ISSN No:-2456-2165

A Comparison of Healthy Habits, Health Promoting Behavior, Self Efficacy and Health Status Among Medical Students and Non-Medical Students of Selected Colleges at Vijayapur District

Bhirappa Jogi[1]
[1]B.Sc Nursing IV year,
BLDEA's Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

Bapu Khodnapur[2]
[2]Asstistant Professor
Child Health Nursing, BLDEA's Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

Abstract:-

➢ ***Background***

To maintain a healthy habit, Healthy diet, self-love, and spending quality time with your family will help you stay grounded and remember what's important in life. New, beneficial habits will rapidly become part of your everyday routine after you've established them. These healthy practices will improve your mental and physical well-being over time and provide you with the tools you need to deal with stress in the future.

To begin with, in order to be healthy, you must plan and adhere to a strict diet. This diet should include all of the minerals and vitamins that the body requires. Eat only healthy foods and avoid junk, high carbohydrate, and fatty foods. Furthermore, get up early in the morning because, first and foremost, it is a healthy habit. Second, getting up early allows you to get ready for work and spend quality time with your family. Furthermore, this determines the time for your sleep, and sleeping early de-stresses the body.

➢ ***Aim***

Perceived on comparison of healthy habits, health Promoting behavior, self efficacy and health status among medical students and non-medical students of selected colleges at Vijayapur district

➢ ***Methodology***

An Non- Experimental Research Design: Comparative Descriptive design. was adapted. Sample size is 1000 medical students 500 and non-medical students 500, non-probability convenience sampling technique were included. Data was collected by using demographic profile, self structured questionnaire on health habits, self efficacy structured tool, Health Promoting life profile-II.

➢ ***Results***

Result were shows that of healthy habits13.3 & 0.0003(S), health Promoting behavior38.6 & < 0.001(S) , and health status 13.31 and 0.002(S) shows high between medical students than non-medical students but it does not show any association with regard to self efficacy between medical non medical students .

➢ ***Conclusion:***

The study were conclude that of healthy habits health Promoting behavior and health status and shows high between medical students than non-medical students but it does not show any association with regard to self efficacy between medical non medical students .

Keywords:- *Comparison, Healthy Habits, Health Promoting Behavior, Self Efficacy and Health Status, Medical Students, Non-Medical.*

I. INTRODUCTION

University students constitute a significant number of the young population, and as future decision-makers, they are critical to groups, communities, and the entire country. College is a time when students make increasingly independent decisions about their lifestyle and health performance.

There is evidence that an unhealthy lifestyle among young people is associated with incapacity and health issues in adulthood, and many risk factors for health can be avoided if unhealthy behaviors are diagnosed and controlled at an early time. Unfortunately, the prevalence of lifestyle-related disorders such as diabetes, cardiovascular disease, and cancer has risen rapidly among young people in recent years as a result of inactivity, obesity, smoking, poor diet, and a lack of healthy lifestyle choices.

A healthy habit, healthy diet, self-love, and spending quality time with your family will keep you grounded and remind you of what's important in life. After you've created new, positive habits, they'll quickly become a part of your daily routine. These healthy habits will enhance your mental and physical health over time and provide you the tools you need to deal with stress in the future.

To begin with, in order to be healthy, you must plan and adhere to a strict diet. This diet should include all of the minerals and vitamins that the body requires. Eat only healthy foods and avoid junk, high carbohydrate, and fatty foods. Furthermore, get up early in the morning because, first and foremost, it is a healthy habit. Second, getting up early allows you to get ready for work and spend quality time with your family. Furthermore, this determines the time for your sleep, and sleeping early de-stresses the body.

The Health Habits Inventory (HHI) was used in this two-year longitudinal study to compare health habits between 71 nursing and 83 non-nursing students. There was a statistically significant difference between nursing and non-nursing students in time 1 ($t = 4.91$, $p < .001$) and time 2 ($t = 3.59$, $p < .001$) with nursing students scoring higher in health habits. Nursing students improved significantly from time 1 to time 2 ($t = 2.05$, $p = .021$) whereas non-nursing students did not improve ($t = .94$, $p = .175$).[7]

In future prospect a Health habits can help you avoid diseases including heart disease, stroke, and high blood pressure. You can keep your cholesterol and blood pressure in a healthy level if you take care of yourself. This maintains your blood flowing freely, lowering your risk of heart disease and stroke.

II. OBJECTIVES

- To assess healthy habits, health Promoting behavior, self efficacy and health status among medical students and non-medical students.
- To compare healthy habits, health Promoting behavior, self efficacy and health status among medical students and non-medical students with selected demographic variables.
- To find out association between the findings of healthy habits, health Promoting behavior, self efficacy and health status among medical students with selected demographic variables.
- To find out association between the findings of healthy habits, health Promoting behavior, self efficacy and health status among non-medical students with selected demographic variables.

- *Hypothesis*
  Will be tested at 0.05 level of significance

✓ *H_1:*
There is a significant difference in healthy habits, health Promoting behaviour, self efficacy and health status among medical students and non-medical students.

✓ *H_2:*
There is significant association between healthy habits, health Promoting behaviour, self efficacy and health status scores with selected demographic variables medical students and non-medical students

III. MATERIALS AND METHODS

➢ *Research Approach*
Quantitative research approach will be used for this study.

