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## RESEARCH ARTICLE

### LIFE STYLE AND HEALTH RISK BEHAVIOR OF YOUTH IN BANGALORE

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#### ABSTRACT

**Introduction:** The leading causes of mortality and morbidity among young people can be traced to several preventable health risk behaviours that are often initiated during youth and may extend into adulthood. Intermittent monitoring of health risk behaviours at the youth level is important for the planning and evaluation of national health promotion intervention programs. Half of the premature death from the 10 leading causes in developed countries is caused by preventable factors such as tobacco use, alcohol abuse, physical inactivity, unhealthy dietary habits etc. **Aim:** The aim of the study was to understand the life style and extend of health risk behavior among youth in Bangalore. **Methods:** A cross-sectional study was conducted in selected six Business school students of Electronic city of Bangalore using multistage sampling technique for selecting 165 students who pursuing Master of Business Administration during September -November 2015. Data analysis was done by SPSS version 17. **Result:** The study reveals that, more than one third (36.4%) of the students had smock at least once. Only negligible proportion of the students had experienced on chewing tobacco or pan. Less than half of the students (46.7%) were consumed alcohol. It was quite hurting that 7.9% had taken drugs at least one time in their life. High prevalence of health risk behaviours and increases in some of them should call for intensified college health promotion programmes to reduce such risk behaviours. Health-promotion activities should be established to decrease the occurrence of these behaviours and prevent their future adverse health outcomes.

#### INTRODUCTION

Lifestyle diseases and their associated risk factors are now the major causes of premature morbidity, mortality, and economic loss in developed and developing countries, including the younger age groups. Non-communicable diseases have emerged rapidly killing 38 million people (68%) each year globally, of which 16 million deaths (>40%) occur before 70 years. This rapidly growing epidemic of non-communicable diseases is responsible for 60% of India's deaths. The rise of non-communicable diseases has been driven by primarily four major preventable behavioral risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. This is mainly due to changing lifestyles of populations due to westernization of our country, demographic transitions and modification of our own culture. Lifestyle is the way humans chose to live their day to day lives which may be related to social, occupational or environmental factors. A healthy lifestyle is about striving to obtain a reasonable balance between enhancing one's personal health, the health and well-being of others, and the health of the community and according to the World Health Organization (WHO), health is a state of complete physical, mental, and social well-being not merely absence of disease or infirmity.

Promoting healthy lifestyles is a challenge for many primary care practices. Although most individual understand the importance of physical activity and healthy eating, many seem unable to change their unhealthy behaviors to reduce weight and improve chronic conditions, and lifestyle changes have been shown to significantly reduce morbidity and mortality rates for most chronic diseases. An unhealthy lifestyle can contribute to the development of risk factors of non-communicable diseases (NCDs) such overweight and obesity can lead NCDs such as diabetes, hyperlipidemia, cardiovascular diseases (CVDs), and hypertension. Thus, obesity is an important risk factor of NCDs. Many studies have implicated weight gain in the patho physiology of hypertension, diabetes, CVD, and cancers. Moreover, obesity can lead to increased mortality and disability and rising costs of treatment in most communities. Annually, 300,000-587,000 deaths worldwide are attributed to obesity. Obesity is considered as the second important preventable cause of death worldwide. Adequate dietary habits and regular practice of physical activities and exercises are important components of a healthy lifestyle that are associated with decreased risk of chronic non transmissible diseases such as Type 2 diabetes, hypertension, obesity, some cancers, and the metabolic syndrome.

Notwithstanding, sedentary behavior (physical inactivity) allied to a lower intake of fruits, vegetables, cereals, and fibers, as well as higher intake of fatty, fried, salted, caloric foods, snacks, and soft drinks have been associated with increased chronic disease risk in children and adults. WHO estimates 2 million deaths/year caused by physical inactivity and unhealthy eating habits. 'With freedom comes the responsibility'. College students are the future decision makers in organizations, communities, and countries. This is the period where they are free of parental restriction and academic compulsions, and make independent choices about their own lifestyle and health practices for their personal and social wellbeing. Health-promoting lifestyle among adolescents has become a major research focus globally for the survey of a community's health needs and priorities. Life of college students is a transitional period, offering them good opportunities for establishing health-promoting lifestyles. However, data on health-promoting lifestyles among students in South India are limited. The aim of the present work is to assess the prevalence of behavioral risk factors for lifestyle diseases of college going adolescents of Bangalore.

**MATERIALS AND METHODS**

A descriptive cross - sectional study was conducted among the 165 students, both male and female from two coeducational colleges of Electronic city in Bangalore. Six MBA colleges, these colleges were randomly selected from the city from whom prior permission was obtained for the study. The sampling was done by simple random sampling from postgraduate courses who has consented to participate in the study.

