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Dietary Habit and Lifestyle Patterns: a predisposing factor of cardiovascular diseases among university lecturers in Ibadan

By

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Abstract

Dietary habits and lifestyle patterns have all been confirmed to be predictors of cardiovascular diseases among adults. Basic descriptive data on dietary habits and lifestyle patterns are however lacking for university lectures in Ibadan. This study was carried out to determine the lifestyle patterns that could predispose university of Ibadan lectures to cardiovascular diseases. Two hundred lectures were purposively selected and the descriptive survey research design was used for the study. The data collected were analysed with the descriptive statistics of frequencies and percentages. Results showed that dietary habits and lack of exercise were significant predisposing factors of cardiovascular diseases among University of Ibadan lecturers.

It was concluded that the lectures life style patterns may be damaging to their heart.

It was recommended that health and fitness awareness programmes that will encourage daily healthy living and the use of sporting facilities on campus should be organized by the Department of Human Kinetics and Health Education for all lectures in the University of Ibadan.

Introduction

In recent times, there have been many sudden deaths in Nigeria. A perusal of the obituary columns of newspapers shows that most of these deaths occur among high profile executive and academicians. The suspicion is that most of these deaths could be related to the lifestyle of these persons. The veracity or fallacy of this contention can only be determined by an investigation. Thorson (2000) stated that now, the health of most people is threatened more by their life style than by diseases. Until recently, few people viewed lifestyle as a major health problem.

However, several epidemiological studies such as the Framingham Heart Disease and Epidemiology study of 1949-1969 ((Pickering, Devereux, James, Gerin, Landsberg Schnall

& Schwartz, 1996; Pelletier & Fielding, 1996; Cooke, Davey-Smith, Hoinville, Catford & Tuywrth, 1992; Bouchard, Shephard, Stephens, Sutton, & McPherson, 1990) have made it abundantly clear that many daily habits and mode of living are important contributing factors in the occurrence of non communicable diseases.

Increasingly, affluence, modern living conditions, widespread ignorance and a fair degree of irresponsibility are identified as the wall prints in cardiovascular diseases. The contemporary way to premature death, specifically, has been related to the excessive consumption of animal fat and sugarrich foods, susceptibility to tension, lack of physical activity, reliance on cigarettes, alcohol and narcotics. (Okafor, 1997 & Norgan, 1992). All of these lifestyle factors have combined to assault young, middleaged and older persons worldwide alike.

Human responses to such health threatening lifestyle and environment have been, and will likely continue to be the basis of these mal-adaptations. According to Cooke, Davey-Smith, Hoinvile, Caford, & Tuxworth, (1994), the problems of health threatening lifestyle develops slowly yet progressively over a period of years, as heart and blood vessels diseases. These non-communicable diseases are usually long lasting and often permanent. Moreover, they could be difficult to prevent, usually, they have no known single cause and may be difficult to control because a maximum of human adaptation is too often involved.

However it has been said that avoiding smoking, stressful situations, fatty food, high salt intake and alcohol consumption will reduce the risk of cardiovascular diseases (Moronkola & Okanlawon, 2003). Also, by jogging several kilometers a week will to a large extent reduce cholesterol levels of individuals, which in turn reduce their predisposition to cardiovascular diseases (Igbanugo & Akeredolu, 2003). Norgan, (1992). Assured that through these adaptive, risk reducing activities cardiovascular diseases can be prevented, controlled and reversed

Cardiovascular diseases actually embrace a number of specific disease conditions such as atherosclerosis, hypertension, rheumatic heart diseases and congenital heart defects. These in turn may result in heart attack, stroke and congestive heart failure. The potentials of the various cardiovascular diseases for morbidity and mortality are also well documented. (Agha, 1998; Cohen, 2001, Palletier and Fielding, 1996).

Okafor, 1997; Moronkola & Okanlawon (2003) also noted that cardiovascular diseases are the most popular diseases of the circulatory system in Nigeria and a staggering high number of people, especially those from the high socio-economic strata die frequently from these diseases.

It is quite obvious that modern lifestyle fosters unfitnes. Many technological advances are intended to eliminate physical exertion from everyday activities. The automobile and television are key contributors to our sedentary lifestyle and we have become accustomed to other automated energy savers: elevators, power steering, and even power windows on automobiles.

At the same time, our competitive society is characterized by pressing domestic problems, business obligations and deadline tensions. In nowhere is this more palpable than in the academia. Thus, most lecturers have little or no time to exercise, even though they are aware that personal fitness is often more important to one's health than drug therapy or other medical technologies. Many lecturers therefore fail to incorporate physical fitness into their lifestyle.

This study may therefore stimulate the need to develop a mass multiple strategy required for the reduction and prevention of cardiovascular diseases, not only among the study population, but also among other sub groups who are at risk.

Statement of the Problem

One valuable piece of information learned from Paffenbarger jnr. (1979) showed that the risk of a coronary event increases exponentially as the number of the risk factors increase. The more risk factor an individual is predisposed to, the greater the chance of a cardiovascular event. The present trend in prevention is to reduce or to eliminate risk factors that are subject to modification (such as lifestyle) with the hope that these multiple intervention will lead to a reduction in cardiovascular diseases and mortality in the population.

In spite of the potentials of cardiovascular diseases for morbidity and mortality, there are no well-known studies investigating the dietary and exercise patterns as predictors of cardiovascular diseases among university lecturers in Ibadan. The major problem of this study was to identify if dietary patterns and lack of exercise could predispose the university lecturers in Ibadan to cardiovascular diseases.

