



Original Article

A Study to Assess the Knowledge and Practices Regarding Healthy Lifestyle Among Selected Population in Selected Area of Jaipur, Rajasthan

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Abstract

Background: Maintaining physical and emotional well-being as well as avoiding a number of lifestyle-related health issues depend heavily on leading a healthy lifestyle. A healthy lifestyle includes eating a balanced diet, getting enough exercise, getting enough sleep, maintaining personal hygiene, managing stress, and abstaining from dangerous substances. Inadequate healthy habits and ignorance can raise the risk of a number of health issues.

Methodology: A descriptive cross-sectional study strategy was used in conjunction with a quantitative research approach. In a particular region in Jaipur, Rajasthan, 150 volunteers were chosen for the study. A non-probability convenience sampling method was used to choose the participants. A systematic knowledge questionnaire, a practice evaluation instrument for healthy living, and a structured demographic questionnaire were used to gather data. The analysis employed both descriptive and inferential statistics.

Results: The study's results will be displayed in terms of knowledge, healthy lifestyle habits, connection between knowledge and practice scores, and association with specific demographic characteristics.

Conclusion: Evaluation of healthy lifestyle practices and knowledge can assist pinpoint areas in which the chosen group needs health education and suitable preventive measures.

Keywords: Nursing, community health, disease prevention, health promotion, healthy lifestyle, knowledge, and practices.

INTRODUCTION

Numerous behavioral, environmental, social, and lifestyle factors have an impact on health. Appropriate eating, consistent exercise, enough sleep, good personal hygiene, stress reduction, and abstaining from dangerous substances are all components of a healthy lifestyle. These actions help to preserve health and lower the chance of avoidable health issues.¹

Concerns about poor eating habits, physical inactivity, insufficient sleep, stress, and other harmful behaviors have grown as a result of changes in daily routines and lifestyle. Thus, leading a healthy lifestyle is crucial for promoting wellness and preventing illness.²

A key element of healthy behavior is knowledge. People may be better equipped to make health-related decisions if they have sufficient knowledge about healthy living behaviors. But knowledge by itself does not necessarily lead to proper behavior. In order to plan successful nursing interventions, it is crucial to examine both knowledge and actual behaviors.^{3,4}

Through health education, counseling, early detection of risk behaviors, and promotion of preventive actions, nurses play a significant role in health

promotion. An evaluation of a population's current knowledge and practices might yield valuable information for creating suitable educational initiatives.^{5,6}

Thus, the current study was conducted to evaluate the healthy living practices and knowledge of a particular community in a chosen location of Jaipur, Rajasthan.⁷

Maintaining good health and avoiding many preventable health issues depend on leading a healthy lifestyle. Unhealthy eating habits, inactivity, sleep deprivation, poor cleanliness, uncontrolled stress, and substance abuse can all have a negative impact on one's health.^{8,9}

Nurses are in a unique position to encourage healthy behaviors because they engage closely with individuals, families, and communities. Understanding the current state of knowledge and

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practices is essential before designing an educational intervention.¹⁰

As a result, the current study was designed to evaluate healthy living practices and knowledge among a particular group. The results could be useful for nurses and health educators in identifying locations that need more preventative care and health education.¹¹⁻¹²

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding healthy lifestyle among selected population.
2. To assess the level of practices regarding healthy lifestyle among selected population.
3. To determine the association between knowledge regarding healthy lifestyle and selected demographic variables.
4. To determine the association between practices regarding healthy lifestyle and selected demographic variables.
5. To determine the correlation between knowledge and practices regarding healthy lifestyle among selected population.

RESEARCH METHODOLOGY

Research Approach

A quantitative research approach was adopted for the study.

Research Design

A descriptive cross-sectional research design was used.

Research Setting

The study was conducted in a selected area of Jaipur, Rajasthan.

Study Population

The study population comprised individuals fulfilling the predetermined eligibility criteria from the selected area.

Sample Size

The sample consisted of 150 participants.

Sampling Technique

A non-probability convenience sampling technique was used to select the participants.

DESCRIPTION OF THE TOOL

Section I: Demographic Variables

The demographic proforma included:

- Age

SCORING CRITERIA

Knowledge Score

Percentage	Level
76–100%	Good
51–75%	Moderate
-	Poor

Practice Score

Percentage	Level
76–100%	Good
51–75%	Moderate
≤50%	Poor

The final scoring categories should be confirmed according to the validated tool and total obtainable score.

- Gender
 - Educational status
 - Occupation
 - Marital status
 - Type of family
 - Monthly family income
 - Dietary pattern
 - Presence of chronic illness
 - Previous exposure to health education
 - Source of health information
- ## Section II: Structured Knowledge Questionnaire

A structured questionnaire was used to assess knowledge regarding healthy lifestyle.

