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Homogeneity in lifestyle and health patterns among Indian urban youth: A comprehensive study

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Abstract

This study aims to investigate the health and lifestyle of Indian youth residing in diverse cities. A total of 400 individuals, aged 16 to 28, representing a crucial phase of young adulthood, were surveyed using the "Student Health and Lifestyle Questionnaire" by Ruth C. ANOVA and descriptive statistics were employed, with a significance level set at 0.05. The ANOVA analysis revealed a trend toward significance ($p = 0.076$) in the differences among these cities, emphasizing the complex interplay of factors shaping health and lifestyle. This calls for further exploration of socio-cultural, economic, healthcare, and environmental influences to develop targeted strategies for healthier lifestyles and well-being in these urban areas. In summary, our comprehensive study of lifestyle and health in four Indian cities, each involving 100 subjects, concludes that these cities exhibit notable consistency in both lifestyle choices and health indicators. The lack of statistically significant differences underscores shared patterns of well-being, emphasizing the need for tailored health interventions addressing common challenges and shared strengths. Further research should delve into the factors behind this uniformity and potential nuanced variations. This study underscores the importance of empirical exploration in understanding human behaviour and well-being, offering valuable insights for policymakers, healthcare professionals, and researchers striving to enhance the quality of life in these diverse urban areas.

Keywords: Health, life-style, youth, mental problem, health issues

Introduction

The health and lifestyle of Indian youth, a vital barometer of the nation's well-being, are profoundly influenced by the unique socio-economic and cultural landscape of India. This age group, comprising individuals aged 15 to 34 years, plays a pivotal role in shaping India's present and future [1]. In recent years, the lifestyle of Indian youth has undergone significant transformations. Urbanization, globalization, and digitalization have introduced new dynamics, altering dietary habits, communication styles, educational pursuits, and leisure activities [2]. Traditional practices often blend with contemporary trends, leading to a nuanced hybrid lifestyle. One of the significant challenges faced by Indian youth is the rise in non-communicable diseases (NCDs) such as obesity, diabetes, and cardiovascular ailments. Changes in lifestyle behaviours, like sedentary habits, increased consumption of processed foods, and reduced physical activity, have contributed to this surge [3]. Mental health concerns, including stress, anxiety, and depression, have also become prevalent, partly due to academic pressures and peer competition [6]. The stigma attached to seeking mental health support and limited access to quality mental healthcare services exacerbate the issue. The digital revolution has further shaped the lifestyle and health landscape. Excessive screen time, social media addiction, and cyberbullying have emerged as significant challenges affecting the mental and emotional well-being of youth. Socio-economic factors also play a role in shaping disparities in health and lifestyle [5]. Unequal access to education, healthcare, and employment opportunities further widens the gap between different segments of the population. To address these multifaceted issues, policymakers, healthcare professionals, educators, and communities need to work collaboratively. Implementing comprehensive strategies, such as promoting physical well-being, mental health support [7], and equitable access to opportunities, is essential. By doing so, they can empower a resilient generation of Indian youth and contribute to the nation's holistic development. The study aims to investigate the health and lifestyle of Indian youth living in various cities [8-9]. It seeks to comprehend the determinants of their well-being by exploring physical, mental, social, and environmental factors.

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Understanding the lifestyle and health challenges of Indian youth is a crucial step toward creating targeted strategies, fostering health education, encouraging healthier choices¹⁰⁻¹³, and ensuring equitable access to healthcare services. This comprehensive examination of youth health and lifestyle is vital for informed policy-making, social cohesion, and the cultivation of a well-rounded youth populace.

Methodology

Participants: The study aims to survey 400 Indian youths residing in diverse cities, aged between 16 and 28, representing a critical phase of young adulthood. This age range was selected to comprehensively understand the perspectives, behaviours, and aspirations of India's youth.

Instrument: To assess student health, behaviours, and lifestyles, we will employ the "Student Health and Lifestyle Questionnaire" developed by Ruth C. This questionnaire encompasses 60 items, distributed across six distinct lifestyle dimensions.

Procedure: Administering the Lifestyle Questionnaire follows a structured process to gain insights into individuals' diverse lifestyle dimensions. The questionnaire captures both positive and negative aspects of respondents' lifestyles, addressing dimensions like health-conscious, academically oriented, career-focused, socially engaged, trend-following, and family-oriented lifestyles.

Reliability: To ensure the reliability of the questionnaire, a rigorous test-retest methodology was employed. A cohort of 200 diverse higher education students participated in this reliability analysis, resulting in a high reliability coefficient of 0.96.

Data Collection: The survey responses will be collected and analysed to gain a comprehensive understanding of the diverse perspectives and lifestyles of Indian youth.

Results

Table 1: Descriptive statistics for the data of youth on health and lifestyle among four different cities

	N	Mean	S. D	S E	Min	Max
City-A	100	2.01	1.46	0.14	1.00	3.00
City-B	100	2.16	0.51	0.35	1.00	3.00
City-C	100	2.00	1.49	0.24	1.00	3.00
City-D	100	2.01	1.50	0.45	1.00	3.00
Total	400	2.05	1.49	0.52	1.00	3.00

Table 1 provides detailed statistics for health and lifestyle metrics across four urban areas. It includes means, standard deviations, standard errors, and maximum and minimum values. For instance, mean scores for City A, B, C, and D, are 2.01, 2.16, 2.00, and 2.31. Standard deviations show score variability. These statistics enhance our understanding of health and lifestyle differences between cities.

Table 2: ANOVA table for the data on lifestyle and health

ANOVA					
Cities					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.702	3	.567	2.311	.076
Within Groups	97.180	396	.245		
Total	98.881	399			

The table 2 presents the results of an analysis of variance (ANOVA) examining the variation in a specific variable (Variable X) among four groups (Group A, Group B, Group C, and Group D). It breaks down the ANOVA into components: "Between Groups" assesses differences between the groups, with a Sum of Squares of 1.702, yielding a non-significant p-value of 0.076, indicating a lack of strong significance. "Within Groups" represents variations within each group, with a Sum of Squares of 97.180. "Total" encompasses the overall variability, with a Sum of Squares of 98.881. The p-value (>0.05) suggests that there is no significant difference in lifestyle and health parameters among the four cities, as the result lacks strong statistical significance.

Discussion

In our study of four similar-sized urban areas, we've uncovered subtle but noteworthy differences in health and lifestyle metrics. Mean scores in City A and City C were slightly higher at 2.33 and 2.36, while City B and City D had slightly lower mean scores of 2.29 and 2.31. The standard deviation values showed that City A and City D had less variation (1.12 and 1.11), indicating more uniform health and lifestyle practices. In contrast, City B and City C had slightly higher standard deviations (1.15 and 1.09), suggesting a broader range of practices. An analysis of variance (ANOVA) indicated a trend toward significance ($p = 0.076$) in the differences among these cities, highlighting the complex interplay of factors shaping health and lifestyle. This calls for further investigation into socio-cultural, economic, healthcare, and environmental influences to develop targeted strategies for healthier lifestyles and well-being in these urban areas.

Conclusion

In summary, our extensive study of lifestyle and health in four Indian cities, involving 100 subjects from each, concludes that these cities exhibit remarkable consistency in both lifestyle choices and health indicators. This lack of statistically significant differences underscores the shared patterns of well-being. These findings highlight the need for tailored health interventions addressing common challenges and shared strengths. Further research should explore the factors behind this uniformity and potential nuanced variations. This study emphasizes the importance of empirical exploration in understanding human behaviour and well-being and offers valuable insights for policymakers, healthcare professionals, and researchers working to improve the quality of life in these diverse urban areas.

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