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Lifestyle Behaviour of College Girls Students in Kerala State, India

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Abstract

The purpose of this study was to investigate the lifestyle behavior of female college students in Kerala state. This questionnaire study sample consisted of 1355 degree college girls students aged between 18 to 21 years. The subjects were randomly selected from different colleges of the entire 14 districts of Kerala state. A 54 items Likerts Type four points scale ranging from routinely to never, measuring lifestyle behavior was developed with the help of experts in public health, nutrition and social behavioral science. Validation and reliability studies were done through pilot studies on 54 item scale. The Cronbach alpha for the scale was obtained as .90. Descriptive statistics was analyzed by SPSS 2016. **Results:** Female students exhibited neutral life style behaviour.

Key words: Lifestyle behavior, Public health, Lifestyle diseases, female, Degree College students.

1. Introduction

A lifestyle typically reflects an individual's attitudes, way of life, values, or world view. The term lifestyle can denote the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture **(webster.com).** Therefore, a lifestyle is a means of forging a sense of self and to create cultural symbols that resonate with personal identity. Not all aspects of a lifestyle are voluntary. Surrounding social and technical systems can constrain the lifestyle choices available to the individual and the symbols she/he is able to project to others and the self **(Spaargaren & VanVliet, 2000)**. Lifestyle may include views on politics, religion, health, intimacy, and more. All of these aspects play a role in shaping someone's lifestyle. **(Giuffrâe & DiGeronimo, 1999)**

Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by lack of physical activity, unhealthy eating and drug abuse. Diseases that impact on our lifestyle are heart disease, stroke, obesity and type II diabetes **(Lifestyle disease)**. The diseases that appear to increase in frequency as countries become more industrialized and people live longer. They can include Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression, and obesity **(Lifestyle disease)**.

Diet and lifestyle are major factors thought to influence susceptibility to many diseases. Drug abuse, tobacco smoking, and alcohol drinking, as well as a lack of or too much exercise may also increase the risk of developing certain diseases, especially later in life **(Fraser & David, 2001).** In many countries, people began to consume more meat, dairy products, vegetable oils, tobacco, sugary foods, Coca-Cola, junk food and alcoholic beverages during the latter half of the 20th century. People also developed sedentary lifestyles and greater rates of obesity **(Statistics, 2017)** Prevention is remedies or activities that aim to reduce the likelihood of a disease or disorder affecting people. Lifestyle diseases are preventable for children if parents set them on the correct path, as our early life decisions and influences can impact us later on in life **(Signild, 2011).** Overweight and obesity can be prevented through a well-balanced lifestyle through healthy eating and exercise. Prevention can come about by a person undertaking 30 minutes of moderate exercise daily or by

doing 150 minutes of moderate intensity exercise a week **(Lifestyle factors).** Examples of moderate exercise includes a brisk walk, swim, bike ride or it can also be everyday life activities like mowing the lawn or house cleaning. All causes of lifestyle disease can be prevented through giving up smoking and other drugs, reducing ones intake of alcohol, processed food, red meats (like pork, beef and lamb), fatty foods and by engaging in daily exercise **(WHO, 2017).**

Several population based studies and medical records in Kerala have spotted the prevalence of both non-communicable and lifestyle diseases in the state. Both of these diseases are spreading and causing death in Kerala. Among the chronic illnesses, hypertension, diabetes and cardio vascular diseases are emerging as serious health problems. Sedentary lifestyle, lack of physical activity and obesity increase the risk of chronic diseases **(Gangadharan, 2017).** The demographic and health transition in Kerala have been remarkable and follow a pattern similar to the advanced countries. But the transition from traditional illness pattern to modern neo-plastic diseases has substantially increased the public health care burden **(Ashokan, 2009).**

