



Original Article

Comparison of Dietary Habits and Psychological Outcomes in Hostelites and Day Scholars

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ABSTRACT

A student's transition to college is marked by a new phase of independence, joyous activities, lifestyle changes, and behavior that includes eating habits. Eating habits have a long-term effect on a person health. **Objective:** To assess and compare dietary habits among day scholar and hostelites and their psychological outcomes. **Methods:** Using the Kessler Psychological Distress Scale (K10) and the Global Sleep Assessment Questionnaire (GSAQ), a cross-sectional study with a sample size of 100 students was carried out at the University of Lahore over a period of four months. **Results:** Frequency of normal BMI was more in hostelites as compared to Day scholars. The comparison of day scholars and students living in hostels also revealed that hostelites have more psychological distress, their sleeping quality is worse and they have bad eating habits. Several aspects was assessed by questionnaires in the study which find out that Lifestyle and dietary habits have an effect on the psychological health among university students. **Conclusions:** This study highlighted the difficulties college students have in leading nutritionally healthy lives, particularly when they reside in dorms. The current findings point to a worryingly high incidence of psychological discomfort, as well as unhealthy eating, sleeping, and lifestyle choices that need o to be targeted and changed.

INTRODUCTION

The time spent in college is a crucial phase that may have an influence on one's long-term health as an adult as well as the quality of one's lifestyle and eating habits [1]. Although there are pressures for students trying to attain their academic goals throughout the university years [2], especially in light of the financial limitations that many experience. In order to maintain their independence as they transition from secondary school to university, students are constantly encouraged to make nutritional choices that are healthy. A frequent characteristic of such a transition into early adulthood is an unhealthy lifestyle, during which young individuals may establish long-lasting health habits [3]. In particular, college students are exposed to unhealthy eating habits that lead to weight gain [4], and they make their own meal decisions, which are

sometimes affected by the price of food and the availability of fast food [3]. The food habits of university populations are prone for a number of factors. Lack of knowledge about healthy food alternatives among students may negatively affect their eating habits [4, 5]. Given that fats and sweets are less costly, financial factors may also be important [6]. It has been said that a person's wellbeing has an impact on their academic achievement in high school and college. As a consequence, encouraging effective learning is necessary to enhance the health and wellbeing of every student and employee at a university or college [7-9]. Student psychological morbidity is common, and it is especially evident in females and students of fundamental sciences. More attention must be paid to the psychological health of medical students, and focusing more on reducing

risk factors may assist to prevent more dissatisfaction [8]. In today's fast-paced, competitive environment, many people see stress as a normal part of life. Due to the growing expectations placed on them by the educational system, students are not immune to mental stress and anxiety. Particularly undergraduate education is notorious for taking a lot of time and being emotionally taxing [10]. The frequency and amount of intake alter dramatically in young people due to their propensity to adversely impact their eating habits when it comes to consuming a variety of fruits and vegetables [11]. Bad habits that older individuals have picked up as youngsters are more difficult to change. Health practitioners should concentrate their efforts on young people if they wish to increase the community's well-being and health-promoting behaviors [12]. If they are recognized and dealt with early on, many of the factors causing health issues in older individuals may be avoided. Early interventions may alter adolescent behavior that puts them at risk for health issues later in life [13]. When the aforementioned limits are considered, significant results are produced. University students who are physically inactive have serious health problems. The World Health Organization has identified physical inactivity as one of the top 10 global causes of mortality and morbidity [14]. Understanding the prevalence of (in)sufficient physical activity among university students helps health practitioners better understand the size of the issue currently facing this population and the need of intervening in this health-related behavior [13, 15]. University health services should consider students' access to physical activity alternatives as well as the degree to which current options are adequate for students' activity preferences and requirements. In this investigation, the eating and living habits of college students were evaluated, and the findings between day students and those residing in dorms were contrasted. Through nutritional education, nutritional seminars, and quick counselling, there is a need to raise awareness for the improvement of lifestyle, eating habits, and psychological discomfort in order to lessen the effects of this disease.

