



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 3.4
IJAR 2014; 1(1): 244-247
www.allresearchjournal.com
Received: 27-11-2014
Accepted: 29-12-2014

Dr. Ram Binod
Assistant Professor Dept. of
Psychology, K.S.R. College
Sarairanjan, Samastipur,
Bihar, India

Unhealthy life style and anxiety symptoms among adolescents

Dr. Ram Binod

Abstract

The study examined associations between unsystematic life style and symptoms of anxiety among adolescents. Lifestyle reflects the interests, opinions, behaviors, and behavioral orientations of an individual, group, or culture. Unhealthy life style means thinking and doing something in a manner that is marked by unstructured, unsystematic, not well planned, without any particular order or definite aim to it regarding protection of his/her health. It was hypothesized that subjects adhering to unhealthy life style. Would have greater amount of anxiety compared to those adhering to healthy life style Sample of the study consisted of 150 adolescents of both sexes (Boys=100 and Girls=50), aged between 16-18 years, Mean age=17 years, drawn randomly from high school student's population. Research tools included Hyphantis *et al.*, (2018) Protection of Health Questionnaire, to measure Unhealthy Life style and Spielbeger's (2010) Test Anxiety Inventory Anxiety to measure anxiety symptoms of subjects. Result indicated positive association ($r=.83p<.01$); moreover interaction between gender and unsystematic life style also proved to be significant ($F=6.48$; $df=1/159$; $p<.01$). Girls with more unsystematic life style showed more anxiety symptoms compared to their counterpart boys.

Keywords: Unhealthy life style and anxiety symptoms

Introduction

Lifestyle means the interest, opinions, behaviours, and behavioural orientations of an individual, group, or culture (Merriam-Webster's Dictionary; Lynn *et al.*, 2011) ^[1] The term was introduced by Austrian psychiatrist Alfred Adler as one of several constructs describing the dynamics of the personality. Alfred Adler used it to mean "a person's basic character as established early in childhood" (Online Etymology Dictionary). For example, in his 1929 book "The Case of Miss R.". The broader sense of lifestyle as a "way or style of living" has been documented since 1961 (online Etymology Dictionary) it reflects the individual's unique, unconscious, and repetitive way of responding to (or avoiding) the main tasks of living: friendship, love and work. This style, rooted in a childhood prototype, remains consistent throughout life, unless it is changed through depth psychotherapy.

Lifestyle is a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, where as intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks. A rural environment has different lifestyles compared to an urban metropolis. Location is important even within an urban scope. The nature of the neighborhood in which a person resides affects the set of lifestyles available to that person due to differences between various neighborhoods' degrees of affluence and proximity to natural and cultural environments. For example, in areas near the sea, a surf culture or lifestyle can often be present.

Health behaviours or healthy life styles are influenced by the social, cultural and physical environments in which people live and work. They are shaped by individual choices and external constraints. Positive health behaviours help promote health and prevent disease while the opposite is true. For risk behaviours.

Corresponding Author:
Dr. Ram Binod
Assistant Professor Dept. of
Psychology, K.S.R. College
Sarairanjan, Samastipur,
Bihar, India

Whereas unhealthy lifestyle refer to personal practices or habits that can pose danger to health. Positive behaviours help promote health and prevent disease, while the opposite is true for risk behaviours. These days public health specialists around the world have been emphasizing the importance of healthy lifestyle (Bera and Hughes, 2015; Smith *et al.*, 2014) ^[2, 16] Smith *et al.*, (2014) ^[16] showed significant positive strength of association between severe LUTS and socio-demographic, lifestyle and health-related factors. Many researchers believe that major changes in lifestyle behaviors play an important role in the prevalence of hypertension (Antman *et al.*, 2013; Chobanian *et al.*, 2003) ^[1, 4].

