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Exploring Healthy life Style of University Students in Khyber Pakhtunkhwa

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Abstract

University is a critical stage of life in which students are more likely to engage in unhealthy health behaviors such as physical inactivity, stress, and bad dietary habits. Health-promoting behaviors are an important component of a healthy lifestyle and have been reported as a key factor in sustaining and improving one's health. This study aimed to determine the healthy and unhealthy lifestyles of students in KPK universities by gender and location. In total, 384 university students took part in the study, with 200 authentic and fully completed questionnaires used to determine the overall sample. Data was gathered from six universities in the province of Khyber Pakhtunkhwa. Males made up the majority of participants (109, 54.2 percent), while females made up the rest (91, 45.3 percent). The findings revealed that the causes had a significant effect on the health of university students. Adherence to guidelines for physical activity and healthy eating habits was found to be insufficient among students.

Keywords: Healthy and Unhealthy Lifestyle, University, Stress, Dietary Habits

Introduction

Background of the Study

The most significant concern, specifically amongst university students, is the distinction between safe and unhealthy activities. The majority of studies have shown that deaths in the early stages of life are caused by unhealthy lifestyles. In Western cultures, people who die before the age of 65 are assumed to have died prematurely. Healthy lifestyles are the result of a combination of three factors, such as daily physical activity, exercise, and nutrition

First, they affect people's lives. Second, these are the lifestyles that people should alter, and in the end, unpredictable improvements in behavior can result in drastic changes in individuals and public health (WHO, 2010).

According to the World Health Organization (1946), health is characterized as a state of full physical, mental, and social well-being, rather than simply the absence of disease or infirmity. According to Huber (2011), the WHO concept of "full well-being" is unfit due to diseases such as hypertension, depression, and obesity. As a result, they proposed a new definition: "the capacity to adapt and maintain in the face of social, physical, and emotional variation, and to work with satisfaction and a sense of well-being when living with a disability or chronic disease." Later, the WHO (2006) added the amendments and expanded on the concept of health, stating that "well-being is the optimum state of health of individuals and groups." The concept of well-being encompasses the appreciation of a person's entire potential for emotional, physical, and social wellness (WHO, 1946). Still, the recognition of health for all in 2020, forecasted by WHO, has been challenged by NCDs (Baker, 2004). NCDs also posed a threat to WHO's prediction of health for everyone by 2020 (Baker, 2004). Lifestyle, along with biological factors and the environment, is an important factor in a person's health status. The World Health Organization describes health as "a state of full physical, emotional, and social well-being, not simply the absence of disease."

The current study's theoretical basis is largely focused on social factors influencing students' healthy and unhealthy lifestyles. The World Health Organization (2013) described health factors as "the circumstances under which people are born, work, and age, as well as the structures in place to cope with illness." Individuals of all ages are affected by a variety of internal and external determinants beyond their control (Azevedo et al., 2007; Dugdill et al., 2009; Murphy et al., 2009).

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Biological, demographic, emotional, cultural, environmental, and social factors are among the determinants (Trost et al., 2002; Cavill et al., 2006).

The "Rainbow Model" (Dahlgren and Whitehead, 1991) shows the layers of effects on a person's health perspective. The factors are divided into two groups: non-modifiable factors such as age, race, and genetic factors, and modifiable factors such as lifestyle, physical, and social circumstances, as well as broader socioeconomic, cultural, and environmental circumstances. Multiple factors, such as personal lifestyle and cultural, social, and physical conditions, interact to make a person's wellbeing, according to Dugdill et al. (2009). The model of Dahlgren and Whitehead (1991) has also been criticized, with some claiming (marmot, 2005) that it provides no explanations for how factors relate within the same level or how these levels interact. Marmot (2005) found that the model understudy failed to notice that different population arrangements, as well as different circumstances such as violence and conflict, would produce a different picture of health. Besides, the model suggests lifestyle factors that explain the risk factors associated with poor health. According to the model's description, each individual is special, with some unchangeable health characteristics linked to genetic factors such as gender, age, ethnicity, and race, all of which play a role in health equity (Dahlgren & Whitehead, 1991). Layers of control radiate outward from the circle's base, which may be influenced by environmental or individual behavior management.

The person's innermost layer denotes lifestyle factors that can affect their health, such as sedentary behavior, physical activity, eating patterns, and drug abuse. Housing, schooling, healthcare access, and jobs make up the next layer, which focuses on the working climate and living conditions (Earle & Donnell, 2007). Cultural, socioeconomic, and environmental factors, such as social forces and institutions, contribute to the final and most important layer, which may also involve physical circumstances related to health (Murphy et al., 2009). Physical activity has been shown to have the greatest impact on mortality when other factors are kept constant. Although the lifestyle change may be small, it can have a significant impact on mental health (Khaw et al., 2008). Swimming, swimming, jogging, walking, gardening, and dancing are examples of aerobic activities that have been shown to alleviate anxiety and depression. (Guszkowska, 2004).

