

# Assessment of Lifestyle among Medical and Dental Practitioners of Udaipur, Rajasthan, India

<sup>1</sup>Sakshi Chhabra, <sup>2</sup>Nagesh Bhat, <sup>3</sup>Pratibha Sultane, <sup>4</sup>Ankita Sinha, <sup>5</sup>Reenu Joshi  
<sup>6</sup>Anand Sharma, <sup>7</sup>Mandar Todkar, <sup>8</sup>Astha Doshi

## ABSTRACT

**Aim:** The aim of our study is to assess the lifestyle among medical and dental practitioners of Udaipur city, Rajasthan, India.

**Materials and methods:** A descriptive cross-sectional study was conducted among medical and dental practitioners of Udaipur City, Rajasthan, India, in the month of March 2016. Convenience sampling was done. Study population consisted of 207 medical and dental practitioners. Twenty minutes was taken by the participants to complete the questionnaire. Afterward, all the questionnaires were collected and analyzed. Chi-square statistics was computed to determine difference between selected demographic variables regarding healthy, intermediate, and unhealthy lifestyle.

**Results:** Demographic data showed that majority of the respondents were males [N = 128 (61.8%)]. Out of total respondents, 96 (46.4%) participants were medical practitioners while 111 (53.6%) were dental practitioners. After statistical analysis utilizing chi-square test was carried out, it was shown that the difference was found to be nonsignificant ( $p > 0.05$ ) in all the following variables, such as gender, designation, and marital status except in age which showed the difference to be highly significant ( $p = 0.000$ ).

**Conclusion:** The maximum practitioners of the examined population showed intermediate healthy lifestyle. No statistical significant difference was found in variables, such as gender, designation, and marital status except in age difference. So, there is great scope of organizing health-promoting programs for healthy lifestyle to increase awareness and to give knowledge about healthy diet, exercises, to reduce stress, and alcohol intake.

**Keywords:** Diet, Lifestyle, Practitioners.

**How to cite this article:** Chhabra S, Bhat N, Sultane P, Sinha A, Joshi R, Sharma A, Todkar M, Doshi A. Assessment of Lifestyle among Medical and Dental Practitioners of Udaipur, Rajasthan, India. *Int J Oral Care Res* 2017;5(1):42-46.

<sup>1,3-5,7,8</sup>Postgraduate Student, <sup>2</sup>Professor and Head, <sup>6</sup>Intern

<sup>1-3,5,7,8</sup>Department of Public Health Dentistry, Pacific Dental College & Hospital, Udaipur, Rajasthan, India

<sup>4</sup>Department of Conservative Dentistry and Endodontics, Pacific Dental College & Hospital, Udaipur, Rajasthan, India

<sup>6</sup>Intern, Public Health Dentistry, Pacific Dental College & Hospital, Udaipur, Rajasthan, India

**Corresponding Author:** Sakshi Chhabra, Postgraduate Student, Department of Public Health Dentistry, Pacific Dental College & Hospital, Udaipur, Rajasthan, India, Phone: +919829061634, e-mail: sakshichhabra1991@gmail.com

**Source of support:** Nil

**Conflict of interest:** None

## INTRODUCTION

The current World Health Organization definition of health, formulated in 1948, describes health as "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."<sup>1</sup> Nowadays, the load of noncontactable diseases is increasing worldwide, which is the main concern for the public health, a vast part of which is preventable. These diseases have been firmly associated with unhealthy lifestyle, including inappropriate nutrition, lack of exercise, smoking, alcohol consumption, overuse of caffeine, and improper sleeping habits. Inappropriate diet and lack of activity increase the risk of diabetes, osteoporosis, obesity, and cardiovascular diseases. The above-mentioned noncommunicable diseases are increased by unhealthy sleeping habits and addictions. Various improper lifestyle habits including tobacco use, liquor utilization, lack of exercise, an irregular eating routine, and mental stress are harmful for the human beings.<sup>2</sup>

Healthcare professionals, such as doctors and dentists, should work in harmony to achieve a disease-free community and a healthy lifestyle to provide optimum care to patients. They give advice to patients about maintaining healthy lifestyle. But important question is whether they follow these advices. Research has shown that doctors who have a healthy lifestyle are more likely to talk to their patients about it and patients are more likely to follow such doctors.<sup>1</sup>

