Original Research Article

A study on Modifiable Risk Factors for Healthy Lifestyle in Medical and Nursing Students, HIMS, Sitapur

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Abstract

Introduction: Most of lifestyle choices are related to various risk factors for non-communicable diseases, such as diet patterns, physical inactivity, tobacco and alcohol consumption etc. **Objective:** To assess the dietary, addiction habits and physical activity of medical and nursing students of HIMS Sitapur, and to determination of differences exist by gender. **Methodology:** A cross-sectional study was carried out in December 2019 among medical and nursing students of HIMS, Sitapur. A total of 820 students which included 496 males and 324 females participated in the study. A Structured, self-administered and pretested questionnaire was prepared for lifestyle risk factors. Data collected were compiled in MS Excel software and analysed in institutional SPSS version 22. **Result:** Majority students 503 (61.3%) prefer vegetarian diet highly significant but Fruit and vegetable consumption were occasional among most of 304 (37.1%) students. Alcohol consumption was found 201 (32.5%) in all students, habit of smoking is present in 66 (8.0%) students, tobacco chewing is very less common only in 25 (3.0%) students and significantly 328 (40.0%) students were not engaged in any kind of physical activities. **Conclusion:** Health education and its reinforcement especially in the area of alcohol consumption, tobacco chewing, smoking and physical activity is required.

Keywords: *Alcohol, Tobacco, Smoking, Physical Activity*

Introduction

A lifestyle disease is defined as a Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading global cause of death and are responsible for just over 70% of deaths worldwide. These NCDs share key modifiable risk factors like tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol, which in turn lead to overweight and obesity, raised blood pressure, and raised cholesterol, and ultimately diseases which are responsible for 63% Percentage of deaths from NCDs and 23% Probability of premature mortality from NCDs in India. They continue to be an important public health challenge in all countries, including low- and middle-income countries where more than three quarters of NCD deaths occur.[1] The importance of adolescence also lies in the fact that this age group has their root causes many serious diseases in adulthood. Growing period, maturation and unique changes are occurred significantly in adolescence and many adult patterns are established during this period, therefore adolescence is the appropriate time period for appropriate intervention.[2,3] Teenagers start making individual choice and develop personal lifestyles which is highly susceptible for adopting unhealthy behaviour at individuals' level in young age and these unhealthy behaviours very difficult to modify at later ages or after the onset of disease.[4] The objective of this study was to assess the dietary, addiction habits and physical activity to following a healthy lifestyle of medical and nursing

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students of HIMS Sitapur, and to determination of differences exist by gender.

Material and Methods

This cross-sectional study was carried out in December 2019 among medical and nursing students of Hind institute of medical sciences Sitapur, Uttar Pradesh, India. A total of 820 students which included 496 males and 324 females participated in the study. All medical and nursing students aged 18 years, invited to participate in the study by way of notices on institution notice boards and brochures distributed in lecture rooms and who were present in the lecture theatre were enrolled for study. All medical and nursing students who were eligible and consented to the study were included in the study. Informed consent was taken from each student and absentees, unwilling and those who were sick on the day of data collection were excluded. Purpose of the study was explained to all medical and nursing students and assured confidentiality of their responses.

A Structured, self-administered and pretested questionnaire was prepared for lifestyle risk factors which included dietary habits, Smoked and smokeless tobacco used, alcohol consumption, physical activity. The questionnaire was pre-tested in few selected young hospital staff. Vague terms, phrases and questions identified during the pre-test were modified, changed and missing responses like no response and others were added, with skipping patterns were also corrected. A pre-tested restructured questionnaire was used as a tool for the study and questionnaires were then administered to the selected medical and nursing students. Data collected were compiled in MS Excel software and analysed in institutional SPSS version 22. Variables of lifestyle risk factors were analysed either by chi square or Fischer exact test, data was presented in percentages (%) and proportions form with statistical significance was considered at 0.05 level.

