Judgement of Anxiety and Nutritional Status of Service Class Male

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ABSTRACT

The present research work was carried out to estimate the daily lifestyle habits of service class adult males (age 21-72 yr) of Ludhiana district of Punjab. Different health associated variables like body mass index, daily exercise, food habits, sleeping habits and metabolic disorders were calculated and co-relation coefficient between different lifestyle parameters were estimated. The results showed that 74.1 per cent of service men perform daily exercise, 85.4 had habit of eating meals regularly whereas 14.5 per cent of skipping breakfast and 64.5per cent of service men had habit of taking mid morning meals. The data also revealed that 58.6 per cent men had normal body mass index, 35.0 per cent were pre-obese and 8.06 per cent obese due to sedentary life style. The data on metabolic syndromes showed that 3.2 per cent service men were suffering from diabetes while 6.4 per cent from blood pressures problem and 1.61per cent from frequent fever. The data on social problem revealed that 64.51per cent men feel free in discussing problems with family members and rest with relatives (25.8 %). A positive co-relation (p>0.05) was observed between age and exercise, exercise and sleep, diet and sleep and satisfaction of life with sleep. It was found that daily habit of exercise and sound sleep (6-8hr) promoted increase satisfaction of quality of life.

Key Words: Anxiety, Diet, Sleep, Life Style, Men.

INTRODUCTION

Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948). Lifestyle factors like age, food habits, level of exercise, positive thinking etc. contribute significantly to the health status of an individual (Farhud, 2017). The adequacy in appropriate quantity and quality food consumption improves the well being of an individual that leads to improved work capacity and emotional stability as well. Humans need a wide range of nutrients to lead a healthy and active life. For providing these nutrients, good nutrition or proper intake of food in relation to the body's dietary needs is required. An adequate, well balanced diet combined with regular physical activity is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

A healthy diet consumed throughout the life-course helps in preventing malnutrition in all its forms as well as wide range of non-communicable diseases (NCDs) and conditions. But rapid urbanization/globalization, increased consumption of processed foods and changing lifestyles has led to a shift in dietary patterns (Rev, 2018). Lifestyle is also defined as the uniqueness of an individual pertaining to day to day activity comprised of diet, food habits, exercise, hours of sleep, type of work and profession etc. According to WHO, 60 per cent of related factors to individual health and quality of life are correlated to lifestyle, as millions of people follow an unhealthy lifestyle (Ziglio et al, 2004). Hence, they encounter illness, metabolic diseases, disability and even death. Thus, the relationship of lifestyle and health is highly important and interested by researchers. So assessment of these factors responsible for healthy life among the working class men is paramount to prevent health

issues. Keeping all the paramount points in mind, the present work was undertaken to estimate the relationship between lifestyle associated factors among adult working men of Punjab.

MATERIALS AND METHODS

Selection of subjects

The present study was aimed to investigate the daily lifestyle habits of service class adult males. A random sampling was adopted to select the subjects. Sixty two adults in the age group of 21-72 yr were selected from Ludhiana district. An interview schedule was developed to obtain the desired information on various aspects of data collection. The reliability of the schedule was worked out by pre testing on 10 respondents selected randomly on non-sample subjects. Based on the response received during pre-testing certain necessary changes were incorporated in the schedule. Hence, the pre-tested and restructured schedules were used to the data.

Collection of data

The data were collected from the subjects through personal interview technique using the interview schedule. The data pertaining to general profile of the subjects, anthropometric parameters, food habits, lifestyle factors, habit of exercise and stress related information were collected collected during Sep to Nov, 2019.

Anthropometric Measurements

The height was measured with the help of anthropometric rod to the nearest 0.5 cm. The subjects were asked to stand erect against the rod without shoes with feet parallel and heels together, back of the head touching the measuring rod. The head was held comfortably erect. The arms were hanging at the sides. The body weight was taken to the nearest 0.5 kg on a portable weight machine. The subjects were asked to remove shoes before weighing and to stand in the centre of the platform

with minimum of clothing (Jelliffe, 1966). Body mass index were calculated by using the standard method and classified on the basis of WHO (2004) classification.

Table 1. Classification of Body Mass Index (WHO 2004).

