



Original Article

ASSOCIATED FACTORS OF HEALTH PROMOTING LIFESTYLES AMONG UTTARA HIGH SCHOOL & COLLEGE STUDENTS IN UTTARA, DHAKA

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Abstract

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Background: Health promotion is one of the key determinants and strategies for individuals to promote and maintain good health. Therefore, this study aims to investigate health promoting lifestyles among college students and explore factors related to various health behaviors.

Methods: This descriptive cross-sectional study was conducted among 175 respondents selected by using simple random sampling method from college students at Uttara High School & College, Uttara, Dhaka, Bangladesh. Relevant data were collected through face-to-face interview with the help of semi-structured questionnaire. **Results:** Present study showed that, the average age of the participants was $17.63 \pm .77$ years which was ranged from 16 to 19 years. Regarding health promoting lifestyle study revealed that more than (50.9%) of the respondents had good health promoting lifestyles. Participants revealed higher percentage of good health promoting lifestyle among female than male. Moreover, participants whose income was 30000 thousand or more revealed good percentage of health promoting lifestyle than less income.

Conclusion: To promote health, life style factors and its modification play an important role. The study exhibited that, more than half participants had good health promoting life styles. Improving a health promoting lifestyles to achieve a desire goal requires a holistic approach that includes physical, mental and social well-being.

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Introduction

Health promotion is one of the key determinants and strategies for individuals to promote and maintain good health. It has been described in numerous manners and the World Health Organization (1986) described it as the method of allowing human beings to gain control over, and to improve one's health. Health-promoting lifestyle involves a positive approach to living

and a way of increasing well-being.¹ A rapidly growing body of evidence suggests that, individuals can take action to promote their own health and well-being.² Such healthy lifestyle includes a range of behavior ranging from eating a low-fat diet, regular physical activities, maintaining a healthy body weight, avoiding smoking and stress, to having a sufficient amount of sleep, and so on.³ Students play a crucial role within

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our youthful demographic. Students frequently find themselves needing to make autonomous choices regarding their academic trajectories as well as their personal health and lifestyle decisions. Over the past few decades, there is an increasing recognition that biomedical interventions alone cannot ensure better health, rather it depends on a comprehensive, holistic approach that goes beyond traditional curative care. Such holistic approach involves individuals, communities, health providers, and other stakeholders to take action for their own health. To cultivate a healthy lifestyle, it is essential for individuals to embrace and incorporate habits such as nutritious eating patterns, taking responsibility for their health, engaging in regular physical activity, fostering fulfilling relationships, implementing effective stress management techniques, and nurturing a balanced sense of self-awareness. Educational institutions such as schools, colleges and universities are acknowledged as suitable environments for fostering health-promoting behaviors among youths.⁴ Therefore, this study aims to investigate health promoting lifestyles among college students and explore factors related to various health behaviors.

Methods

This descriptive cross-sectional study was conducted the target population were the College students of both sexes who were studying at Uttara High School & College, Uttara, Dhaka, Bangladesh. The study was

conducted over a period of 1 year from October 2023 to September 2024. Participants were selected using G Power analysis. There was significance level of 0.05 power of 0.80 and an effect size of 0.30. A total of 175 respondents were interviewed. Students who were attending college and age more than 16 years old resides in Uttara, Dhaka, were the study population. A face-to-face structured interview was administered in the local Bengali language to all participants. The study instrument for data collection was comprised of two major scales, namely, i) The Socio-demographic Data Form and, ii) The Health Promoting Life Style Profile II (HPLP-II). The details of these two scales are discussed below: The first part was included 8 items of socio-demographic and health related questions, for instance, age, gender, religion, marital status, residence type, monthly income. The second part of the instrument was consisted of the Health Promoting Lifestyles Profile II (HPLP II) questionnaire developed by an author.⁵ The overall scale of the original version of the HPLP II reported a Cronbach's alpha coefficient of 0.94, and for the six subscales, it ranged from 0.79 to 0.87 (Walker et al., 1987). Data was analyzed by the SPSS software version 26.0 at the significant level of 0.05 (95%CI).

Results

Table II shows distribution of the respondents by religion. Majority [162 (92.6%)] of the respondents were Muslims and the rest 13 (7.4%) were Hindus.