➢ *Research Design*

- *Experimental Research Design:*
- *Comparative Descriptive design:*

- *Variable:*
- *Research Variable:*

✓ Healthy Habits
✓ Health Promoting Behavior
✓ Self Efficacy
✓ Health Status

- *Inclusion Criteria:*
  The subjects who meet the inclusion criteria will be selected for the study. Those who are:

✓ In the age group of 18 to 24 Years,
✓ Willing to participate in the study.
✓ Present at time of data collection

- *Exclusion Criteria*
  The subjects who will not meet the exclusion criteria will be excluded from the study. Those who are:

✓ Under chronic disease and treatment
✓ Physically challenged

- *Setting of the study Selected undergraduate colleges of medical & non medical Vijayapur.*

- *Study Population*

✓ Above 18 years and below 25 years of age

- *Sampling Technique*
  Non Probability Convenience Sampling Technique.

- *Sample Size*
  Total 1000 Under Graduate Students

✓ Medical students :500
✓ Non medical students:500

➢ *Description of the Instruments*
The data collection instrument is divided in to 5 parts:

- Demographic data tool
- Self structure healthy habit tool
- Health Promoting life profile-II
- Self-Efficacy scale
- Health Status by Measuring vital signs, BMI

➢ *Data Analysis*

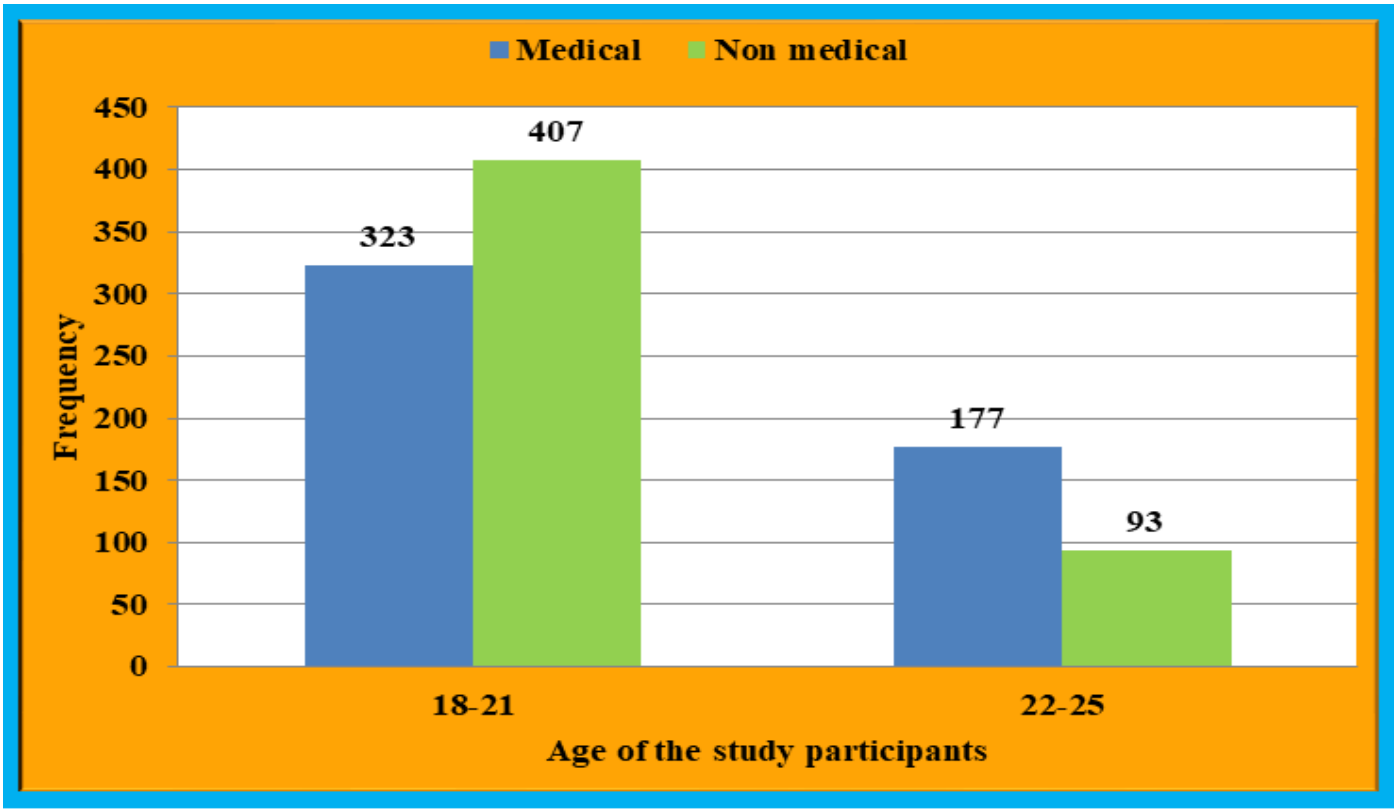
Data will be analyzed by using descriptive and inferential statistics.

- Percentage, mean, median and standard deviation will be computed
- 4. Chi square test: To analyze association between selected socio-demographic and healthy habits, health Promoting behavior, self efficacy and health status among non-medical students.

