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Lifestyle and Wellness of Universities' Students: A Cross-sectional Assessment

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Abstract: *The current study was designed to evaluate lifestyle and wellness among Universities' Students of Khyber Pakhtunkhwa (KP), Pakistan. A sample of n=399 was taken from by using a simple random sampling technique. Two different adopted questionnaires consisting Healthy lifestyle questionnaire (HLSQ) and wellness assessment questionnaire (WAQ) were used. The collected data were processed through Statistical Package for Social Science (SPSS), version 26. It has been found that a meager portion of the participants fell in the category of healthy life style. The data revealed that males and females reported no statistically significant differences on the healthy life style questionnaire (p > .05). However, statistically significant differences in healthy lifestyles based on locality, professional status of the students were found (p < .05). No statistically significant difference was found on wellness (p > .05). However, significant differences were found based on locality, professional status and qualification pertaining WAQ (p > .05).*

Key Words: Assessment, Lifestyles, Wellness, University Students & Cross-sectional Approach

Introduction

Non-communicable diseases have recently become a public health problem on a regular basis. Diabetes, cancer, coronary heart disease, and hypertension are the most prominent and are receiving a lot of attention these days.Keeping in mind that a variety of factors contribute to the rise in obesity, some are more important than others, such as sedentary lifestyles and poor eating habits (Peker&Bermek., 2011). According to research obesity is expanding at an alarming rate around the world, and is predicted to be in the fifth greatest cause of mortality worldwide. (Brune., 2015). According to a detailed explanation presented in an obesity study, these diseases are expected to account for seven out of every ten fatalities in countries that are making progress (Burrows, Whatnall, Patterson &Hutchesson., 2017).

A lifestyle is a pattern of living style that could be characterized as healthy or unhealthy which are based on personal experiences and knowledge of will. Lifestyle is the combination of attitude, aptitude and behavior which makes sense to both oneself and others in a given place, and time including consumption, social relations, dress infectious diseases and contagious diseases (American Diabetes Association., 2004). A healthy lifestyle that promotes healthy activities is a significant determinant of health standards and is recognized as a critical component in sustaining and enhancing health standards (Wang, Ou, Chen &Duan., 2009). An individual, who always makes a poor healthy lifestyle in very daily life can

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easily become the victim of diseases, known as lifestyle diseases including stroke volume, lung diseases, and obesity (Lancaster, Febbraio., 2014).

Wellness is not only the name of the absence of illness and deformity, rather than it is a comprehensive condition of physical, societal, emotional, and mental wellbeing (World Health Organization, 1948). According to Kaplan, Maehr (1999) emotional wellness contributes to the students' academic achievement as well as create the ability to remain at college or university. In addition to Beaty et al. (2010) those students who have no managing skills, face many challenges and difficulties in college as well as in classroom. Similarly, Bliuc et al. (2011) demonstrate that physical and emotional wellness of the student's play a significant role in their self-identity and academic achievements. Wellness may ease transition and help to get more success in academic journey (Rehman, Syed, Hussain& Shaikh, (2013).

Universities are liable for fostering a healthy atmosphere and assisting students in managing their overall wellbeing (Peker, Bermek, 2011). Previous research has found that students' health-promoting habits varies according on their gender, age, hostel residence, and academic year (Bakouei et al., 2018) ethnicity, faith, and wealth are all factors. Academic accomplishment is a prominent issue among university students and their families as a component of intellectual development. It can have a personal and practical impact on students (SadeghiBahmani et al., 2018).

In the researchers' opinion such study has not yet been conducted at university level in the homeland country Pakistan. The researcher is ambitious that this study will help the policy makers, HOI and other relevant bodies to make necessary measures to adopt healthy habits among youth. This will ultimately preserve and maintain the physical as well as psychological health of the nation.

Objectives

1. To evaluate the prevalence of life styles among universities' students of Khyber Pakhtunkhwa (KP), Pakistan.
2. To analyze the variance in life styles among universities' students based on their gender, locality, professional status and academic qualification.
3. To evaluate the different dimensions of wellness among universities' students of Khyber Pakhtunkhwa (KP), Pakistan.
4. To analyze the variance in different dimensions of wellness among universities' students based on their gender, locality, professional status and academic qualification.

Main Hypotheses

1. H_AThere exists a significant difference in the prevalence of lifestyle behaviour among university students.
2. H_AThere exist significant differences in the prevalence of lifestyle behaviour among university students based on the demographic attributes (gender, locality, professional status and academic qualification). (H_3-H_5)
3. H_AThere exist significant differences in various domains of wellness among university students based on the demographic attributes (gender, locality, professional status and academic qualification). (H_6-H_9)

Delimitations of the Study

1. The current study was primarily delimitated to public sector universities of Khyber Pakhtunkhwa (KP), Pakistan.
2. The study was further delimitated to two variables i.e., lifestyle behaviors and wellness of university students.

Research Methodology

Research Design

The research design of the current study is descriptive in nature because descriptive research is used to analyses the perception of the respondent, whose ultimate aim is to describe the characteristic of the population systematically and accurately. Therefore, the present research study was carried out with the help of descriptive research design.