METHODS

This study was carried out at The University of Lahore, and it was a cross-sectional study. The study duration was four months. The Non-Probability Convenient Sampling technique was utilized, with a sample size of 100. Students at The University of Lahore's was included in the study and both day scholars and hostel residents must be both sexes and between the ages of 18 and 30 to be included. Students that are uncooperative were excluded. College students from other institutions were also excluded. The examination was conducted using the Global Sleep

Assessment Questionnaire (GSAQ). The 11 categories address mood, daily activities, and health conditions that may affect sleep, as well as signs of insomnia. Restless legs syndrome/periodic limb movement, obstructive sleep apnea, and parasomnias. A straightforward tool for measuring psychological discomfort the Kessler Psychological Distress Scale (K10) was used in this study. The K10 scale consists of 10 questions, each with a five-level response scale, describing different emotional states. The test can be used as a quick screening tool to determine the severity of discomfort. While conducting the study, the ethical guidelines established by the University of Lahore's ethical council were adhered to, and the participants' rights were respected. All participants provided written informed consent with a copy of their signature. Data gathering and all information were kept private. A participant's identity was maintained throughout the whole investigation. The study's procedure carries no risks or drawbacks, the subjects were informed. They were also told that they could leave the study at any point while it was still in progress. Data was gathered by the researcher using the pre-tested data collection method (questionnaire/Proforma) after receiving informed written consent. SPSS version 21.0 was used to tabulate and analyze data. Statistics that were both descriptive and inferential were used to report the data. The mean, standard deviation, and standard errors were used to evaluate the quantitative variables such as age, etc. Frequency and percentages were used to report the qualitative factors.

RESULTS

Table 1 shows frequency distribution of day scholars and Hostelites. 50 day scholars and 50 hostelites participated in this study.

Sr.#	Frequency	
1.	Hostelites	Day scholar
Total	50	50

Table 1: Distribution of hostelites or day scholars

Figure 1 shows body mass index distribution among day scholars and hostelites. 10 Hostelites were underweight, 32 were normal, 5 were overweight and 3 were obese while in comparison, 5 day scholars were underweight, 34 were normal, 7 were overweight and 4 were obese.

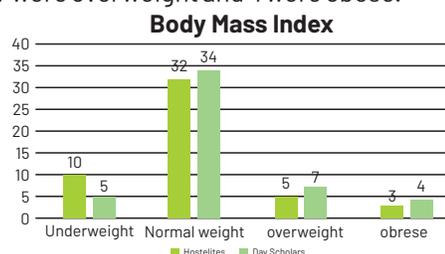


Figure 1: Distribution of Body Mass Index(BMI)of individuals

According to the Figure 2A, 17% of hostelites and 11% of day scholar's get up at night to eat or eat at night because of sleeplessness while 23% of hostelites and 24% of day scholars answered No and 10% hostelites and 15% Day scholars answered sometimes. Figure 2B indicates that 29% of day scholar are more aware about being feeling of fullness and stop eating 3% often end up eating too much, 7% eat according to standard serving sizes; whereas 26% of hotel student stop eating after being full, 7% rarely realize and eat too much, 6% use standard portions. While 11% of both groups won't be able to control themselves and continue eating. According to the Figure 2C, 11% of hostelites and 9% of day scholars answered that they never eat when they feel stressed, unhappy or bored, 12% of hostelites and 15% of day scholars answered rarely, 15% of both answered occasionally while 14% of hostelites and 11% of day scholars answered often. Figure 2D shows that 10% of hostelites and 12% of day scholars answered never, 11% of hostelites and 13% of day scholars answered always, 18% of hostelites and 17% of day scholars answered sometimes while 11% of hostelites and 8% of day scholars answered rarely.

