A review of Lifestyles of university students

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ABSTRACT

Lifestyles are habits and behaviors that modify our daily activity and govern our way of facing the requirements, demands and challenges that are presented to us during the different stages of our life. Objective: To investigate the Lifestyles and lifestyles of university students according to the available evidence. Methodology: A bibliographic and electronic review of articles related to lifestyles in the university population was carried out as of 2004. Additionally, information referring to the concept of lifestyles was collected and available statistical background of research carried out in Nicaragua was collected. Results: Most of the works developed have studied lifestyles in a descriptive way. Food, smoking, alcohol and drugs are the most studied practices. Conclusion: The university students are a vulnerable population that must be studied in a particular way, to create and evaluate intervention programs according to their needs.

INTRODUCTION

In the last decades of the twentieth century, the world experienced great scientific and technological advances in the field of biomedicine that have had a great impact on improving the

health of humanity. However, at the beginning of the 21st century, we can not be so optimistic and it is extremely worrying to note that there are many unsolved health problems and that inequalities in this area are accentuating alarmingly in the developed world and the countries of lowest income (BBVA Foundation, 2007).

Non-communicable diseases (NCDs) represent one of the greatest challenges of the 21st century for health and development, as much for the human suffering they cause as for the social and economic consequences they origin in all countries, but they are particularly devastating in the poor and vulnerable populations. Every day, younger people are affected by these diseases that share common risk factors such as smoking, physical inactivity, overweight, obesity, the harmful use of alcohol and unhealthy diet (World Health Organization, 2014).

In 2012 worldwide, non-communicable diseases caused 38 million deaths, of which, more than 40% of them (16 million) were premature deaths that occurred before 70 years of age (World Health Organization, 2014).

In Nicaragua, on the other hand, NCDs are the cause of 73% of deaths and the probability of dying between 30 and 70 years due to the main NCDs is 19% (World Health Organization, 2014).

Similarly, the Survey of Diabetes, Hypertension and Chronic Disease Risk Factors, Managua 2010, show data of significant risk to health. The results indicate that 25.2% of the interviewees presented hypertension. Overweight (*BMI >= 25*) was found in 65% of all respondents (37% overweight and 28% obese), with women being more affected than men (71% and 59% respectively). 33% perform low physical activities (Pan American Health organization, 2010).

Another risk factor studied were smoking and the use of alcohol. 21% of the respondents agreed to be smokers and 72% admitted having consumed five or more alcoholic beverages in the four weeks prior to the survey, with men predominating 77.5% versus 60.7% among women. There was a high prevalence of smoking and alcoholism in people under 40 years of age and both prevalence factors are higher in males than in females (Pan American Health organization, 2010).

25% of respondents reported adding additional salt to prepared foods. 62% of the respondents reported the use of oil as the most frequent way to prepare food; this factor was reported mostly by people in the 20 to 39 age group.

Data from the WHO-ENT country profiles, 2014, reports that the Ministry of Health does not have a national system for responding to NCDs.

The aforementioned antecedents are important in the university population, so much so that students are not only immersed in changes in technology, information and knowledge creation, but in social changes such as addictions, social violence, diseases non-communicable and risky eating behaviors, due to the scarce physical activity and poor quality of the diet, influenced by performance, academic demand and discontinuous class schedules, in a causal relationship that can lead to the intensification of risks for health.

It is important to mention that NCDs can be prevented and controlled through changes in lifestyles, public policies and health interventions. The control or influence depends essentially on ourselves, willingness and personal commitment, depends on promoting behavior patterns based on promoting certain healthy habits, eliminating certain harmful habits, configuring a lifestyle that can condition our health positively or negatively.

Given that, the lifestyles of a person are determined by the conditions in which he lives, it is very important to inquire about the lifestyles of the different social groups that converge within the university. The objective of this study is to investigate the Lifestyles and lifestyles of university students, according to the available evidence.