IV. RESULTS AND DISCUSSION

Table 1 Frequency and Percentage Distribution of the Study Participants According to their Age

SINO	Age	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	18-21	323	64.6%	407	81.4%
2	22-25	177	35.4%	93	18.6%
Total		500	100.0%	500	100.0%



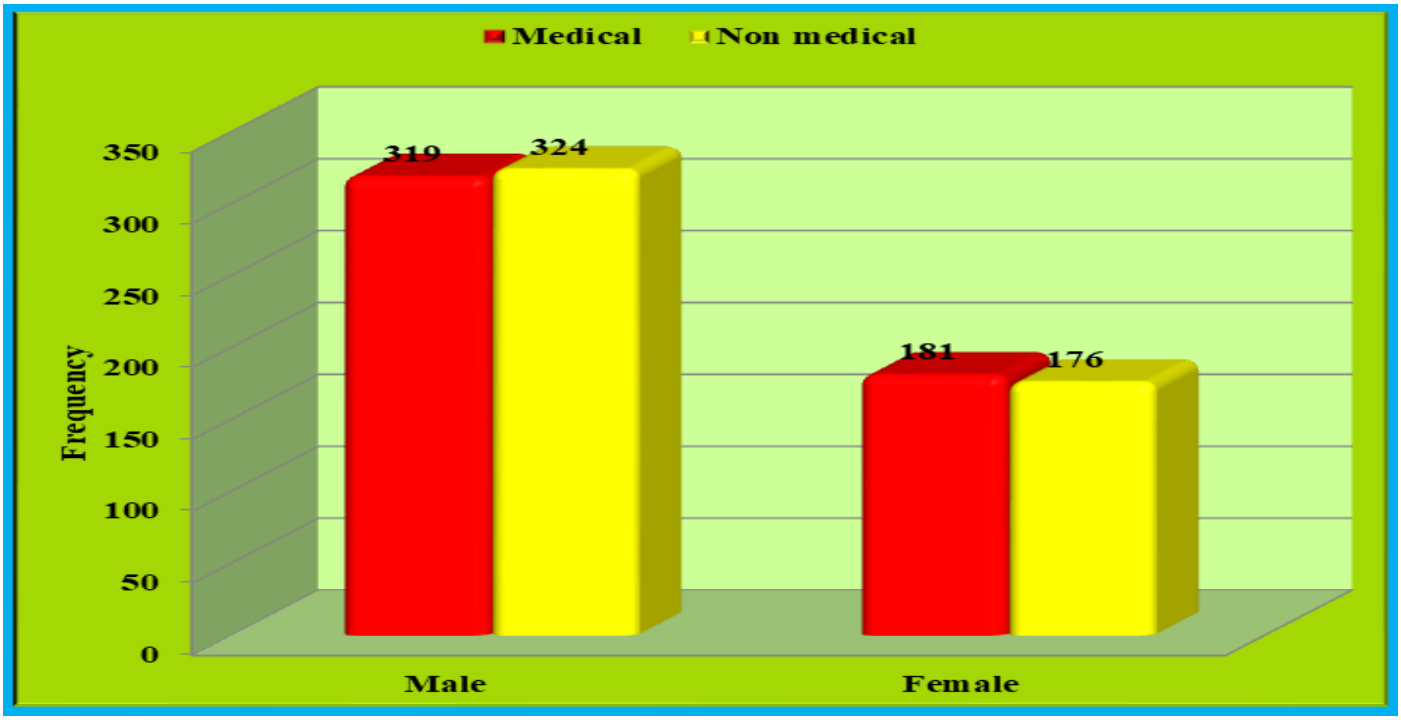
Graph 1 Frequency Distribution of the Study Participants According to their Age

From table no 1 and graph no 1 , it was seen that majority 323(64.6%) of the medical and majority 407(81.4%) among non medical students were in 18-21 years of age groups

Table 2 Frequency and Percentage Distribution of the Study Participants According to their Gender

SINO	Gender	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	Male	319	63.8%	324	64.8%
2	Female	181	36.2%	176	35.2%
Total		500	100.0%	500	100.0%