Report of the Indian Council for Medical Science and Technology (2010) revealed that the percentage of diabetes, hypertension, overweight and cholesterol among the population of Kerala are 16.2%, 32.7%, 30.8% and 56.8% respectively **(Soman et. al., 2000).** The state of Kerala has the highest prevalence of coronary artery disease (CAD) among all Indian States with a rural prevalence of 7.5% and urban prevalence of 12%. In a single medical college hospital in Kerala there was more than 20-fold increase in admissions for acute myocardial infarction during the period 1966 to 1988. This is mainly because of the large number of patients with diabetes, hypertension and hyper lipidemia in Kerala. Community based studies have indicated that there is an increasing trend in the prevalence of hypertension and type -2 diabetes in Kerala. The prevalence of hypertension ranges from 36.7% to 54.5% and there is no gender disparity in prevalence, awareness, treatment and control of hypertension **(Zachariah et. al., 2003).**

2. Methodology

2.1 Population

The entire degree college girls students of Kerala state was the population of the study.

2.2 Selection of Subjects

Sample consisted of 1355 degree college girls students aged between 18 to 21 years. The subjects were randomly selected from different colleges of the entire 14 districts of Kerala state.

2.3 Data collection tool:

A 54 items Likerts Type four points scale ranging from routinely to never, measuring life style behavior of college students was developed with the help of experts in public health, nutrition and social behavioral science. Validation and reliability studies were done on total 60 questions and 54 questions accepted and 6 were rejected. Validation evidence was gathered through pilot studies. In estimating the internal consistency of the scales, the Cronbach's coefficient alpha formula was used and results were calculated.54 items summed across resulting in a range from 54 to 216 points. A score of 54 indicates the most negative life style behavior, a score of 55- 109 indicates a negative life style behaviour,110-164 a neutral attitude,165-216 a positive attitude. The Cronbach alpha for the scale was obtained as .90.

2.4 Statistical technique used

Descriptive statistics was used for analyzing data.

2.4. Method of data collection

The scale was distributed among 1355 female students of different colleges of Kerala state. The convenient sampling procedure was adopted in selecting the students having the representation of all areas of Kerala state. The scale was administered personally and the 1355 students returned the scale with the response rate of 100%.The collected data was then analyzed using SPSS 2016.

3. Result and Observation

Data analysis and presentation

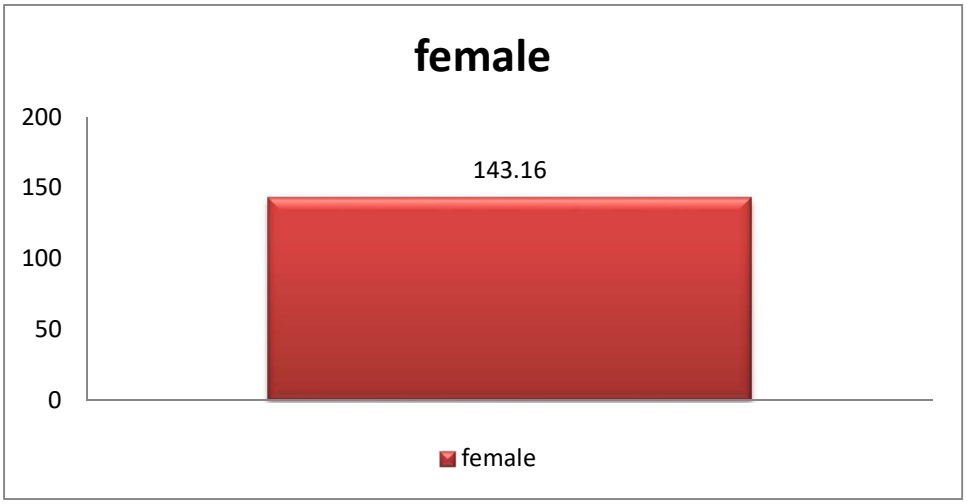
Descriptive Statistics of Life Style Behaviour
Table No: 1

Descriptive statistics - Gender Wise

Gender	N	Mean	Median	Std. Dev.	Skewness	Kurtosis
Female	**1355**	**143.16**	**142.00**	**17.638**	**0.301**	**-0.239**

It is observed from table 1 that the mean value of lifestyle behaviour for female group was 143.16. The median value of lifestyle behaviour for female group was 142. The standard deviation was 17.638 for female groups. The skewness of female group was -0.301. The kurtosis was -0.239 female groups.