The Simple Lifestyle Indicator Questionnaire (SLIQ) remains the main, short, simple-to-use instrument accessible for measuring cardiovascular lifestyle. It has five lifestyle risk factors and gives a score to every segment, and additionally a general lifestyle score. Introductory psychometric testing of its reliability, internal validity, and basic external validity testing was published in 2008.<sup>3</sup>

The SLIQ has 12 questions; 3 on diet, 3 on physical activity, 3 on alcohol intake, 2 on smoking, and 1 on stress. It was produced as a short and straightforward well-being estimation scale. Every segment has scores of

**QUESTIONNAIRE****The Simple Lifestyle Indicator Questionnaire and its scoring scheme<sup>3,4</sup>**

- **DIET:** To answer these questions, think about your eating habits during the past year. Indicate how often you eat the following foods. Please include all meals, snacks, and food eaten out.

Lettuce or green leafy salad, with or without other vegetables	Less than 1/week 0	1/week 1	2–3 times/ week 2	4–6 times/ week 3	1/day 4	2 or more times/day 5
Fruit, including fresh, canned, or frozen, but not including juices	Less than 1/week 0	1/week 1	2–3 times/ week 2	4–6 times/ week 3	1/day 4	2 or more times/day 5
High-fibre cereals, such as Raisin Bran or Fruit and Fibre, cooked oatmeal, or whole-grain breads, such as whole wheat, rye, or pumpernickel	Less than 1/week 0	1/week 1	2–3 times/ week 2	4–6 times/ week 3	1/day 4	2 or more times/day 5
Diet raw score (Q1+Q2+Q3) _____					Diet category score _____	
					0 if diet score 0–5	
					1 if diet score 6–10	
					2 if diet score 11–15	

- **EXERCISE:** To answer the following questions, please indicate how many times per week you take part in the following activities for at least 30 minutes or more at a time.

Light exercise, such as the following:	0/week	1–3 times/week	4–7 times/week	8 or more times/week
• Light gardening and light housework (e.g., dusting, sweeping, vacuuming)	0	2	3	4
• Leisurely walking (e.g., walking your dog)				
• Bowling, fishing, carpentry, playing a musical instrument				
• Volunteer work				
Moderate exercise, such as the following:	0/week	1–3 times/week	4–7 times/week	8 or more times/week
• Brisk walking • bicycling, skating, swimming, curling • gardening (e.g., raking, weeding, digging)	0	4	6	8
• Dancing, Tai Chi, or moderate exercise classes				
Vigorous exercise, such as the following:	0/week	1–3 times/week	4–7 times/week	8 or more times/week
• Running, bicycling, cross-country skiing, lap swimming, aerobics	0	6	9	12
• Heavy yard work				
• Weight training				
• Soccer, basketball, or other league sports				
Activity raw score (Q1+Q2+Q3) _____		Activity category score _____		
		0 if light exercise only		
		1 if any moderate activity		
		2 if any vigorous activity		

- **ALCOHOL CONSUMPTION:** Please indicate how many drinks of the following types of alcohol you consume in an average week.

Wine <input type="checkbox"/> _____ drinks (3–5 oz.)	Alcohol category score _____
Beer <input type="checkbox"/> _____ drinks (10–12 oz. or 1 bottle)	0 if alcohol score 14 or more
Spirits _____ drinks (1–1½ oz.)	1 if alcohol score 8–13
Alcohol raw score (wine + beer + spirits) _____	2 if alcohol score 0–7

- **SMOKING:** Please indicate your smoking habits below.

Are you a smoker?

Yes  No

0

If no, did you ever smoke?

Yes  No

1      2

Smoking raw score (0, 1, or 2) \_\_\_\_\_ Smoking category score \_\_\_\_\_ (same as smoking raw score)

- **LIFE STRESS:** To answer this question, please circle the number you feel best corresponds to the level of stress in your everyday life.

6	5	4	3	2	1
Very stressful					not at all stressful
Stress raw score _____ (as indicated on line)			Stress category score _____		
			0 if life stress 1 or 2		
			1 if life stress 3 or 4		
			2 if life stress 5 or 6		

SLIQ SCORE = Diet category score + Activity category score + Alcohol category score + Smoking category score + Stress category score

0, 1, or 2, each component has raw scoring of question. Every component scores are summed to give a SLIQ score from 0 to 10 (0 = very unhealthy, 10 = very healthy). A person is viewed as "unhealthy" if they have a SLIQ score of somewhere around 0 and 4, "intermediate" if the SLIQ score is somewhere around 5 and 7, and "healthy" if they have score of somewhere around 8 and 10.<sup>4</sup>

The aim of our study is to assess the lifestyle among medical and dental practitioners of Udaipur city, Rajasthan, India.

