Assessing the Factors Creating Unhealthy Life Style and High Risk Behaviour

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Abstract

The present study was aimed to explain the factors playing threatening role in creating the unhealthy life style and high risk Behaviour and to check the Behaviour of people towards health and illness Behaviour. The nature of the study was quantitative. A sample of 140 respondents was selected, from the district Sargodha, Punjab, Pakistan. Questionnaire was used as tool of data collection which contained questions Statistical package for social scientist (SPSS) was used to analyse. The result of the study showed that factors like gender, socioeconomic status, occupationand income effects health behaviour of the people. Majority agreed that lower class underutilized health services and upper class has high higher life expectancy while poor are poorer to stress due to financial costs. They also use rarely preventive care. In this study majority were agreed that rigid socialization of child can cause criminal Behaviour. Majority answered that unsanitary living conditions of the people can lead to unhealthy lifestyle. Majority were agreed that sickness is a social state created by the human perception and the sick person has the obligation to seek medical care and get well soon in case of any disease.

Keywords: Doctor-patient Interaction, Physician, Criminal Thoughts, Unhealthy behaviour

1. Introduction

Health Behaviour is an activity undertaken for the purpose of preventing or detecting disease or for improving health and well-being (Corner and Norman, 1996). Many previous studies examined the relationship between health Behaviour and health outcomes and their role in both morbidity and mortality (Blaxtar, 1990). Health Behaviours also impact on individuals' quality of life by delaying the onset of chronic disease and extending active lifespan (USDHHS, 1990). Smoking, alcohol consumption, diet, gaps in primary care services and low screening uptake are all significant determinants of poor health and changing such Behaviours lead to improved health.

According to Rosen (1979), improved medical care is also going to hand in hand with changed social conditions leading to a better life.

Kessler et al. (1994) found in their research women have higher rates of mood and anxiety disorders, while men have more personality disorder, which consist largely of impaired personality traits. Glass and Fujimoto (1994); Mirowsky and Ross, (1989) described, women who are employee outside the home have less psychological distress than housewives but more distress than employed men. According to studies of Rosenfield (1992), women's employment can also be negative for their husband's mental health if the men make less money from their job or have to do more housework because of it.

Stress is defined as heightened mind-body reactions to stimuli inducing fear or anxiety in the individual. Stress typically starts with a situation that people find threatening or burdensome (Pearlin, 1989). Examples of stressful situation include divorce (Aseltine et al., 1993), unpleasant work conditions (Fenwick et al, 1994), widowhood (Umberson et al., 1992) and unemployment.

Deviance relates to all forms of rule breaking whether this involves such things as murder, theft, the breaking of formal social rules. Criminal Behaviour is a form of deviance that one is defined as the breaking of legal rules (Chris Lisvey, 2010). Terrie Moffitt (1994) suggested that,some neurophysiologist, which study the brain activities believe that

inherited or acquired neurological and physical abnormalities control Behaviour throughout life span.

G.B. Ramirez and et al (2003) suggested that a healthful diet can provide minimal levels of minerals and chemicals needed for normal brain functioning and growth, especially in early tears of life. An improper diet can cause chemical and mineral imbalance and can lead to cognitive and learning deficits and problems, and these factors in turn are associated with antisocial Behaviours. Eric Konofal et al. (2005) found that an over-or undersupply of certain chemicals and minerals including sodium, mercury, potassium, calcium, aminocide and iron can lead to depression, hyperactivity, cognitive problems, memory loss, or abnormal sexual activity.

Brigette Erwin and et al (2000) described that people who physically or sexually abuse, especially young males, are much more likely to smoke, drink, and take drugs than nonabuse youth. Chris Melde and et al (2009) showed in their studies as adults, there is evidence that crime victims themselves are more likely than non-victims to commit crimes. Fearing re-victimization, they may take drastic measures and arms themselves for self- protection.

Sheldon and Eleanor (1950) suggested, family relationships are considered a major determinant of Behaviour. According to Alexandar and Lloyd (2003) In fact parenting factors such as the ability to communicate and to provide proper discipline may play a critical role in determining whether people misbehave as children and even later as adults.

Objectives of the present study are; to find the relation between social factors and unhealthy lifestyle and high risk behaviour, to check the effect of criminal thoughts on high risk behaviour and unhealthy lifestyle, to assess life styles spread across social boundary and to evaluate the existing study the role of doctors.