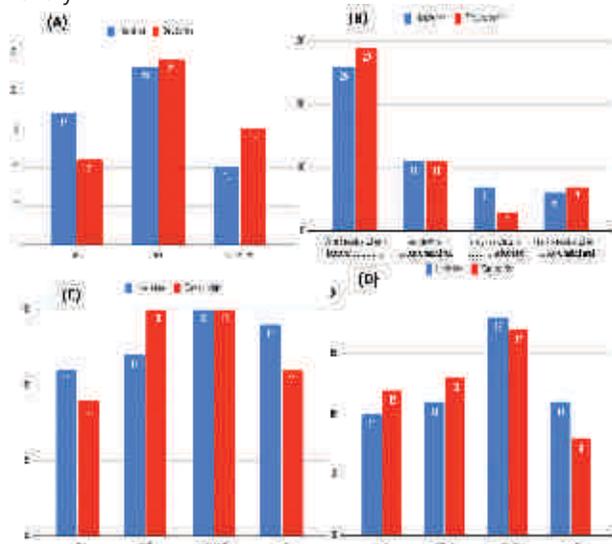


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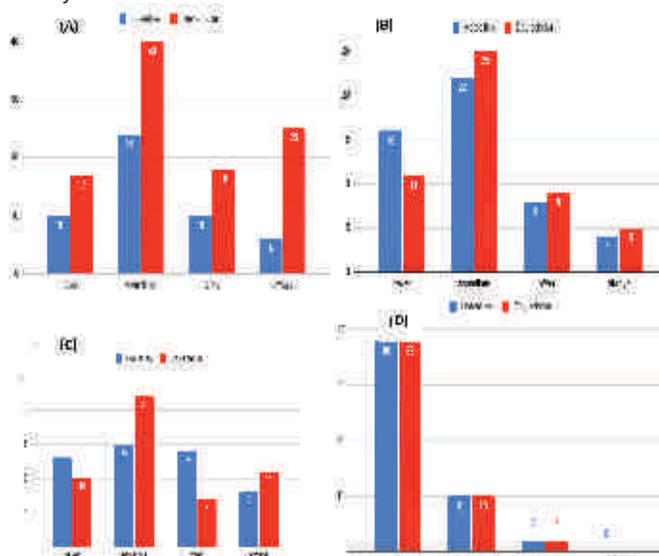


Figure 2: (A) Frequency distribution of getting up at night to eat (B) Frequency distribution of mindfulness of

sensation of satiety (C) Frequency distribution of eating when stressed (D) Frequency distribution of exercise 10% of hostelites and 17%-day scholars never find time for exercising. 40% of day scholars and 24% of hostel students spent time exercising. 25% of day scholars and 6% of hostelites are exercising regularly whereas 10% of hostelites and 18% of day scholars answer that they don't have time for exercise (Figure 3A). 11% of day scholars and 16% of hostelites never fall asleep unintentionally or have to fight to stay awake during the day, 22% of hostelites and 25% of day scholars answered sometimes, 8% of hostelites and 9% of day scholars answered often while 4% of hostelites and 5% of day scholars answered always (Figure 3B). 13% of hostelites and 10% of day scholars answered never to this question, 15% of hostelites and 22% of day scholars answered sometimes, 14% of hostelites and 7% of day scholars answered often while 8% of hostelites and 11% of day scholars answered always (Figure 3C). The trend of breathing pattern during sleep is quite similar indicated frequency percentages 38% of individuals of both groups never show such behavior, while 10% of them sometime and 2% often suffer from breathing pauses, or stopped breathing during sleep(Figure 3D).

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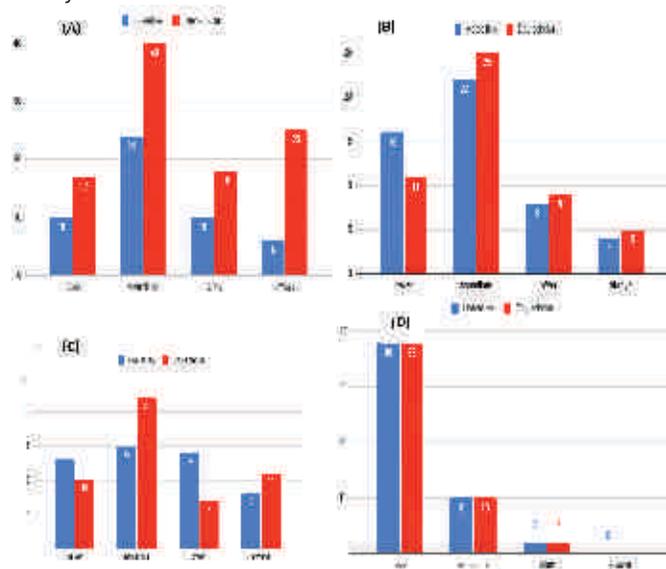


Figure 3: (A) Frequency distribution of finding the time for exercising (B) Frequency distribution falling asleep unintentionally (C) Frequency distribution of work or other activities preventing from getting enough sleep (D) Frequency distribution of stopping breathing in sleep

20% of hostelites and 25% of day scholars answered never to this question, 23% hostelites and 19% of day scholars answered sometimes, 6% of hostelites and 4% of day scholars answered often while 1% of hostelites and 2% of day scholars answered always (Figure 4A). 12% hostelites and 11%-day scholars have scored 5, 20% of hostelites and 14% of day scholars scored 4, 14% of hostelites and 17% of day scholars scored 3, 3% of hostelites and 6% of day

scholars scored 2 while 1% of hostelites and 2% of day scholars scored 1 for how often did they feel tired out for no good reason in last 4 weeks (Figure 4B). 19% of hostel students and 9 % of day scholar fall under score 3, 5% of hostelites and 7% of day scholars gain score 5, while 18% of hostel students and 14 % gain score 4. 9% of day scholar and 1% gained score 1 (Figure 4C). Figure 4D shows that hostelites students are more depressed as 23% got score 3 as compared to them 12% of the day scholar gained the same score. 15% gain score 4 8% gain score 5 and 4% of hostelites gain score 2 whereas 13% gain score 5, 13 percent gain score 4, 12% gained score 3 and 5 % fall under score 2 and 7% gain score of 1(Figure 4D).

