Health Concerning Lifestyle and Risky Behaviours in University Going Female Students Residing in the Hostels of Lahore

Tayyaba Shabbir¹, Maria Aslam¹, Hafsa Kamran¹, Mishal Liaqat¹, Rija Khan¹ and Maham Saleem¹
¹University Institute of Diet and Nutritional Sciences, The University of Lahore, Lahore, Pakistan

ABSTRACT

Health behaviors are actions that have an impact on one's health or illness risk. There are two types of hazardous behaviors: those that are harmful to one's health and those that are beneficial to one's health. Unhealthy habits tend to cluster in young people, according to a growing body of data. Health-related behavior patterns fluctuate greatly between nations and even within a single country's regions. Many factors like food safety, cultural, socio-economic factors, age, sex, nutrition, behavior, physical activity and diseases were assessed among female students with the age of 19 to 25 years. Objective: To assess the health concerning practices among university going Hostel residing female students in Lahore. Methods: It is a cross-sectional study among the female students residing in hostels of The University of Lahore, Lahore with the duration of 04 months. The non-probability convenient sampling technique was used to choose 272 university students in this cross-sectional study. Pre-tested questionnaire was used to assess the health-related lifestyle and behaviors of university going female students residing in Hostels and data were analyzed with SPSS version 21.0. Results: 76.4% of female students were belonged from middle class, 61.7% students experienced normal living experience in hostels, while 57.7% students found hostels environment restricted, 43.0% female students found hotels mess food tasteless and 68.8% preferred homemade food. 22.8% of students smoked on a regular basis, while 81 percent of the students said they engaged in frequent physical activity and exercise. The majority of female students had unhealthy eating habits, with a high intake of fast food and salt. Conclusion: Knowledge, practices, and attitudes, as well as legal constraints, social environment, and economic position, may all influence good and bad health behaviors. Lower health literacy, on the other hand, leads to more unhealthy habits.

INTRODUCTION

Modern world, way of living, stress, unhealthy eating habits, fasting of all the things in life and physically inactive are those negative aspects that cause chronic diseases in our new generation. Several factors affect the nutritional status of girls in between the age of 19 to 25 years old [1]. The other modifiable factors include age, gender, occupation, marital status etc [2]. According to WHO Health is the condition of complete physical, mental and social well-being, not merely the absence of disease or infirmity. It is reality that our physical and social wellbeing must be a goal for which we all work [3, 4]. Moving from adolescence to adulthood is an important time for individuals as it is the time of development of health patterns that effect long term health and risk of chronic diseases development [5]. University students are more affected by this transition period. Students specially living away from their homes have much behavioural changes which leads to poor health habits and thus affecting lives by developing chronic disease risk [6]. So, the society’s health is based on how the individuals are living and what’s their life patterns. Follow a physically active lifestyle and hence contributing to better community [7, 8].
Hostelites do face many Stress issues i.e., depression phobias etc, which are problematic for them both physically and mentally causing health issues and hindrance in their studies too [9]. The first reason is the lack of proper foods, poor hostel meals, management etc and the second most major reason is the physical inactivity which is the major contributing factor towards these health problems. All over the world many students start living in hostels for the sake of higher education from the institutions which are away from their hometown [10]. Those who live in hotels are at that point where they do everything by their own like as their meal and diet also dependent on their own choice and selection of food [11]. Most of the time they bought food from different food cafes nearby their hostels and this kind of food is not good for their health. There are multiple issues which are responsible for bad health effects on the hostel students, some financial problems, adjustment issues because of new place new people, private issues and stress or depression because away from family, changes in food quality, eating habits and sleeping habit and many other different problems [12]. Stress and anxiety is very common among hostelized students [13]. The stress is due to many reasons like study burdens, financial issues, away from parents, and also due to bad companies. Hostel students adopt some bad habits due to stress and also due to bad companies [14]. These habits include smoking and drug addiction which is very injurious to our health and cause many health-related problems like cancer. Both are very common in the students of age from 12 to 19 years of age most common in hostel residential. It occurs due to their background also due to social environment and due to the bad company siting [15].