A well-established body of scientific research shows that there is a strong relationship between excess sodium in take and high blood pressure and other adverse health outcomes (Antman *et al.*, 2013) ^[1] According to world Health Organization (WHO) reports (2018) at least 60% of the burden of diseases around the world is due to unhealthy lifestyles. While some behaviours jeopardize health, physical activity and fruit and vegetable consumption promote health and help ward off chronic conditions. The first of these positive health indicators monitors the percentage of Canadians who are either active or moderately active during their leisure time (Miller *et al.*, 2007) ^[12]

In contrast, changing an unhealthy lifestyle and establishing a healthy one can improve individuals' health conditions and prevent or decrease many diseases; this also has been established by many studies (Vartianinen *et al.*, 2010 Slav? Cek *et al.*, 2008) ^[15] In sparking healthy lifestyle, the first challenge is how to define and measure healthy lifestyle-related behaviors. Pender suggested that health-protecting and health-promoting behavior might be viewed as complementary components of healthy lifestyle, and suggested that health promoting behavior-an expression of the human actualizing tendency was directed toward sustaining or increasing the individuals level of well being, self -actualization and personal fulfillment (Pender and murdough-2014 Walker developed the Health- Promoting Lifestyle Profile (HPLP), which was portrayed as a multi-dimensional pattern including self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management (Walker *et al.*, 1987) ^[20] Harris defined health protective behavior (HPB) as any behavior performed by a person, regardless of his or her perceived or actual health status, to protect, promote, or maintain his or her health, whether or not such behavior is objectively effective toward health (Harris and Guten, 1979) ^[6]. Pender and Murdaugh. (2014) ^[13] suggested that HPB should be viewed as an expression of the human stabilizing tendency and directed toward decreasing the individual's probability of encountering illness. Some investigators have measured health related behaviors that focus on quality of life, e.g., Crispin's 1993 short Form 36 (SF-36) (Jenkinson *et al.*, 1993) ^[8]. Bull *et al.* (2009) ^[3] developed the Global Physical Activity Questionnaire (GPAQ) as a measure of physical activity. Tran DV created the International Physical Activity Questionnaire (IPAQ) (Tran *et al.*, 2013) ^[18], a standardized instrument for physical activity monitoring among older adults. Lotfi constructe an instrument to predict the protective sexual behaviors in women at risk of human immunodeficiency virus (Lotfi *et al.*, 2014) ^[10] Thus, Health protective behavior encompasses multiple dimension, which may include the forur aspects of environment, behavior and lifestyle, genetic factors, and health cdae (WHO, 2007) ^[22] or may be expressed by eight key factors, hamely, of safety, social justice (Irvine *et al.* 2006) ^[7]

Unhealthy life style also reflects haphazard life style and

eating unhealthy food which causes several diseases. An unhealthy diet is one of the major risk factors for a range of chronic diseases, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity. Unhealthy diet is one or the top risk factors for diabetes. Specific recommendations for a healthy diet include: eating more fruit, vegetables, legumes, nuts and grains; cutting down on salt, sugar and fats, it is also advisable to choose unsaturated fats, instead of saturated fats.

Anxiety is also supposed to be one of the results of unhealthy life style and eating unhealthy foods. Experiences cause intense or constant worry; one may have an anxiety disorder. This can lead to sudden episodes of fear or terror (called panic attacks) that last a few minutes. Although experiencing occasional anxiety is a normal part of life. However, people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve minutes (panic attacks.) These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. You may avoid places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood. Examples of anxiety disorders include generalized anxiety disorder. Sometimes anxiety results from an unhealthy diet. It might seem obvious that certain lifestyle changes like working less, ending toxic relationship, exercising more, taking time to unwind and relax are all ways to limit anxiety, but another major change one can easily make is to clean up one's diet.

Drillinger (2018) ^[5] writes that five unhealthy or worst foods are sources of anxiety, namely:-