Figure No: 1
Graphical representation of life style behavior of female



4. Discussions and Conclusions

The results of the study revealed that female students exhibit neutral life style behaviour.

The low or neutral levels of positive life style behavior of female students may be due to low levels of social exposure and awareness of healthy living. The girls may be given more opportunities to participate physical activities in college level. There should be more health awareness programmes in the curriculum. Prevention of life style diseases through the promotion of positive life styles should be given prime importance in educational institutions including higher education.

6. References

[1]. "Lifestyle disease" Medicine Net. Retrieved 2017-03-20.
[2]. "Lifestyle diseases" lead to higher mortality rates". Mental Health Practice. 16 (6): 5–5. doi:10.7748/mhp2013.03.16.6.5.p10726.
[3]. "Lifestyle factors (AIHW)". Aihw.gov.au. Retrieved 2017-03-20.
[4]. "WHO | What is Moderate-intensity and Vigorous-intensity Physical Activity?". www.who.int. Retrieved 2017-03-20
[5]. Ashokan, A. (2009), Perspectives of Health Economics, Serials Publications, New Delhi, pp.96-107.
[6]. Gangadharan, K. (2007), "Health for all Kerala Perspective, Kerala Calling, Vol.28, No.1, p.40.
[7]. Gary E. Fraser, David J. Shavlik. Ten Years of Life: Is It a Matter of Choice? Arch Intern Med. 2001;161:1645-1652. PMID 11434797Full Text Online
[8]. Giuffrâe, K., &DiGeronimo, T. (1999) Care and Feeding of Your Brain : How Diet and Environment Affect What You Think and Feel, Career Press.
[9]. Soman C.R., Kuuty, V.R. and Joseph A. (2000), "Type 2 diabetes in Southern Kerala; Variation in prevalence among geographic divisions within a region", National Medical Journal of India, Vol. No.12, pp. 231-239.
[10]. Spaargaren, G., and B. VanVliet (2000) "Lifestyle, Consumption and the Environment: The Ecological Modernisation of Domestic Consumption", Environmental Politics 9(1): 50-75
[11]. Statistics, c=AU; o=Commonwealth of Australia; ou=Australian Bureau of. "Main Features - Smoking, risky drinking and obesity". www.abs.gov.au. Retrieved 2017-03-20.
[12]. Statistics, c=AU; o=Commonwealth of Australia; ou=Australian Bureau of. "Main Features - Key findings"www.abs.gov.au. Retrieved 2017-03-20
[13]. Steyn K; Fourie J; Bradshaw D. The impact of chronic diseases of lifestyle and their major risk.Factors on mortality in South Africa. S Afr Med J, 1992 Oct, 82:4, 227-31. PMID 1411817
[14]. Vaillant GE, Mukamal K. Successful Aging. Am J Psychiatry. 2001 Jun 1;158(6):839-847." PMID 11384887Full Text Online
[15]. Vallgårda, Signild (2011-11-01). "Why the concept lifestyle diseases should be avoided". Scandinavian Journal of Public Health. 39 (7): 773–775. doi:10.1177/1403494811421978. ISSN 1403-4948. PMID 21948978.
[16]. webster.com/dictionary/lifestyle Lifestyle from Merriam-Webster's Dictionary
[17]. Zachariah, M., Thankappan, K.R., Alex, S.C., Sarma, P.S. and Vasan, R.S. (2003), "Prevalence, Correlates, awareness, treatment and control of hypertension in a middle aged urban population in Kerala*",Indian Heart Journal*, Vol.53, No.4, pp.231-239.

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