Sr. No.	Classification	Principle Cut-off points for BMI(kg/ m²)
1.	Underweight	< 18.5
2.	Severe thinness	< 16
3.	Moderate thinness	16 – 16.99
4.	Mild thinness	17 – 18.49
5.	Normal range	18.5 – 24.99
6.	Overweight	≥ 25.0
7.	Pre-obese	25.00 - 29.99
8.	Obese	≥30.00
9.	Obese class I	30.00 - 34.99
10.	Obese class II	35.00 - 39.99
11.	Obese class III	≥40.00

Statistical Analysis

Computation of some descriptive statistical measures such as percentage distribution, mean and standard deviation for variables. The correlation coefficients was calculated to find out the relationship between age, BMI, exercise, anxiety and diet.

RESULTS AND DISCUSSION

Anthropometric profile

The results (Table 2) revealed that the mean height of subjects was 171.23±0.96 cm and weight as 73.5±1.41kg. The mean body mass index of selected subjects was observed as 25.07±0.44kg/m². The data (Table 3) further showed that 60 per cent of the subjects were having normal BMI (18.5 – 24.99 kg/m²) while 35 per cent were found to be pre-obese (25.00 - 29.99kg/m²).

Table 2. Anthropometric profile of selected Respondent (n=62).

Parameters	Suggested values	(n=131)
Age (years)	----	41.30±1.86(20-72)
Height (cm)	----	171.23±0.96(134.62-185.42)
Weight (kg)	60 Kg	73.5±1.41(56-112)
BMI(kg/m²)	18.5-24.99	25.07±0.44 (19.33-35.86)

**Table 3. Body Mass Index profile of selected Respondent (n=62)**

Sr. No.	Classification	BMI (kg/m²)	Percent
A.	Underweight	< 18.5	
1.	Severe thinness	< 16	-
2.	Moderate thinness	16 – 16.99	-
3.	Mild thinness	17 – 18.49	-
4.	Normal range	18.5 – 24.99	60.0
B	Overweight	≥ 25.0	
5.	Pre-obese	25.00 - 29.99	35.0
6.	Obese	≥30.00	
7.	Obese class I	30.00 - 34.99	6.67
8.	Obese class II	35.00 - 39.99	1.67
9.	Obese class III	≥40.00	0

Food Habits

The data (Table 4) showed the food habits practices by selected subjects as 85.48 per cent had habit of eating meals regularly out of which 14.51 per cent of skipping breakfast, 8.06 per cent skipped lunch and 6.45 per cent skipped dinner. The data presented in Figure 1 showed that 64.51per cent of subjects took mid morning meals, while 53.22 per cent took early morning and evening tea, respectively.

The results further revealed that 54.83 per cent of selected subjects had habit of taking regular lemon water. It was found that all the subjects had the habits of taking tea and 95.16 per cent include sugar in tea. The data also showed that 91.93 per cent had habit of drinking water at regular interval. The observations recorded on metabolic syndromes showed that 06.45 per cent were suffering from blood pressures problem, 3.22 per cent from diabetes and 1.61per cent from frequent fever.
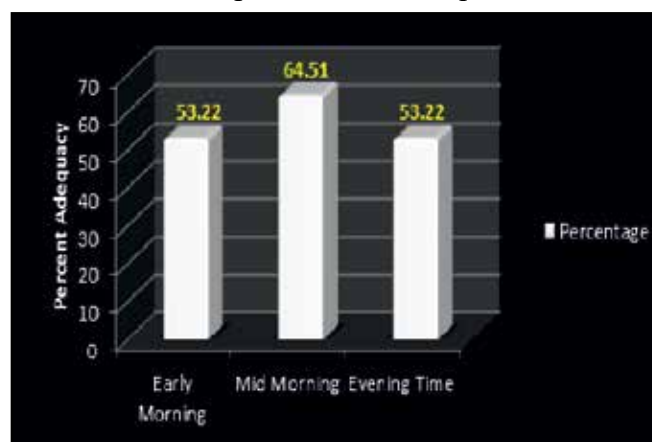
Fig 1. Percentage data on the habit of taking in between meals

Table 4. Information on food habits from the selected subjects (n=62).