Table-I
Socio Demographic Characteristic of the Respondents (n=175)

| Socio-demographic characteristics | Frequency (n) | Percentage (%) | Statistics |
|--|----------------|----------------|--------------------------|
| Age group (year) | 16-17 | 60 | 34.3 |
| | 18-19 | 115 | 65.7 |
| | Total | 175 | 100% |
| Gender | Male | 117 | 66.9 |
| | Female | 58 | 33.1 |
| Religion | Islam | 162 | 92.6 |
| | Hindu | 13 | 7.4 |
| Marital status of the respondents | Married | 12 | 6.9 |
| | Unmarried | 163 | 93.1 |
| Monthly family income of the respondents | 10000-30000BDT | 85 | 48.6 |
| | 31000-50000BDT | 66 | 37.7 |
| | 51000-70000BDT | 20 | 11.4 |
| | >70000 BDT | 4 | 2.3 |
| | | | Mean=37828 |
| | | | Median=32000 |
| | | | Mode=50000 |
| | | | Standard deviation=16234 |
| | | | Minimum=10000 |
| | | | Maximum=90000a |

Figure 1 shows sex distribution of the respondents. Among the total 175 respondents, 117(66.9%) were male and the rest 58 (33.1%) were female.

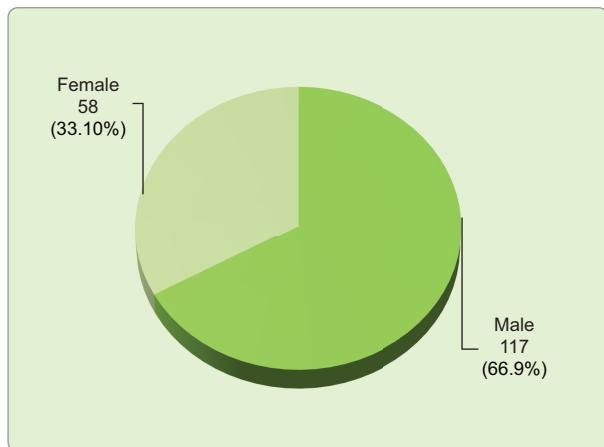


Figure 1: Distribution of the respondents by gender (n=175)

Figure 2 shows the distribution of the respondents by type of family. Among the total 175 respondents 91.4% (160) were from nuclear family and the rest (8.6%) from joint family.

Figure 3 shows the distribution of the respondents by type of resident. Among the total 175 respondents 92 (52.6%) were live in apartment/flat, 58 (33.1%) were live in slum and the rest 25 (14.3%) were live in the semi-urban area.

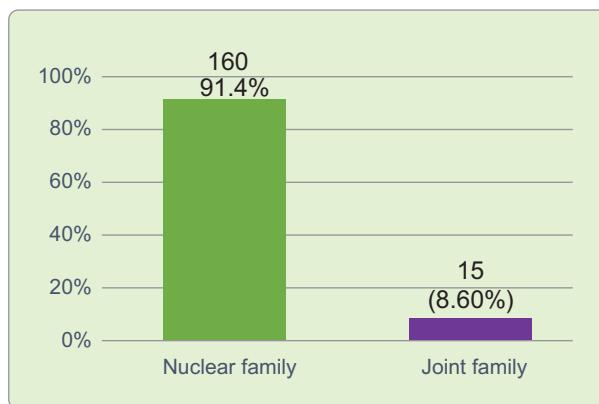


Figure 2: Distribution of the respondents by type of family (n=175)

Table III Shows Regarding level of health promoting lifestyle, it was seen that out of the total 175 respondents, 89 (50.9%) of the respondents had good health promoting lifestyles and the rest 86 (49.1%) had poor health promoting lifestyles.

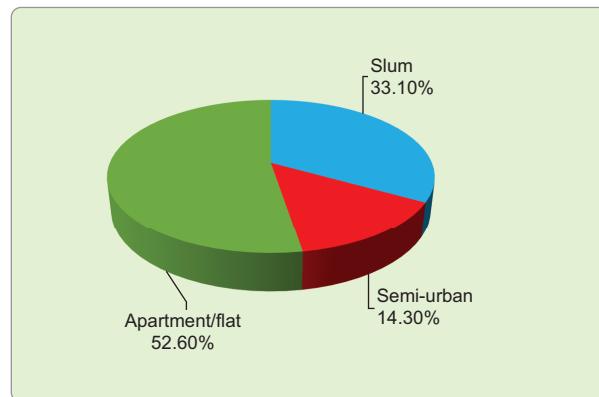


Figure 3: Distribution of the respondents by type of resident (n=175)

Table II
Distribution of respondents by religion (n=175)

| Variables | Categories | Frequency (n) | Percentage (%) |
|-----------|------------|---------------|----------------|
| Religion | Islam | 162 | 92.6 |
| | Hindu | 13 | 7.4 |

Table-III
Distribution of the respondent by the level of health promoting lifestyle (n=175)

| Categories | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| Good Health PromotingLifestyle | 89 | 50.9% |
| Poor Health PromotingLifestyle | 86 | 49.1 % |