Result

Table-1 shows dietary habits of medical and nursing students. Majority students 503 (61.3%) prefer vegetarian diet with a 3:1 ratio of veg & non-veg diet among medical & nearly 1:1 ratio in nursing students. Almost half of the students 402 (49.0%) had a liking for spicy food followed by sweet 240 (29.3%) and salty 151 (18.4%). Fruit and vegetable consumption were occasional among most of 304 (37.1%) students followed by 1-3 servings/week in 258 (31.5%) students and only 151 (18.4%) students consumed fruits and vegetable on a regular basis. 147 (17.9%) students used added table salt and 352 (42.9%) students used added ghee/butter in their diet respectively and around one third students skipped breakfast in the morning. Table-2 show that overall alcohol consumption was found 201 (32.5%) in all students. It was more common in nursing students 102 (42.9%) as compared to medical students 99 (17.0%) and it is more common in males 173 (34.9%) as compared to females 28 (8.6%). Regarding initiation of alcohol consumption most of the students 179 (89.0%) initiated alcohol consumption after 12^{th} standards and remaining 22 (11.0%) before 12^{th} standards. Majority of students 76 (37.8%) consumed an amount of 60 ml or less at one time and around one third 66 (32.8%) consumed one can beer at a time. Nearly one fourth 24 (24.0%) medical students stated that they consumed more than 60 ml of alcohol in single sitting. Regarding the frequency 177 (88.1%) and personal places 176 (87.6%) for alcohol consumption had it occasionally on private party. Table-3 depicts that the habit of smoking is present in overall 66 (8.0%) students, being more in nursing students 34 (14.3%) as compared to medical students 32 (5.5%). This habit was present in 66 (13.3%) males through none of the females smoked. Majority 53 (80.3%) smoker learned after 12^{th} standard and 13 (19.7%) learned it even prior to admission in 12^{th} standard. Majority 40 (60.6%) smoke 1-2 cigarette at a time, occasionally 49 (74.2%) and personal places 60 (90.9%). Table-4 depicts that tobacco chewing is very less prevalent, only 25 (3.0%) students and that too only among males 25 (5.0%). Almost three fifth of them 15 (60.0%) initiated tobacco chewing after admission in college even though 10 (40.0%) had initiated even before finishing school. Only 15 (60.0%) tobacco user students consumed it regularly and almost all consumed it personal places 23 (92.0%). Table-5 shows the nature of the physical activity and recreational used by medical and nursing students. For recreation nearly two third 533 (65.0%) students preferred out campus activities over in campus 287 (35.0%). Regarding physical activity 492 (60.0%) students were engaged in either 320 (39.0%) weekly/occasionally or 172 (21.0%) daily physical exercise of more than 30 minutes or exercises in gym,

but 328 (40.0%) students were not engaged in any kind of physical activities. Nearly one third 263 (32.1%) students preferred sports activities being lower in girls 62 (19.1%) whereas nearly one fourth 197 (24.0%) students preferred yoga.

Table No: -1. Gender wise dietary habits in medical and nursing students

Variables	Medical students n (%)	Nursing students n (%)	Gender		Total n (%)
1. Type of diet			Male n (%)	Female n (%)	
Vegetarian	390 (67.9)	113 (45.4)	267 (53.8)	236 (72.8)	503 (61.3)
Non-vegetarian	192 (32.1)	125 (54.6)	229 (46.2)	88 (27.2)	317 (38.7)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.1697$, d.f.=1 p<0.0001		$\chi 2 = 0.1916$, d.f.=1 p<0.0001		
2. Personal liking of taste					
Salty	111 (19.1)	40 (16.8)	59 (11.9)	92 (28.4)	151 (18.4)
Sweety	179 (30.7)	61 (25.6)	129 (26.0)	111 (34.2)	240 (29.3)
sour	22 (3.8)	5 (2.1)	22 (4.4)	5 (1.5)	27 (3.3)
spicy	266 (46.4)	136 (55.5)	286 (57.7)	116 (35.9)	402 (49.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Chi square test	$\chi 2 = 7.771$, d.f.=3 p=0.0510		$\chi 2 = 57.613$, d.f.=3 p<0.0001		
3. Fruit and veg. consumption					
Occasional	214 (36.8)	90 (37.8)	193 (38.9)	111 (34.2)	304 (37.1)
1-3serving/week	183 (31.4)	75 (31.5)	149 (30.0)	109 (33.6)	258 (31.5)
4-6serving/week	80 (13.7)	27 (11.3)	67 (13.5)	40 (12.3)	107 (13.0)
Regular	105 (18.0)	46 (19.3)	87 (17.6)	64 (19.9)	151 (18.4)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Chi square test	$\chi 2 = 0.948$, d.f.=3 p=0.8138		$\chi 2 = 2.676$, d.f.=3 p=0.4443		
4. Added salts					
Yes	116 (19.9)	31 (13.0)	131 (26.4)	16 (4.9)	147 (17.9)
No	466 (80.1)	207 (87.0)	365 (73.6)	308 (95.1)	673 (82.1)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.09669$, d.f.=1 p=0.0209		$\chi 2 = 0.3488$, d.f.=1 p<0.0001		
5. Added ghee					
Yes	239 (41.1)	113 (47.5)	227 (45.8)	125 (38.6)	352 (42.9)
No	343 (58.9)	125 (52.5)	269 (54.2)	199 (61.4)	468 (57.1)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.05393$, d.f.=1 p=0.1026		$\chi 2 = 0.07010$, d.f.=1 p=0.0436		
6. Habit of skip breakfast					
Yes	192 (32.4)	78 (35.2)	183 (36.9)	87 (26.9)	270 (32.9)
No	390 (67.5)	160 (64.8)	313 (63.1)	237 (73.1)	550 (67.1)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.002020$, d.f.=1 p=1.0000		$\chi 2 = 0.1087$, d.f.=1 p=0.0030		

