

Exploring Variations in Lifestyle Patterns among Male and Female University Students in Pakistan: A Comparative Analysis

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ABSTRACT

Students are more likely to participate in health-related conduct, including anxiety, eating disorders, and lack of exercise during their formative years in academia. A balanced way of life includes several habits that promote fitness, which have been scientifically shown to be critical to maintaining and enhancing one's health. The purpose of the investigation was to categorize students' good and bad lifestyles by sexes at Pakistani universities. The research project involved 230 students from universities overall, and the sample size was determined by using 200 genuine, fully filled surveys. Three educational institutions in the Pakistani province of Punjab provided the information in question. The bulk of those who took part (112, or 48 percent) were men, and the remaining respondents (118, or 52 percent) were women. The results demonstrated that the variables significantly impacted higher education health among pupils. Students' commitment to recommendations for regular exercise and nutritious food proved to be inadequate.

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INTRODUCTION

Making the line between secure and hazardous behaviors is the biggest worry, especially for university students. Most research has demonstrated that bad habits were the main reason for mortality during the very beginning of existence. Individuals who pass away under the age limit of 65 are generally thought to have departed young in Western traditions. The integration of three elements, including regular workouts, proper diet, and movement, leads to good health. It impacts people's lives first. In addition, those are the behaviors that people ought to transform, and ultimately, erratic behavioral advancements may lead to significant alterations in both general well-being and individual wellness (WHO, 2010).

The WHO defined fitness as more than just a lack of illness or disability; it also includes an impression of complete physical, mental, and social well-being. In the words of Huber, et al., (2011), illnesses including overweight, depressive disorders, and BP make the WHO's definition of "complete happiness" inappropriate. Therefore, they suggested a fresh meaning: "Having the ability to grow and thrive regardless of interpersonal, physical, and psychological deviation, with pursue employment with pleasure and a feeling of happiness while dealing with an impairment or persistent illness." Subsequently, the World Health Organization (2007) confirmed the modifications and broadened the definition of wellness, declaring that "good health is the ideal condition of wellness for people and communities."

The appreciation of a person's full capacity for emotional, physical, and social wholeness is included in the idea of happiness (WHO, 1946). Nevertheless, NCDs have placed doubt on the WHO's projection of universal health coverage by 2020 (Baker, 2004). The WHO's projection of universal health by 2020 was similarly jeopardized by NCDs (Baker, 2004). Someone's way of life plays a significant role in their health state, in addition to genetic makeup and environmental influences. Health, according to the WHO, is "the condition of complete mental, physical, and social happiness, instead of just having no signs of sickness."

Theoretically, interpersonal variables impacting students' good and bad habits provide a major part of the foundation for the present investigation. The conditions that determine how individuals are born, job, and years of age, in addition to the systems that exist for handling a disease, is how the WHO (2010) defined medical variables. Numerous external and internal factors outside of their grasp have an impact on people of any generation (Azevedo et al., 2007; Dugdill et al., 2009; Murphy et al., 2009). Some variables that influence include genetic, socioeconomic, sentimental, ethnic, ecological, and interpersonal variables (Troost et al., 2002; Cavill et al., 2006).

LITERATURE REVIEW

The "Rainbow Model" (Göran & Whitehead, 1991) illustrates the various facets that impact an individual's overall health. The elements are separated into two categories: variables that can be changed, which include way of life, interpersonal and physical situations, in addition to larger economic in nature, ethnic, and external variables, and non-modifiable factors, which include race, ethnicity, and hereditary characteristics. In the words of Dugdill et al. (2009), an individual's health is the result of the interaction of several elements, including their own lifestyle and cultural, social, and physical circumstances. Some have also questioned Göran & Whitehead's (1991) approach, arguing (Marmot, 2005) that the method doesn't clarify the way elements relate to each other inside the identical tier or the way various phases connect.

According to Marmot (2005), the systems completely overlooked the fact that different demographic configurations and environmental factors, like violence and war, would result in a diverse healthcare profile. Furthermore, the framework proposes lifestyle variables that account for dangerous aspects linked to illnesses. The model describes each person as unique, with certain fixed health features related to hereditary determinants, including gender, ethnic background, and age, all of which contribute to equitable health outcomes (Göran & Whitehead, 1991). At the lowest point of the oval, layers of authority extend outward and are impacted through private or ecological administration.