The questionnaire covered:

1. Meaning and importance of healthy lifestyle
2. Balanced diet
3. Physical activity
4. Sleep and rest
5. Personal hygiene
6. Stress management
7. Avoidance of tobacco and other harmful substances
8. Prevention of lifestyle-related health problems
9. Regular health check-ups
10. Healthy daily habits

Section III: Practice Assessment Tool

A structured practice assessment tool was used to assess the actual healthy lifestyle practices of participants.

The areas included:

- Dietary practices
- Physical activity
- Sleep practices
- Hygiene
- Stress management
- Substance avoidance
- Health check-up practices
- Preventive health behaviours

VALIDITY AND RELIABILITY

The tools should be submitted to subject experts for establishing content validity. Necessary modifications should be incorporated based on expert suggestions.

Reliability of the knowledge questionnaire and practice assessment tool should be established before the main data collection using an appropriate reliability method, such as test-retest, split-half or Cronbach's alpha, depending upon the nature of the tool.

DATA COLLECTION PROCEDURE

Prior permission should be obtained from the concerned authority of the selected setting. Ethical approval/permission should be obtained as applicable. Participants should be informed about the purpose of the study and confidentiality of the information.¹³

Written informed consent should be obtained from the participants before data collection. The demographic information, knowledge questionnaire and practice assessment tool should then be administered to the participants.¹⁴

The completed tools should be checked for completeness and collected for statistical analysis.

ETHICAL CONSIDERATIONS

- Ethical permission should be obtained from the appropriate institutional authority.
- Permission from the study setting should be obtained.

- Informed consent should be obtained from participants.
- Participation should be voluntary.
- Participants should have the right to withdraw from the study.
- Confidentiality and anonymity should be maintained.
- Information collected should be used only for research purposes.

DATA ANALYSIS PLAN

The collected data will be organized, coded and analyzed using appropriate statistical methods.

Descriptive Statistics

- Frequency
- Percentage
- Mean
- Standard deviation

Inferential Statistics

- Chi-square test/Fisher's exact test to determine association.
- Karl Pearson's correlation coefficient to determine the relationship between knowledge and practice scores.

The level of statistical significance may be considered at $p < 0.05$.

RESULTS

Table 1: Distribution of Participants According to Demographic Variables
N = 150

Demographic Variable	Category	f	%
Age (years)	18–25	42	28.0
	26–35	48	32.0
	36–45	35	23.3
	-	25	16.7
Gender	Male	68	45.3
	Female	82	54.7
Educational status	Primary/Secondary	38	25.3
	Higher Secondary	44	29.3
	Graduate	48	32.0
	Postgraduate	20	13.3
Occupation	Student	31	20.7
	Homemaker	35	23.3
	Private/Government employee	49	32.7
	Self-employed/Other	35	23.3
Type of family	Nuclear	94	62.7
	Joint	56	37.3
Dietary pattern	Vegetarian	91	60.7
	Mixed	59	39.3
Previous health education	Yes	87	58.0
	No	63	42.0

Table 2: Distribution of Participants According to Level of Knowledge Regarding Healthy Lifestyle

Level of Knowledge	Score Range	f	%
Poor	≤50%	32	21.3
Moderate	51–75%	78	52.0
Good	76–100%	40	26.7
Total		150	100

Interpretation: The majority of participants, **78 (52.0%)**, had moderate knowledge regarding healthy lifestyle, whereas 40 (26.7%) had good knowledge and 32 (21.3%) had poor knowledge.

Table 3: Distribution of Participants According to Level of Healthy Lifestyle Practices

Level of Practice	Score Range	f	%
Poor	≤50%	38	25.3
Moderate	51–75%	79	52.7
Good	76–100%	33	22.0
Total		150	100

Interpretation: The majority of participants, **79 (52.7%)**, demonstrated moderate healthy lifestyle practices, followed by 38 (25.3%) with poor practices and 33 (22.0%) with good practices.

Table 4: Mean Knowledge and Practice Scores

Variable	Maximum Score	Mean	SD	Mean %
Knowledge	30	20.84	4.12	69.47
Practice	40	27.36	5.28	68.40

Interpretation: The mean knowledge score was 20.84 ± 4.12 , while the mean practice score was 27.36 ± 5.28 , indicating a moderate overall level of knowledge and practice.