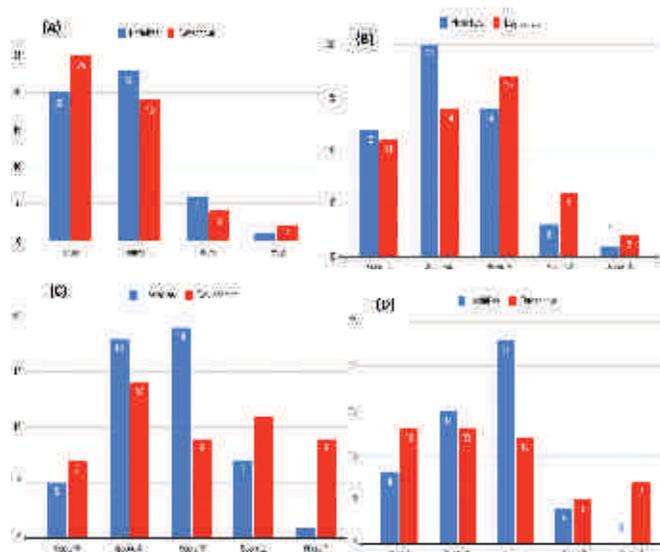


Figure 4: (A) Frequency distribution repeated rhythmic leg jerks (B) Frequency distribution of Feeling tired out of no-good reason (C) Frequency distribution of feeling hopeless (D) Frequency distribution of feeling depressed

DISCUSSION

The goal of the current study was to compare the food and lifestyle preferences of university Day Scholars and Hostel Residents, as well as the implications these differences have on their psychological well-being. Through the use of a non-probability selection approach, the participants were chosen. Regarding Body Mass Index, 10 Hostelites were underweight, 32 were normal, 5 were overweight and 3 were obese while in comparison, 5 day scholars were underweight, 34 were normal, 7 were overweight and 4 were obese. Similar study was done by Tufail et al., which found 15 students as underweight, 82 as normal weighted, 41 as pre-obese and 4 as obese [16]. On question "Getting up at night to eat", 17% of hostelites and 11% of day scholars said they get up at night to eat because of sleeplessness while 23% of hostelites and 24% of day scholars answered No and 10% hostelites and 15% Day scholars answered sometimes. Another study also observed night eating

problems in university students. 2.3% got extreme carvings at night [17]. In our study on question of mindfulness of sensation of satiety, 29% of day scholar said they are more aware about being feeling of fullness and stop eating, 3% often end up eating too much, 7% eat according to standard serving sizes; whereas 26% of hotel student stop eating after being full, 7% rarely realize and eat too much, 6% use standard portions. Another study done by Moor et al., they found mindful eating summary score of 2.89 ± 0.32 . They also found negative correlation between mindful eating score and BMI [18]. On question of frequency of exercise, 10% of hostelites and 12% of day scholars answered never, 11% of hostelites and 13% of day scholars answered always, 18% of hostelites and 17% of day scholars answered sometimes while 11% of hostelites and 8% of day scholars answered rarely. On question of feeling hopeless, 19% of hostel students and 9% of day scholar fall under score 3, 5% of hostelites and 7% of day scholars gain score 5, while 18% of hostel students and 14% gain score 4. 9% of day scholar and 1% gained score 1. Similar study by Reed et al., found mean of 10.54 ± 6.86 as frequency of exercise among university students [19]. On question about feeling of depression, 23% got score 3 as compared to them 12% of the day scholar gained the same score. 15% gain score 4 8% gain score 5 and 4% of hostelites gain score 2 whereas 13% gain score 5, 13 percent gain score 4, 12% gained score 3 and 5% fall under score 2 and 7% gain score of 1. In a study done by Liu et al., they also found the effect of dietary habits and consumption of food on depression among university students [20].

CONCLUSIONS

This study highlighted the difficulties college students have in leading nutritionally healthy lives, particularly when they reside in dorms. The current findings point to a worryingly high incidence of psychological discomfort, as well as unhealthy eating, sleeping, and lifestyle choices that need to be targeted and changed. In contrast to students who attend day schools, those who live in dorms experience higher psychological discomfort, worse sleep quality, and poorer food habits.

Conflicts of Interest

The authors declare no conflict of interest.

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