1. Alcohol- Generally people believe that drinking alcohol will quell their social anxiety, but actually it makes the anxiety worse. Although it may seem like it calms one's nerves, alcohol can have a negative impact on hydration and sleep, both of which can trigger anxiety symptoms when suppressed. Actually alcohol changes levels of serotonin and the neurotransmitters in the brain, which makes anxiety worse. And when the alcohol wears off, you may feel even more anxious.
2. Caffeine- Typically, caffeine is safe in low doses. But high doses can cause unpleasant effects, namely anxiety and nervousness. High levels of caffeine can not only increase anxiety and nervousness, but an also decrease the production of the feel- good chemical serotonin in the body, causing a depressed mood and anxiety.
3. Aged, fermented, and cultured foods- During the process of fermentation, bacteria break down the food proteins into biogenic amines, one of which is histamine. Histamine is a neurotransmitter that aggravates digestion, hormones, and the cardiovascular and nervous systems. In susceptible individuals, it can trigger anxiety and insomnia.
4. Sneaky added sugar- Some foods contain sugar in itself which causes anxiety and other diseases. Foods that fall into the added sugar category that you should consider avoiding or minimizing don't all look like desserts. Condiments like ketchup, certain salad dressings, pasts, and white bread can all contain high levels of added sugar. Consuming large amouts of processed sugar can trigger feelings of worry (anxiety), irritability, and sadness.
5. Conventional nondairy creamer- Conventional nondairy creamer might seem like one solution, but these replacements are sources of hydrogenated oils, also known as trans fats, which are packed with LDL cholesterol and can lower HDL cholesterol. These fats

have been linked to depression, and anxiety and other mental health issues.

If someone has Anxiety or Depression he/she should also avoid unhealthy Foods, like- fruit juice, diet soda, toast, light sugar dressing, Ketchup, coffee, energy drinks, alcohol, sauce, processed food etc.

Additionally, unhealthy life style also seems to be Haphazard life style characterized as lack of definite aim, fixed goal, or regular procedure. It suggests working of acting without deliberation, intention, or purpose. The term haphazard applies to what is done without regard for regularity or fitness or ultimate consequence. Such persons don't have fixed or regular time for sleeping, awaking, bathing, eating, and performing other essential duties.

Such unhealthy and haphazard life style is an important source of anxiety, depression, procrastination and other negative characteristics and habits of human beings that invite disease. As there is paucity of research on this topic this was conducted.

Method

Hypothesis- Adolescents having more un healthy life style would show more symptoms of anxiety compared to those who had lesser unhealthy life style.

Sample- Sample of the study consisted of 150 adolescents of both sexes (Boys=100 and Girls+50), aged between 16-18 years, Mean age=17 years, drawn randomly from high school student's population.

Research Tools- Research tools included Hyphantic *et al.*, (2018) Protection of Health Questionnaire, to measure Unhealthy Life style and Spielberger's (2010) Test Anxiety Inventory Anxiety to measure anxiety sybmptoms of subjects.

Results

In order for verification of hypothesis, mean anxiety scores of subjects of Healthy life style and those of Non-Healthy life style were compared through t-ratio statistical test. Obtained results are presented in Table-1

Table 1: Comparison of mean Anxiety Scores of Subjects of Healthy Life Style and Those of Non-Healthy Life Style Groups

Group	N	Mean Anxiety	SD score	t-ration	df	p-value
Healthy Life Style	61	51.36	5.43	11.57	148	<.01
Unhealthy 89 Life Style	62.47	6.16				

It is obvious from the figures contained in Table-1 that individuals having unhealthy life style were found comparatively to be more anxious (M=62.47; SD=6.16) than those of maintaining healthy life style (M=51.36; SD=5.43), and the observed quantitative difference was statistically significant (t=11.57; df=148; p<.01) beyond chance. Hence hypothesis formulated in this context was supported and it was concluded that unhealthy life style is a significant source of anxiety.

The reason behind such finding may be that unhealthy life style is characterized by careless, unmindful, haphazard, and unsystematic life style which often hamper the normal functioning of routine affairs of life; which consequently create anxiety.

Tanihata *et al.*, (2012) [17] examined the relationship between mental health and lifestyles of adolescents using samples representative of Japanese adolescents nationwide. Results indicated that population characteristics associated with poor mental health (high on anxiety and depression) were being

female, being a senior high school student, skipping breakfast, not participating in extracurricular activities, not consulting parents about personal matters, parental smoking, students' smoking or alcohol use, poor subjective sleep assessment, and short or long sleeping duration.