Hypotheses proposed by (Peluso, 2005). Distraction, self-efficacy, and social engagement are among the theories proposed to understand the positive impact of physical activity on mental health. A few in today's culture, mental health issues are common. Nearly half of all adult Americans would experience a mental health problem at some stage in their lives. According to a new review of research, inactive lifestyles are linked to a variety of mental disorders.

The neural aspects are particularly fascinating. Exercise increases blood flow, vascularization, and functional evaluation in addition to increasing grey and white matter volume in the brain (Erickson & Kramer, 2009; Hamer, 2008). According to animal studies, exercise-induced improvements in the hippocampus include increased synaptogenesis, neuron genesis, interneuron links, neuronal preservation, and BDNF (brain-derived neurotrophic factor, the same neurotrophic factor upregulated by antidepressants) (Cotman & Berchtold, 2002). Despite these neural differences, exercise may also help yield important cognitive benefits (Morris et al., 2009). These boost youth academic performance, help stroke rehabilitation, and minimize age-related memory loss as well as the risk of Alzheimer's and non-Alzheimer dementia in the elderly (Hamer & Chida, 2008; Quaney et al., 2009). According to a study, exercise is a valuable treatment for Alzheimer's patients, as it improves cognitive abilities, mental states, social functions, and caregiver distress (Christofoletti, et al., 2007; Deslandes, 2009).

(Hamer, 2009) published research that offered a more comprehensive list of cognitive benefits of exercise for mature and elderly people, as well as four forms of good news. Second, the effect can be major, with a 45 percent reduction in the risk of Alzheimer's disease and a 0.5 SD rise in cognitive efficiency. Second, although females can accomplish more than males, the gain produced is clinically and non-clinically beneficial to both genders. Third, increase spread through a range of psychological tasks, ranging from processing speed to executive functions. This study aimed to determine the healthy and unhealthy lifestyles of students in KPK universities by gender and place.

Research Methodology

Design of the Study

The study of the healthy and unhealthy lifestyles of students from different universities in Khyber Pakhtunkhwa was conducted using a quantitative research design and survey methods.

Population

The study's population consisted of undergraduate, graduate, and master's level students from both public and private universities in Khyber Pakhtunkhwa. In this report, six (06) universities in Khyber Pakhtunkhwa were chosen at random, including four (04) public universities (University of Peshawar (UOP), Abdul Wali Khan University Mardan(AWKUM), University of Swabi (UOSWABI), and Bacha Khan University Charasadda(BKUC)) and two (02) private universities (Northern University Nowshera and Sarhad University of Science and Information Technology Peshawar(SUIT)). My study's population comprises all undergraduate, graduate, and master's students.

Sampling

The sample was chosen using a simple sampling technique. The total sample size for the analysis was determined using the Roasoft Sample size calculator.

Instrumentation

A questionnaire was the tool used to gather data on safe and unhealthy behaviors. This questionnaire analyzed the study's goals to arrive at the desired outcomes.

Data Analysis

In MS Excel, the data was correctly tabulated for analysis (version 2010). For data analysis, the Statistical Package for Social Sciences was used. The reliability test (Cronbach's Alpha) and descriptive statistics are used for the overall claims about healthy and unhealthy lifestyles, and the findings are discussed in depth in the next chapter.

Results

Gender Wise

The gender frequencies of the students are mentioned in Table 1.1. Males made up the majority of the participants (108) 54.00 percent of the data was collected, with females accounting for (92) 47.5 percent of the total.

Gender Wise Results Table (1.1)

	Number of Frequencies	Percentage
Male participants	108	54.00
Female Participants	92	47.5
Total number of participants	200	100.0

Respondents' Geographical Location

The results of the geographic position of the number of participants are shown in Table 1.2. In the total study, 102 students lived in urban areas 51.0 percent of the time, 81 students lived in rural areas 40.5 percent of the time, and 17 students lived in both rural and urban areas 8.5 percent of the time.

Location wise (Table1.2)

	Frequency	Percentage
Urban area	102	51.0
Rural area	81	40.5
Other	17	8.5
Total	200	100.0

Descriptive Statistics

The descriptive results shown in table 1.3 explained that the mean value of most of the questions is about 2 to 3, suggesting that respondents have given answers that are often once in a while and very rarely.