Study Participants

The participants of the present study consisted of all the students, both males and females, ranging in age from 21 to 25 enrolled in public sector universities of Khyber Pakhtunkhwa (KP), Pakistan. There are 21 public sector universities in (KP) having different enrollments of students.

Sampling Strategy

The total numbers of the public sector universities in KP are 21 while the number of enrolled students in these universities is 117061. Keeping in view the huge number of students, it was unmanageable to contact the whole population. Therefore, researcher has taken uniform and equitable representation from each university for arriving at the most precise and comprehensive perception of the entire students. A sample of 399 (5%) of the total population (117061) based on the ratio of students enrolled in each university was taken from the whole population by using a simple random sampling technique. The simple random sampling technique is that, where we pick a group of subjects (a sample) from a larger group for analysis (a population). - individual is selected entirely by chance, and each member of the population has an equal opportunity to be included in the survey. For this purpose, the formula suggested by Solvin's was applied.

Solvin's formula: $n=N/\{1+N*(e)\}$

n= number of samples

N= Total population

e= Error Tolerance (Level) 0.05

$n= 117061/ \{1+117061(0.05)^2\}$

n= 117061/ {1+ 117061 (0.0025)}

n= 117061/ {1+292.6625}

n=117061/293.6525

n= 398.637

n= 399 sample according to the solvin's sample collection formula.

Data Collection Instruments

In the present study, the researcher used Likert type closed-ended adopted questionnaire for the data collection. As the study deals with two different types of variables like healthy lifestyle and wellness, therefore, two different adopted questionnaires were used for the collection of the required information. Following is a detailed description of the questionnaires.

Healthy lifestyle questionnaire (HLSQ)

The aim of this questionnaire is to assess one's lifestyle and assist in determining long-term decisions about one's health and wellness. There are a total of 12 questions, and each question has two possible responses which is yes and no. The questionnaire also comprises (in addition to socio-demographic characteristics) information about healthy lifestyle practices in the following area: sleep, dietary habits, addiction, physical activity and hygiene practices. Answer each question as honestly as possible and use the scoring information to help you assess your lifestyle.

Wellness Assessment Questionnaire (WAQ)

The purpose of this questionnaire is to analyze the wellness of the university students. The purpose of this questionnaire is to analyze the wellness of the university students. There are total 28 questions represents only three dimensions of wellness which is Physical wellness=10, Emotional wellness=12 and Spiritual wellness=6. There are four possible responses for each question which is never, sometimes, mostly and always. Answer each question as honestly as possible and use the scoring information to help you assess your Wellness.

1=No, 2=Sometimes 3=Mostly 4=Yes/Always

Results and Discussion

Table 1. Prevalence of Various Categories of Healthy Life Style in Participants

Order of Lifestyle			
Order	Rank Score	Frequency	Percent
Healthy Lifestyle	21-24	13	3.43

Order of Lifestyle			
Order	Rank Score	Frequency	Percent
Fair Healthy Lifestyle	17-20	173	45.64
Unhealthy Lifestyle	12-16	193	50.92
		379	100

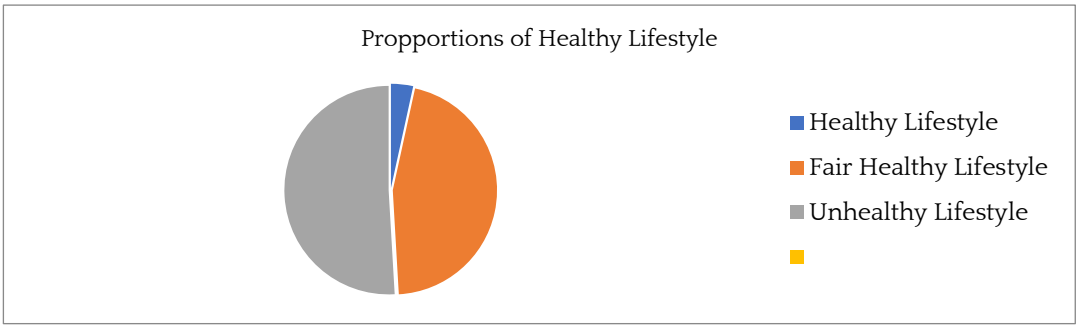

Figure 1: Pie- Chart Depict the Healthy Lifestyle of Participants

The sketched table depicts various categories of life styles (healthy, fair and unhealthy). According to the table, the rank score of healthy life style category ranged from 21-24 and their frequency and percentage were noted 13 and (3.43%) respectively

Likewise, the rank score of fair healthy life style ranged from 17-20 and their frequency and percentage were respectively noted as (frequency=173; percentage 45.64).

The rank score of unhealthy life style ranged from 12-16 and their frequency and percentage were respectively measured as 193 and (50.92%).