ISSN No:-2456-2165

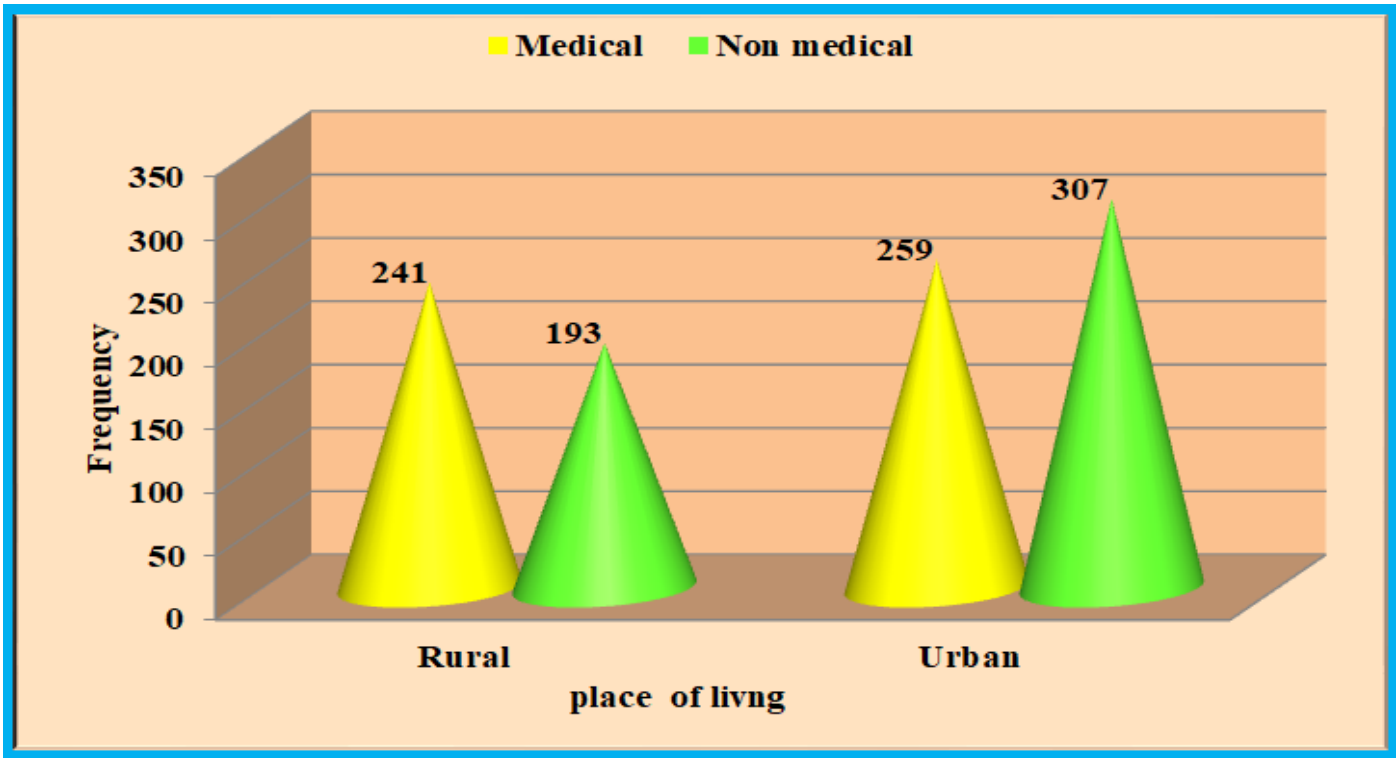


Graph 2 Frequency and Percentage Distribution of the Study Participants According to their Gender

Table no 2 and graph 2 revealed that, majority 319(63.8%) of the medical and majority 324(64.8%) of the non medical students were males and remaining 36.2% medical students and 35.2% were female

Table 3 Frequency and Percentage Distribution of the Study Participants According to their Place

SINO	Place	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	Rural	241	48.2%	193	38.6%
2	Urban	259	51.8%	307	61.4%
Total		500	100.0%	500	100.0%



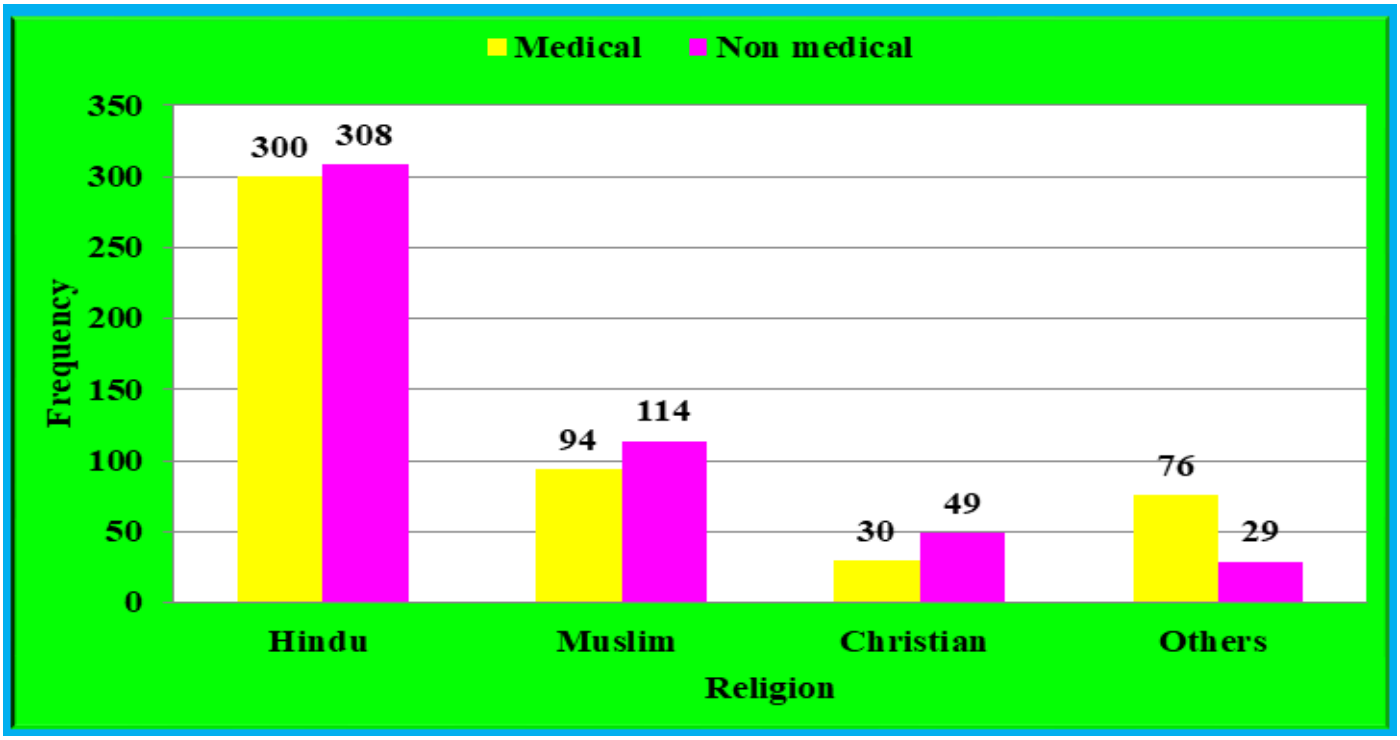
Graph 3 Frequency Distribution of the Study Participants According to their Place of Living