The most fundamental aspect of an individual represents behavioral aspects, including how they eat, vigorous exercise, substance misuse, and inactivity, that can have an impact on their well-being. The following section, centered on how people live and work, consists of real estate, education, employment, and access to treatment (Earle & Donnell, 2007). The last and most significant layer is influenced by social, financial, and natural factors, including organizations and social trends. It can additionally encompass bodily factors linked to illness (Murphy et al., 2009). When all other factors are held constant, physical exercise has been demonstrated to possess the biggest effect on fatality. Even a slight alteration in living may result in a big effect on your psychological well-being (Khaw et al., 2008). Physical endeavors such as diving, strolling, running, landscaping, and singing have been demonstrated to mitigate symptoms of depression and anxiety (Guszkowska, 2004).

Especially interesting are the neurological components. Workout improves the amount of grey and white matter in the cerebral cortex, as well as circulation, blood supply, and functioning (Erickson & Kramer, 2009; Hamer & Chida, 2008). Physical activity increases synaptic development, neuron creation, interneuron links, neural conservation, and BDNF, or (brain-derived neurotrophic factor, the same neurotrophic factor upregulated by antidepressants) in the hippocampus based on experiments on animals (Cotman & Berchtold, 2002). Workouts may yet provide significant psychological advantages in spite of these brain variations (Murphy et al., 2009). These reduce related to age cognitive decline, increase young school achievement, aid in recovery from strokes, and lower the incidence of Alzheimer's and non-Alzheimer dementia in older people (Hamer & Chida, 2008; Quaney et al., 2009). Gym helps Alzheimer's patients with their ability to think, psychological conditions, interactions with others, and distress for caregivers, according to a study (Christofolletti, et al., 2007; Deslandes et al., 2009).

According to a study released in 2009, there are four types of positive developments and a longer list of mental advantages associated with physical activity for older adults (Hamer & Chida, 2009). Second, there may be a significant impact, with a 0.5 SD increase in mental performance and a 45% decrease in the probability of Alzheimer's disease. Second, even though women are more productive than men, both sexes benefit from the improvement both medically and non-clinically. Third, the scope can be broadened by incorporating a variety of mental activities, such as mental agility and thought ability. The purpose of the research was to categorize students' good and harmful lifestyles by sexual orientation in Pakistani universities.

RESEARCH METHODOLOGY

Applying questionnaires and a design based on statistics, researchers from many Pakistani institutions examined the healthy and unhealthy lives of their students. Three universities in Pakistan were selected arbitrarily to conduct this assessment: The Islamia University of Bahawalpur, the University of Sargodha, and Government College University of Faisalabad. The sample of my research consists of all undergraduate, graduate, master's, and PhD scholars. A straightforward sampling procedure was used to choose the sample. The Roasoft Sample size calculator was used to calculate the overall number of samples for the evaluation. Information on both secure and inappropriate behaviors was gathered using a questionnaire. In order to determine the intended results, the survey examined the objectives of the research.

Data Analysis

The information was accurately summarized for investigation in Microsoft Excel (version 2010). The Statistical Package for Social Sciences was utilized to analyze the results. The general statements concerning healthy and harmful lifestyles are tested using the reliability test (Cronbach's Alpha) and descriptive statistics; the results are covered in detail in the following chapter.

RESULTS

Figure 1 lists the gender frequencies of the students. Most of those involved were men (112) 48.00 percent of the data that was gathered came from females, who made up 52 (118) percent of the entire population.