**Sample:** All students in the age group of 20-25 years of six colleges pursuing Master of Business Administration in Electronic City of Bangalore . There was a total of 1650 student in the MBA Colleges. The sample population for research purpose was 10% of the total population. So out of the 1650 students, 165 students were selected for the research study. This sample student was selected by using simple random sampling method.

**Inclusion criteria:** Students of both sexes in 20-25 years age group from the selected colleges who agreed to participate in the study.

**Exclusion criteria:** Students who were sick and not available during the time of data collection.

**Study period:** March to September – November 2015. (21-09-2015 to 20-11-2015).

**Selection of sample size**

Colleges	Number of students	Number of samples selected
College A	300	30
College B	600	60
College C	75	8
College D	158	16
College E	265	27
College F	252	24
Total	1650	165

Data were collected by using structured questionnaire developed in English language and was used to collect information on socio-demographic variables, practice of healthy lifestyle and related behavioral risk factors of NCDs

like physical activity, tobacco, and alcohol use. The subjects were explained in detailed how to answer the questionnaire and were counseled before inclusion in the study.

**Analysis and interpretation:** The collected data were analyzed using descriptive and inferential statistics. Single frequency and cross tabulation were

**Table 1. Respondents by Sex and Religion**

Variables		Frequency	Percentage
Sex	Male	93	56.4
	Female	72	43.6
Religion	Hindu	151	91.5
	Muslim	6	3.6
	Christian	8	4.8
	Total	165	100.0

A total of 165 students were included in this study, of them, 56.4% were male. Majority of the respondents (91.5%) was Hindu by religion followed by Christian (4.8%).

**Table 2. Respondents by Lifestyle disease**

Disease		Frequency	Percentage
Diabetes	Yes	66	40
	No	99	60
Hyper tension	Yes	56	33.9
	No	109	66.1
Total		165	100.0

The table 2 indicates that 40% of the respondents had the condition of Diabetes in their early life. And also one third of the respondents (33.9%) had the life style disease of hypertension.

**Table 3. Respondents by Life style habits**

Habit		Frequency	Percentage
Smoking	Yes	60	36.4
	No	105	63.6
Chewing Pan or Tobacco	Yes	3	1.8
	No	162	98.2
Drinking alcohol	Yes	77	46.7
	No	88	53.3
Total		165	100.0

Regarding behavioral risk factors, Tobacco use (smoking only) was prevalent among 36.4% of the subjects and the most common reasons for using tobacco (smoking) among tobacco users revealed that 1.8% use tobacco. In response to drinking of alcohol, 46.7% of the subjects drink alcohol at least once or twice in a usual week. The most common reasons for drinking alcohol were to drink with friends and followed by for enjoyment. Thus, social drinking and peer pressure could be an important factor for exposure to tobacco and alcohol.

**Table 4. Use of alcohol by gender**

Sex	Use of alcohol		Total
	Yes	No	
Male	56 (60.22)	37 (39.78)	93
Female	21 (29.16)	51 (70.84)	72
Total	77 (46.7)	88 (53.3)	165

Table 4 shows that out of 93 male, 60.22% were drinking alcohol whereas among female 29.16% were consumed alcohol for their leisure time.

**Table 5. Use of alcohol by Religion**

Religion	Use of alcohol		Total
	Yes	No	
Hindu	69 (45.7)	82 (54.3)	151
Muslim	2 (33.3)	4 (66.7)	6
Christian	3 (37.5)	5 (62.5)	8
Total	77 (46.7)	88 (53.3)	165

Table 5 indicates that most of the respondents belonged to Hindu category (45.7%) were consuming alcohol followed by Christian (37.5%) and only one third of the Muslim were using alcohol. It is clear from the table that more than half of the students did not use alcohol so far in their life even though they were living in electronic city where alcohol is availability at any time.

## DISCUSSION

NCDs constitute a large group of diseases that are of long duration, and generally slow to progress; therefore, these diseases are also called chronic diseases, and they are the major cause of adult mortality and morbidity worldwide. The four main NCDs are generally considered to be dominant in NCD mortality, and morbidity are CVDs (heart disease and stroke), cancers, chronic respiratory diseases (COPD and asthma) and diabetes. Although diverse in symptoms, these four NCDs share common lifestyle-related or behavioral risk factors. A recent report of WHO identified that most NCDs are the result of four particular lifestyle-related behavioral risk factors such as tobacco use, physical inactivity, unhealthy diet, and harmful use of alcohol that lead to four key metabolic/physiological changes, for example, raised BP (hypertension), overweight/ obesity, raised blood glucose, and raised cholesterol levels. In this study, it is evident that there is a high prevalence of physical inactivity and sedentary lifestyle among the study subjects and unfavorable attitude toward physical activity and could be a major challenge for improving the level of physical activity and healthy lifestyle. In a study among the Malaysian University students by Al-Naggar *et al* also reported a high prevalence of physical inactivity and many studies have shown lower physical activity and physical inactivity is pandemic especially among younger adults and a leading cause of death in the world. Thus, targeted strategies need to be formulated to increase the level of physical activity as well as for improving the practice of healthy lifestyle.

