,[3] Raghu VA[3]

[1]PhD scholar in INC, Faculty, College of Nursing, AIIMS Jodhpur, India

[2]Vice-Principal/Professor, College of Nursing, SVIMS, India

[3]Department of Pharmacology, SNMC, India

Correspondence: Padmaja A, Vice-Principal/Professor, College of Nursing, SVIMS, Tirupati. India, Tel 9396805831, Email raajinadu@rocketmail.com

Received: October 19, 2020 | **Published:** December 28, 2020

Introduction

Health contributes to general well-being and overall lifestyle. In order to enjoy a quality of life, a person should have good habits, because basic health determines what a person can do. Several studies have shown that the following of healthy lifestyles strongly associated with reductions in the incidence of certain chronic diseases. The concept of a healthy lifestyle is usually defined with reference to combinations of factors such as diet, water, rest and sleep, exercise, recreation and diversion, mental challenges, healthy family relation, and free from bad habits.

Basic diet and nutrition aids a person in many different ways. Eating the correct amount of nutrients is essential for the body's proper functioning. Poor diet and its consequences like obesity is the common healthy problem in urban societies. Urban lifestyle such consuming fast foods increases problems like obesity and cardiovascular problem.[1] Water is essential for health because it makes up a majority of body weight and is involved in many important functions. Inadequate water intake causes serious health problem like dehydration. A man should consume minimum 50ml/kg /weight per day.[2]

Sleep is another major aspect in a person's health and sleep has a clear influence on mental and physical health. A man needs minimum 6 to 8 hours sleep to prevent health issues.[3] Numerous studies have found that insufficient sleep increases a person's risk of developing serious medical conditions, including obesity, diabetes, and cardiovascular diseases.[4] Exercise is important to a person's health. The exercise is essential for enhancing physical activity and extending healthy life. Being active and practicing regular exercises can prevent major health such as cardiac problems, diabetes, high blood pressure, back pain, osteoporosis, joint pains, obesity, and other diseases.[5]

Recreational activity and diversion activity are very important to keep us calm and peace. Effective utilization of leisure time is vital in the managing the mental health of the person. Neglecting leisure can bring negative consequences.[6] Scientists have found that challenging the brain with new activities helps to build new brain cells and strengthen connections between them. Higher levels of mental activity throughout life are consistently associated with better brain function and reduced risk of cognitive decline and dementia.[7] Man is a social animal; he needs to spend time with family members and friends and relatives. Spending time with family together, a very special relationship of trust and intimacy develops that helps build a healthy family. Research has shown that family time has profound benefits. Spending quality time with family does help in coping with challenges, instill a feeling of security, inculcate family values, builds self-esteem, creates bonding, nurtures positive behaviour, creates memories, and relieves stress.[8]

Work and life balance are another important healthy lifestyle. A new study shows that a poor work-life balance in midlife may have negative consequences decades later. Individuals who work 55 hours or more per week has a 1.3 times higher risk of stroke than those working standard hours. Long working hours have also been associated with a higher risk of anxiety and depression.[9]Social media gained importance over the last decades and is now part of people's everyday life. Misuse of technology and social media may result in

©2020 Mohanasundari et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Copyright: ©2020 Mohanasundari et al.

unpleasant consequences such as addiction, headache, lack of sleep and depression.[10]

Addiction is considered as an unhealthy lifestyle. Smoking, alcohol and using other substance may result in various problems; cardiovascular disease, asthma, cancer, brain injury. According to the resent studies in Iran, 43% of females and 64% of males experience the use of hubble-bubble. A longitudinal study shows that 30% of people between 18–65 years old smoke cigarette permanently. Misusing medication is considered as an unhealthy life style.[11,12] Alcohol consumption can cause major health problems, including cirrhosis of the liver, cancer, anaemia, cardiovascular diseases, dementia, depression, seizure, gout, and high blood pressure. Tobacco chewing can cause ling oral and lung cancer.[13–15]

The personal and public health benefits from healthy behaviours have been shown to have enormous potential. So, this study is undertaken to assess the current lifestyle practice of south Indian population to find out the gap in lifestyle behaviour.

Topic: "A study to assess the healthy lifestyle practices among south Indian population"

Objectives

1. To assess the level of healthy lifestyle practice among south Indian population
2. To associate the selected demographic variable with the level of healthy lifestyle practice among south Indian population.

Hypothesis

There is a significant association exist between selected demographic variables and the level of healthy lifestyle practice among south Indian population.