ISSN No:-2456-2165

From table no 3 and graph no 3 , it was seen that majority 241(68.2%) of the medical and majority 307(61.4%) among non medical students were from rural and urban area respectively

Table 4 Frequency and Percentage Distribution of the Study Participants According to their Religion

SINO	Religion	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	Hindu	300	60.0%	308	61.6%
2	Muslim	94	18.8%	114	22.8%
3	Christian	30	6.0%	49	9.8%
4	Others	76	15.2%	29	5.8%
Total		500	100.0%	500	100.0%



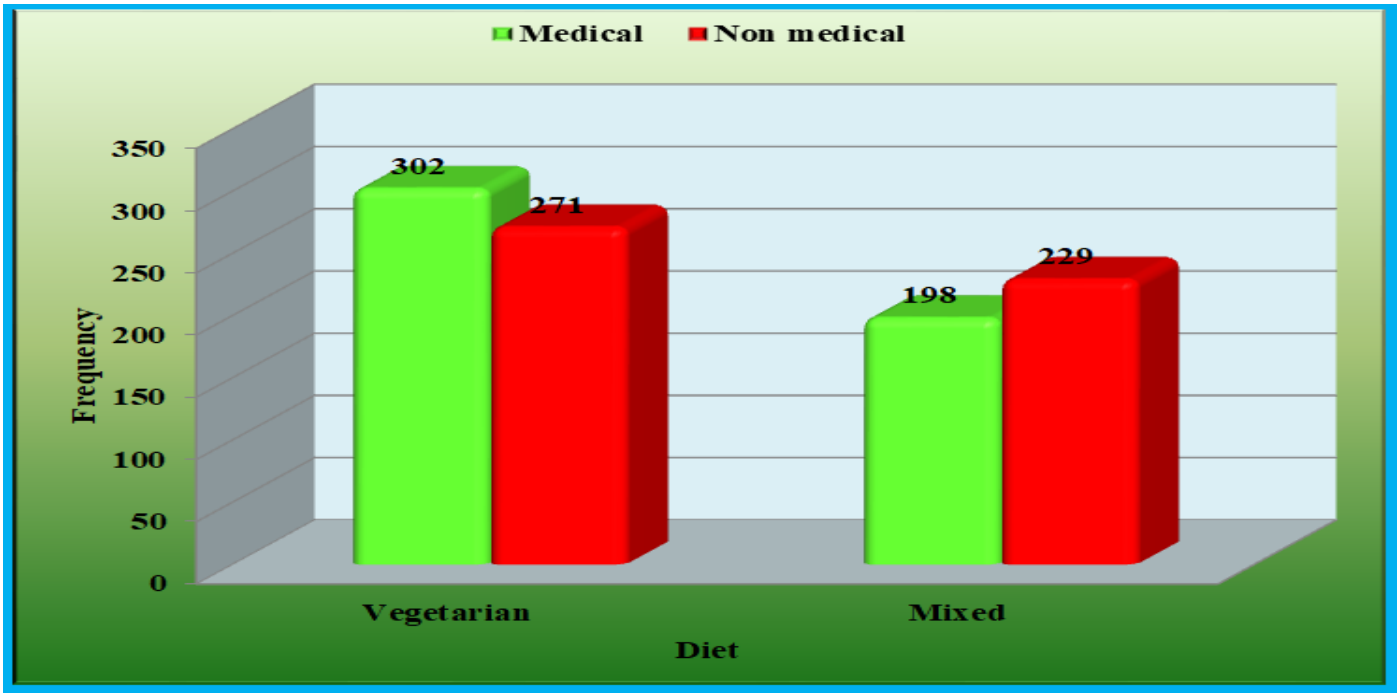
Graph 4 Frequency Distribution of the Study Participants According to their Religion

Table no 4 and graph no 4, it was seen that majority 300(60.0%) of the medical students and majority 308(61.6%) non medical students were Hindu, followed by 94(18.8%) medical and 114(22.8%) non medical were Muslims

Table 5 Frequency and Percentage Distribution of the Study Participants According to their Diet

SINO	Diet	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	Vegetarian	302	60.4%	271	54.2%
2	Mixed	198	39.6%	229	45.8%
Total		500	100.0%	500	100.0%

