

Health Behaviors and Loneliness in Young Adults

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ABSTRACT

Objective: To study the relationship of Health Behaviors with loneliness.

Study Design: Cross- Sectional Study.

Place and Duration of Study: This study was conducted in Lahore College for Women University, Lahore from January to June, 2015.

Materials and Methods: Health Behavior Checklist¹ and the Loneliness Scale² were employed in the study. The sample comprised 240 students selected through systematic random sampling from Government College University and Lahore College for Women University.

Results: Results showed that preventive health behaviors had a negative correlation with loneliness whereas risk taking behaviors were positively correlated with loneliness. Moreover the male participants had higher scores on the emotional loneliness subscale in comparison to the female participants who scored higher on the social loneliness subscale.

Conclusion: As loneliness increases the engagement in preventing health behaviors decreases. Similarly the same increase in loneliness is linked with increased risk taking behaviors.

Key Words: Health, Behaviors, Loneliness

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INTRODUCTION

One of the major causes of disease and illness today is human behavior. In many developed countries like USA, continuing patterns of human behaviors or in other words human lifestyle has been linked to the foremost causes of death³.

The World Health Organization⁴ identifies health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." According to Gochman⁵ Health Behaviors are "those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, inducing affective and emotional states and traits; and overt behavior patterns, actions and habits that relate to health maintenance, to health restoration and to health improvement."

Studies have identified various factors which affect our health related behaviors, some of these factors include, socioeconomic status, age, gender, peer group, personality, familial influence, knowledge, previous experience, etc.

The Health Belief Model (HBM) presented by Hachbaum⁶ discusses the demographic, socio-psychological and personal variables affecting health behaviors as moderating variables. According to this model these moderating variables along with the

perceived seriousness of, and perceived susceptibility to, a health condition, the benefits of and barriers and cues to performing particular health behaviors, as well as the person's self efficacy have an impact on his health related actions and habits.

Conner and Norman⁷ distinguished different types of health behaviors. They stated health enhancing behaviors (healthy eating habits and exercising, etc), avoiding health harming actions and behaviors (smoking, drug addiction, inactivity, alcohol consumption, overeating, etc.), health protective behaviors (vaccination, condom use, regular visits to the physician, etc) and sick role behaviors (complying to the medical advice given by the doctor, taking medicines regularly, etc.)

According to Belloc and Breslow⁸, obtaining a better perspective on the psychosocial antecedents of these health-related behaviors can lead to the development of elaborate disease and illness models as well as competent disease prevention strategies. Identifying and comprehending the variables and characteristics that facilitate in maintaining health enhancing behaviors in adults can help to promote, maintain, and enhance these behaviors⁹.

Health and particularly health behaviors are influenced by a wide range of social and psychological variables. Loneliness is one of those variables which have an impact on health behaviors and has both social and psychological facets.

The Cognitive discrepancy theory defines loneliness as the distressing feeling that occurs when one's social

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relationships are perceived as being less satisfying than what is desired¹⁰. Peplau and Perlman¹⁰ considered loneliness to be a subjective feeling which results when there is an incongruity between desired and actual levels of interpersonal relationships.

Emotional loneliness is the feeling of missing an intimate relationship whereas social loneliness is the feeling of missing a wider social network¹¹.

Talking about the signs and symptoms of loneliness, Russell et al.¹² observed that lonely college students were likely to display anger, self enclosure, emptiness and awkwardness.

Similar to health and health behaviors, the construct of loneliness is also affected by various psycho-social factors. These include gender, age, personality, marital status, culture, society, etc.

Loneliness might lead to decreased physical activity¹³, increase the risk of obesity¹⁴ and may raise the risk of health damaging and compromising behaviors including alcohol abuse¹⁵.

Study of the association of health behaviors and loneliness would lead to better understanding of health behaviors in young adulthood. During young adulthood an individual becomes mature and gains greater self control. The individual becomes more independent and parental influence tends to fade, placing more responsibility on the individual for making decisions regarding his or her health related behaviors. Understanding the association between loneliness and health behaviors would help psychologist in developing strategies for promoting health behaviors among people.

According to Lauder, Mummery, Jones, and Caperchione¹⁵ loneliness is an individual's perception of social exclusion and it is commonly experienced by adults. Christakis and Fowler¹⁶ discovered that having a supportive social network can help in diminishing risky behaviors such as smoking, unsafe sexual activity and an unhealthy diet.

In comparison to lonely individuals, those who have significant social connections and have a satisfying social life have to face pressure from their social circle to adopt a healthy lifestyle and to seek medical help when they need it.¹⁷

Several studies have been conducted to discover the association between health behaviors and loneliness. A cross-sectional study involving Russian and American adolescents showed an association between loneliness and health risk behaviors in both boys and girls.¹⁸ Lonely individuals have also been found to be physically less active¹⁴.

However, Cacioppo, Hawkley, and Berntson failed to find any noteworthy difference in smoking, physical activity and caffeine and soda consumptions between individuals who had higher and those who had lower scores on the UCLA Loneliness Scale¹⁹. Moreover another study failed to find a correlation between loneliness and six health behaviors including exercise,

meal regularity, alcohol use, hard drug use, smoking, and hours of sleep²⁰.

MATERIALS AND METHODS

This cross sectional study was conducted in Lahore College for Women University, Lahore from January to June, 2015.

Sampling Strategy: Systematic random sampling was used to select participants from four departments of Government College University and Lahore College for Women University. From the list of enrolled students every third student was selected as a participant of this study. From each University a total of 120 students were selected with 40 students taken from each of the three mentioned departments. Furthermore, eight students were selected from each of the chosen semesters of BS and MS.