Under quantitative approach a descriptive cross-sectional survey was conducted among general population to assess the level of healthy lifestyle practices. A total 668 samples from different region of south India enrolled for the study. They were accessed through direct contact or other mode (mobile survey app). The sampling technique adopted for this study was non-random snowball sampling technique. The tool was developed after obtaining suggestions from experts. Some relevant articles were referred to frame the suitable question. The tool has two sections. Session-1 was about demographic variables and section-2 was check list to measure healthy lifestyle practices of the south Indian population, which covers total 10 statements with a maximum score of 10. Score <5 indicates poor, 5-7 indicates average and >7 indicated good lifestyle practice. The internal consistency of the tool was 783 and it was assessed by using Cronbach alpha. Ethical permission was obtained from IEC of Dr. SNMC Jodhpur. Data collection method was self-report technique, a structured questioner was distributed to samples through direct contact and through mobile app (what app, email, twitter, and Facebook). Consent was obtained from the participant based on the mode of conduct {direct and indirect mode (online)}, the collected data were compiled for data analysis. The obtained data was coded and analysed in SPSS version.[16]

Result

From Table 1 it was interpreted that approximately 72.9% of samples eat balanced diet, 75.6% of sample drink 2 to 3 liters of water daily and 85.5% of samples sleep minimum 6 to 8 hours per day. Only 33.7% of samples do exercise at least 3 times a week. More than half of the samples (55.7%) engage in one or other divisional activity to keep them relaxed and 44.3% sample remain physically inactive. Most of the (87.7 %) samples spend adequate time with family or friends daily and 62.9% of sample was challenging their brain with new task and 37.1% samples remains inactive. Near half of the samples (47.3%) reported that they are spending more time in social media and 52.7 % spend less time or not at all. Around 88 % of samples had no bad habits like smoking, alcoholism, tobacco, or drug abuse. But 12% of samples reported to be addict to one or more bad habits.

Table 1 Frequency and percentage distribution of responses

S.No	Item	Frequency & percentage of response	
		Yes	No
1(+)	Do you eat balanced diet minimum 3 times a day?	487 (72.9)	181 (27.1)
2(+)	Do you drink minimum 2 to 3 liters of water daily	505 (75.6)	163 (24.4)
3(+)	Do you sleep minimum 6-8 hours per day	568 (85)	100 (15)
4(+)	Do you exercise at least 3 times in a week	225 (33.7)	443 (66.3)
5(+)	Do you practice meditation/yoga/other divisional activity to keep yourself calm (music or dance or reading book etc.)	372 (55.7)	296 (44.3)
6(+)	Do you challenge your brain with new task	420 (62.9)	248 (37.1)
7(+)	Do you spend adequate time with family or friends daily	586 (87.7)	82 (12.3)
8(+)	Do you balance your time and work (job/education/personal work etc.)	538 (80.5)	130 (19.5)
9 (-)	Do you spend more time in social media (TV, what's app, You tube, Facebook, and twitter etc.)	316 (47.3)	352 (52.7)
10(-)	Do you have habit of smoking/alcohol/tobacco/drug abuse	80 (12)	588 (88)

Citation: Mohanasundari SK, Padmaja A, Jeet R, et al. A study to assess the healthy lifestyle practices among south indian population. *Nurse Care Open Acces J.* 2020;7(4):99–103. DOI: 10.15406/ncoaj.2020.07.00228

Copyright: ©2020 Mohanasundari et al.

From the Table 2 it was interpreted that the samples were having average lifestyle practices as indicated by mean score and standard deviation (6.95±1.879).The maximum score was 10 and minimum score obtained was 2 and the variance was 3.532.

Table 2 Percentage, mean and standard deviation ofthe level of lifestyle practices

Total Sample	Level of lifestyle	Percentage	Mean±SD	Variance
	Poor (<5)	9.6 (64)		
668	Average (5-7)	49.1 (328)	6.95±1.879	3.532
	Good (>7)	41.3(276)		

From Table 3 it was interpreted that, samples from Andhra Pradesh and Tamil Nadu had good lifestyle practices and other south Indian region had average lifestyle practice as indicated by mean score given in the table. Females had good lifestyle practices and male had average lifestyle practices. In relation to age samples aged between 20- 30 years had average lifestyle practice and other age group had good lifestyle habits, with regards to education only post-graduate had good lifestyle habits and all others had average lifestyle habit. People living in village, who is employed and doing business and belongs to religion other than Hindu, Muslim and Christian had good lifestyle practices and all others had average lifestyle practices and no one had poor habits. From Table3 it was also interpreted that the demographic variables such sex, age, education and religion had significant association with level of lifestyle practices whereas geographic region, place of living, and occupation had no significant association at P <0.05).

