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Relationship of socioeconomic status and lifestyle in college going students

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Abstract
Objective: The objective of the study was to find out relationship between socioeconomic status (SES) and lifestyle (LS) of male college going students.
Methodology: The study was conducted on 60 male students, age ranged from 21 to 25 years who were randomly selected from the different Departments of Allahabad University. Selected variables for the study were socioeconomic status (SES) and Lifestyle (LS). Kuppuswamy's socioeconomic scale questionnaire (Shankar Reddy Dudala, 2012) and Life Style Assessment Inventory by Anspangh Davids, Michael, H. Hamrich and Frank D. Rosato were adopted to collect data for Socioeconomic Status and Life Style Assessment. The statistical techniques employed for this study were descriptive statistics and the Pearson's Product Moment Correlation, at 0.05 level of significance.
Result: The study depicted that there is significant relationship between the socioeconomic status and lifestyle (r=0.698, $p<0.05$).
Conclusion: On the basis of the result of the study, it can be concluded that there is positive relationship between the socioeconomic status (SES) and lifestyle (LS).

Keywords: Lifestyle, socioeconomic status, questionnaire

Introduction

Lifestyle is a relatively fixed manner that is adopted throughout one's life whose foundation is laid in families. It is also influenced by one's culture, race, religion, socioeconomic status, and beliefs (Varela-Mato V. *et al.* 2012) [21]. In other words, lifestyle is seen as one's objective and quantifiable personality (Younis, 2014) [25]. Moreover, it encompasses behaviors such as eating habits, sleep, rest, physical activity, exercise, weight control, avoidance of smoking and alcohol, immunization against diseases, coping with stress, and the ability to use support from family and society (Rohit, Makwana, 2015) [19]. Alfred Adler first introduced the concept of "lifestyle" which was later expanded by his followers. From his point of view, to understand an individual requires recognition of his/her perceptual organization and lifestyle. Adler also believed that one's lifestyle, a purposeful conceptual model, referred to one's faith and belief acquired during one's early days of life (Xu Y, Qi J, Yang Y, Wen X, 2016) [24]. A healthy lifestyle was defined by the World Health Organization (2010) [23] as one's quest for a state of complete physical, mental, and social welfare. A healthy lifestyle incorporates behaviors that guarantee one's physical and mental health. In other words, a healthy lifestyle encompasses one's physical and mental aspects. The physical aspect of lifestyle includes nutrition, exercise, and sleep, and its mental aspect incorporates social relations, stress management, learning methods, and spirituality (WHO, 2010) [23].

Many factors influence one's lifestyle, and happiness is one of those factors. Happiness is defined as a set of emotions and cognitive evaluations of life. It is also considered a degree of one's quality, (Gesinde, Adejumo, Ariyo, 2013) [12] so that it has been considered by the World Health Organization as a part of the concept of health (Ziapour, Zokaei, Kahrizy, 2016) [26]. Research shows that happiness, as a complex multi-dimensional concept, is affected by personal and cultural factors, and it has a strong reflection on all aspects of human life. It can also play the role of a catalyst and facilitator in the development of societies.

Healthy lifestyle is important in the prevention of cardiovascular diseases, especially for people with elevated risk due to hypertension. The general practitioner can play an important

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role in health promotion. Several studies have shown that lifestyle advice given by the general practitioner can be effective in changing lifestyle. However, well known barriers for performing behavioral counseling are poor compliance by patients, lack of time, and insufficient knowledge about the topics. Especially with regard to losing weight and increasing physical activity evidence exists that the quality of counseling is not optimal, and opportunities are missed. Some of the established quality criteria for lifestyle counseling are that it consist of goal setting, is individually targeted, and includes an assessment of the patients motivation and potential barriers and supporting factors. However, data about the incorporation of these counseling elements in daily family practice are not available.

Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. When analyzing a family's SES, the household income, earners' education, and occupation are examined, as well as combined income, versus with an individual, when their own attributes are assessed.

Objective of the study
To find out relationship between socioeconomic status (SES) and lifestyle (LS) of male students.

Methodology
Selection of Subjects
The subjects for this study were selected from different departments of Allahabad University. A total of 60 male students were selected, age ranged between 21 to 25 years.

Selection of Variables
Life style and Socio-economic status were selected as variables for the preset study.

Selection of Questionnaire
Kuppuswamy's socioeconomic scale questionnaire (Shankar and Life Style Assessment Inventory by Anspangh Davids, Michael, H. Hamrich and Frank D. Rosato were adopted to collect data for Socioeconomic Status and Life Style Assessment.