Table No: -2. Gender wise alcohol consumption habit in medical and nursing students

Alcohol	Medical students	Nursing students	Gender		Total
1. Intake	n (%)	n (%)	Male n (%)	Female n (%)	n (%)
Yes	99 (17.0)	102 (42.9)	173 (34.9)	28 (8.6)	201 (32.5)
No	483 (83.0)	136 (57.1)	323 (65.1)	296 (91.4)	619 (67.5)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi2 = 0.2878$, d.f.=1 p<0.0001		$\chi2 = 0.3389$, d.f.=1 p<0.0001		
2. Initiation					
Before 12th std.	14 (14.0)	8 (7.9)	17 (9.6)	5 (20.0)	22 (11.0)
After 12th std	86 (86.0)	93 (92.1)	159 (90.4)	20 (80.0)	179 (89.0)
Total	100 (100)	101 (100)	176 (100)	25 (100)	201 (100)
Fisher's Exact Test	$\chi2 = 0.15399$ d.f.=1 p=0.1829		$\chi2 = 0.1155$, d.f.=1 p=0.1621		
3. Amount					
Up to 60 ml	45 (45.0)	31 (30.6)	63 (35.8)	13 (52.0)	76 (37.8)
>60 ml	24 (24.0)	35 (34.7)	54 (30.7)	5 (20.0)	59 (29.4)
1 Cane Beer	31 (31.0)	35 (34.7)	59 (33.5)	7 (28.0)	66 (32.8)
Total	100 (100)	101 (100)	176 (100)	25 (100)	201 (100)
Chi square test	$\chi2 = 4.867$, d.f.=2 p=0.0877		$\chi2 = 2.575$, d.f.=2 p=0.2760		
4. Frequency					
Occasional/Party	89 (89.0)	88 (87.1)	157 (89.2)	20 (80.0)	177 (88.1)
Regularly	11 (11.0)	13 (12.9)	19 (10.2)	5 (20.0)	24 (11.9)
Total	100 (100)	101 (100)	176 (100)	25 (100)	201 (100)
Fisher's Exact Test	$\chi2 = 0.0366$, d.f.=1 p=0.8481		$\chi2 = 0.997$, d.f.=1 p=0.3180		
5. Site					
Privately	87 (87.0)	89 (88.1)	156 (88.6)	20 (80.0)	176 (87.6)
publicly	13 (13.0)	12 (11.9)	20 (11.4)	5 (20.0)	25 (12.4)
Total	100 (100)	101 (100)	176 (100)	25 (100)	201 (100)
Fisher's Exact Test	$\chi2 = 0.0007$, d.f.=1 p=0.9788		$\chi2 = 0.8111$, d.f.=1 p=0.3678		