## OBJECTIVES

There are two main objectives recommended for a healthy lifestyle:

1. Basic data to evaluate types of health and changes in the health behavior.
2. To increase awareness regarding healthy lifestyle.

## MATERIALS AND METHODS

### Study Area and Study Design

A descriptive cross-sectional study was conducted among medical and dental practitioners of Udaipur City, Rajasthan, India, in the month of March 2016. Convenience sampling was done. Study population consisted of 207 medical and dental practitioners.

### Ethical Clearance

Ethical clearance was obtained from the ethical committee of Pacific Dental College & Hospital, Udaipur, Rajasthan, India.

### Pro Forma Details

All study participants completed a structured questionnaire. This questionnaire included questions on diet, exercise, alcohol, smoking, and life stress.<sup>3,4</sup>

Questionnaire was given to the study participants. Among the 207 participants, the questionnaires were distributed and the participants were requested to fill in the written informed consent form and asked to complete questionnaires choosing the most appropriate response. Twenty minutes was taken by the participants to complete the questionnaire. Afterward, all the questionnaires were collected and analyzed.

### Statistical Analyses

Completed questionnaires were coded and spreadsheets were created for data entry. The data were analyzed using Statistical Package for the Social Sciences version 20.0 software. Chi-square statistics was computed to determine difference between selected demographic variables regarding healthy, intermediate, and unhealthy

**Table 1:** Sociodemographic distributions of the study subjects (N = 207)

Sociodemographics	Number N (%)
<b>Age (in years)</b>	
Less than 30	92 (44.4%)
31–40	77 (37.1%)
41–55	18 (8.6%)
55–75	20 (9.66%)
<b>Designation</b>	
Medical	96 (46.4%)
Dental	111 (53.6%)
<b>Gender</b>	
Male	128 (61.8%)
Female	79 (38.2%)
<b>Marital status</b>	
Married	129 (62.3%)
Unmarried	78 (37.7%)

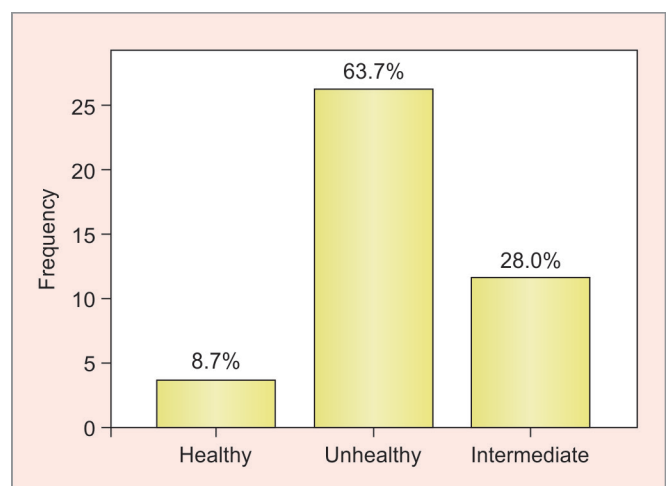
lifestyle of medical and dental practitioners of Udaipur city, Rajasthan, India.

## RESULTS

Table 1 shows the sociodemographic distribution of the study subjects. A total of 207 medical and dental practitioners participated in the study. Demographic data showed that majority of the respondents were males [N = 128 (61.8%)]. Out of total respondents, 96 (46.4%) participants were medical doctors while 111 (53.6%) were dental practitioners. In this table, out of 207 participants, 129 (62.3%) were married while 78 (37.7%) participants were unmarried.

Graph 1 shows the percentage of practitioners examined based on simple lifestyle indicator questionnaire, i.e., 8.7% (N = 18) were unhealthy, 63.7% (N = 131) were intermediate healthy, and 28.0% (N = 58) were healthy.