Participants: The sample comprised 120 male and 120 female university students between the age range of 18 to 24 years.

Inclusion Criteria:

- Both male and female university students were included.
- Students aged 18 to 24 years were included.

Exclusion Criteria: Students lying outside ages 18 to 24 years were debarred from the study.

Measures: Two main instruments were used along with the consent form and the Demographic Information Sheet. Health Behavior Checklist (HBC)¹ consists of 26 items and uses a 5 point Likert scale. Four dimensions of health behaviors are assessed by this scale including two dimensions measuring Preventive Health Behaviors, that is, The Wellness Maintenance and Enhancement Dimension and The Accident Control Dimension; the other two dimensions measuring Risk Taking Behaviors, that is, The Traffic Risk Taking Dimension and The Substance Risk Taking Dimension. The loneliness Scale, an 11-item version, was employed for gauging loneliness².

RESULTS

Table No.1: Relationship of HLC and Loneliness with Health Behaviors in Young Adults

Variables	1	2	3	4	5	6
Emotional Loneliness	-	.333**	-.156*	-.208**	.322**	.210**
Social Loneliness		-	-.134**	-.004**	.188**	.148**
Wellness Maintenance and Enhancement Behaviors			-	.754**	-.355**	-.319**
Accident Control Behaviors				-	-.286**	-.355**
Traffic Risk Behaviors					-	.304**
Substance Use Risk Behaviors						-

Note: **p< 0.01, *p< 0.05

Correlation analysis and independent sample t- test were applied on the data using SPSS.

It was hypothesized that there is a significant relationship between loneliness and health behaviors. Table 1 indicates that both emotional and social loneliness had a significantly negative correlation with preventive health behaviors and a significantly positive relationship with risk taking behaviors.

The second hypothesis was that there are gender differences in health behaviors and loneliness of young adults. The results reveal significant differences in the

scores of Health Behaviors and Loneliness between the genders. The results of independent sample t- test indicate that girls had higher scores on wellness maintenance and enhancement subscale ($t = -2.977$, $p < 0.01$) and accidents control subscale ($t = -3.963$, $p < 0.01$) while boys scored higher on the substance use risk subscale ($t = 4.749$, $p < 0.01$). Boys had significantly higher scores on emotional loneliness ($t = 3.419$, $p < 0.01$) whereas girls scored higher on social loneliness subscale ($t = -3.379$, $p < 0.01$).

Table No.2: Gender Differences for Health Behaviors and Loneliness

Variables	Male		Female		t(238)	p	Cohen's d
	M	SD	M	SD			
Wellness Maintenance and Enhancement Behaviors	27.417	9.225	30.767	8.174	-2.977	.003**	-0.365
Accident Control Behaviors	17.058	5.771	19.775	4.806	-3.963	.000**	-0.257
Traffic Risk Behaviors	18.650	5.469	17.283	5.281	1.969	.050	0.127
Substance Use Risk Behaviors	6.183	2.732	4.608	2.395	4.749	.000**	0.741

Note: ** $p < .01$, * $p < .05$

DISCUSSION

This study involved young adults, those between the age group of 18 to 24 years. In Pakistan 21.5 % of population lies between the age of 15 to 25 years²¹. It has been seen that despite having health related issues comparable to those of adolescents, very few studies have focused on the health behaviors and health issues faced by young adults. According to Arnett²², young adults or emerging adults might be likely to engage in risky behaviors as a part of self exploration in order to obtain a wide variety of experience before they become an adult when the roles and duties of adult life won't allow them such experimentation.

The purpose of the current study was to explore the relationship of health behaviors with loneliness in young adults. Two types of health related behaviors were examined in this study, that is, preventive or health enhancing behaviors and risk taking behaviors.

It was revealed by the results that both emotional loneliness and social loneliness were negatively correlated to accident control and wellness enhancement behaviors, whereas a positive connection existed between loneliness and risky behaviors. We can assume that the low social support and perceived emotional warmth might lead people towards health damaging behaviors such as substance abuse, as a way to cope with their loneliness. Having a huge circle of friend puts pressure on the person to adopt healthy behaviors practiced by his/ her group and to give up the unhealthy ones. Moreover, one's social network also provides helpful information about health care and enhancement

Loneliness has been associated in past literature with health damaging behaviors such as drinking alcohol,

smoking, abusing marijuana^{14, 23, 24}. In addition studies have also observed that loneliness also interferes with the performance of health enhancing behaviors such as physical activity and a healthy diet and leads to consumption of fattening food^{25, 14}. Conversely, having an adequate social and emotional support helps in diminishing unhealthy behaviors²⁶ and promotes the healthy ones.¹⁷

CONCLUSION

This study examined health behaviors of young adults in relation to their experience of loneliness. It was deduced from the results that loneliness had a significantly positive relationship with risk taking, and a significantly negative correlation with preventive health behaviors. Therefore it can be said that as loneliness increased in the sample health related risk taking increased whereas the same increase in loneliness was linked with a decline in health enhancing behaviors. Gender differences were also observed as social loneliness scores were higher in females whereas the male participants were more emotionally lonely. There is a need to introduce such activities in the community and educational institutions which provide an opportunity to build social networks so that the young adults feel less lonely and more connected.

Recommendations: It will be worthwhile to conduct a comparative study to find out disparities in health behaviors, and loneliness among adolescent, young adults and older adults. Also, young adults belonging to the upper class and lower class can be recruited to see whether the data yields similar results as in the case of participants from the middle socioeconomic class.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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