Regarding behavioral risk factors, Tobacco use (smoking only) was prevalent in 15.77% of the subjects and the most common reasons for using tobacco (smoking) was for enjoyment and friend's company (peer pressure). Many studies have reported similar observations although the prevalence of tobacco use in the present study is slightly lower to the Global Adult Tobacco Survey prevalence of tobacco usage in India, more targeted interventions and anti-tobacco campaign will be needed among the adolescents. With regard to drinking of alcohol, 20.88% of the subjects drink alcohol at least once or twice in a usual week, and the most common reasons for drinking alcohol was "to drink with friends" followed by for enjoyment. Thus, social drinking and peer group pressure could be an important factor for exposure to alcohol use. Similar observations were reported by Vidyulata *et al.* that 17.4% of adolescents admitted to drinking alcohol and friends contributed 77.1% and family 23% as a source of initiation of substance abuse while admiration by peer (35.4%) was most common reason for the continuation of substance abuse.

## Conclusion

This study showed a poor practice of healthy lifestyle and a high burden of lifestyle-related risk factors of NCDs among the college students of Bangalore. Therefore, colleges of Bangalore should emphasize a healthy lifestyle in all faculties as a required subject. Socio-demographic characteristics and peer group pressure significantly influence the practice of healthy lifestyle and thus should be considered when planning preventive measures among university students. Frequent campaigns and educational seminars are to be encouraged for the adoption of healthy lifestyle practices and health promotions. It is in view of the fact that present study is being conducted in an urban setting and the study subjects may not be representative of the general population. Thus, more comprehensive studies should be extended to the young adult population from rural and urban settings and investigate the presence of risk factors of life style disease and their trends over time.

## Recommendation

This review suggests that colleges and universities can prove to be the good venues to encourage healthier lifestyle habits among students through various strategies. This is the only time to provide specific recommendations through the most effective and economical lifestyle interventions. Thus, to halt this progression, there is an urgent need for developing health promoting behaviours especially in this generation.

**Conflicts of interest:** There are no conflicts of interest.

## REFERENCES

- A community strategy to prevent obesity. *Lancet* 2009;374:428.
- Al-Naggar RA., Bobryshev YV., Mohd Noor NA. 2013. Lifestyle practice among Malaysian university students. *Asian Pac J Cancer Prev.*, 14:1895-903.
- Ferrari CK., Ferreira RF. 2011. Quality of life and exposition to unhealthy lifestyle risk factors of nocturnal university students from a greater metropolitan city. *J Biol Environ Sci.*, 5:129-34.
- Freedman DS. 2002. Clustering of coronary heart disease risk factors among obese children. *J Pediatr Endocrinol Metab.*, 15:1099-108.
- Ghaffar A., Reddy KS., Singhi M. 2004. Burden of non-communicable diseases in South Asia. *BMJ.*, 328:807-10.
- Guh DP., Zhang W., Bansback N., Amarsi Z., Birmingham CL., Anis AH. 2009. The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis. *BMC Public Health.*, 9:88.
- Kohl HW 3rd, Craig CL., Lambert EV., Inoue S., Alkandari JR., Leetongin G. *et al.* 2012. The pandemic of physical inactivity: Global action for public health. *Lancet.*, 380:294-305.
- McAndrews JA., McMullen S., Wilson SL. 2011. Four strategies for promoting healthy lifestyles in your practice. *Fam Pract Manag.*, 18:16-20.
- Organisation mondiale de la santé. 2014. Global status report on non communicable diseases 2014: attaining the nine global non communicable diseases targets; a shared responsibility. Geneva: World Health Organization.
- Popkin BM., Kim S., Rusev ER., Du S., Zizza C. 2006. Measuring the full economic costs of diet, physical activity and obesity-related chronic diseases. *Obes Rev.*, 7:271-93.

Preventing chronic diseases: A vital investment. WHO global report 2005.

The Asia-Pacific Perspective: Redefining Obesity and Its Treatment. WHO 2000 and Health Communications Australia Pty Limited. Available from: <http://www.wpro.who.int/nutrition/>

Vidyulata S., Sutrawe A., Rajesh G., Pratap J. 2011. Health status of adolescent in Navi Mumbai. *Int J Med Clin Res.*, 2:14-9.

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