Table 2 shows the characteristics of health and lifestyle among medical and dental practitioners with



**Graph 1:** Percentage of doctors examined based on simple lifestyle indicator questionnaire

**Table 2:** Characteristics of health and lifestyle among medical and dental doctors with demographic factors taken into account based on simple lifestyle indicator questionnaire

Sociodemographic variables	Unhealthy N (%)	Intermediate healthy N (%)	Healthy N (%)	Statistical analysis
<b>Age (years)</b>				$\chi^2 = 143.258$ p = 0.000
Less than 30	6 (2.89%)	55 (26.57%)	31 (14.97%)	
31–40	5 (2.41%)	56 (27.05%)	16 (7.72%)	
41–55	2 (0.96%)	13 (6.28%)	3 (1.44%)	
55–75	5 (2.41%)	7 (3.38%)	8 (3.86%)	
<b>Gender</b>				$\chi^2 = 2.225$ p = 0.329
Male	14 (6.76%)	80 (38.64%)	34 (16.42%)	
Female	4 (1.93%)	51 (24.63%)	24 (11.59%)	
<b>Designation</b>				$\chi^2 = 1.839$ p = 0.399
Medical	11 (5.31%)	60 (28.98%)	25 (12.07%)	
Dental	7 (3.38%)	71 (34.29%)	33 (15.94%)	
<b>Marital status</b>				$\chi^2 = 3.852$ p = 0.146
Married	12 (5.79%)	87 (42.02%)	30 (14.49%)	
Unmarried	6 (2.89%)	44 (21.25%)	28 (13.52%)	

Test applied: Chi-square test; \*p ≤ 0.05 statistically significant

demographic factors taken into account based on simple lifestyle indicator questionnaire.

Based on the research conducted, it has been determined that healthy lifestyle is definitely more characteristic for practitioners less than 30 years of age (14.97%). Practitioner's surveyed age group of 31 to 40 years of age mostly demonstrate intermediate healthy lifestyle (27.05%). Similar situation can be demonstrated in less than 30 years of age (26.57%). It should be noticed that significant majority of the remaining group of 55 to 75 years of age demonstrate unhealthy lifestyle (2.41%).

Analyzing the kind of lifestyle preferred, taking sex into account, it has been demonstrated that out of 128 males (61.8%), 80 (38.64%) were intermediate healthy, 34 (16.42%) were healthy, while only 14 (6.76%) were unhealthy. On the other side, out of 79 (38.2%) females, 51 (24.63%) were intermediate healthy, 24 (11.59%) were healthy, while only 4 (1.93%) were unhealthy.

Analyzing the kind of lifestyle preferred, talking about designation, it has been demonstrated that out of 96 (46.37%) medical practitioners, 60 (28.98%) practitioners were intermediate healthy, 25 (12.07%) were healthy, and 11 (5.31%) were unhealthy. On the contrary, talking about dental practitioners, out of 111 (53.62%), 71 (34.29%) were intermediate healthy, 33 (15.94%) were healthy, and 7 (3.38%) were unhealthy.

Results showed that out of 129 (62.31%) married practitioners, 87 (42.02%) were intermediate healthy, 30 (14.49%) were healthy, and 12 (5.79%) were unhealthy. On the contrary, out of 78 unmarried practitioners (37.68%), 44 (21.25%) were intermediate healthy, 28 (13.52%) were healthy, and 6 (2.89%) were unhealthy.

After statistical analysis utilizing chi-square test was carried out, it was shown that the difference was found to be nonsignificant (p > 0.05) in all the following variables,

such as gender, designation, and marital status except in age, which showed the difference to be highly significant (p = 0.000).

## DISCUSSION

Lifestyle is a way of living of individuals, families, and societies which they manifest in coping with their physical, psychological, social, and economic environments on a day-to-day basis.

As healthy professionals, we should be aware of the way of maintaining healthy lifestyle. As a professional, it is necessary for the well-being of our society, patients, teachers, friends, which in turn will help our community.

The present study was taken to assess the lifestyle among medical and dental practitioners of Udaipur city, Rajasthan, India. Study population consisted of 207 medical and dental practitioners.

In this study, out of 207 medical and dental practitioners, 128 (61.8%) were males and 79 (38.2%) were females. The finding was in accordance with a study done by Urban et al<sup>5</sup> where they had 109 (61.58%) males and 68 (38.42%) females. Findings of Colzani et al<sup>6</sup> were also in agreement with our study where greater preponderance was observed for males, whereas studies by Ahmad et al<sup>1</sup> and Younis<sup>7</sup> revealed lesser number of male subjects than females.

In this study, out of 207 medical and dental practitioners, 129 (62.3%) were married and 78 (37.7%) were unmarried. The finding was in accordance with a study done by Ahmad et al,<sup>1</sup> Younis,<sup>7</sup> and Colzani et al.<sup>6</sup>

In this study, 111 (53.6%) were medical practitioners and 98 (46.4%) were dental practitioners, whereas the study by Ahmad et al<sup>1</sup> revealed lesser number of dental practitioners.