ISSN No:-2456-2165

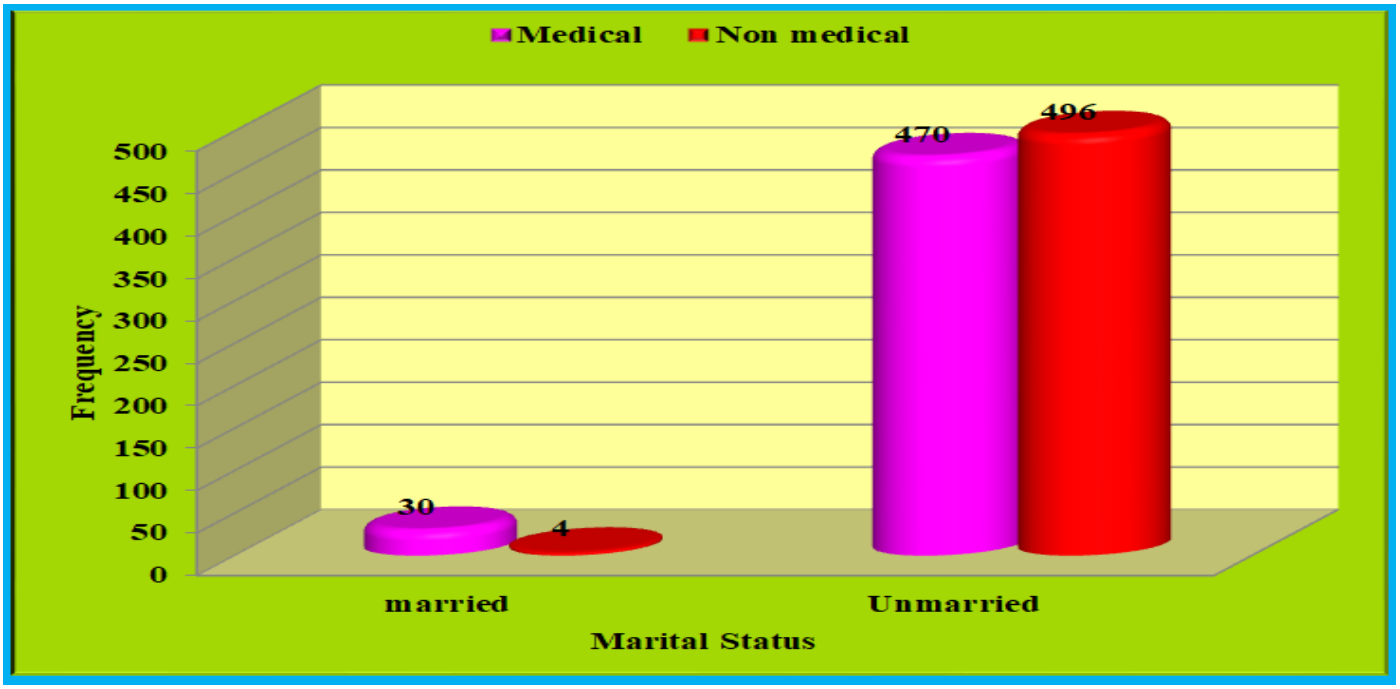


Graph 5 Frequency Distribution of the Study Participants According to their Diet

From table no 5 and graph no 5, it was noted that majority 302(60.4%) of the medical students and 271(54.2%) non medical students were vegetarians, and remaining 39.6% medical and 45.8% non medical students had mixed diet

Table 6 Frequency and Percentage Distribution of the Study Participants According to their Marital Status

SINO	marital status	Medical		Non medical	
		Frequency	Percentage	Frequency	Percentage
1	married	30	6.0%	4	.8%
2	Unmarried	470	94.0%	496	99.2%
Total		500	100.0%	500	100.0%



Graph 6 Frequency Distribution of the Study Participants According to their Marital Status

From table no 6 and graph no 6, it was seen that majority 470(94.0%) of the medical and majority 496(99.2%) among non medical students were unmarried

ISSN No:-2456-2165

Table 7 Assessment (Comparison) of Healthy Habits, Health Promoting Behavior, Self Efficacy and Health Status Among Medical Students and Non-Medical Students

SINO	Healthy habits	Medical		Non medical		Chi-square & p-value
		Frequency	**%**	**Frequency**	**%**	
1	Poor	350	87.5	400	80.0	**13.3 & 0.0003(S)**
2	Good	150	12.5	100	20.0	
Total		500	100.0%	500	100.0%	
SINO	health Promoting behavior	Medical		Non medical		Chi-square & p-value
		Frequency	%	Frequency	%	
1	Poor	250	50.0	300	60.0	**38.6 & < 0.001(S)**
2	Moderate	150	30.0	75	15.0	
3	Good	75	15.0	110	22.0	
4	Excellent	25	5.0	15	3.0	
Total		500	100.0	500	100.0	
SINO	Self efficacy	Medical		Non medical		Chi-square & p-value
		Frequency	%	Frequency	%	
1	Poor	270	54.0	300	60.0	5.49 & 0.06(NS)
2	Average	130	26.0	100	20.0	
3	Good	100	20.0	100	20.0	
SINO	Health Status	Medical		Non medical		Chi-square & p-value
		Frequency	%	Frequency	%	
1	Normal	350	70.0	400	80.0	**13.3 1 0.002(S)**
2	Not normal	150	30.0	100	20.0	
Total		500	100.0	500	100.0	

From table no 7,it was seen that of healthy habits, health Promoting behavior, and health status shows high between medical students and non-medical students but it does not show any association with regard to self efficacy between medical non medical students .

Table 8 Association between the Findings of Healthy Habits Among Medical Students with Selected Demographic Variables.