Administration of Questionnaire
All the subjects were distributed Kuppuswamy's socioeconomic scale questionnaire and Life Style Assessment Inventory, and asked to answer without undue delay. In the Kuppuswamy's socioeconomic scale questionnaire there were three questions related to family's income, occupation and qualification of the head. Each question has maximum 10 marks. On the basis of that questionnaire socioeconomic status of male students were assessed. The Life Style Assessment Inventory contained 78 items, these question statements were evenly divided in eight Life Style contents namely physical assessment, alcohol and drug assessment, nutritional assessment, social wellness assessment, spiritual wellness assessment, emotional wellness assessment, stress control assessment and intellectual wellness assessment. There were ten questions statements for each, except social wellness assessment and emotional wellness assessment. The subjects were responding using five point ordinal scale, hence the maximum response score from the total inventory was 97.5 and minimum 9.75 and in case of each content the response score ranged between 10 to 100, except social wellness assessment and emotional wellness assessment where the response score ranged between 10 to 90.

Statistical Technique
For determining the relationships of selected variables, descriptive statistics and the Pearson's Product Moment Correlation was used, the data analyzed with the help of SPSS (16.0 version) software and the level of significance was set at 0.05 level of confidence.

Result and Findings of the Study

Table 1: Descriptive Statistics & Correlation coefficient of socioeconomic status with Lifestyle of male students

Variables	N	Mean	Std. Deviation	Correlation coefficient (r)	Sig. value
Socioeconomic status	60	21.10	4.81	.698*	0.000
Lifestyle	60	68.11	3.76		

*$P < 0.05$, Statistically Significant.

Table-1 indicates the descriptive statistics i.e Mean and SD of selected variables. The Mean and SD of selected variables are i.e. SES (21.10±4.81), and LS (68.11±3.76). Table 1 also indicates that there exists a significant relationship of socioeconomic status with Lifestyle ($r=0.698$), as the p-values were less than 0.05.
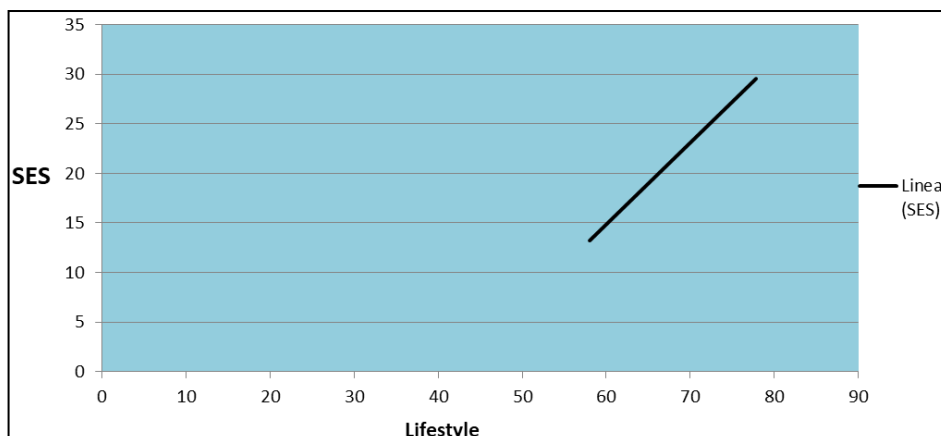

Fig 1: Graphical representation of Correlation between socioeconomic status and Lifestyle of male students

Discussion of the Findings
Prior research by Wardle and Steptoe (2003) [22] has suggested that education, health consciousness, health locus of control, future salience, expectations of longevity, self-rated health, and stress might play a role in mediating the relationship between SES and health behaviors. They found that low SES participants were less likely than high SES participants to think about the future and more likely to believe that good health. Hawkes and Holms (1993) [25] found that lower levels of education were associated with less participation in physical activity and with poorer overall health. Gundala & Chava (2010) [14] concluded that there is a strong association life style, education level and socioeconomic status. Some other similar studies conducted by Allen Hamidreza Roohafza et al. (2009) [20]; Jenn Risch & Ashley Papoy, Dobias et al. (2001) [10], and Cartwright et al. (2003) [5] are supporting the results of the present study, they also found the significant relationship between socioeconomic status (SES) and lifestyle (LS).

Conclusion
On the basis of the result of the study, it can be concluded that there is significant relationship between the socioeconomic status (SES) and lifestyle (LS). Result of the study shows that the positive relationship between socioeconomic status (SES) and lifestyle (LS) it means those peoples have higher socioeconomic status, their lifestyle is greater. On the basis of the result it also can conclude that the selected male students fall in average category of lifestyle.