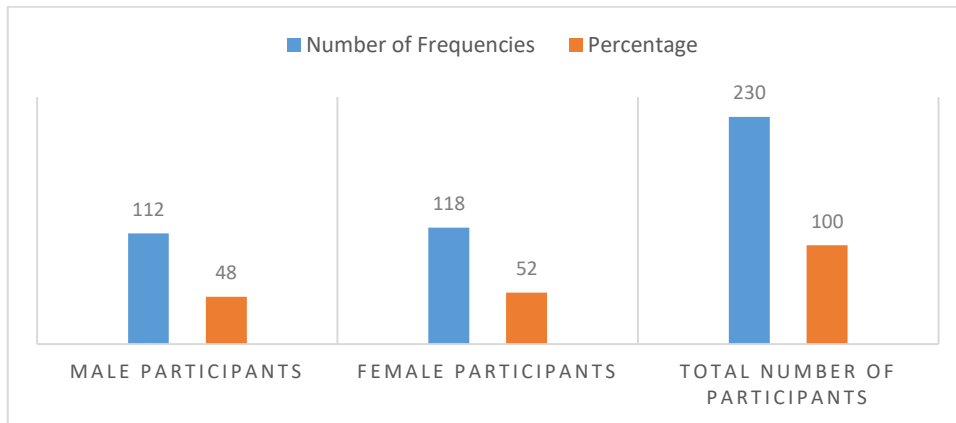


Figure 1: Gender Wise Results

According to the statistical data displayed in Table 1, the average score of the majority of the queries is between two and three, indicating that users have frequently, infrequently, and seldom provided replies.

Table 1: Descriptive Statistics

	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

The results show that, concerning security and unsafe habits, students at the chosen colleges had very different answers. One student, speaking in a small category, had answered, "still." Students at colleges engage with more beneficial and harmful habits than their elementary or middle school counterparts. Although 67 students only infrequently take part in moderately intense physical activities like vigorous walking and ascending stairs, 133 students take part in such endeavors daily. Of those enrolled, 152 consistently participate in high-intensity, high-energy activities that elevate their cardiovascular system for a total of twenty minutes, whereas the remaining 48 do so very seldom.

Additionally, the average daily consumption of calories by those surveyed is occasionally 104, infrequently 68, and never 28. As was previously mentioned, stress is a common occurrence for college pupils, but not all of them are aware that they are experiencing it. The results of the questionnaire showed that 58 students claimed they notice stressors frequently, 28 said they do so occasionally, 29 said they do it infrequently, and 85 claimed they never realize the circumstances, which lead to unhealthy habits. If pupils are conscious of them in their final days, calm and recuperation from stress are both martial arts. However, the study finds that only 39 learners can consistently release to recuperate from anxiety, 47 can do so occasionally, 10 students can't do so infrequently, and 104 individuals cannot accomplish so.

In all, sixty-eight pupils occasionally spend time with their loved ones, peers, and various pursuits; another 114 pupils do the same occasionally; and 28 learners do. Thirty-eight (38) pupils regularly exercise every day, 114 occasionally, 20 infrequently, and 28 never to relieve stress. Of the entire sample, 96 pupils shared their emotions and issues with peers often, 57 occasionally, 19 rarely, and 28 never. It indicates that discussing difficulties with close companions is

the most common and useful practice among graduates. Teenagers' consumption of illegal drugs, alcohol, and other chemicals, along with their nicotine consumption, are the main causes of their misconduct.

Of those surveyed, 47 stated they use nicotine or associated products infrequently or not at all, 39 stated they occasionally abuse liquor or various drugs like Sheesha, and 47 said they use them rarely or not. Of the students, 133 do not utilize other such chemicals, 28 utilize them rarely, and 39 utilize things frequently. A positive or negative living is frequently associated with safety procedures. Of those surveyed, 19 use safety belts every day when going below the permitted speed restriction, 28 do at times, 95 do so infrequently, and 58 never wear them. The subjects answered more accurately to the final two yet answered the least items on the questionnaire because they consistently obtained adequate sleep (constantly 95 and 105 minutes) and cleaned their teeth twice a day (114 and 86, respectively).

DISCUSSION

The lives of adults, particularly those who are undergraduates, are becoming increasingly publicized globally. Research conducted in the US and the European Union, for instance, evaluated the views of college pupils regarding behaviors that promote health, specifically physical activity and diet (Laska et al., 2006). Conversely, there are few results from Saudi Arabian research on actions that promote wellness. Our research has shown that university students are in danger since they are immature and cannot be conscious of illnesses or unusual indicators of stress. According to the report, a good deal of students is either ignorant about safe behaviors like exercising and other health-related behaviors or disinterested in their final days. It is because researchers who could advise them and educate them on good and bad lifestyle behaviors have not been included (Schmidt, 2009).

University-level athletic competitions and other activities, such as the syllabus for guidance, are also significant factors. Because of their hectic schedules, pupils are so overburdened that they don't spend much time on these activities, which affects their way of life in addition to raising anxiety and stress, as per the findings of a paper prepared by (Mehri et al., 2016). The results of the research suggested that regular engagement in vigorous exercise, a healthy diet, and safety precautions will assist college students in achieving better results later on. According to other research, regular exercise improves both psychological and physical health (Klainin-Yobas et al., 2015). Additionally, three times during the week, answers to the activity had a significant impact and varied among college respondents.