S.I No.	Healthy habits		Chi-square	Df	p-value	Result
	Poor	**Good**				
Age						
18-21	232	91	1.45	1	0.229	NS
22-25	118	59				
Gender						
Male	222	97	0.07	1	0.792	NS
Female	128	53				
Place						
Rural	173	68	.71	1	.401	NS
Urban	177	82				
Religion						
Hindu	203	97	3.85	3	0.278	NS
Muslim	72	22				
Christian	19	11				
Others	56	20				
Diet						
Vegetarian	207	95	.771(b)	1	.380	NS
Mixed	143	55				
Marital status						
married	24	6	1.520(b)	1	.218	NS
Unmarried	326	144				

From table no 8, it was seen that , there was no association between the findings of healthy habits among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

Table 9 Association between the Findings of Health Promoting Behaviour Among Medical Students with Selected Demographic Variables.

S.I No.	Health Promoting Behavior				Chi-square	Df	p-value	Result
	Poor	Moderate	Good	Excellent				
Age								
18-21	168	89	48	18	3.169	3	0.36	NS
22-25	82	61	27	7				
Gender								
Male	160	90	52	17	2.127	3	0.546	NS
Female	90	60	23	8				
Place								
Rural	122	74	33	12	0.64	3	0.886	NS
Urban	128	76	42	13				
Religion								
Hindu	150	89	41	20	13.408	9	.145	NS
Muslim	48	23	19	4				
Christian	19	9	2	0				
Others	33	29	13	1				
Diet								
Vegetarian	144	98	45	15	2.352	3	.503	NS
Mixed	106	52	30	10				
Marital status								
married	13	10	7	0	3.475	3	.324	NS
Unmarried	237	140	68	25				

From table no 9, it was seen that, there was no association between the findings of healthy promoting behaviour among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

Table 10 Association between the Findings of Self Efficacy Among Medical Students with Selected Demographic Variables

S.I No.	Self efficacy			Chi-square	Df	p-value	Result
	Poor	Average	Good				
Age							
18-21	175	83	65	.045(a)	2	.978	NS
22-25	95	47	35				
Gender							
Male	175	82	62	.290(a)	2	.865	NS
Female	95	48	38				
Place							
Rural	132	60	49	.295(a)	2	.863	NS
Urban	138	70	51				
Religion							
Hindu	162	77	61	.511(a)	6	.998	NS
Muslim	52	25	17				
Christian	15	8	7				
Others	41	20	15				
Diet							
Vegetarian	162	81	59	.298(a)	2	.862	NS
Mixed	108	49	41				
Marital status							
married	15	8	7	.277(a)	2	.871	NS
Un married	255	122	93				

From table no 10, it was seen that, there was no association between the self efficacy among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

ISSN No:-2456-2165

Table 11 Association between the Findings of Health Status Among Medical Students with Selected Demographic Variables

S.I No.	Health status		Chi-square	Df	p-value	Result
	Normal	Not normal				
Age						
18-21	221	102	1.083(b)	1	.298	NS
22-25	129	48				
Gender						
Male	221	98	.218(b)	1	.640	NS
Female	129	52				
Place						
Rural	172	69	.415(b)	1	.519	NS
Urban	178	81				
Religion						
Hindu	217	83	4.114(a)	3	.249	NS
Muslim	60	34				
Christian	18	12				
Others	55	21				
Diet						
Vegetarian	218	84	1.734(b)	1	.188	NS
Mixed	132	66				
Marital status						
married	22	8	.169(b)	1	.681	NS
Unmarried	328	142				

From table no 11, it was seen that, there was no association between the findings of healthy habits among medical students with selected demographic variables such age, gender, place religion, diet and marital status with higher chi-sqaure p-value

Table 12 Association between the Findings of Healthy Habits Among Non Medical Students with Selected Demographic Variables

S.I No.	**Healthy habits**		**Chi-square**	**Df**	**p-value**	**Result**
	Poor	**Good**				
Age						
18-21	325	82	.030(b)	1	.863	NS
22-25	75	18				
Gender						
Male	258	66	.079(b)	1	.779	NS
Female	142	34				
Place						
Rural	146	47	3.721(b)	1	.054	NS
Urban	254	53				
Religion						
Hindu	241	67	3.174(a)	3	.366	NS
Muslim	94	20				
Christian	43	6				
Others	22	7				
Diet						
Vegetarian	210	61	2.328(b)	1	.127	NS
Mixed	190	39				
Marital status						
married	4	0	1.008(b)	1	.315	NS
Unmarried	396	100				

From table no 12, it was seen that , there was no association between the findings of healthy habits among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

ISSN No:-2456-2165

Table 13 Association between the Findings of Health Promoting Behaviour Among Non-Medical Students with Selected Demographic Variables

S.I No.	health Promoting behavior				Chi-square	Df	p-value	Result
	Poor	Moderate	Good	Excellent				
Age								
18-21	245	61	88	13	.432(a)	3	.934	NS
22-25	55	14	22	2				
Gender								
Male	185	52	74	13	5.406(a)	3	.144	NS
Female	115	23	36	2				
Place								
Rural	108	32	47	6	2.182(a)	3	.535	NS
Urban	192	43	63	9				
Religion								
Hindu	181	47	69	11	7.844(a)	9	.550	NS
Muslim	69	21	22	2				
Christian	33	4	12	0				
Others	17	3	7	2				
Diet								
Vegetarian	163	42	55	11	3.094(a)	3	.377	NS
Mixed	137	33	55	4				
Marital status								
married	3	0	1	0	.894(a)	3	.827	NS
Unmarried	297	75	109	15				