2. Research Methodology

The researcher must choose a research methodology to determine whether the relationship specified in a problem statement actually exist or not. The population of the present research was all the people from every sector of the society of the District Sargodha.Sample is representation of large whole. The universe of this study was the Sargodha city with the use of stratified sampling.A sample of 140 respondents from the district Sargodha has been taken because this was judgmental study. In order to collect data first of all strata were made of respondents and then convenient sampling was used in such a way that data could be collect from the people of every walk of life, of every age, gender, occupation, literate or illiterate. In this study the researcher used Questionnaire as tool for data collection.For the statistical analysis the process of coding was made. The mathematical numbers to show different variables coded different responses.For the description of the basis characteristics of the sample simple percentage were concluded. The purpose is simplify Quantitative characteristics in to numeric from the percentage was calculated by using the following formula.Chi-squire was applied to find out the relationship between certain independent and dependent variables.

3. Results and Interpretations

Table 1:

Socio-economic & demographic characteristics of respondents	Frequency	Percentage
Gender	Mode:2	Range:1
Male	66	47.1
Female	74	52.9
Age of the respondents	Mode:2	Range:4
10-20 years	12	8.6
20-30 years	90	64.3
30-40 years	13	9.3
40-50 years	22	15.7
Above	3	2.1
Education	Mode:4	Range:4
Metric	24	17.1
Intermediate	13	9.3
Graduation	31	22.1
Postgraduate	62	44.3
Illiterate	10	7.1
Residence	Mode:2	Range:2
Rural	47	33.6
Urban	77	55.0
Town	16	11.4

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Marital status	Mode:2	Range:1
Married	45	32.1
Single	95	67.9
Family structure of the respondents	**Mode:2**	**Range:3**
Nuclear	60	42.9
Joint	75	53.6
Extended	5	3.6
Family monthly income	**Mode:5**	**Range:4**
Below 20000	33	23.6
20000-30000	24	17.1
30000-40000	24	17.1
40000-50000	14	10.0
50000+	45	32.1
Total	**140**	**100**

Table 1 is indicating the frequency and percentage distribution of the respondents according to their age. Table depicts that majority 64% of the respondents' age belonged to the category of 20-30 years, 15% belonged to 40-50 years, 9% fell into the group of 30-40 years, 8% are belonged to 10-20 years and 2% are belonged to age above 50 years. Mode that is 2 also shows that majority respondents lying on the 64% so majority respondent's age is 20-30. Range that is 4 also shows that 2% respondents deviating from the data. Elderly people are more likely to visit physicians than younger people and women between the ages of fifteen and forty-four visits more to doctors. The above table is indicating the frequency and percentage distribution of respondents according to their gender. The table revealed that 52% respondents were females in this research and 47% were males. The mode also shows that mostly people are lying in the second category. As far as the dispersion of the data is covered, range that is 1 explicitly shows that data is dispersed. So majority respondents are females in this research and minority is male. Females are more fit biologically at birth, less often exposed to danger and highly stressful occupations, are more sensitive to their bodily states, and possibly enhance their life expectancy through more usage of medical services and males typically exceed female death rated at all stages and for the leading causes of death such as heart diseases, cancer, cerebrovascular diseases, accidents and pneumonia (Cokerham, 1998).

The above table is indicating the frequency and percentage distribution of respondents according to their marital status. It showed that 67% respondents were single and 32% were married. The mode 2 also shows that mostly people are lying in the second category and range that is 1 shows that 32% people are dispersing from the data. Data shows that majority 55% respondents were from the rural area and 33% were from urban. It is found that 44% respondents were postgraduate, 22% were graduation, 17% were metric. It is found that 53% respondents in this research were belong to joint family system, 42% were from nuclear family system and 3% were from extended family system.

Above table indicates the frequency and percentage distribution of respondents according to their income. It is found that 32% of the respondents' households' income was above 50000, 23% of the respondents' household income was below 20000, 17% respondents' household income was 20000-30000 and 17% was 30000-40000, and minority respondents' income was 40000-50000. The mode 5 showing that majority people are lying in the fifth category and range 4 also shows that 10% people are deviating from the data. Income of the people shows their social status. Dutton (1986) found in her studies that low income patients in public health care system confronted a lack of preventive examination, high charges for services, long waiting times and relatively poor patient-physician relationship. In this study the majority 47% were students, 24% were Government employees.