A study was conducted by Shree V et al, 2018 to know the prevalence of eating junk food among medical students of IGIMS, India. There were 120 students which were all given some questions to answer. After collection of results, this was concluded that majority of the students (58) were consuming junk food for dinner [16], many were taking junk items in evening and almost 26 of them were taking it during lunch, consumption of soft drinks was also high (68) among them. Approximately 91 students consumed such food for more than twice a week. There were two main reasons seen that why they eat junk food more. First reason was that students like gathering in which only junk food is eaten and the second reason was that they like to eat distinct flavors [17].

METHODS
It is a cross-sectional study conducted among the female students residing at the hostel of The University of Lahore, Lahore with the duration of 04 months. The non-probability convenient sampling technique was used to choose 272 university students in this cross-sectional study. The goal of this study was to evaluate the female health attitudes, habits, and mental and physical well-being, pre-tested questionnaire was used to assess the health-related lifestyle and behaviors of university going Hostelite girls and data were analyzed with SPSS version 21.0.

RESULTS
Among 272 female students about 76.4% were belonged from middle class, 61.7% girls experienced normal living experience and 57.7% found hostels environment restricted (Table 1). According to table 2 about 43.0% female students found hotels mess food tasteless, 68.8% preferred homemade food and 41.2% students considered health over junk food due to its quality.

Out 272 girls 99(36.4%) were moderately active, 87(32.0%) were spending 15 mins daily on walking, 160(58.8%) were using stairs many times a day. Out of 272 girls, 132(48.5%) were not participating in sports or any games as described in table 3. Out of 272 girls, 40.8% were saying both a and d, 26.8% were saying obesity, 20.6% were saying both a and c, 11.8% were saying heart diseases (Figure 1). Among 272 female students about 76.4% were belonged from middle class, 61.7% girls experienced normal living experience and 57.7% found hostels environment restricted (Table 1). According to table 2, about 43.0% female students found hotels mess food tasteless, 68.8% preferred homemade food and 41.2% students considered health over junk food due to its quality.

Out 272 girls 99(36.4%) were moderately active, 87(32.0%) were spending 15 mins daily on walking, 160(58.8%) were using stairs many times a day. Out of 272 girls, 132(48.5%) were not participating in sports or any games as described in table 3. Out of 272 girls, 40.8% were saying both a and d, 26.8% were saying obesity, 20.6% were saying both a and c, 11.8% were saying heart diseases (Figure 1). Among 272 female students about 76.4% were belonged from middle class, 61.7% girls experienced normal living experience and 57.7% found hostels environment restricted (Table 1). According to table 2, about 43.0% female students found hotels mess food tasteless, 68.8% preferred homemade food and 41.2% students considered health over junk food due to its quality.

| Distribution of girl’s socio-economic status |
|-------------------------------------------|
| Socio economical status | Lower class | Lower middle class | Middle class | Upper class |
| Percentage | 1.5% | 1.1% | 76.4% | 21% |

| Distribution of duration of time from which the girls are living in hostel |
|--------------------------------------------------|
| Time duration in hostel | 1 month | 6 months | 1 year | 5 years |
| Percentage | 4.0% | 8.8% | 45.2% | 41.9% |

| Distribution of Living experience of girls in hostel |
|--------------------------------------------------|
| Living Experience | Good | Bad | Normal | Very bad |
| Percentage | 11.8% | 23.5% | 61.7% | 2.9% |
Distribution of hostels environment conditions

| Hostels environment | Free  | Restricted | Congested | Poor |
|---------------------|-------|------------|-----------|------|
| Percentage           | 11.4% | 57.7%      | 25.4%     | 5.5% |

Table 1: Distribution of students on basis of hostels and socioeconomical variables

Distribution of hostel mess food’s taste

| Room cleaning | Tasteless | Oily | Spicy | Normal |
|---------------|-----------|------|-------|--------|
| Percentage    | 43.0%     | 23.9%| 13.2% | 19.9%  |

Distribution of eating time from hostel mess daily

| Eating from mess | One time | Two times | Three times | Never |
|------------------|----------|-----------|-------------|-------|
| Percentage       | 33.1%    | 27.2%     | 27.6%       | 12.1% |