From table no 13, it was seen that, there was no association between the findings of healthy promoting behavior among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

Table 14 Association between the Findings of Self Efficacy Among Noon-Medical Students with Selected Demographic Variables

S.I No.	Self efficacy			Chi-square	Df	p-value	Result
	Poor	Average	Good				
Age							
18-21	245	83	79	.564(a)	2	.754	NS
22-25	55	17	21				
Gender							
Male	185	67	72	3.776	2	.151	NS
Female	115	33	28				
Place							
Rural	108	44	41	2.329(a)	2	.312	NS
Urban	192	56	59				
Religion							
Hindu	181	63	64	1.364(a)	6	.968	NS
Muslim	69	23	22				
Christian	33	8	8				
Others	17	6	6				
Diet							
Vegetarian	163	54	54	.005(a)	2	.997	NS
Mixed	137	46	46				
Marital status							
married	3	0	1	1.008(a)	2	.604	NS
Un married	297	100	99				

From table no 14, it was seen that, there was no association between the self efficacy among medical students with selected demographic variables such age , gender, place religion, diet and marital status with higher chi-sqaure p-value

ISSN No:-2456-2165

Table 15 Association between the Findings of Health Status Among Non-Medical Students with Selected Demographic Variables

S.I No.	Health status		Chi-square	Df	p-value	Result
	Normal	Not normal				
Age						
18-21	328	79	.476(b)	1	.490	NS
22-25	72	21				
Gender						
Male	252	72	2.841(b)	1	.092	NS
Female	148	28				
Place						
Rural	152	41	.304(b)	1	.582	NS
Urban	248	59				
Religion						
Hindu	244	64	.574(a)	3	.902	NS
Muslim	92	22				
Christian	41	8				
Others	23	6				
Diet						
Vegetarian	217	54	.002(b)	1	.964	NS
Mixed	183	46				
Marital status						
married	3	1	.063(b)	1	.802	NS
Unmarried	397	99				

From table no 15, it was seen that, there was no association between the findings of healthy status among medical students with selected demographic variables such age, gender, place religion, diet and marital status with higher chi-sqaure p-value

➢ *Implications*

The goal of this study was to determine the extent of college students' health consciousness, health habit perception, self-efficacy, and health promotion behaviors, as well as the factors that influence these health promotion behaviors.

Health promotion is the process of enabling young adults to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Undergraduate students are leading unhealthy lives, where the majority of them have unhealthy eating habits and poor physical activity level. Universities are ideal settings for implementing health promotion programs. Therefore, the research studies are intend to motivate students to be more responsible for their own health, to engage more in physical activity, and to practice healthy eating habits and other forms of wellness are of paramount importance.

V. CONCLUSION

The study were conclude that of healthy habits health Promoting behavior and health status and shows high between medical students than non-medical students but it does not show any association with regard to self efficacy between medical non medical students . To the best of our knowledge, medical students' lifestyle behaviors'. Overall, our findings indicate that students' health and habits do not deteriorate during medical school; however, certain students demonstrate at-risk clinical measurements, as well as food and activity behaviours that are inconsistent with national recommendations.

ACKNOWLEDGEMENT

We Acknowledge Rajiv Gandhi University of Health Sciences-Bangalore for releasing the grant for conducting research study. We extend our heartfelt gratitude to Principals of BLDEAS shri B M Patil Institute of Nursing Sciences Vijayapur and BLDE Associations K.C.P Science College Vijayapur. Teaching staffs and non teaching staffs for their constant support and guidance for completion of research work.

➢ *Conflict of Interest-*

None declared

➢ *Ethicalclearence-*

Ethical Clearance Certificate was obtained by Institutional Ethical Committe

REFERENCES

[1]. Brehm BJ, Summer SS, Khoury JC, Filak AT, Lieberman MA, Heubi JE. Health status and lifestyle habits of US Medical Students: A Longitudinal Study [Internet]. U.S. National Library of Medicine; 2016 [cited 2023 Sept 12]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5423333/

[2]. Amiri M, Chaman R, Khosravi A. The relationship between health-promoting lifestyle and its related factors with self-efficacy and well-being of students [Internet]. U.S. National Library of Medicine; 2019 [cited 2023 Sept 12]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6711714/

[3]. https://journals.sagepub.com/doi/abs/10.1177/1757913916666875

[4]. Regina L. T. Lee, Alice J. T. Yuen Loke Health-Promoting Behaviors and Psychosocial Well-Being of University Students in Hong Kong, public health nurse ; 24 June 2005

[5]. White, J. (1999). Wellness Wednesday: Health promotion and service learning on campus. *Journal of Nursing Education*, **18**(2), 69–71. 1.

[6]. Mašina T, Madžar T, Musil V, Milošević M. Differences in health-promoting lifestyle profile among Croatian medical students according to gender and year of study [Internet]. Klinički bolnički centar Sestre milosrdnice; 2017 [cited 2023 Sept 12]. Available from: https://hrcak.srce.hr/clanak/271826

[7]. F. Al-Qahtani PhD, Comparison of health-promoting lifestyle behaviours between female students majoring in healthcare and non-healthcare fields in KSA [Internet]. Elsevier; 2019 [cited 2023 Sept 12]. Available from: https://www.sciencedirect.com/science/article/pii/S1658361219301295