Doctor-Patient Interaction

I think:	S.A	A	N	D	S.D	Mean	S.D
Poor can't communicate properly with the doctor due to lack of confidence.	25 17.9%	77 55.0%	13 9.3%	18 12.9%	7 5.0%	2.32	1.068
Women usually hesitate to talk freely and openly with doctor due to social barriers.	35 25.0%	73 52.1%	17 12.1%	13 9.3%	2 1.4%	2.10	0.931
Some people don't allow women to go to male doctors due to cultural barriers.	19 13.6%	77 55.7%	19 13.6%	23 16.4%	1 .7%	2.35	.936
Some people don't go to doctor because they believe doctors keep patients waiting too long.	24 17.1%	55 39.3%	33 23.6%	24 17.1%	4 2.9%	2.49	1.056
People don't go to doctor when they feel they are getting better.	34 24.3%	71 50.7%	22 15.7%	10 7.1%	3 2.1%	2.12	0.932

Interpretation of data indicating that 55% were agreed in this study that poor can't communicate properly with the doctor due to lack of confidence, 17% were strongly agreed, 12% were disagreed. The mean 2.32 showing that the mostly people are lying in the 2nd category and standard deviation 1.068 also shows the dispersion of the data. Howard Waitzkin (1991) suggested that social class differences are the most important factors in physician-patient communication. Sue Fisher (1984) identified, those patients who are similar to physicians in social class are more likely to share their communication style and communicate effectively with them.Majority 52% respondents were agreed that women hesitate to talk with doctor, 25% were strongly agreed, the mean 2.10 showing that majority respondents are lying in the 2nd category and standard deviation also shows the dispersion of the data. Atkinson (1995); Ross and Duff (1982) found in their studies that two groups in society, the lower class and women, have been identified as having the most communication problems with physicians.

Majority respondents were agreed that some people don't go to doctor because they believe doctors keep patients waiting too long, 23% were neutral, 17% respondents were strongly agreed. The arithmetic mean 2.49 also shows that majority people are lying in the 2nd category and standard deviation 1.056 also shows the dispersion of the data covered. 50% respondents were agreed that people don't go to doctor when they feel they are getting better, 24% were strongly agreed, 15% were neutral, and 7% were disagreed and minority 2% were strongly disagreed. The mean 2.12 showing that mostly people are lying in the 2nd category and standard deviation 0.932 shows the dispersion covered from the data. Thompson (1984) suggested that physicians prescribe medications, diets and the like and expect patients to follow them faithfully.

Physicians

I think:	S.A	A	N	D	S.D	Mean	S.D
Physicians should ethically train.	59 42.1%	66 47.1%	11 7.9%	1 .7%	3 2.1%	1.74	0.810
Doctors are mostly from upper and upper-middle class.	26 18.6%	58 41.4%	31 22.1%	24 17.1%	1 .7%	2.40	1.002
Doctors should treat poor and rich equally.	62 44.3%	43 30.7%	20 14.3%	11 7.9%	4 2.9%	1.94	1.078
Family, close relatives and family friends encourage in choosing medical profession.	27 19.3%	83 59.3%	19 13.6%	9 6.4%	2 1.4%	2.11	.840
Doctors should have an ambition to help people rather than to make money.	61 43.6%	40 28.6%	25 17.9%	10 7.1%	4 2.9%	1.97	1.079

The Interpretation of the dataregarding to the physicians should ethically train. The interpretation showing that majority 47% respondents in this study were agreed that doctors should be ethically trained, 42% were strongly agreed, 7% were neutral, 2% were strongly disagreed and minority .7% were disagreed. The mean 1.74 showing that mostly people are lying in the 2nd category and standard deviation 0.810 also shows the dispersion of the data Quah (1989) suggested that physicians generally control the conditions of their own work and the work of most of the other members of the health professionals as well. Physicians should have ethically trained to deal effectively with the patients.

41% respondents were agreed that doctors are mostly from upper and upper-middle class, 18% were strongly agreed and 22% were neutral. An equitable majority respondent said that doctors should treat poor and rich equally. Interpretation of dataregarding family as motivating factor in choosing medical profession manifests those majority respondents reported that family, close relatives and family friends encourage in choosing medical profession. The mean 2.11 showing that mostly people are lying in the 2nd category as far as dispersion of the data is covered, the standard deviation .840 shows the dispersion of the data. majority 43% respondents were strongly agreed that doctors should have ambition to help people rather than to make money, 28% were agreed, 17% were neutral, and 7% were disagreed and minority 2% were strongly disagreed. The mean 1.97 showing that mostly people are lying in the 1st category and standard deviation 1.079 shows the dispersion of the data. Becker et al (1961) suggested that, medicine is the best of all professions.