A review by Scott and, Happell (2011) [14]. Indicated that unhealthy lifestyle behaviours undoubtedly play a role in the development of poor physical health and chronic disease, and the present review indicates that low physical activity, poor diet, smoking, alcohol and substance abuse, and risky sexual behaviour are common individual with serious mental killness. This narrative review demonstrates that the prevalence of poor physical health and health behaviour in people with serious mental illness for exceed that observed in the general population, and reinforces the urgent need form mental health nurses to address physical health concerns in patients thus unhealthy life style is a source of anxiety

In a cross sectional study Yang *et al.*, [25] (2017 examined the association between adverse mental health and unhealthy lifestyle behaviors in migrant workers in Chinese rural-to urban migrants. They observed that of the 5484 migrants, 21.1% had potential mental health problems and 63.1% had an unhealthy lifestyle. The three most prevalent mental disorders were obsessions-compulsions (O-C;13.7%;751/5484), interpersonal sensitivity (I-S; 11.0%; 603/5484), and hostility (HOS; 10.8%; 590/5484). Compared with the male participants, the female participants exhibited significantly increased mean

[33] Unhealthy life style

Scores for phobic anxiety (PHOB) and anxiety (ANX) (p<0.001). They concluded that lifestyle behaviors were significantly associated with mental health in rural-to-urban migrant workers, and these findings indicate the need to develop targeted psychological interventions to foster healthy lifestyles in migrants.

Contrarily, healthy life style involves regular exercise that offers physical benefits that extend over multiple body systems. It reduces the risk of multiple disorders, including cancer, and is therapeutic for physical disorders ranging from cardiovascular diseases to diabetes to prostate cancer (Khaw *et al.*, 2008; Ornish *et al.*, 2008) [9, 13]. Exercise is a healthful, inexpensive, and insufficiently used treatment for a variety of psychiatric disorders (Roger, 2011) [21]. Thus it can be concluded that unhealthy life style is a significant source of anxiety disorder.

References

1. Antman EM, Appel LJ, Balentine D, Johnson RK, Steffen LM, Miller EA, Pappas A, Stizel KF, Vafiadis DK, Whitsel L. Stakeholder discussion to reduce population-wide sodium intake and decrease sodium in the food supply: a conference report from the American Heart Association Sodium Conference 2013 Planning Group. *Circulation*. 2013; 129:e660-e679.
2. Berra K, Hughes S. Counseling patients for lifestyle change: making a 15-minute office visit work. *Menopause*. 2015; 22(4):453-5. <https://doi.org/10.1097/GME.000000000000455> PMID: 25811869.
3. Bull FC, Maslin TS, Armstrong T. Global physical activity questionnaire (GPAQ): nine country reliability and validity study. *J Phys Act Healt*. 2009; 6(6):790-804.
4. Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Lzzo JL Jr, *et al*. Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. *Hypertension* 2003; 42:1206-1252; *JAMA*. 2003; 289(19):2560-72.