Distribution of food preferences apart from mess food

| Food preferences | Junk food | Homemade food | Stick to hostel food | Nothing |
|------------------|-----------|---------------|----------------------|---------|
| Percentage       | 12.5%     | 68.8%         | 10.3%                | 8.5%    |

Distribution of girls thinking about fast food and health

| Girls considering health over junk food | Yes | No | It depends on the quality | I don’t know |
|----------------------------------------|-----|----|----------------------------|--------------|
| Percentage                             | 10.3%| 39.7%| 41.2%                    | 8.8%         |

Distribution of girls who preferred fast food

| Preferred fast food | Because of their fussy time table | They like to eat different taste | They don’t know how to cook | It becomes habit |
|---------------------|----------------------------------|---------------------------------|-----------------------------|------------------|
| Percentage           | 37.1%                            | 31.3%                           | 9.2%                        | 22.4%            |

Table 2: Descriptive and Inferential statistics regarding mess food

| Physical activity | Frequency | Percentage |
|-------------------|-----------|------------|
| Physically active |           |            |
| Sedentary lifestyle | 48       | 17.6%      |
| Lightly active     | 93        | 34.2%      |
| Moderately active  | 99        | 36.4%      |
| Very active         | 33        | 11.8%      |

Daily walk timing

| Frequency | Percentage |
|-----------|------------|
| 10 mins   | 46         | 16.9%      |
| 15 mins   | 87         | 32.0%      |
| 45 mins   | 67         | 24.6%      |
| Never     | 72         | 26.5%      |

Workout/walk timing in a week

| Frequency | Percentage |
|-----------|------------|
| 2 times a week | 86   | 31.6%  |
| 3-5 times a week | 44   | 16.2%  |
| Not a single time | 78   | 28.7%  |
| Almost every day | 64   | 23.5%  |

Stairs usage on daily basis

| Frequency | Percentage |
|-----------|------------|
| 1 time    | 34         | 12.5%     |
| 2 times   | 55         | 20.2%     |
| Many times | 160     | 58.8%     |
| Never     | 23         | 8.5%      |

Lift/stairs

| Frequency | Percentage |
|-----------|------------|
| Only lift | 64         | 23.5%     |
| Only stairs | 41   | 15.1%     |
| Most of the times stairs | 86   | 31.6% |
| Both equally | 81   | 29.8% |

Participation in sports/games

| Frequency | Percentage |
|-----------|------------|
| Yes       | 44         | 16.2%     |
| Some times | 56       | 20.6%     |
| No        | 132        | 48.5%     |
| Lazy in it | 40       | 14.7%     |

Table 3: Frequency distribution of girls physically active, daily walk timing, workout/walk timing in a week
Figure 1: Frequency distribution of disorders caused by eating fast foods

| Variables                        | Response      | Frequency | Percentage |
|----------------------------------|---------------|-----------|------------|
| Smokers in hostel                | No            | 168       | 61.8%      |
|                                  | Yes           | 62        | 22.8%      |
|                                  | Sometimes     | 32        | 11.8%      |
|                                  | Many times    | 10        | 3.7%       |
| Reaction upon smokers if you see them | Liked it    | 34        | 12.5%      |
|                                  | Angry with her| 107       | 39.3%      |
|                                  | Complain to warden | 115     | 42.3%      |
|                                  | Enjoy smoking with her | 16   | 5.9%       |
| Use of cigarette                 | No            | 194       | 71.3%      |
|                                  | Yes           | 26        | 9.6%       |
|                                  | Its irritating | 32       | 11.8%      |
|                                  | It smells good| 20       | 7.4%       |

Table 4: Frequency distribution of smokers in hostel, see someone smoking and your reaction upon this and use of cigarette

| Variables                        | Response      | Frequency | Percentage |
|----------------------------------|---------------|-----------|------------|
| Suffering from stress condition  | Many times    | 58        | 21.3%      |
|                                  | Some times    | 156       | 57.4%      |
|                                  | Never         | 40        | 14.7%      |
|                                  | All the time  | 18        | 6.6%       |
| Stress doing habits              | Start eating  | 42        | 15.4%      |
|                                  | Sleeping      | 82        | 30.1%      |
|                                  | Angry with others | 71    | 26.1%      |
|                                  | Silent        | 77        | 28.3%      |
| Stress eating                    | Chocolates    | 62        | 22.8%      |
|                                  | Chips         | 45        | 16.5%      |
|                                  | Fast food     | 53        | 19.5%      |
|                                  | Nothing       | 112       | 41.5%      |