Table 3 Mean, SD and association of the level of lifestyle practices with demographic variables

Demographic variables		Sample distribution		Mean	Standard	X^2	'P'
		N	%				
1.	**Geographic region**						
a)	Kerala	110	16.6	6.88	1.89		
b)	Andhra Pradesh	238	35.7	7.50	1.76		
c)	Tamil Nadu	176	26.3	7.88	1.867	10.521	
d)	Karnataka	105	15.7	6.86	1.529		0.108
e)	Telangana	39	5.7	6.71	1.62		
2.	**Sex**						
a)	Male	277	41.5	6.79	1.95	9.754	0.008*
b)	Female	391	58.5	7.07	1.83		
3.	**Age.**						
a)	>20	66	9.9	7.24	1.68		
b)	20-30	365	54.6	6.75	1.88	44.598	0.000*
c)	30-40	185	27.7	7.07	1.89		
d)	>40	52	7.8	7.85	1.79		
4.	**Education**						
a)	School education	31	4.7	6.97	1.56		
b)	Graduate	348	52.1	6.88	1.85	39.991	0.000*
c)	Postgraduate	254	38	7.23	1.82		
d)	Others	35	5.2	6.28	2.37		
5.	**Living in**						
a)	Village	171	25.6	7.07	1.78	4.743	
b)	Town	228	34.1	6.95	1.89		0.315
c)	City	269	40.3	6.90	1.94		
6.	**Occupation**						
a)	Employed	337	50.4	7.06	1.85	5.810	
b)	Unemployed	310	46.5	6.83	1.93		0.214
c)	Business	21	3.1	7.46	1.44		
7.	**Religion**						
a)	Hindu	534	79.9	6.95	1.87		
b)	Muslim	24	3.6	7.00	2.14	27.716	0.000*
c)	Christina	105	15.7	6.89	1.73		
d)	Others	5	0.8	8.6	2.87		

*Indicates level of significance at <0.05

Citation: Mohanasundari SK, Padmaja A, Jeet R, et al. A study to assess the healthy lifestyle practices among south indian population. *Nurse Care Open Acces J.* 2020;7(4):99–103. DOI: 10.15406/ncoaj.2020.07.00228

Discussion

It was interpreted that approximately 72.9% of samples eat balanced diet and 75.6% of sample drink 2 to 3 liters of water daily. Similarly, Baser MD (2015) assessed dietary habits and lifestyle among Pre-university college students in Raichur, India Out of 384 students, 45.6 % were male and 54.4% were females. The mean age was 16.75 yrs. 184(48%) students were predominantly vegetarians. 176 (45.8%) reported consumption of junk food more than once in a week while 338 (88%) reported to use fruits and vegetables occasionally in their diet. Only,147 (38.3%) students walked at least for 30 minutes and did exercise daily.[1]

In this study 85.5% of samples had sleep minimum 6 to 8 hours per day. Similarly, Samhita (2012) assessed sleep -related disorders among a healthy population in South India. The result showed the average time-to fall-asleep was 22 min (range: 5-90 min), average duration-of-actual-sleep was 7 h (range: 3.5-9.1 h) with the majority (93.8%) reporting good-quality sleep (global PSQI ≤5).[15]

In this study only 33.7% of samples do exercise atleast 3 times a week. More than half of the samples (55.7%) engage in one or other divisional activity to keep them relaxed and 44.3% sample remain physically inactive. Similarly, Anjana et al.[16] assessed all physical activity and inactivity patterns in India – results from the ICMR-INDIAB study in four regions of India (Tamilnadu, Maharashtra, Jharkhand and Chandigarh). The result showed out of 14227 individuals studied, 54.4% (n=7737) were inactive (males: 41.7%), while 31.9% (n=4537) (males: 58.3%) were active. Males were significantly more active than females ($p<0.001$). Absence of recreational activity was reported by 88.4%, 94.8%, 91.3% and 93.1% of the subjects in Chandigarh, Jharkhand, Maharashtra and Tamilnadu respectively. The percentage of individuals with no recreational activity increased with age.[16]

In this present study most of the (87.7 %) samples spend adequate time with family or friends daily and 62.9% of sample was challenging their brain with new task. Near half of the samples (47.3%) reported that they are spending more time in social media (that may include TV, You tube, Facebook, and twitter etc.). similarly, Ramesh NR[17] compared social media usage and health status among students studying in pre-university colleges of urban Bengaluru. The result showed that the prevalence of social media addiction was 36.9% among users, distributed equally among private and Government students. The most common health problem identified was strain on eyes (38.4%), anger (25.5%), and sleep disturbance (26.1%).[17]

In this study Around 88 % of samples had no bad habits like smoking, alcoholism, tobacco, or drug abuse. But 12% of samples reported to be addict to one or more bad habits. Age and gender and presence of bad habits had significant association at $P<0.05$. Similarly, Rajeev A[18] assesses alcohol consumption in a rural area of South India, the result showed that Prevalence of problem drinking was 12.8% across the age groups with the highest drinking prevalence in the age group under 40.18Minimum prevalence of smoking was observed in Goa and maximum in Meghalaya. Similarly, the prevalence of smoking among females varies from as low as 0.0 percent in five states (Chhattisgarh, Maharashtra, Tamil Nadu, Kerala, Puducherry, and Maharashtra) to maximum in Mizoram.[19]