Descriptive Statistics (Table 1.4)

	Mean value	Standard Deviation
Question Number 1	2.66500	.47317
Question Number 2	2.71000	.45490
Question Number 3	2.09000	1.23268
Question Number 4	1.90000	.97197
Question Number 5	1.90500	.87165
Question Number 6	2.20000	.90781
Question Number 7	1.81500	.79621

Question Number 8	2.38000	.71985
Question Number 9	2.29500	1.28305
Question Number 10	2.10500	1.23759
Question Number 11	3.01000	.92421
Question Number 12	2.81000	.90443
Question Number 13	3.10500	1.06284
Question Number 14	1.23500	.42506
Question Number 15	1.62500	.79216
Question Number 16	1.47500	.72941
Question Number 17	2.04000	.90137
Question Number 18	3.57000	.49632
Question Number 19	3.47500	.50063

According to the findings, there is a significant difference in the responses of students at the selected universities when it comes to safe and unhealthy lifestyles.

A small group of students had replied with the word "still." In comparison to students in high or secondary schools, university students are more involved in both safe and unhealthy practices. A total of 133 students participate in moderate-intensity physical activities such as stair climbing and brisk walking daily, while 67 engage in these activities only occasionally. 152 students engage in vigorous and energetic activities that raise their heart rate for 20 minutes regularly, while 48 students engage in such activities only on rare occasions.

Just 38 students still participate in the activity at least three times a week, while the remaining 47, 10, and 105 students participate sometimes, rarely, and never, respectively. Just 85 students responded to the muscle fitness query, with the remaining students standing at 10 and 105, respectively, having participated in fitness activities only occasionally and never. Daily intake of diet is very essential for individuals, particularly for the students, but the responses gathered from the participants are very different but quite appropriate for university-level students due to the stress of workload, exams, and so on. As the results indicate, often 67 students take three meals daily, 47 students rarely, and 86 students never take three meals daily. The next response was 106, 28, and 86 occasionally, sometimes, and never, respectively, for sufficient servings of major food groups every day. Respondents use fats in their diets in the following ways: 48 sometimes, 67 rarely, and 85 never restrict the amount in their everyday lives.

Furthermore, the respondents' calorie intake is sometimes 104, rarely 68, and never 28. As previously stated, university students' lives are full of stress, but only a small percentage of students recognize the condition of stress. According to the results of the survey, 58 students said they often recognize the condition of stress, 28 said they do so sometimes, 29 said they do so rarely, and 85 said they never recognize the situation, which contributes to unhealthy lifestyles. Relaxation and stress recovery are both arts if students are aware of them, but according to the study, only 39 students are often able to allow and recover from stress, 47 are sometimes, 10 students rarely, and 104 students are unable to do so. A total of 58 students devote time to their families, friends, and other interests on occasion, 114 students on occasional occasions, and 28 students never. To release stress, 38 students do exercises daily, 114 on occasion, 20 infrequently, and 28 never. The most popular and beneficial behavior among students is sharing their problems with family and friends, with 96 of the total sample sharing their feelings and problems with their colleagues regularly, 57 on occasion, 19 infrequently, and 28 never. Adults' unhealthy behaviors are largely caused by their smoking habits, their use of alcohol and other substances, and their use of illegal drugs.

A total of 47 students said they seldom or never use tobacco or related drugs, 39 said they sometimes misuse alcohol or other substances like sheesha, and 47 said they seldom or never do. 28 students use other similar substances on occasion, 39 students use them occasionally, and 133 students never use them. Security habits are often linked to a healthy or unhealthy lifestyle, with 19 respondents wearing seat belts daily while traveling under the speed limit, 28 doing so occasionally, 95 rarely, and 58 never wearing them while driving. The participants replied better to the last two but not least two questions of the questionnaire because they brush their teeth every day (114 and 86, respectively) and get enough sleep (always 95 and 105 sometimes).

Weightage of the received responses (Table 1.5)

Sr. #	Statements	P-Value	Never	Rarely	Sometime	Always
i.	Most days of the week, I get 30 minutes of moderate physical activity (brisk walk, stair climbing, etc.)	0.001		67	133	
ii.	At least three times a week, I engage in a vigorous and energetic activity that raises my heart rate for 20 minutes.	0.001		58	142	
iii.	At least three times a week, I do flexibility exercises.	0.001	105	10	47	38
iv.	I work out for muscle fitness at least twice a week.	0.001	105	10	85	
v.	Every day, I eat three main meals.	0.001	86	47	67	
vi.	Every day, I choose appropriate portions from the major food groups.	0.001	86	28	106	
vii.	I try to keep the amount of fat in my diet to a minimum.	0.001	85	67	48	
viii.	Every day, I eat just as many calories as I consume.	0.001	28	68	104	
ix.	I can recognize situations in daily life that can cause stress.	0.001	85	29	28	58
x.	I take time out every day to relax and recover from the stress of the day.	0.001	104	10	47	39
xi.	I give time to friends, family, and activities that I particularly enjoy.	0.001	28	114	58	
xii.	I do tension-relieving exercises daily.	0.001	28	20	114	38
xiii.	My friends, family, and co-workers know about my issues.	0.001	28	19	57	96
xiv.	I smoke or use tobacco in some other way.	0.001	153	47		
xv.	I'm addicted to alcohol or other substance.	0.001	114	47	39	
xvi.	I'm drugs addicted (prescription or illegal)	0.001	133	39	28	
xvii.	When I drive, I always use a seatbelt and follow the speed limit.	0.001	58	95	28	19
xviii	I floss at least once a day and brush my teeth twice daily.	0.001			86	114
xix.	Every night, I get enough sleep.	0.001			105	95