Table No: -3. Gender wise tobacco smoking habit in medical and nursing students

Tobacco	Medical students	Nursing students	Gender		Total
1. Intake	n (%)	n (%)	Male n (%)	Female n (%)	n (%)
Yes	32 (5.5)	34 (14.3)	66 (13.3)	0	66 (8.0)
No	550 (94.5)	204 (85.7)	430 (86.7)	324 (100)	754 (92.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.2446$, d.f.=1 p<0.0001		Not applicable		
2. Initiation					
Before 12th std.	8 (26.7)	5 (13.9)	13 (19.7)	0	13 (19.7)
After 12th std	22 (73.3)	31 (86.1)	53 (80.3)	0	53 (80.3)
Total	30 (100)	36 (100)	66 (100)	0	66 (100)
Fisher's Exact Test	$\chi 2 = 0.2003$, d.f.=1 p=0.2266		Not applicable		
3. Amount					
1-2	18 (60.0)	22 (61.1)	40 (60.6)	0	40 (60.6)
3-4	7 (23.3)	7 (19.4)	14 (21.2)	0	14 (21.2)
>4	5 (16.7)	7 (19.4)	12 (18.2)	0	12 (18.2)
Total	30 (100)	36 (100)	66 (100)	0	66 (100)
Chi square test	$\chi 2 = 0.1894$, d.f.=2 p=0.9096		Not applicable		
4. Frequency					
Occasionally	19 (63.3)	30 (83.3)	49 (74.2)	0	49 (74.2)
Regularly	11 (39.7)	6 (16.7)	17 (25.8)	0	17 (25.8)
Total	30 (100)	36 (100)	66 (100)	0	66 (100)
Fisher's Exact Test	$\chi 2 = 0.2593$, d.f.=1 p=0.0909		Not applicable		
5. Site					
Privately	25 (83.3)	35 (97.2)	60 (90.9)	0	60 (90.9)
publicly	5 (16.7)	1 (2.8)	6 (9.1)	0	6 (9.1)
Total	30 (100)	36 (100)	66 (100)	0	66 (100)

Table No: -4. Gender wise tobacco chewing habit in medical and nursing students

Tobacco	**Medical**	**Nursing**	**Gender**		**Total**
1. Intake	**students** n (%)	**students** n (%)	Male n (%)	Female n (%)	n (%)
Yes	16 (2.7)	9 (3.8)	25 (5.0)	0	25 (3.0)
No	566 (97.3)	229 (96.2)	471 (95.0)	324 (100)	795 (97.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi 2 = 0.07195$, d.f.=1 p=0.5020		Not applicable		
2. Initiation					
Before 12th std.	5 (33.3)	5 (50.0)	10 (40.0)	0	10 (40.0)
After 12th std	10 (66.7)	5 (50.0)	15 (60.0)	0	15 (60.0)
Total	15 (100)	10 (100)	25 (100)	0	25 (100)
Fisher's Exact Test	$\chi 2 = 0.1667$, d.f.=1 p=0.4422		Not applicable		
3. Amount					
1-2	10 (66.7)	5 (50.0)	15 (60.0)	0	15 (60.0)
>2	5 (33.3)	5 (50.0)	10 (40.0)	0	10 (40.0)
Total	15 (100)	10 (100)	25 (100)	0	25 (100)
Fisher's Exact Test	$\chi 2 = 0.1667$, d.f.=1 p=0.4422		Not applicable		
4. Frequency					
Occasionally	10 (66.7)	5 (50.0)	15 (60.0)	0	15 (60.0)
Regularly	5 (33.3)	5(50.0)	10 (40.0)	0	10 (40.0)
Total	15 (100)	10 (100)	25 (100)	0	25 (100)
Fisher's Exact Test	$\chi 2 = 0.1667$, d.f.=1 p=0.4422		Not applicable		
5. Site					
Privately	14 (93.3)	9 (90.0)	23 (92.0)	0	23 (92.0)
publicly	1 (6.3)	1 (10.0)	2 (8.0)	0	2 (8.0)
Total	15 (100)	10 (100)	25 (100)	0	25 (100)