MATERIAL AND METHOD

The review was carried out by electronic search of all those articles on lifestyles related to the health of Hispanic-American university students. The database used for the search was LILACS in SCIELO, HINARI and ISI. The search descriptors were lifestyles, students, social determinants, university. The selection of the original articles was made considering a period of at least 10 years published, during the period 2004-2014. The results were analyzed and the antecedents were incorporated into a database in order to find similarities and differences for the organization of the present article.

RESULTS AND DISCUSSION

Despite the growing importance of the effect of lifestyle in the modern world, the concept of lifestyle does not constitute a new field of study. In this sense, it is important to note the contribution made by the social sciences and social medicine in trying to clarify the concept of lifestyles, their applications in various fields such as health, specifically in the field of their policies, epidemiology, preventive medicine and health education, among others.

According to revisions made, such as those made by Ansbacher (1976), Abel (1991) or Coreil et al (1992), the concept dates back to the late nineteenth century, when Karl Marx and Max Weber offered a sociological vision of lifestyle, emphasizing that social variables were the determinants of the adoption and maintenance of a specific lifestyle. From the sociological orientation, most of the definitions converge when understanding lifestyles as a pattern of

activities or behaviors that individuals choose to adopt among those that are available according to their social context (Ramos, 2011).

During the second half of the 20th century, the term "lifestyles" had a greater impact in the health area. The research carried out adopts a medical epidemiological perspective. From this paradigm, the medical community defended that people practiced unhealthy lifestyles of their own free will. That is, the model did not recognize the importance of the social context and of psychological factors as conditioning factors in the acquisition of lifestyles.

According to Laguna, García Salamanca and Tapiero Paipa (2012), Individual lifestyles are characterized by identifiable behavior patterns that can have a profound effect on the health of an individual and others. If health is to be improved by allowing individuals to change their lifestyles, the action must be directed not only to the individual, but also to the social conditions of life that interact to produce and maintain those patterns of behavior. However, it is important to recognize that there is no "optimal" lifestyle to which all people can subscribe. The culture, the income, the family structure, the age, the physical capacity, the domestic and work environment, will make more attractive, feasible and appropriate certain forms and conditions of life. Therefore, the strategy of creating favorable environments for health focuses to a large extent on the need to improve and change living conditions to support health

In this sense, the WHO, in the thirty-first session of its Regional Committee for Europe, defined "lifestyle" as a way of life that is based on patterns of identifiable behavior determined by the interaction between individual personal characteristics, social interactions and socioeconomic and environmental living conditions. In addition, the need to differentiate between lifestyle and healthy lifestyle was discussed and the importance of approaching the study of healthy lifestyle from a more social than medical perspective was emphasized (Veny M. B., 2000).

Lifestyles in the university population

In the research Salazar and Arrivillaga Quintero (2004) of the University of Bogotá, Colombia, found in relation to the consumption of alcohol, tobacco and other drugs, that young people have unhealthy lifestyles and that there is no significant difference between those who have healthy practices and those who don´t have them. These results lead to a discussion about the focus and priorities of intervention with young people in a university institution.

Castaño Castrillón (2010), from the faculty of Psychology at the University of Manizales, Colombia, explored some components of students' lifestyles and found that the average age was 21.42 years, 85.4% were single and 82% belong to the female gender; of 64.7%, 65.1% of non-smokers were identified; 26.9% do not consume alcohol; 34.6% have problems with alcohol and

21.1% have alcohol dependence. Although 65% say they protect themselves against STDs and 87.2% protect themselves against pregnancy, this protection does not always apply.

Grimaldo (2010), from San Martín de Porres University in Lima, Peru, determined the relationship between the domains of economic well-being, friends, neighborhood and couple, family life, leisure, media, religion and quality of life and three healthy lifestyle factors (sports activity, food consumption and sleep and rest), no correlation was found between quality of life and sports activity. A correlation was found between quality of life in the health domain and food consumption in the youngest age group. Moderate correlation was observed between some domains of quality of life (friends, family life, leisure and religion).