Research Questions

1. Will dietary habits be a predisposing factor of cardiovascular diseases among University lecturers in Ibadan?
2. Will lifestyle be a predisposing factor of cardiovascular diseases among University lecturers in Ibadan?

Methodology

The descriptive survey research design was used for this study. The population for the study is made up of all the lecturers in the University of Ibadan including the University Collage Hospital (UCH). The sample for the study was made up of 200 lectures. Simple random sampling technique was used to select four departments each from nine faculties including UCH. 5 lecturers where purposively selected from the randomly selected departments. In total, two hundred (200) University of Ibadan lecturers were surveyed using the self-scoring Lifestyle Questionnaire developed by Smith & Van da Meer (1987) the questionnaire items reflected all the variables that were specifically tested by the research questions. The statistical question addressed by the analysis was whether the lifestyle of University lecturers predisposed them to cardiovascular diseases.

Procedures for Data Analysis

The descriptive statistics used to analyse the data collected were:

- a. Frequency distribution; and
- b. Percentage.

The frequencies and percentages were matched against the lifestyle norms of Smith & Van da Meer (1987) for those variables which fall under Heart.

Results and Analysis

Two hundred lecturers in the University of Ibadan were used as respondents in this survey. The statistical question addressed by the analysis was whether the lifestyle of University lecturers predisposed them to cardiovascular diseases.

The following aspects of lifestyle were the dependent variables: Dietary habits and Lifestyle (alcohol consumption, cigarette smoking and Lack of exercise.) These variables were associated with one organ which is affected adversely by unhealthy life style. This organ is the heart. The score of the respondents are shown in Table 1.

Heart

There were three score ranges for the heart, namely 0-15 (normal heart and arteries), 16-38 (partially hardened artery), and 39+ (Atherosclerotic artery). These score ranges and their interpretation are based on the work of Smith and Van der Meer (1998) who also designed the lifestyles questionnaire used in this study.

Table 1
Response Frequency and Percentage for heart score range (N=200)

SCORE RANGE	FREQUENCY	PERCENTAGE (%)
0-15	45	22.5
16-38	70	35.0
39+	85	42.5
TOTAL	200	100%

Table 1 shows that for 45 (22.5%) of the respondents, their lifestyle was normal as far as the heart was concerned; 70 (35.0%) fall into the 16-38 score range, which means their lifestyle may be harming the heart and arteries; 85 (42.5%) fall within the 39+ score range, which is an indication that their lifestyle is severely endangering the health of their hearts.

All the variables under study are well-known risk factors for cardiovascular diseases. In view of the fact that only 45 (22.5%) of the 200 respondents had lifestyle that could be classified as normal for the heart and arteries and that 70 (35.0%) and 85 (42.5%) fall within unhealthy lifestyle score ranges damaging to the heart, This result therefore provides answers to the following research question which states:

1. Will dietary habits be a predisposing factor of cardiovascular diseases among University lecturers in Ibadan?
2. Will lifestyle be a predisposing factor of cardiovascular diseases among University lecturers in Ibadan?

Discussion

Several writers (Igbanugo & Akeredolu, 2003; Sign, Niaz, and Bishnoi, 1998; Smith and Van der Meer, 1998; Knowless, 1977) have reported the relationship between lifestyle and cardiovascular health. In effect, much research work has been done in respect of the role of lifestyle in the genesis of cardiovascular and other diseases. The results of these studies have generated an unusual awareness vis-a-vis the need to avoid or reduce sedentary life style.

This study was restricted to a survey of the predictors of cardiovascular diseases among university of Ibadan lecturers. The variables specifically surveyed were dietary habit, alcohol consumption, cigarette smoking and lack of exercise. The results and analysis shows that the lifestyle patterns of University of Ibadan lecturers predispose many of them to cardiovascular diseases. Only 29 (14.5%) out of 200 respondents reported that they exercise often (that is once or twice in a week); 7 (3.5%) of the lecturers were very fat while 37 (18.5%) were fat, 47 (23.5%) reported having high blood pressure, while 18 (9%) were both hypertensive and fat.

The implication of these results can be better appreciated if consideration is given to this question: What could go wrong with the heart and arteries: A diet high in animal fat, lack of exercise, obesity and stress all contribute to atherosclerosis (popularly called hardening of the arteries) streaks of fat can even be seen in children's arteries. These may disappear, but the next stage (which affects many in their 30s) is the formation of hard fibrous plaques. People with only small plaques will not usually have any symptoms, but the plaques may grow and eventually block an artery if this happens in one of the arteries to the heart, the result will be a heart attack, while blockage of an artery to the brain may cause a stroke.

Conclusions

From the results of this survey to determine the predictors of cardiovascular diseases among lecturers of University of Ibadan, the following conclusions were drawn: Dietary habits and lack of exercise were significant predictors of cardiovascular diseases among the lectures.

Recommendations

The findings of this study indicated that the lifestyle patterns of University of Ibadan lecturers predispose them to cardiovascular diseases. Based on these findings, the following recommendations are made:

1. The lecturers should exercise more often, and keep their intake of saturated fat as low as possible.
2. The Department of Human Kinetics and Health Education of the University of Ibadan should organize fitness awareness programmes to sensitize the lecturers to the relevance of a healthy lifestyle to health and longevity.

3. The Department of Human Kinetics and Health Education of the University of Ibadan should organize keep fit programmes specifically for lecturers and senior non-academic staff.
4. There should be regular maintenance and rehabilitation of sporting facilities on campuses especially in the senior staff club where the lecturers congregate largely for recreation.
5. More sporting activities should be organised and the intake of diet high in sugar, animal fats and alcohol should be discouraged in the senior staff club

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