Similar findings were made in earlier studies on nursing students (Klainin-Yobas et al., 2015). Only sometimes or never did university students in this sample participate in moderate-level physical activity. The results are in line with those of a prior Korean study (Parks et al., 2017), where participants stated they don't engage in regular physical activity. Our findings about eating habits revealed a substantial and noteworthy influence on the students' answers concerning daily calories, regular meals, fat intake, and food group choices. Most students do not select meals that are balanced, low in fat and cholesterol, and consumed three times a day. Teenagers living alongside their family members consume well as opposed to those who are located in dorms (El Ansari, 2012). The questionnaire's final findings indicated a comparatively low degree of appropriate dietary intake, and investigators from across the world and domestically have come to identical findings (Dodd et al., 2010; Khalid et al., 2011).

Moreover, Chinese students exhibit the opposite trend, consuming higher amounts of fruits and vegetables—the most balanced diet that is advised (Sakamaki et al., 2005). Moreover, numerous additional studies have demonstrated and elucidated that the impediments to university students adhering to a balanced diet consist of inadequate knowledge, time constraints, and the scarcity of healthful food options (Das & Goyal, 2015). The findings highlight the actions that should be taken to encourage college students to adopt healthier lifestyle choices, including regular exercise, safety measures, a balanced diet, abstaining from drugs and alcohol, quitting smoking, maintaining regular sleep schedules, and other healthy habits.

CONCLUSION

In addition to other social and moral ideals, our research sought to understand the fundamental lifestyles of students from six institutions in terms of safe and unhealthy lifestyle activities and their effects on well-being. We may infer from the results that most of our pupils are aware of and appreciate the advantages of participating in sports, aside from the main incentive to compete in sports, which has been the subject of numerous studies. We discovered that people are looking to socialize, make contact, and make new friendships in addition to maintaining their well-being. Students frequently report that sports activities are crucial for preserving high motivation as well as for physical and mental relaxation.