Sr. No	Interview Questions	Per cent response
01	Do you take three meals at regular intervals? (breakfast, lunch and dinner)	85.48
02	Do you skip any meals daily?	
	Breakfast	14.51
	Lunch	8.06
	Dinner	6.45
03	Do you take in between meals?	
	Early morning	53.22
	Mid morning	64.51
	Evening time	53.22
04	Do you take lemon water daily?	54.83
05	Do you drink tea/coffee daily?	100
	With Sugar	95.16
	Without Sugar	4.83
06	Do you drink minimum 6-8 glasses of water daily?	91.93
07	Do you suffering from any following diseases?	
	Diabetes	3.22
	Blood Pressure	6.45
	Heart Problems	0
	Cancer	0
	Frequent fever	1.61
	Urinary Tract Infections	0
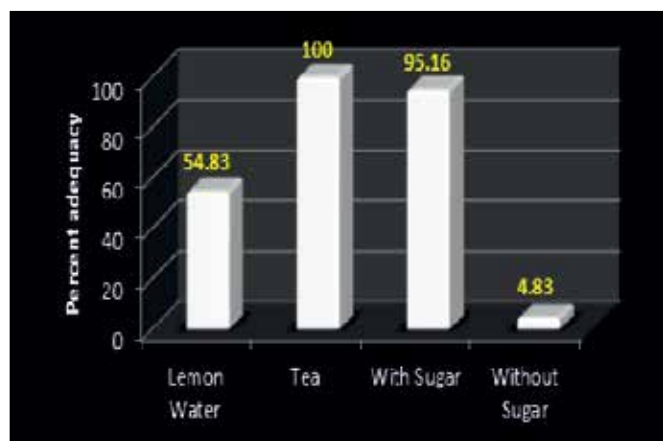
Fig 2. Percentage data on the habit of taking beverages

The results (Table 5) revealed that 74.19 per cent of men performed daily exercise and 91.93per cent of men took taking regular sleep of 6-8 hr. Further, 33.87per cent of the subjects felt incidence of stress, tension or anxiety which was related to family (19.35%), work place (17.74%), and relatives (8.06 %). Least stress cases were observed in case of friendship (1.61%) and 64.51 per cent feel free in discussing with family members, 50 per cent with friends, 25.80 per cent with relatives and rest 24.19 per cent with colleagues etc.

Table 5. Information on lifestyle factors from selected Respondent.

Sr. No	Interview Questions	Per cent
1	Do you have regular sleep (6-8 hrs)?	91.93
2	Do you do any exercise daily?	74.19
3	Do you feel stress, tension or anxiety?	33.87
	Its related to family	19.35
	Its related to office	17.74
	Its related to friends	1.61
	Its related to relatives	8.06
	Any other	1.61
4	Do you feel more comfortable while discussing your problems?	77.4
	Family	64.51
	Friends	50
	Relatives	25.80
	Colleagues	24.19
5	Are you satisfied with your life?	77.41

Table 6. Correlation Coefficient between different variables (Male).

Sr.No.	Variable	R Value
1	Age and BMI	0.261**
2	Age and height	0.117 (NS)
3	Age and weight	0.298***
4	Age and exercise	0.250**
5	Anxiety and water	0.086 (NS)
6	Anxiety and tea	-0.156 (NS)
7	Anxiety and diet	-0.188 (NS)
8	Anxiety and sleep	-0.038 (NS)
9	Anxiety and satisfaction	0.204 (NS)
10	BMI and exercise	-0.004 (NS)
11	Exercise and sleep	0.231***
12	Diet and sleep	0.214**
13	Satisfaction and sleep	0.259**

** Significant at 5per cent level (0.2091)

*** Significant at 1per cent level (0.2925)

NS- Non-significant

The correlation analysis (Table 6) showed that there was a significant (p≥0.01) positive correlation observed between age and weight, exercise and sleep, diet and sleep and satisfaction of life with sleep. The daily habit of exercise and sound sleep promotes human life span along with increased satisfaction of quality of life. Moreover, daily consumption of balanced diet along with regular exercise and having 6-8 hr of sleep reduce the incidence of anxiety significantly (p>0.05).

CONCLUSION

The study carried out to assess the lifestyle factors contributing to health of Punjabi service men showed that 74.1 per cent performed daily exercise, 85.4 had habit of eating meals regularly out of which 14.5 per cent had habits of skipping breakfast, 8.06 per cent skipped lunch and 6.4 per cent skipped dinner. Further, 64.51per cent feel free in discussing with family members, 25.8 per cent with relatives, 50.0 per cent with friends and 24.9 per cent with colleagues. 58.60 per cent men had normal body mass index, 35.0 per cent were pre-obese and 8.06 per cent were obese due to sedentary life style. There was positive co-relation (p>0.05) observed between age with exercise, anxiety with tea, anxiety with drinking water, anxiety with age and weight, exercise and sleep, diet and sleep and satisfaction of life with sleep. Hence, it was found that daily habit of exercise and sound sleep promotes human life span along with increased satisfaction of quality of life.

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