5. Dillinger M. Error! Hyperlink reference not validm, 2018.
6. Harris DM, Guten S. Health-protective behavior: an exploratory study. *J Health Soc Behav.* 1979; 20(1):17-29. PMID: 438490.
7. Irvine L, Elliott L, Wallace H, Crombie IK. A review of major influences on current public health policy in developed countries in the second half fo the 20th century. *J R Soc Promot Health.* 2006; 126(2):73-8. PMID: 16562775.
8. Jenkinson C, Coulter Angela, Wright Lucie. Short form 36 (SF-36) health survey questionnaire: normative date for adults of working age. *BMJ* 1993; 306:1437-40. PMID: 8518639.
9. Khaw KT, Wareham N, Bingham S, Welch A, Luben R, Day N. Combined impact of health behaviours and mortality in men and women: The EPIC-Norfolk Prospective Population Study. *Obstetrical & Gynecological Survey.* 2008; 63:376-377. doi: 10.1097/01. Ogx. 0000314814.70537. a8.
10. Lotfi R, Ramezani Tehrani F, Yaghmaei F, Hajizadeh E. Developing a valid and reliable instrument to predict the protective sexual behaviors in woman at risk of human immunodeficiency virus. *Iran Red Crescent Med J.* 2014; 16(9):e14682. <https://doi.org/10.5812/ircmj.14682> PMID: 25593717.
11. Lynn R Kahle, Angeline G Close. *Consumer Behavior Knowledge for Effective Sports and Event Marketing.* New York: Rout ledge, 2011. ISBN 978-0-415-87358-1.
12. Miller JW, Naimi TS, Brewer RD, Jones SE. Binge Drinking and Associated Health Risk Behaviors Among High School Students. *Pediatrics.* 2007; 119(1):76-85.
13. Pender NJ, Murdaugh CL. *Health Promotion in Nurising Practice (7th Edition).* 2014. Ornish, D., Lin, J., Daubenmier, J., Weidner, G., Epel, E., Kemp, C, Blackburn, E.H. (2008). Increased telomerase activity and comprehensive lifestyle changes: A Pilot study. *The Lancet Oncology.* 2014; 9:1048-1057. Doi:10.1016/S1470-2045(08)70234-1.
14. Scott D, Happell B. The high prevalence of poor physical health and unhealthy lifestyle behaviours in individuals with severe mental illness. *Issues Ment Health Nurs.* 2011; 32(9):589-97. Doi: 10.3109/01612840.2011.569846.
15. Slavi'cek J, Kittnar O, Fraser GE, Medova E, Konecna J, Zizka R. Lifestyle decreases risk factors for cardiovascular diseases. *Cent Eur J Public Health.* 2008; 16(4):161-4. PMID:19256282
16. Smith DP, Weber MF, Soga K, Korda RJ, Tikellis G, Patel MI, *et al.* Relationship between lifestyle and health factors and severe lower urinary tract symptoms (LUTS) in 106,435 middle-aged and older Australian men: population-based study. *PLoS One.* 2014; 9(10):e109278. <https://doi.org/10.1371/journal.pone.0109278> PMID: 25333345.
17. Tanihata T, Kanda H, Osaki Y, Ohida T, Minowa M, Wada K, Suzuki K, Hayanshi K Unhealthy lifestyle, poor mental health, and its correlation among adolescents: a nationwide cross-sectional survey. *Asia Pac J Public Health.* 2015; 27(2):NPI1557-65. Doi: 10.1177/1010539512452753. Epub 2012 Jul 18.
18. Tran DV, Lee AH, Au TB, Nguyen CT, Hoang DV. Reliability and validity of the International Physical Activity Questionnaire-Short Form for older adults in Vietnam. *Health Promotion Journal of Australia.* 2013; 24:126-131. <https://doi.org/10.1071/HE13012> PMID:24168739.
19. Vartiainen EI, Laatikainen T, Peltonen M, Juolevi A, Mannisto S, Sund vall J, Jousilahti P, *et al.* Thirty-five-year trends in cardiovascular risk factors in Finland. *Int J Epidemiol.* 2010; 39(2):504-18. <https://doi.org/10.1093/ije/dyp330> PMID: 19959603.
20. Walker SN, Sechrist Kr, Pender NJ. The Health-Promoting Lifestyle Profile: development and psychometric characteristics. *Nurs Res.* 1987; 36(2):76-81. PMID: 3644262.
21. Roger W. Lifestyle and Mental Health. *American Psychologist* 579 (C) 2011 American Psychological Association 0003-066X/11\$12.00. 2011; 66(7):579-592. DOI: 10.1037/a0021769.
22. WHO. Aconceptual framework for action on the social determinants of health, Commission on Social Determinants of Health. World Health Organization, 2007.
23. WHO. The global burden of disease: 2004 update. 2004.
24. WHO. The World Health Organization Quality of Life Assessment (WHOQOL): Development and General Psychometric Properties. *Soc Sci Med.* 1998; 46:569-85.
25. Yang H, Gao J, Wang T, Yang L, Liu Y, Shen Y, Gong J, *et al.* Association between adverse mental health and an unhealthy lifestyle in rural-to-urban migrant workers in Shanghai. *J Formos Med Assoc.* 2017; 116(2):90-08. Doi: 10.1016/j.jfma.2016.03.004. Epub 2016 May 6.