The results showed that 28.0% practitioners of Udaipur had a healthy lifestyle, while 63.7% practitioners had an intermediate healthy lifestyle. On the contrary, 8.7% practitioners had an unhealthy lifestyle.

The findings from our study showed that there were no significant findings found among variables, such as gender, designation, and marital status. This also has been observed in other study conducted by Sajwani et al,<sup>8</sup> which showed no significant difference among medical and nonmedical students.

The study done by Ahmad et al<sup>1</sup> showed that the healthcare professionals did not follow healthy lifestyle and they had unhealthy lifestyle. Harrington et al<sup>9</sup> and Colzani et al<sup>6</sup> also showed from their study that they also had unhealthier lifestyle or poor health status. The study conducted by Younis<sup>7</sup> and Lupi et al<sup>10</sup> indicated that students also had unhealthy lifestyle. But when we compared with our findings, the results showed lesser number of unhealthy lifestyle.

In this study, maximum number of practitioners had an intermediate healthy lifestyle, while similar findings were showed by the study conducted by Urban et al,<sup>5</sup> which showed that maximum people had a moderate healthcare.

## CONCLUSION

The maximum practitioners of the examined population showed intermediate healthy lifestyle. No statistical significant difference was found in variables, such as gender, designation, and marital status except in age difference. So, there is a great scope of organizing health-promoting programs for healthy lifestyle to increase awareness and to give knowledge about healthy diet, exercises, to reduce stress, and alcohol intake.

Lifestyle and occupation play a major role in professional's life:

- Regular walk
- Gym

- Exercise
- Healthy diet
- Practitioner's good health will definitely inspire the patients to follow good lifestyle.

## REFERENCES

1. Ahmad W, Taggart F, Shafique MS, Muzafar Y, Abidi S, Ghani N, Malik Z, Zahid T, Waqas A, Ghaffar N. Diet, exercise and mental – wellbeing of healthcare professionals (doctors, dentists and nurses) in Pakistan. *Peer J* 2015 Sep;3:e1250.
2. Brunner E, Rees K, Ward K, Burke M, Thorogood M. Dietary advice for reducing cardiovascular risk (Review). *Cochrane Database Syst Rev* 2009;(2):CD002128.
3. Godwin M, Streight S, Dyachuk E, Van den Hooven EC, Ploemacher J, Seguin R, Cuthbertson S. Testing the simple lifestyle indicator questionnaire: initial psychometric study. *Can Fam Physician* 2008 Jan;54(1):76-77.
4. Godwin M, Pike A, Bethune C, Kirby A, Pike A. Concurrent and convergent validity of the simple lifestyle indicator questionnaire. *ISRN Fam Med* 2013 May;2013(2013):6.
5. Urban GP, Cieszko Buk M, Bachanek T. Assessment of oral cavity condition at patients representing healthy and unhealthy lifestyle. *Zdr Publ* 2012;122(2):165-170.
6. Colzani E, Bonazzi C, Como GD. Healthy lifestyles and perceived health status in the general population of a Northern Italian health district: a cross-sectional study. *Ital J Public Health* 2010 Aug;7(3):235-242..
7. Younis NM. Assessment of healthy lifestyle habits among Mosul university students. *Int J Adv Nurs Stud* 2014 Jun;3(2): 69-73.
8. Sajwani RA, Shoukat S, Raza R, Shiekh MM, Rashid Q, Siddique MS, Panju S, Raza H, Chaudhry S, Kadir M. Knowledge and practice of healthy lifestyle and dietary habits in medical and non-medical students of Karachi, Pakistan. *J Pak Med Assoc* 2009 Sep;59(9):650-655.
9. Harrington J, Perry IJ, Lutomski J, Fitzgerald AP, Shiely F, McGee H, Barry MM, Van Lente E, Morgan K, Shelley E. Living longer and feeling better: healthy lifestyle, self-rated health, obesity and depression in Ireland. *Eur J Public Health* 2010 Feb 20(1):91-95.
10. Lupi S, Bagordo F, Stefanati A, Grassi T, Piccinni L, Bergamini M, De Donno A. Assessment of lifestyle and eating habits among undergraduate students in Northern Italy. *Ann Ist Super Sanita* 2015;51(2):154-161.