Original Article

# Life style assessment in the middle class population of Rawalpindi, Pakistan

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**Objective:** To assess the lifestyle factors affecting the health of individuals in the middle class population of Rawalpindi.

**Methodology:** It was a cross sectional survey conducted on 30 houses with household members belonging to middle socioeconomic class. These houses were selected through purposive sampling. Data were collected by a semi structured questionnaire. Responses were documented regarding family status (nuclear/extended), family members, age of husband and wife at marriage, education of husband and wife, occupation (husband and wife), household income, language, contraceptive practices, reasons for using or not using contraception, reason for preference of particular contraceptive method, spacing between children, sleeping hours, dietary habits, sources of drinking water, physical activity, health seeking behavior, option in case of sickness, life style diseases and smoking etc. Data were analyzed on SPSS version 21.

**Results:** Results showed that 90% of husbands and 80% of wives had bachelors and above level of education. 53% families were not using any contraception method. 67% of the respondents did not perform physical activity purely for the purpose of fitness. 53% families used water from filtration plant for drinking purpose. 47% of the respondents preferred home-made food during working hours. Regarding type of food preferred at home, 40% opted for chicken and meat products, 7% for vegetables and 53% for mixed type of food. 73% respondents were practicing mid-day sleep. 63% were in favor of having 3 major meals in a day and 60% were enjoying 6-8 hours sleep per day, 20% more than 8 hours, and 20% even less than 6 hours per day. Regarding health seeking approach, 60% preferred to seek medical advice and only 40% were in favor of self-medication in case of illness and.

**Conclusion:** Even people belonging to middle class, despite of being well educated, had unhealthy lifestyle. Most of them had poor dietary habits and poor contraceptive practices. Lifestyle related modifiable risk factors were prevalent. (Rawal Med J 201;43:141-145).

**Keywords:** Middle class, lifestyle, income, contraception, education.

## INTRODUCTION

The term life style is rather a diffuse concept used to denote the way people live, reflecting a whole range of social values, attitude and activities.[1] Life styles are learnt through interaction through parents, peer groups, school, and mass media. Health requires promotion of healthy life styles.[2] Poor lifestyle is a risk factor for Sub-optimal Health Status (SHS). Conversely, adopting a healthier lifestyle can improve SHS.[3] Lifestyle or health related habits (behavioral factors) and social issues that have impact on health, include smoking, diet, nutrition and alcohol which together account for many Coronary Heart Disease (CHD) and cancer related deaths, poor diet leading to obesity (reducing life expectancy) or alternatively malnutrition and lack of physical exercise.[4] Obesity and sedentary behavior coexist and that both are associated with cardiovascular disease.[5] Lifestyle behaviors such as not smoking and physical activity are associated with longer survival.[6] Health and health disparities are the out come of complex pathways of interconnecting social determinants of health.[7]

Poor lifestyle choices, such as smoking, alcohol, drug and physical inactivity, and unhealthy diet have been identified as important factors affecting

the increasing incidence of chronic disease.[8] A study from Osaka showed that individuals having good lifestyles showed much younger health ages calculated on the basis of the health-check-up data, and lower risks for developing lifestyle-related diseases than those with poor lifestyles.[9] A prospective analysis spanning three decades on lifestyle and self rated health in Sweden revealed that 74% of respondents exercised each week, and around 60% eat vegetables every day. 49% had never smoked, and around 30% currently smoke.[10] A study from Lahore showed that use of contraception was 45.6% amongst the illiterates; it rose to 61.3% for the respondents with education up to matric and 71.3% in those with education above matric. It was 43.2% in respondents belonging to families with income less than Rs.3000 and 68.6% with income level of Rs.6000 and above.[11] The present house hold survey is focusing on the life style and behavior of families belonging to middle class in our area.