Table No: -5. Gender wise physical activity in medical and nursing students

	Medical students n (%)	Nursing students n (%)	Gender		Total n (%)
			Male n (%)	Female n (%)	
2. Recreation					
In campus	263 (45.9)	24 (10.1)	157 (31.7)	130 (40.1)	287 (35.0)
Out campus	319 (54.1)	214 (89.9)	339 (68.3)	194 (50.9)	533 (65.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi2 = 0.3179$, d.f.=1 p<0.0001		$\chi2 = 0.08898$, d.f.=1 p=0.0136		
2. Physical exercise/Gym					
Daily	137 (23.5)	35 (14.7)	107 (21.6)	65 (20.1)	172 (21.0)
1-3day/week	131 (22.5)	33 (13.9)	96 (19.4)	68 (21.0)	164 (20.0)
Weekly	130 (22.3)	26 (10.9)	94 (19.0)	62 (19.1)	156 (19.0)
None	184 (31.7)	144 (60.5)	199 (40.0)	129 (39.8)	328 (40.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Chi square test	$\chi2 = 59.403$, d.f.=3 p<0.0001		$\chi2 = 0.4826$, d.f.=3 p=0.9227		
3. Sport activity					
Yes	234 (40.2)	29 (12.9)	201 (40.5)	62 (19.1)	263 (32.1)
No	348 (59.8)	209 (87.1)	295 (59.5)	262 (80.9)	557 (67.9)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi2 = 0.2650$, d.f.=1 p<0.0001		$\chi2 = 0.2346$, d.f.=1 p<0.0001		
4. Yoga					
Yes	152 (60.0)	45 (60.0)	119 (60.0)	78 (60.0)	197 (24.0)
No	430 (40.0)	193 (40.0)	377 (40.0)	246 (40.0)	623 (74.0)
Total	582 (100)	238 (100)	496 (100)	324 (100)	820 (100)
Fisher's Exact Test	$\chi2 = 0.8136$, d.f.=1 p=0.0306		$\chi2 = 0.001076$, d.f.=1 p=1.0000		

Discussion

This study has found a marked unhealthy lifestyle risk factors as dietary habits, less physical activity and some addictions in medical and nursing students could be as a result of changes in lifestyle and increased urbanization. Preference for vegetarian diet than non-veg diet is shown highly significant in our study might be result of Hindu religion promote vegetarian diet. A similar proportion of respondents 53.4% were vegetarians in Mahmood S.E. et.al. study.[5] This is in contrast to the findings reported by the study conducted in Maharashtra was 61.11% of the medical students were non-vegetarians and study documented by Srivastava A. et.al. that 63.8% most of the respondents were non vegetarian.[6,7] All students prefer more spicy food rather than other foods and it has shown highly significant in male as compared to females. Fruits and vegetables are responsible for improving general health although present study has found lower consumption rate of fruits and vegetables daily. The finding from present study correspond to study among the medical students in New Delhi found, only 12% of students consumed minimum 5 servings of fruits & vegetables daily and similarly reported by Mehan MB. et. al. in their study in which subjects had low daily intake of vegetables and fruits.[8] There was no significant difference in low fruits

and vegetables consumption among medical and nursing students, either for male or female. Nearly one fifth of students added extra salt to their cooked food items in this study but comparatively nearly half of the students from a medical college in Delhi had a high salt intake by adding extra salt or by eating sauces and pickles and others study was reported by Rustagi N. et.al. 53.0%, and by Mahmood SE. et.al 83.8%.[2,5] Added ghee/butter was found in present study more than two fifth of students and nearly one third of students skipped breakfast in the morning with significant difference in gender. Another study same reported by Silliman K. et al. that 33% of subjects consume breakfast never or seldom and Hertsler and Frary studied food behaviour among 212 college students where 43% reported skipping breakfast more than half the time. Young Japanese subjects revealed a high rate of individuals engaged in skipped eating patterns, the skipping of breakfast has been associated with lower nutritional status with risk of cardiovascular diseases and It has also been reported that inadequate breakfast habits may contribute to the appearance and further development of obesity. Therefore, the importance of regular eating patterns cannot be overemphasized in nutritional education. [9,10,11]