Discussion

Adults' lifestyles, especially those of university students, are attracting more attention around the world. Studies in the United States and Europe, for example, assessed university students' attitudes toward health-promoting practices, physical activities, in particular, and food habits or diet (Laska et al., 2005). The findings of Saudi Arabian studies on health-promoting activities, on the other hand, are minimal. Our findings have revealed that university students are young and may not be aware of their health, as well as uncommon signs and symptoms of worry, which puts them at risk. The research also discovered that the majority of students are unaware of or uninterested in safe habits such as exercise and other fitness-related activities. This is due to the lack of input from university experts who can provide them with guidelines and knowledge on safe and unhealthy lifestyle practices (Schmidt, 2009). Another important factor is the instructional curriculum and other events such as sports tournaments at the university level. Students are very overwhelmed with their busy lives, As a result, little time is consumed to these events, which not only increases tension and anxiety but also has an effect on students' lifestyles. According to a report on healthcare services conducted by (Mehri et al., 2016). The study's findings indicated that consistent involvement in physical activities, exercise, a balanced diet, and safety measures would help university students produce better outcomes in the future. Other studies have shown that daily exercise contributes to enhanced physical fitness as well as psychological health (Klainin et al., 2015). Furthermore, the responses received for the exercise 3 times per week are very influential and differ from university respondent to university respondent. In previous research on nursing students, the same conclusions were drawn (Klainin et al., 2015). In this

sample, university students engaged in moderate-level physical activity only regularly or never. The findings are consistent with a previous study conducted in Korea, in which respondents reported that they do not participate in daily physical activities (Park et al., 2017). In terms of eating patterns, our results showed that there was a strong and significant impact on the students' responses in terms of food group selection, fat consumption, routine meals, and daily calories. The majority of students do not choose balanced food classes with low-fat levels, cholesterol, and a three-time daily intake. In contrast to students who live in hostels, students who live with their parents eat a balanced diet (El Ansari, 2012). The overall results of the questionnaire pointed to a very low level of balanced food consumption, and the same conclusion has been reached by researchers both locally and globally (Dodd et al., 2010; Khalid et al., 2011). Furthermore, the students of China have the opposite effects, as they eat more fruits and vegetables, which is the best-balanced diet recommended (Sakamaki et al., 2005). Furthermore, several other research indicated and clarified that the barriers to university students eating balanced diets are a lack of education, time, and the availability of healthy foods (Das et al., 2015). The results show what needs to be done to motivate university students to make healthier lifestyle decisions, such as exercise, safety precautions, diet, not using any drugs, alcohol, smoking, sleeping patterns, and other healthy lifestyle behaviors.

Conclusion

i. Although most university students do not smoke, drink alcohol, or use illicit drugs, the results of the current research study showed that university students lead unhealthy lives. The majority of the statement responses suggested and confirmed unhealthy lifestyles, with poor eating habits and lack of exercise being the key components. For students, a guideline is needed that aids in the creation of health responsibility; the adaptableness of these strategies will aid in the early identification of health problems that lead to unhealthy lifestyles. Since these health-promoting activities aimed at students are so important, they will aid in the formation of healthy habits that will benefit them later in life. The study's findings also suggested that further research be done into the limitations and possible facilitators of unhealthy and healthy lifestyles. Education for a healthy lifestyle generally requires a multidisciplinary approach, with physical activities playing a key role. A healthy lifestyle is based on behavioral practices that are affected by family and social influences during the educational phase. Regularly conducted motor movements have formative-educative valences on the cacogenic, attitudinal, and social levels, allowing young people to fully develop their motor and psychological personalities. Physical activity promotion among young people must be followed by quality assurance in the instructive-educative phase to elicit the desired behavioral changes.

Our research aimed to learn about the basic lifestyles of students from six universities in terms of safe and unhealthy lifestyle activities and their effects on wellbeing, as well as other social and moral values. Based on the findings, we may conclude that the majority of our students are aware of the benefits of engaging in sports and enjoy their impact. And apart from the primary motivation for participating in athletic events, which has been studied in several studies. We found that in addition to preserving their wellbeing, they are searching for socialization, contact, and new friendships. Sports activities, as per students, often play an important role in maintaining high motivation and also mental and physical relaxation.

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