References
1. Akers BD. The hatha Yoga pradipka: An English translation. Woodstock, NY: Yoga Vidya. Com, 2002.
2. Allen C et al. Relationship between Socioeconomic Status, Health Status, and Lifestyle Practices of American Indians: Evidence from a Plains Reservation Population. Public Health Reports. 1994; 109(3):405-413.
3. Anspaugh David J, Hamrick MH, Rasato FD. Wellness: concepts and applications. Mosby: Von Hoffmann Press, Inc, 1994.
4. Best JW. Research in education. USA, Prentice Hall, 1963.
5. Cartwright M, Wardle J, Steggles N, Simon A, Croker H, Jarvis M. Stress and Dietary Practices in Adolescents. Health Psychology. 2003; 22:362-369.
6. Choudhary R. life style assessment of Indian physical education students. HPE forum. A Bi-Annual Professional Journal. 2006; 6(1):18-21.
7. Choudhary R, Kapri BC. Life style assessment based on responses of students of five different teacher education courses. Book of III International Congress on Sports Medicine, Exercise Science, Physical Education & Yogic Science Gwalior: LNIPE, 2008, 42-44.
8. Choudhary R, Bahadur H, Sisodia AS. Life style assessment based on responses of Indian students delimited to three professions. Indian Journal of Physical Education, sports medicine and exercise science. 2007; 5(6):22-25.
9. Clark HH, Clark DH. Research process in physical education. Englewood cliffs, New Jersey: Prentice Hall, Inc, 1975.
10. Dobias K, Moyer C, McAchran S, Katz S, Sonnad S. Mammography Messages in Popular Media: Implication for Patient Expectations and Shared Clinical Decision-Making. Health Expectations. 2001; 4:131-140.
11. Gay LR. Educational research. U.S.A: Prentice Hall, 2000.
12. Gesinde AM, Adejumo GO, Ariyo AM. Self-reported psychosexual lifestyles of university students in South-Western Nigeria: Implication for professional counselling. Proc Soc Behav Sci. 2013; 84:979-86.
13. Goon AM, Gupta MK, Das GB. Fundamental of statistics. Mumbai: The World Press Private Ltd, 1972.
14. Gundala R, Chava KV. Effect of lifestyle, education and socioeconomic status on periodontal health. Contemporary clinical dentidtry. 2010; 1(1):23-26.
15. Hawkes J, Holm K. Gender differences in exercise determinants. Nursing Research. 1993; 42:166-172.
16. Martha L, Slattery Sandra L, Edwards Kenneth, Boucher M, Anderson K, Caan BJ. Lifestyle and colon cancer: an assessment of factors associated with risk. American Journal of Epidemiology. 1999; 150(8):869-877.
17. Milder I, Blokstra A, Groot JD, Dulmen S, Bemelmans W. Lifestyle counseling in hypertension-related visits – analysis of video-taped general practice visits. BMC Family Practice. 2008; 9:58. doi:10.1186/1471-2296-9-58
18. Milder I, Blokstra A, Groot JD, Dulmen S, Bemelmans W. Lifestyle counseling in hypertension-related visits – analysis of video-taped general practice visits. BMC Family Practice. 2008; 9:58. doi:10.1186/1471-2296-9-58.
19. Rohit VK, Makwana SM. Lifestyle: A comparative study of the arts and Science college students. Int J Indian Psychol. 2015; 2:46-52.
20. Roohafza H et al. Association of Socioeconomic Status and Life-style Factors with Coping Strategies in Isfahan Healthy Heart Program, Iran. Croat Med Journal. 2009; 50(4):380-386.
21. Varela-Mato V, Cancela JM, Ayan C, Martín V, Molina A. Lifestyle and health among Spanish university students: Differences by gender and academic discipline. Int J Environ Res Public Health. 2012; 9:2728-41.
22. Wardle J, Steptoe A. Socioeconomic differences in attitudes and beliefs about healthy lifestyles. Journal of Epidemiology and Community Health. 2003; 57:440-443.
23. World Health Organization. Global Status Report on Non-Communicable Diseases. Geneva, Switzerland: WHO, 2010.
24. Xu Y, Qi J, Yang Y, Wen X. The contribution of lifestyle factors to depressive symptoms: A cross-sectional study in Chinese college students. Psychiatry Res. 2016; 245:243-9.
25. Younis NM. Assessment of healthy lifestyle habits among Mosul university students. Int J Adv Nurs Stud. 2014; 3:69.
26. Ziapour A, Zokaei A, Kahrizy F. A theoretical study of the standing of social investment in the health sector. Soc. Sci. 2016; 11:3682-7.