Criminal Though

I think:	S.A	A	N	D	S.D	Mean	S.D
Improper diet can cause chemical and mineral imbalance and lead to criminal behaviour.	17 12.1%	67 47.9%	23 16.4%	31 22.1%	2 1.4%	2.53	1.014
Some persons suffer from mental disorder cause criminal behaviour.	16 11.4%	70 50.0%	38 27.1%	16 11.4%	0	2.39	0.836
Antisocial behaviour leads to criminal thoughts.	29 20.7%	67 47.9%	30 21.4%	12 8.6%	2 1.4%	2.22	0.922

Rigid socialization of the child can cause criminal behaviour.	20 14.3%	79 56.4%	25 17.9%	12 8.6%	4 2.9%	2.29	0.917
Some people became criminal due to loss of their loved ones.	25 17.9%	60 42.9%	37 26.4%	16 11.4%	2 1.4%	2.36	0.953
Narrow minded people and their rigid thinking cause criminal behaviour.	20 14.3%	68 48.6%	37 26.4%	13 9.3%	2 1.4%	2.35	0.889

A majority 47% respondent were agreed that improper diet can lead to criminal behaviour, 22% was disagreed while 16% were neutral. The mean 2.53 showing that mostly people are lying in the 2nd category and standard deviation 1.014 shows the dispersion of the data. John Cloud (1999) also found in their research that biochemical condition including genetically and that are acquire from diet and environment influence antisocial behaviour.Majority 50% respondents were agreed that some person that suffers from mental illness can be criminal, 27% were neutral. Kevin Beaver and et al (2007), neurological impairment lead to the development of personality traits linked to antisocial behaviour.

A majority 47% was agreed that antisocial behaviour leads to criminal thoughts, 21% were neutral, 20% were strongly agreed. The mean 2.22 showing that mostly people are falling in the 2nd category as far as dispersion of data is covered, the standard deviation 0.922 shows the dispersion of the data. People who are crime victims may be more likely to commit crime themselves (Timothy and Cathy, 1995). The process may begin early in life, because being abused or neglected as a child increase the odds of being arrested, both as a juvenile and as an adult.

56% study participants were agreed that rigid socialization of child can cause criminal behaviour, 17% were neutral while 14% were strongly agreed.John and Francis (2001) Parents who are supportive and who effectively control their children in a non-coercive way are more likely to raise their children who refrain from delinquency.42% respondents were agreed that some people become criminal due to loss of their loved ones. Eric and Shelly (2008) also found that such individuals may be impulsive and have difficulty concentrating and consequently experience difficulty in school. A majority 48% respondents were agreed that narrow minded people with rigid thinking lead to criminal behaviour, 26% was neutral, while 9% disagreed. The mean 2.35 showing that the majority respondents are lying in the 2nd category and standard deviation 0.889 showing the dispersion of the data covered.

Unhealthy lifestyle/High Risk Behaviour

I think:	S.A	A	N	D	S.D	Mean	S.D
In case of any disease I go traditional Hakim.	14 10.0%	27 19.3%	27 19.3%	43 30.7%	29 20.7%	3.33	1.278
I go often to doctor for check up during disease.	24 17.1%	68 48.6%	26 18.6%	22 15.7%	0	2.33	.940
I use medicines regularly and follow the recommendations of doctor.	20 14.3%	65 46.4%	27 19.3%	22 15.7%	6 4.3%	2.49	1.056
I use proper diet and take regular exercise to maintain your health.	17 12.1%	67 47.9%	45 32.1%	11 7.9%	0	2.36	.796
Poor use rarely preventive care.	11 7.9%	85 60.7%	25 17.9%	16 11.4%	3 2.1%	2.391	.871
Media motivates people towards healthy lifestyle.	29 20.7%	70 50.0%	22 15.7%	15 10.7%	4 2.9%	2.25	.997
Unsanitary living conditions of the people can lead to unhealthy lifestyle.	41 29.3%	72 51.4%	21 15.0%	5 3.6%	1 .7%	1.950	.808
Too much cigarette smoking and alcohol usage can cause many lungs diseases.	64 45.7%	55 39.3%	13 9.3%	6 4.3%	2 1.4%	1.76	.895
Clean and pure water can prevent us from many diseases.	56 40.0%	61 43.6%	21 15.0%	2 1.4%	0	1.79	.80
Exposure to environmental pollution is a big factor of ill health in modern societies.	60 42.9%	68 48.6%	8 5.7%	2 1.4%	2 1.4%	1.70	.765
People by changing their behaviour by taking proper diet, exercise and better living conditions can minimize their chance of becoming sick.	54 38.6%	62 44.3%	20 14.3%	0	4 2.9%	1.84	.875