Bacerra Bulla (2011), from the Medicine Career of the National University of Colombia, determined some lifestyles of undergraduate students admitted to the first semester of the Career, in which they found that approximately half of the students slept between four and six hours and the rest did it for a longer time; more than half of the students who worked slept four to six hours a day, while about half of those who did not work slept seven or more hours. The majority of students stated that they do not present stress before entering university. Students who claimed to feel some level of stress rated it as low or medium. 61.1% of the students did not consume alcohol. 42.2% of men between 14-18 years of age consumed alcohol, compared with 15.6% of women of this age. 89% of the students did not smoke and 44% who smoked did so occasionally.

Also García Salamanca, Tapiero Paipa and Ramos C., (2012) find that, university students are exposed to a number of factors that predispose them to adopt harmful behaviors for health and increase the risk of chronic non-communicable diseases. Therefore, it is necessary to create awareness and implement strategies that promote the change towards healthy lifestyles, this allowing to mitigate effects and impacting on the quality of life of each individual.

Hernández Pozo, Jiménez Martínez and Durán Díaz (2014) sought to analyze the relationship between lifestyle (LS) and metabolic syndrome (MS) in university students, as well as to establish if there are differences by sex, finding SM in 4.63% and Obesity in 36.65%, more frequently in women. The predominant LS was good and better in men than in women. The relationship between gender, obesity and MS was significant for the population studied.

Also, Laguando and Gómez Díaz (2014) determined the lifestyles of nursing students of the University of Colombia, finding that the predominant gender was female, the average age corresponded to 16 minimum and maximum of 38 years, concluding that, in the university stage, different factors interfere to maintain a healthy life, the data found enhance the risk behaviors for chronic non-communicable diseases, which can interfere with the decrease of disability and mortality as a consequence of these pathologies.

Pacheco, Santos Silva, Pinheiro Gordia, Bianchini de Quadros and Petroski, (2014), analyzed the association between lifestyle and socio-demographic determinants of individuals recently enrolled in a public university in southern Brazil. They emphasize that, the prevalence of inappropriate lifestyle was 5.3%. The results in the adjusted analysis showed that university students older than 20 years (OR = 2.87, 95% CI: 1.37-6.03) and with low maternal education (of 9 years) (OR = 2.23; 95% CI: 1,29-3.88) presented a higher risk for acquiring an inappropriate lifestyle.

Escudero, Muñoz Alferez and Planells del Pozo (2015), analyzed the lifestyle (consumption of alcohol, tobacco and levels of physical activity) of female students of the University of Granada, finding that the consumption of alcohol is higher in the group of orders and preferably drink beer or wine, however, the youngest group shows a consumption pattern centered on the weekends with distilled beverages being consumed preferentially. A third of the population smokes with an increase in the number of cigarettes as the age increases. There is a positive correlation between tobacco and alcohol. 88.9% of the younger group and 52.7% of the older group have a sedentary-light physical activity. They conclude in the need to raise awareness among the female university population about the benefits of quitting alcohol and tobacco consumption and the regular practice of physical exercise. In addition, it would be advisable to develop educational intervention protocols in the university setting, promoting healthy lifestyles.

CONCLUSION

The journey made around the theme, which includes the main findings of various research experiences, conducted in the last ten years on the lifestyles of the university population, suggests that young adults seem to be heading towards the adoption of risk behaviors. The worrying thing in this group of people is that they have the necessary knowledge to conduct in an appropriate behavior but, apparently, do not perceive the risks.

Most of the evidence is descriptive, being the most studied variables: alcohol consumption, smoking, eating habits, physical activity, and rest habits. It cannot be forgotten that the consumption of non-legalized drugs, sexual behavior, accidents and prevention conducts must be incorporated in future investigations.

It is emphasized that the prevalence of diabetes mellitus detected in the city of Managua is higher than that reported in other Latin American countries. The prevalence of hypertension is comparable to that reported in other Latin American studies. The situation described above, suggests that in the future there will be a greater increase in the prevalence of diabetes, as the population ages, unless preventive strategies are introduced to facilitate the adoption of healthy lifestyles.

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