In this study it was interpreted that the samples were had average lifestyle practices as indicated by mean score and standard deviation (6.95±1.879).The findings were contradicted to the study finding of Evangeline MA et al.[20] who assessed the prevalence of behavioural risk factors for lifestyle diseases among late adolescents (17 to 20 years) in Chennai. 78% students had unhealthy lifestyle habits. All the participants had at least one risk factor in them. The awareness on the risk factors was significantly less among nonprofessional students, but they had significantly better behavioural habits than the professional students. Boys had significantly better habits than girls and students who were overweight significantly had unhealthy lifestyle habits.[20]

Conclusion

From the above findings it was concluded that the south Indian population had average lifestyle practices and they should improve it from current level to healthy lifestyle structure. Healthy lifestyle and health promotion policies and programs are central for health of the human.

Limitations and recommendation

The samples were limited to south Indian populations. The sample size was limited to 668 only. The sample does not include uneducated people. The similar study can be conducted all over India with large sample size by including uneducated people also as sample.

Funding

None.

Acknowledgments

We thank the following research assistants who aided in data collection: A.V. Roshini, Anu Sebastian, Deviga T, Neetu thirupati and Sheshkumar.

Conflicts of interest

None.

References

1. Mozaffarian D, Hao T, Rimm EB, et al. Changes in diet and lifestyle and longterm weight gain in women & men. *N Eng Med J*. 2011;364(25):2392–2404.
2. https://www.healthline.com/health/food-nutrition/why-is-water-important.html
3. Buboltz WC, Brown F, Soper B. Sleep habits and patterns of college students: A preliminary study. *J Am Coll Health*. 2001;50(3):131–135.
4. Kelley KE, Clanton RC. The relationship between sleep length and grade point average among college students. *College Student Journal*. 2001;35(1):84–86.
5. Huang TT, Harris KJ, Lee RE, et al. Assessing overweight, obesity, and physicalactivity in college students. *J Am Coll Health*. 2003;52(2):83–86.
6. Farhud D. Impact of Lifestyle on Health. *Iran J Public Health*. 2015;44(11):1442–1444.
7. https://yourbrainmatters.org.au/5-simple-steps/step-3-mentally-challenge-your-brain
8. Harleena S. Family Time: Why Spending Time with Family is Important. 2017.
9. Ana S. Poor work-life balance leads to poor health later in life. *Medical News Today*. 2016
10. Albane D. Social Media and Healthy Lifestyle. Europian Master in Business Studies. 2017.
11. Ebrat news. Frequency of using cigarette in adolescents: awareness of authority. 2013

12. Ebadi M, Vahdaninia M, Azin A, et al. Prevalence of smoking: health in view of Iranian. *Peyesh Quarterly*. 2011;10(3):365–372.

13. Alcohol's Effects on the Body. National institute of alcohol abuse and alcoholism.

14. Baseer M, Revathi, Ayesha SN, et al. Dietary habits and life style among Pre-university college students in Raichur, India. *International Journal of Research in Health Sciences*. 2015;3(3):407–411.

15. Samhita P. Sleep -related disorders among a healthy population in South India. *Neurology India*. 2012;60(1):68–74.

16. Anjana RM. Physical activity and inactivity patterns in India – results from the ICMR-INDIAB study (Phase-1) [ICMR-INDIAB-5]. *Int J Behav Nutr Phys Act*. 2014;11:26.

17. Ramesh Masthi NR, Pruthvi S, Phaneendra MS. A Comparative Study on Social Media Usage and Health Status among Students Studying in Pre-University Colleges of Urban Bengaluru. *Indian J Community Med*. 2018;43(3):180–184.

18. Rajeev A. A community study of alcohol consumption in a rural area of South India. *Int J Community Med Public Health*. 2017;4(6):2172–2177.

19. Akansha S, Laishram L. Prevalence and Determinants of Tobacco Use in India: Evidence from Recent Global Adult Tobacco Survey Data. *PLoS One*. 2014;9(12):e114073.

20. Evangeline MA, Seenivasan P, Shibiyeswanth RI. A study to assess the prevalence of behavioral risk factors for lifestyle diseases among late adolescents in Chennai, Tamil Nadu. *Int J Community Med Public Health*. 2017;4(4):1260–1266.

Citation: Mohanasundari SK, Padmaja A, Jeet R, et al. A study to assess the healthy lifestyle practices among south indian population. *Nurse Care Open Acces J.* 2020;7(4):99–103. DOI: 10.15406/ncoaj.2020.07.00228