REFERENCES

- Azevedo MR, Araújo CL, Reichert FF, Siqueira FV, da Silva MC, Hallal PC. (2007). Gender differences in leisure-time physical activity. *Int J Public Health* ;52(1):8-15. doi: 10.1007/s00038-006-5062-1. PMID: 17966815; PMCID: PMC2778720.
- Baker TB, Piper ME, McCarthy DE, Majeskie MR, Fiore MC. (2004). Addiction motivation reformulated: an affective processing model of negative reinforcement. *Psychol Rev. Jan*;111(1):33-51. doi: 10.1037/0033-295X.111.1.33. PMID: 14756584.
- Cavill, N., Foster, C., Oja, P., & Martin, B. W. (2006). An evidence-based approach to physical activity promotion and policy development in Europe: contrasting case studies. *Promotion & education*, 13(2), 104-111.
- Christofolletti, G., Oliani, M. M., Gobbi, S., & Stella, F. (2007). Effects of motor intervention in elderly patients with dementia: an analysis of randomized controlled trials. *Topics in Geriatric Rehabilitation*, 23(2), 149-154.
- Cotman, C. W., & Berchtold, N. C. (2002). Exercise: a behavioral intervention to enhance brain health and plasticity. *Trends in neurosciences*, 25(6), 295-301.
- Das, D., & Goyal, A. (2015). Antioxidant activity and γ -aminobutyric acid (GABA) producing ability of probiotic *Lactobacillus plantarum* DM5 isolated from Marcha of Sikkim. *LWT-food Science and Technology*, 61(1), 263-268.
- Deslandes, A., Moraes, H., Ferreira, C., Veiga, H., Silveira, H., Mouta, R., ... & Laks, J. (2009). Exercise and mental health: many reasons to move. *Neuropsychobiology*, 59(4), 191-198.
- Dodd, L. J., Al-Nakeeb, Y., Nevill, A., & Forshaw, M. J. (2010). Lifestyle risk factors of students: a cluster analytical approach. *Preventive medicine*, 51(1), 73-77.
- Dugdill, L., Crone, D., & Murphy, R. (Eds.). (2009). *Physical activity and health promotion: evidence-based approaches to practice*. John Wiley & Sons.
- Earle, S., & O'Donnell, T. (2007). The factors that influence health. *Theory and research in promoting public health*, 67-100.
- El Ansari, W., Stock, C., & Mikolajczyk, R. T. (2012). Relationships between food consumption and living arrangements among university students in four European countries-a cross-sectional study. *Nutrition journal*, 11, 1-7.
- Erickson, K. I., & Kramer, A. F. (2009). Aerobic exercise effects on cognitive and neural plasticity in older adults. *British journal of sports medicine*, 43(1), 22-24.
- Göran, D., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Futures Studies
- Guszkowska, M. (2004). Effects of exercise on anxiety, depression and mood. *Psychiatria polska*, 38(4), 611-620.
- Hamer, M., & Chida, Y. (2009). Walking and primary prevention: a meta-analysis of prospective cohort studies. *British journal of sports medicine*, 42(4), 238-243.
<http://www.raosoft.com/samplesize.html>
- Huber, M., Knottnerus, J. A., Green, L., Van Der Horst, H., Jadad, A. R., Kromhout, D., ... & Smid, H. (2011). How should we define health?. *Bmj*, 343.
- Khalid, A., Arshad, M., Anjum, M., Mahmood, T., & Dawson, L. (2011). The anaerobic digestion of solid organic waste. *Waste management*, 31(8), 1737-1744.
- Khaw, K. T., Wareham, N., Bingham, S., Welch, A., Luben, R., & Day, N. (2008). Combined impact of health behaviours and mortality in men and women: the EPIC-Norfolk prospective population study. *PLoS medicine*, 5(1), e12.
- Klainin-Yobas, P., Oo, W. N., Suzanne Yew, P. Y., & Lau, Y. (2015). Effects of relaxation interventions on depression and anxiety among older adults: a systematic review. *Aging & mental health*, 19(12), 1043-1055.
- Laska, M., Bautista, R.M.R. and Salazar, L.T.H. (2006), Olfactory sensitivity for aliphatic alcohols and aldehydes in spider monkeys (*Ateles geoffroyi*). *Am. J. Phys. Anthropol.*, 129: 112-120. <https://doi.org/10.1002/ajpa.20252>
- Marmot, M. (2005). Social determinants of health inequalities. *The lancet*, 365(9464), 1099-1104.
- Mehri, A., Solhi, M., Garmaroudi, G., Nadrian, H., & Sigaldehy, S. S. (2016). Health promoting lifestyle and its determinants among university students in Sabzevar, Iran. *International journal of preventive medicine*, 7(1), 65.
- Murphy RJ, Gray SA, Sterling G, Reeves K, DuCette J. A comparative study of professional student stress. *J Dent Educ*. 2009 Mar;73(3):328-37. PMID: 19289722.
- Parks, D. H., Rinke, C., Chuvochina, M., Chaumeil, P. A., Woodcroft, B. J., Evans, P. N., ... & Tyson, G. W. (2017). Recovery of nearly 8,000 metagenome-assembled genomes substantially expands the tree of life. *Nature microbiology*, 2(11), 1533-1542.
- Quaney, B. M., Boyd, L. A., McDowd, J. M., Zahner, L. H., He, J., Mayo, M. S., & Macko, R. F. (2009). Aerobic exercise improves cognition and motor function poststroke. *Neurorehabilitation and neural repair*, 23(9), 879-885.
- Sakamaki, R., Toyama, K., Amamoto, R., Liu, C. J., & Shinfuku, N. (2005). Nutritional knowledge, food habits and health attitude of Chinese university students—a cross sectional study—. *Nutrition journal*, 4, 1-5.
- Schmidt, S. (2009). Shall we Really do it Again? The Powerful Concept of Replication is Neglected in the Social Sciences. *Review of General Psychology*, 13(2), 90-100. <https://doi.org/10.1037/a0015108>
- Trost, S. G., Owen, N., Bauman, A. E., Sallis, J. F., & Brown, W. (2002). Correlates of adults' participation in physical activity: review and update. *Medicine & science in sports & exercise*, 34(12), 1996-2001.
- WHO. (1946). WHO family of international classifications. www.who.int/classifications.

WHO. (2007). What is the definition of health? [cited 2014 Dec 1]. Available from: www.who.int/suggestions/faq/en/
WHO. (2010). WHO family of international classifications. www.who.int/classifications.