## METHODOLOGY

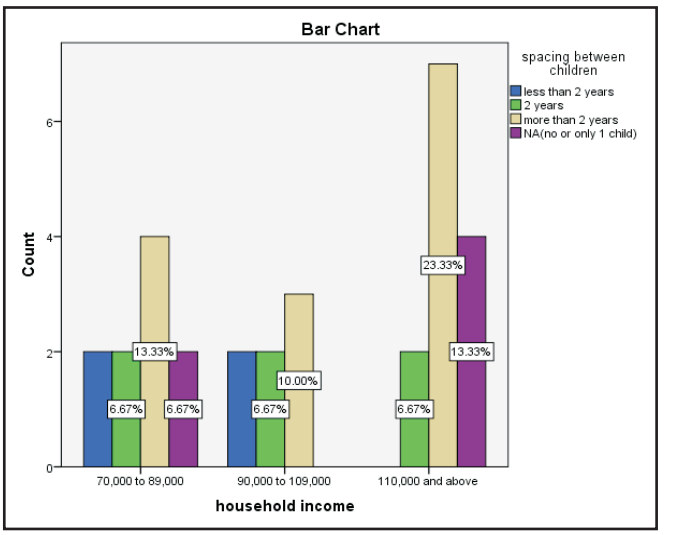
This cross-sectional survey based study was conducted on 30 houses with household members belonging to middle socioeconomic class. Purposive sampling technique was use for the selection of these houses in the area of Satellite Town, Rawalpindi, Pakistan. Written consent was sought from all participants of this study. Data were collected through a semi structured questionnaire which was entirely noninvasive and by asking information from the head of the family regarding their education, occupation, income, age, contraception practices, sleeping hours, dietary habits, sources of drinking water, physical activity, health seeking behavior and smoking etc. All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee.

Data was collected in 3 week duration. Questions were asked in Urdu language. Responses were documented regarding family status (nuclear/extended), family members, age of husband and wife at marriage, education of husband and wife, occupation (husband and wife), household income, language, contraceptive practices, reasons for using or not using contraception, reason for preference of particular contraceptive method, spacing between children, sleeping hours, dietary habits, sources of drinking water, physical activity, health seeking behavior, option in case of sickness, life style diseases, smoking etc. Data were analyzed by using SPSS version 21.

## RESULTS

Results indicated that 7% of husbands had their education level from matric to intermediate whereas 20% of wives had matric to intermediate level of education. 50% of husbands had bachelors degree and 47% wives had bachelors degree. 43% of husbands had masters and above degree whereas 33% wives had masters and above degree. Similarly, the result of the occupation of the husbands reveale that 10% were doctors, 13% were engineers, 17% bankers, another 10% businessmen, 17% army personnel, 10% retired and 23% were from other professions whereas 40% of the occupation of the wives showed that they were octors, 17% teachers, 7% were from allied health, 30% housewives and only 7% were from other professions.

**Fig. 1. Relation between House Hold Income and Spacing between Children.**




In families having household income more than 110000, majority had spacing of more than two years and no family had spacing of less than 2 years between children, which eventually affects their lifestyle (Fig.1). Regarding methods used for contraception, 78% used condom, 14% IUCD and

7% withdrawal. Reasons for not using contraception were 60% beyond reproductive age, 25% religious beliefs and 13% unwillingness of husband. Persons with bachelor or higher education were more likely to use contraception (Table 1). Majority had spaced children more than two years (Table 2).

The result showed that 60% of the respondents preferred to seek medical advice and only 4% were in favor of self-treatment. 70% preferred private setups for medical advice as compared to Government hospitals. Results regarding smoking in family revealed that 70% reported no and only 30% reported yes.

**Table 1. Relation between education of mother and use of contraception.**

| Education of Wife | Use of Contraception | |
|---|---|---|
| | Yes | No |
| Matric and above | 34% | 66% |
| Bachelors and above | 50% | 50% |

**Table 2. Descriptive statistics of other variables of the study**

| Variables | | Number | Percentage |
|---|---|---|---|
| **Types of marriages** | Family marriage | 7 | 23.3 |
| | Out of family | 23 | 76.7 |
| | **Total** | **30** | **100.0** |
| **Spacing between children** | Less than 2 years | 4 | 13.3 |
| | 2 years | 6 | 20.0 |
| | More than 2 years | 14 | 46.7 |
| | NA (no or only 1 child) | 6 | 20.0 |
| | **Total** | **30** | **100.0** |
| **Use of contraception** | Yes | 14 | 46.7 |
| | No | 16 | 53.3 |
| | **Total** | **30** | **100.0** |
| **Reason for preference** | Easy/convenient | 9 | 30 |
| | Less side effects | 15 | 50 |
| | Advised by health professionals | 6 | 20 |
| | **Total** | **30** | **100.0** |

Results indicated that 50% of the families were living in joint family system. 40% families had 2 to 3 family members, 37% had 5 to 7 family members, and 23% having more than 7 members. 77% of the husbands and 97% wives were 21 to 30 years of age at time of their marriage. 67% of the respondents did not perform physical activity purely for the purpose of fitness. 53% families used water from filtration plant for drinking purpose, 33% mineral water, 7% tap water and 7% used other sources. 47% of the respondents preferred home-made food during working hours, while 43% preferred fast food. Regarding type of food preferred at home, 40% opted for chicken and meat products, 7% for vegetables and 53% for mixed type of food. 63% were in favor of having 3 major meals in a day. Furthermore, 73% respondents were practicing mid-day sleep. 60% of the respondents were enjoying 6-8 hours of sleep per day, 20% of the participants had either less than 6 hours of sleep or more than 8 hours, and 20% even less than 6 hours per day.