Table-IV

Relationship between socio-demographic characteristics and level of health promoting lifestyle among the respondents (n=175)

| Variables | Categories | Level of health promoting lifestyle | | χ^2 | P value |
|----------------------------|--------------------------------------|-------------------------------------|--------------------|----------|---------|
| | | Poor knowledge (%) | Good knowledge (%) | | |
| Age in years | Age <18 years | 82 (95.3) | 79 (88.8) | 2.57 | .10 |
| | Age ≥18 years | 4 (4.7) | 10 (11.2) | | |
| Gender | Male | 69 (80.2) | 48 (53.9) | 13.65 | .000 |
| | Female | 17 (19.8) | 41 (46.1) | | |
| Religion | Islam | 77 (89.5) | 85 (95.5) | 2.26 | .13 |
| | Hindu | 9 (10.5) | 4 (4.5) | | |
| Marital status | Married | 7 (8.1) | 5 (5.6) | .43 | .50 |
| | Unmarried | 79 (91.9) | 84 (94.4) | | |
| Type of family | Nuclear family | 78 (90.7) | 82 (92.1) | .11 | .73 |
| | Joint family | 8 (9.3) | 7 (7.9) | | |
| Length of years in college | Length of years in college 1 year | 49 (57.0) | 22 (24.7) | 18.87 | .000 |
| | Length of years in college 2 years | 37 (43.0) | 67 (75.3) | | |
| Monthly family income | Income less than 38000 taka | 74 (86.0) | 29 (32.6) | 51.62 | .000 |
| | Income equal or more than 38000 taka | 12 (14.0) | 60 (67.4) | | |
| Type of resident | Slum | 52 (60.5) | 6 (6.7) | 80.42 | .000 |
| | Semi-urban | 18 (20.9) | 7 (7.9) | | |
| | Apartment/Flat | 16 (18.6) | 76 (85.4) | | |

χ^2 =Chi-square value, P value less than 0.05 is significant

Discussion

This cross-sectional study was conducted to examine health promoting lifestyles among college students. One hundred and seventy-five (175) participants participated in this study. Present study showed that, the average age of the participants was $17.63 \pm .77$ years which was ranged from 16 to 19 years. This finding is nearly consistent with another study^{6,7} conducted in Bangladesh. Present study findings also revealed that majority of the participants (92.6%) were Muslim. Another author conducted study to asses Life Style Practices And Health Risk Behaviors Of Medical Students who found similar results.⁸ This may be due to approximately 80% of Bangladeshi population are Muslim and the rest on other religions. Present study findings also revealed that two third of the participant's mother (91.4%) were from nuclear family. Consistent results found in another study conducted by other author.⁸ Their study finding revealed that nearly half of the participants' mothers had secondary level education. However, inconsistent findings

were found in several previous studies.^{3,6,8} This might be due to majority of the women in Bangladesh are engage in household activity because of lack of opportunities for women's employment. Therefore, nearly half of the study participants (48.6%) had monthly family income 10000-30000 BDT. However, a study conducted by another author founded dissimilar findings in this regard.⁹ Regarding health promoting lifestyle study revealed that more than (50.9%) of the respondents had good health promoting lifestyles regarding menstrual hygiene. Several studies founded quite similar results.⁷⁻⁹ However, inconsistent finding founded in several previous study.^{10,11} To examine the relationships between socio-demographic characteristics and heath promoting lifestyle among the respondents. Results showed that participant's gender ($p=.000$), duration of years in college ($p=.000$), monthly family income ($p=.000$) and type of residence ($p=.000$) were statistically significantly associated with health promoting lifestyle.

Present study showed that there was a statistically significant difference between health promoting lifestyle and gender. Participants revealed higher percentage of good health promoting lifestyle among female than male. Study conducted by other author founded consistent result.¹¹ Moreover, participants whose income was 30000 thousand or more revealed good percentage of health promoting lifestyle than less income. This might be due to participants from low-income family is usually given less importance to health promoting lifestyle than high income participants. However, several previous studies founded dissimilar results in this regard.^{7,12} Participants who lived in apartments/flats found a higher percentage of good health promoting practices compared to who lived in semi-urban or slum. Congruent result founded in one study.¹³

Conclusion

To promote health, life style factors and its modification play an important role. The findings of the study exhibited that, more than half participants had good health promoting life styles. It is the positive impression but need to improve overall health promoting life style activities to achieve desire goal. This study findings suggest the importance of planning and prioritizing health-promoting activities for college students to not only improve their lifestyles and health but also to possibly support population health-promoting programs.

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