Table 5: Frequency distribution of stress condition and its effects

DISCUSSION
Hostel is basically the place where the students live and have develop different habits like different eating patterns, physical activity, and they also know how to live away from their home independently [18]. Current study was also on hostel girl’s lifestyle but we mainly focus on the nutritional status of university going hostel girls to know how they manage their eating time, physical activity, with their hectic study routine. In the present study out of 272 female students, 32 students had good living experience in hostel [19]. Students had bad, 168 students had normal and only 8 students had very bad experience of
living in hostel. The same type of study was conducted by Ali A et al., 2017 whose results unveil that out of 90 female students, 12 female’s complaints that they were suffering from loose motion from last few days, 7 female’s complaints that the surrounding were affecting their breathing system badly and more than 45 students suggested that there should be air passing system available in hostel washrooms. So overall they had bad experience of living in hostel [20]. Hostel living girls are mostly less physical active having no gym, no stairs usage, no walk has sedentary life style in our study out of 272 girls 48 were having sedentary life style, 93 were lightly active, 99 were moderately active and 32 were very active [21]. Hostel girls also develop the habit of smoking, drug addiction, cigarettes etc due to the bad company they have in the present study out of 272 girls168 were not seen smoking, 62 were seen smoking, was those who used it sometimes and 10 were seen smoking many times. A study done by Mustafa A et al., 2017 in his study he showed that in hostels the smokers were mostly the medical students in his study 65% were those who start smoking due to their bad company,58% were smokers in hostels due to no restrictions, and 29% were start smoking from their beginning [22]. Stress and depression are the conditions which occurs mostly in hostel girls it has many reasons behind it like family pressure, studies or financial issues due to which they had habit of stressed eating. In present study out 272 girls 58 were having stress conditions many times, 156 were having it sometimes, was never having it and 18 were having it all the time.

CONCLUSIONS
Many factors play a role in maintaining good health as well as adverse health conditions. Life style changes are the modifiable risk factors that must be adopted. Eating healthy food is main player in this regard. Mostly the Hostel students consume junk food that affects badly on their health.