## DISCUSSION

A healthy lifestyle is not just diet and exercise. In general, most would agree that a healthy person does not smoke, is at a healthy weight, eats a balanced healthy diet, thinks positively, feels relaxed, exercise regularly, has a good relationship and benefits from a good life balance.[12]

In this study, more than 75% of the respondents (husband and wives) were well-educated (above bachelors) which is a good step towards better life style practices. In another study it was seen that increase in education induces individuals to exercise regularly and have regular check-ups thus proving that education induces healthy life styles.[13]

Our study revealed that 33% of respondents used contraception having education up to matric and 50% used contraception having education of bachelors and above, similar to another study from Lahore showing that contraceptive use was 61.3% for the respondents with education up to matric and 71.3% in those with education above matric.[14] The result shows that education is an important factor and has positive influence on the utilization of family planning services.

Our study showed that regarding family planning practices, majority of the respondents used condom, 14.3% used IUCD (intra Uterine Contraceptive Device) and 7.2% used withdrawal method. A study from Islamabad reported that the most commonly used contraceptive method was the condom i.e. 39%, followed by the IUCD 33%, oral pills 10%,

and tubal ligation 8%.[15] The result indicates that physical barrier like condoms are commonly used by majority, may be because people consider it easy to use and cheap with less side effects as compared to other available options.

This study shows that major reasons for not using contraception was fear of side effects and non-willingness of husband. In a study from Lahore, it was seen that most of the clients had used the different effective methods (pills, Injection or IUCD) but discontinued for related side effects of these methods.[16] This shows that there is need to create awareness regarding different methods of contraception particularly those having little or no side effects.

In our study, 43% respondents were in favor of fast food. Regarding type of food preferred at home, 40% opted for chicken and meat products, 7% for vegetables and 53% for mixed type of food. In a study from Karachi, nearly 97% reported consumption of junk food while 60% reported use of whole grain food in their diet.[17] The results indicate that trends for having junk food is more. This was may be due to less time for lunch break, people find it easy to use junk food, which is easily available. 67% of the respondents did not perform physical activity purely for the purpose of fitness. Another study showed 70% students walked for 30 minutes and 47% exercised daily.[13] Similar results were found in another study where sedentary behaviors, physical inactivity and unhealthy dietary habits *were prevalent.*[18] The results might be due to busy routine people give less time to walk and exercise per day.

In our study, 60% of the respondents were enjoying 6-8 hours sleep per day, 20% more than 8 hours and 20% even less than 6 hours day. The results were similar to a study from Islamabad, where average sleep of respondents per day was 6 hours.[19] Our study showed that 60% sought medical advice for ill health and 40% opted for self-treatment. WHO states that class, status, education are the important social determinants which should be addressed for improving health equity in health.[20]

Smoking was present in 30% families. In 2008 Gall up poll in America of all socio-economic classes, showed rate of smoking among people with less income was more as compared to those who were earning more.[21] Similar results were reported in another study.[22] This is probably due to better awareness associated with risk of smoking in those belonging to good socioeconomic class

In present study, 3.3% of responders said yes for ischemic heart disease, 3.33% for hypertension, 20% diabetes, 10 % obesity, majority had more than one diseases related with lifestyle. In another study, the rates of coronary artery disease, hypertension, diabetes, hyperlipidemia and overweight were 8.15%, 28.54%, 11.43%, 35.46%, and 18.70%, respectively.[23]

## CONCLUSION

The study showed that even people belonging to middle socioeconomic class and most of them were well educated, unhealthy life style, poor dietary habits and life style related modifiable risk factors were frequently present. The study was able to establish positive influence of some important socio-demographic factors on the utilization of family planning services. Effective counseling of the couple with providing literature of contraceptive methods can be effective. Risk factors like smoking, alcohol intake, physical inactivity, junk food consumption are present in life style, if these are properly, identified and removed, there will be less disease and improved health factors.

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