The Interpretation of the data indicating that majority 30% respondents said that they don't go to Hakim in case of any disease, 20% were strongly disagreed about this, 19% were agreed and 19% were strongly agreed. The mean 3.33 showing that mostly people are lying in the 4th category and standard deviation 1.278 shows the dispersion of the data. Majority 48% respondents were agreed that they go to doctor for check-up during in any disease and minority 15% were

disagreed. The mean 2.33 showing that majority respondents are lying in the 2nd category and standard deviation .940 shows the dispersion covered from the data. A majority 46% respondent were agreed that they use medicines and follow the recommendations of doctor during any disease. Improved medical care is also going to hand in hand with changed social conditions leading to a better life (Rosen, 1979). Majority 47% respondents were agreed that they use proper diet ant take regular exercise to maintain health, 32% were agreed. The mean 2.36 showing that majority respondents are lying in the 2nd category as far as dispersion of the data is covered, the standard deviation .796 shows the dispersion of the data. 60% respondents were agreed that poor use rarely preventive care. The mean 2.391 showing that majority people are lying in the 2nd category and standard deviation .871 shows the dispersion covered from the data.

50% respondents were agreed that media motivates people towards healthy lifestyle, 20% were strongly agreed. A majority 51% respondent were agreed that Unsanitary living conditions of the people can lead to unhealthy lifestyle and 29% were strongly agreed. The mean 1.950 showing that majority people are lying in the 2nd category as far as dispersion is covered from the data, the standard deviation .808 shows the dispersion of the data. 45% respondents were strongly agreed that too much cigarette smoking and alcohol usage can cause lung diseases and 39% were agreed. The mean 1.76 showing that majority respondents are lying in the 1st category and standard deviation .895 shows the dispersion of the data. 43% respondents were agreed that clean and pure water can prevent us from many diseases and 40% were strongly agreed. 48% respondents were agreed that exposure to environmental pollution is a big factor of ill health while 42% were strongly agreed. The mean 1.70 showing that mostly people are falling in the 2nd category and standard deviation .765 showing the dispersion covered from the data. Majority 44% respondents in this study were agreed that people can minimize their chance of becoming sick by changing their behaviour, 38% were strongly agreed. The mean 1.84 showing that majority people are lying in the 2nd category and standard deviation .875 shows the dispersion of the data.

4. Bi-Variate Analysis

Hypothesis No.4: There is strong association between Doctor-Patient interaction and Unhealthy lifestyle/high risk Behaviour

Statements	Chi Square value	d.f	P-value	Gamma Value
Doctor patient interaction	2.059	4	.725	-.057
Criminal thought	22.456	4	.000	.392

The Doctor-patient interaction decreasing by decreasing high risk Behaviour on the other hand high risk Behaviour is increasing by decreasing doctor-patient interaction. So it is concluded that there is high very low association between doctor-patient interaction and high risk Behaviour because p-value is .725 and Gamma value -.057 also showed negative relationship between two variables doctor-patient interaction and high risk Behaviour, it means that doctor-patient interaction had negative impact on high risk Behaviour. So the hypothesis "there is strong association between doctor-patient interaction and unhealthy lifestyle/high risk Behaviour" is rejected. Cokerham (1998) found in his studies that the physicians has the dominant role since he or she is the one invested with medical knowledge and expertise, while the patient holds a subordinate position oriented toward accepting, rejecting, or negotiating the recommendation for treatment being offered. Patients cooperate with doctors and doctors attempt to return patient as normal a level of functioning as possible. When people visit doctors for treatment and medical advice, doctors usually (but not always) take some action to satisfy the patient's expectations.

The criminal thought has been decreased by increasing high risk Behaviour on the other hand high risk Behaviour has been increased by decreasing criminal thoughts. So it can be concluded that there is highly significant relationship between these two variables because p-value is .000 and Gamma value .392 also showed positive relationship. Therefore the hypothesis "There is positive association between criminal thought and high risk Behaviour" is accepted. According to Chris Lisvey (2010),deviance, the concept relate to of all forms of rule- breaking whether this involves such things as murder, theft, the breaking of formal social rules or such things as wearing inappropriate clothing for a given social situation, failing to produce homework at school or being cheeky to a parent- teacher and so forth -more-or-less the breaking of relatively informal social rules. Criminal Behaviour is a form of deviance that one is defined as the breaking of legal rules.

5. Conclusion

In this research it has been investigated that how social factors play role in creating unhealthy lifestyle and high risk Behaviour of the people. The results of our findings gave us a lot of experience about health Behaviour, illness Behaviour, and doctor-patient interaction. It is concluded from this research that rising cost and demands of resources are common almost everywhere mostly in the lower class. The lower class has more prone to unhealthy lifestyle and high risk Behaviour. Modern medical care may be an unaffordable luxury, it is concentrated in urban areas and rural residents are left to cope with illness on their own or seek out traditional healers.

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