REFERENCES

1. Fazal R, Kazimi AB. Dietary Behavior Of University Going Female Adolescents In Pakistan: Issues, Challenges And Strategies For General Health And Academic Performance. Pakistan Journal of Gender Studies. 2019 Jun;18(1):97-112. doi:10.46568/pjgs.v18i1.27.
2. Van Tuyl, C., Madjidian, D., Bras, H., & Chalise, B. Sociocultural and economic determinants of stunting and thinness among adolescent boys and girls in Nepal. Journal of Biosocial Science. 2021: 53(4), 531-556. doi:10.1017/S0021932020000358.
3. Medcalf A, Nunes J. Visualising primary health care: World Health Organization representations of community health workers, 1970–89. Medical History. 2018 Oct;62(4):401-24. doi:10.1017/mdh.2018.40
4. Khan FR, Shekili A, Said N, Al Badi AS, Al Khanbashi HA. Exploring the impact of hostel life of students on academic performance: Sohar University–a case study. International Journal of Research in Entrepreneurship & Business Studies. 2020 May; 1(1):1-4. doi: 10.47259/ijrebs.111.
5. Jones NL, Gilman SE, Cheng TL, Drury SS, Hill CV, Geronimus AT. Life course approaches to the causes of health disparities. American journal of public health. 2019 Jan;109(S1):S48-55. doi:10.2105/AJPH.2018.304738.
6. Hilger-Kolb J, Diehl K. ‘Oh God, I have to eat something, but where can I get something quickly?’—A qualitative interview study on barriers to healthy eating among university students in Germany. Nutrients. 2019 Oct;11(10):2440. doi: 10.3390/nu11102440.
7. Ana Maafs-Rodriguez, Jennifer Pustz, Mehreen Ismail, Laurie Goldman, Peter Levine, Angie Liou, et al. The Health and Housing Study: Nutrition-Related Outcomes Among Low- to Moderate-Income Individuals Living in or Seeking to Live in New Subsidized Chinatown-Based Housing. Current Developments in Nutrition. June 2021;5(2):154. doi.org/10.1093/cdn/nzab035_062
8. Chakraborty A, Halder S. Identifying Suicidal Risk in College Going Students: A Comparative Study Among Students Staying at Hostel and with Family. Journal of Psychosocial Research. 2018 Jul;13(2):341-8. doi:10.32381/JPR.2018.13.02.8
9. Flett G, Khan A, Su C. Mattering and psychological well-being in college and university students: Review and recommendations for campus-based initiatives. International Journal of Mental Health and Addiction. 2019 Jun;17(3):667-80. doi: 10.1007/s11469-019-00073-6
10. Sodik MA, Yudhana A, Dwianggimawati MS. Nutritional status and anemia in islamic boarding school adolescent in Kediri City East Java Indonesia. Indonesian Journal of Nutritional Epidemiology and Reproductive. 2018 Nov;1(3):172-6. doi: 10.30994/ijner.v1i2.58.
11. Memon M, Solangi M, Abro S. Analysis of Students’ Satisfaction with Hostel Facilities: A Case Study. Sindh University Research Journal-SURJ (Science Series). 2018;50(01):95-100. doi: 10.26692/surj/2018.01.0016
12. Pathania GJ. Food Politics and Counter-Hegemonic Assertion in Indian University Campuses. South Asia Research. 2016;36(2):261-77. doi: 10.1177/0262728016638732.
13. Dar IS, Aslam M, Mahmood QK. Psychometric study of depression, anxiety and stress among university students. Journal of Public Health. 2018 Apr;26(2):211-7. doi: 10.1007/s10389-017-0856-6.
14. Bashir MB, Albadawy IM, Cumber SN. Predictors and correlates of examination anxiety and depression among high school students taking the Sudanese national board examination in Khartoum state, Sudan: a cross-sectional study. The Pan African Medical Journal. 2019;33. doi: 10.11604/pamj.2019.33.69.17516.
15. Neale J, Stevenson C. Social and recovery capital amongst homeless hostel residents who use drugs and alcohol. International Journal of Drug Policy. 2015 May 1;26(5):475-83. doi: 10.1016/j.drugpo.2014.09.012.
16. Shree V, Prasad RR, Kumar S, Sinha S, Choudhary SK. Study on consumption of fast food among medical students of IGIMS, Patna. International Journal Of Community Medicine And Public Health. 2018 Jul;5(7):2750-4. doi: 10.18203/2394-6040.ijcmph20182416.
17. Sogari G, Velez-Argumedo C, Gómez MI, Mora C. College students and eating habits: A study using an ecological model for healthy behavior. Nutrients. 2018 Dec;10(12):1823. Doi: 10.3390/nu10121823.
18. Bulo JG, Sanchez MG. Sources of stress among college students. CVCITC Research Journal. 2014;1(1):16-25.
19. Adelabu JK, Amole D, Ajayi AO. Physical characteristics of students’ residential environment in relation to dietary habits in University of Ilorin, Nigeria. Agrosearch. 2019 Sep;19(1):87-98. doi: 10.4314/agrosh.v19i1.7
20. Ali A, Rasheed A, Imtiaz F, Hussain M, Arsalan M. Knowledge of nursing students regarding housing characteristics and its evaluation. IJEHSR-International Journal of Endorsing Health Science Research. 2017;5(1):37-47. doi: 10.29052/ijehsr.v5.i1.2017.37-47
21. Ranasinghe C, Sigera C, Ranasinghe P, Jayawardena R, Ranasinghe AC, Hills AP, King N. Physical inactivity among physiotherapy undergraduates: exploring the knowledge-practice gap. BMC sports science, medicine and rehabilitation. 2016 Dec;8(1):1-9. doi: 10.1186/s13102-016-0063-8
22. Mustafa A, Zafar H, Jawad S, Akram R. Effect of Company during Academic Years on Habit of Cigarette Smoking among Doctors. Annals of King Edward Medical University. 2017 Aug; 23(2). doi: 10.21649/akemu.v23i2.1616.