The most prevalent modifiable risk factor was alcohol consumption highly significant among nearly one third students in present study and similar results in others study 31.7 % by Kenneth V. Nyombi et al.[12] Nationwide binge drinking among college students exceeding and this higher alcohol consumption rate among students poses questions about the preparedness for curbing NCDs although insignificantly higher alcohol consumption in single sitting reported in present study as compared to other study by Silliman K. et al. that 15% state they usually drink 22 or more drinks per week.[13] Men are heavier drinkers than women in our study along with other study by Silliman K. et al. also confirm that male students drink more frequently than female students.[13] Majority of alcohol consumers consumed alcohol either occasionally on party or personal places in this study and the source of influence during the time of initiation of alcohol in college was for self-experience but majority of them did not make an effort to stop consumption of alcohol and same supported by Rustagi N. et.al. and Manna N. et al.[2,14]

Our findings related with smoking pattern among medical and nursing students are almost same as reported by the previous study. Nearly 8% students had a smoking habit while 3% consumed tobacco in smokeless form in our study whereas 14.1% respondents had a smoking habit and 8.1% consumed tobacco in smokeless form in Mahmood SE. et.al study.[5] Among the medical students of New Delhi, only 7.0% of students used any form of tobacco which is almost same as per the present study findings. Warren et al (2008) reported that in 47 out of 80 global health professional students' survey sites around the world, over 20% of the medical students currently smoked cigarettes; and that in 29 of 77 sites, over 10% of the medical students currently used other tobacco products.[15] Smoking and chewing among males documented by the current study but among females were not found. Cigarette smoking contributes to a one third of all deaths from coronary artery disease; synergy between smoking and other risk factors substantially increases the risks of cardiovascular death associated with these factors.[7] Twelve students consumed more than four cigarettes per day in this study as compared to three students an average 6 cigarettes per day as in Manna N. et al. study. [14] smoking and chewing of tobacco occasionally found at personal places in present study but greater number of males as compared to none in females. Majority of smokers had initiated smoking out of curiosity whereas smokeless, smoked tobacco and alcohol consumption increased among medical and nursing students after admission in college.[2,14]

Physical activity is a major determinant of health and decline in physical activity occurs during adolescence and young adulthood. More than two third of the students like recreational activity outside the campus highly significant as compared to inside campus in contrast to another study shown study population did not have recreational activities in their daily life.[14] Physical activity exceeding with minimum recommended amount helps improve physical fitness, reduces the risk of chronic diseases, disability and helps prevent unhealthy weight gain. Our study reported that two fifth of students had no physical activity and same proportion an irregular physical activity respectively beside this regular schedule of physical activity more than 30 minutes had highly significant among one fifth students. Others study also reported similar pattern of physical activity, inactivity and irregular activities by

Rustagi N. et.al., Srivastava A. et.al., Silliman K. et al., Manna N.et al.. [2,7,13,14] Males exercise more frequently with greater intensity level than females and males select strength-training and competitive sports more common than females was highly significant in our study and same finding reported by Silliman K. et al. study.[13] our study reported that nearly one fourth students preferred yoga for stress free lifestyle although no physical activity can be significantly attributed to the lifestyle of a medical and nursing student that requires long hours of sitting for curriculum study. Breaks during continued physical inactivity like as standing up, walking down the hall, and others, regardless of physical activity level or energy expenditure; breaks have been reported to reduce a number of individual NCDs. Therefore, the importance of performing light activities walking or standing in between long sedentary hours must be emphasized and to increase the number of students for engaging in and maintaining regular physical activity habits to increase general health and to decrease the risk of developing NCDs.[2,7,]

Conclusion

It has been observed that there is much space for improvement in the diet pattern, addiction habits and physical activity of medical and nursing students. Adolescence female students had a greater desire to be thinner than male students, therefore gender specific interventions may be warranted that different eating and exercise pattern exist between male and female students. Consumption of extra salt, ghee/butter in diet, inadequate consumption of fruits and vegetables, habit of skipping breakfast are identified as diet related modifiable risk factors along with alcohol consumption, tobacco chewing, smoking habits and inadequate physical activity/exercise/yoga for lifestyle diseases but most of them did not put any effort to stop it despite of receiving the advice. Health education and its reinforcement especially in the area of high proportion of fruits and vegetables in diet, alcohol consumption, tobacco chewing, smoking and physical activity is required.

Ethical Approval: The study was approved by the Institutional Ethics Committee.

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Conflict of Interest - All authors declare that there are no conflicts of interest in this study.

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