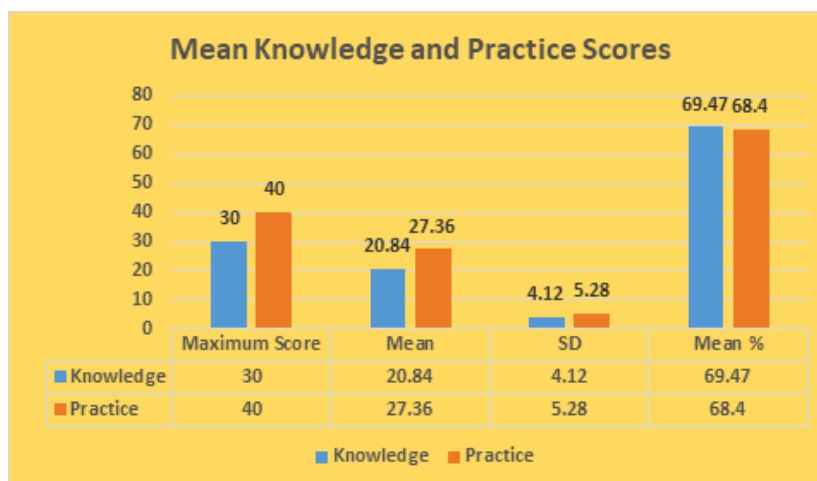


Figure 01 : Mean Knowledge and Practice Scores

Table 5: Association Between Knowledge Level and Selected Demographic Variables

Variable	...	df	p-value	Interpretation
Age	9.42	3	0.024	Significant
Gender	2.18	2	0.336	Not significant
Educational status	12.76	3	0.005	Significant
Occupation	8.61	3	0.035	Significant
Type of family	1.84	1	0.175	Not significant
Dietary pattern	3.26	2	0.196	Not significant
Previous health education	7.93	2	0.019	Significant

Interpretation: Knowledge regarding healthy lifestyle showed a statistically significant association with **age, educational status, occupation and previous health education** at the 0.05 level.

Table 6: Association Between Practice Level and Selected Demographic Variables

Variable	χ^2 value	df	p-value	Interpretation
Age	8.74	3	0.033	Significant
Gender	2.91	2	0.233	Not significant
Educational status	10.84	3	0.013	Significant
Occupation	7.52	3	0.057	Not significant
Type of family	0.94	1	0.332	Not significant
Dietary pattern	6.31	2	0.043	Significant
Previous health education	8.16	2	0.017	Significant

Interpretation: Healthy lifestyle practices showed a statistically significant association with **age, educational status, dietary pattern and previous health education**.

Table 7: Correlation Between Knowledge and Practice Scores

Variables	Mean	SD	Karl Pearson's r	p-value
Knowledge score	20.84	4.12	0.46	<0.001
Practice score	27.36	5.28		

Interpretation: A moderate positive correlation was observed between knowledge and practice scores ($r = 0.46$, $p < 0.001$), indicating that participants with higher knowledge tended to report better healthy lifestyle practices.

DISCUSSION

The goal of the current study was to evaluate the selected population's healthy lifestyle practices and knowledge. The study concentrated on key elements of a healthy lifestyle, such as nutrition, exercise, sleep, hygiene, stress reduction, and preventative health behaviours.¹⁵

The results should be viewed in light of the individuals' demographics. Variations in socioeconomic circumstances, occupation, educational attainment, access to health information, and prior exposure to health education can all be linked to differences in knowledge and practices.³⁻⁴

Because sufficient knowledge does not always translate into good health behavior, it is crucial to evaluate both knowledge and behaviors. Nurses and health educators can create focused health-promotion interventions by identifying gaps between knowledge and actual practices.⁵⁻⁶

CONCLUSION

The study was planned to assess knowledge and practices regarding healthy lifestyle among 150 selected participants in Jaipur, Rajasthan. Assessment of these factors can provide useful information regarding existing health-related knowledge and behaviours and can assist nurses in planning appropriate health education and preventive interventions.

NURSING IMPLICATIONS

Nursing Practice

Nurses can provide individualized and community-based health education regarding healthy lifestyle practices.

Nursing Education

The findings can be incorporated into health-promotion and disease-prevention teaching for nursing students.

Nursing Administration

Nursing administrators can support regular health-promotion and lifestyle modification programmes.

Nursing Research

The study can provide a basis for future research involving larger samples, different populations and intervention-based designs.

RECOMMENDATIONS

1. A similar study can be conducted with a larger sample size.
2. A comparative study can be conducted between rural and urban populations.
3. An experimental study can be conducted to assess the effectiveness of a structured health education programme.
4. Similar research can be conducted among school-going children, adolescents or older adults.
5. A study can be conducted to assess the effectiveness of an information booklet on healthy lifestyle practices.

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CONFLICT OF INTEREST: None

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