Table 2. Prevalence of Healthy Lifestyle According to Gender of the Participants

Gender	Healthy Lifestyle n (%)	Fairly Healthy Lifestyle n (%)	Unhealthy Lifestyle n (%)	Total
Male	11 (84.62%)	119 (68.78%)	142 (73.53%)	272
Female	2 (15.38%)	54 (31.22%)	51 (46.43%)	107
Total	13	173	193	379

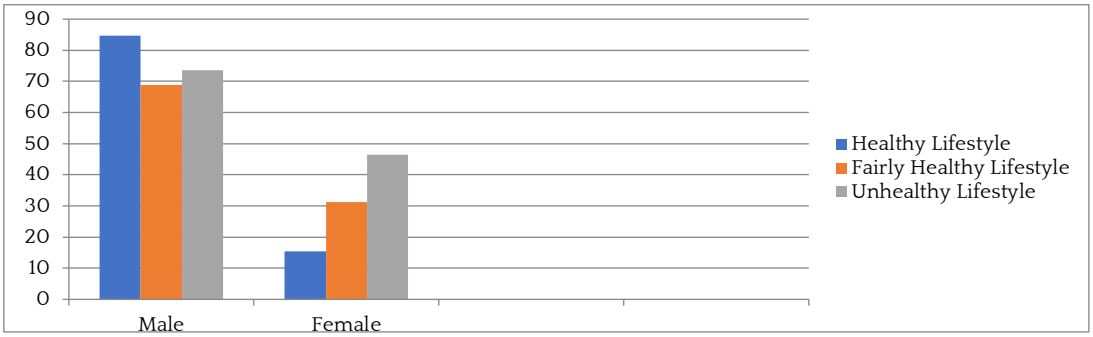

Figure 2: Diagram is showing Prevalence of Healthy Lifestyle According to Gender

The above table 2 and figure 2 depict the frequency and percentage about the Prevalence of Healthy Lifestyle according to gender of the participants.

According to the above table, the frequency and percentage of the male students about the Healthy Lifestyle are 11 and (84.62%) respectively while, the frequency and percentage of the male students about Fairly Healthy Lifestyle are 119 and (68.78%) andUnhealthy Lifestyle frequency and percentage are 142 and (73.53%) respectively.

Similarly, the frequency and percentage of the female students about the Healthy Lifestyle are 2 and (15.38%) respectively while, the frequency and percentage of the female students about Fairly Healthy Lifestyle are 54 and (31.22) andUnhealthy Lifestyle frequency and percentage are 51 and (46.43%).

Table 3. Prevalence of Healthy Lifestyle According to Qualification of the Participants

Qualification	Healthy Lifestyle n (%)	Fairly Healthy Lifestyle n (%)	Unhealthy Lifestyle n (%)	Total
B.S	8 (61.54%)	62 (35.84%)	100 (51.81%)	170
M.A/ M. Sc	2 (15.38%)	59 (34.10%)	55 (28.50%)	116
MS/ M. Phil	3 (23.08%)	52 (30.06%)	38 (19.69%)	93
Ph. D	-	-	-	-
Total	13	173	193	379

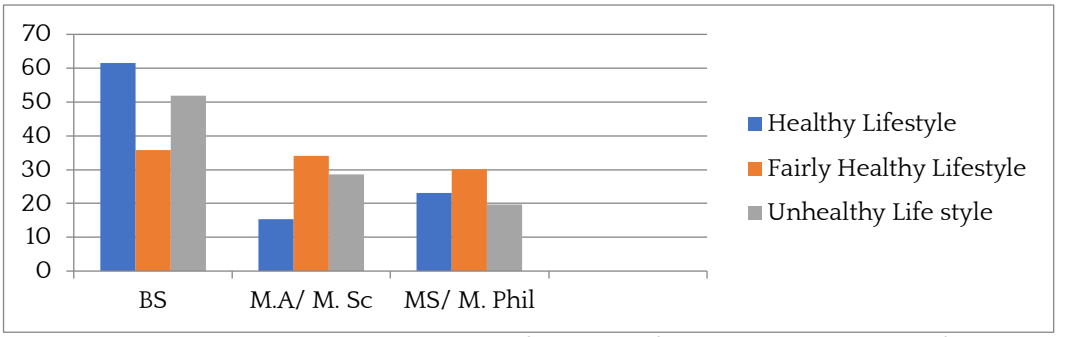

Figure 3: Diagram is showing Prevalence of Healthy Lifestyle according to qualification

The above table shows the Prevalence of Healthy Lifestyle according to qualification of the participants. According to the above table and figure, the frequency and percentage of the B.S students about the Healthy Lifestyle were noted as 8 and (61.54%), while the frequency and percentage of the B.S students about Fairly Healthy Lifestyle were recorded as 62 and (35.84%) andUnhealthy Lifestyle frequency and percentage were noted as 100 and (51.81%) respectively.

Similarly, the frequency and percentage of the M.A/M.Sc students about the Healthy Lifestyle were measured as 2 and (15.38%), while the frequency and percentage of the M.A/MSc students about Fairly Healthy Lifestyle were recorded as 59 and (34.10%) andUnhealthy Lifestyle frequency and percentage were noted as 55 and (28.50%) respectively.

Furthermore, the frequency and percentage of the MS/M.Phil students about the Healthy Lifestyle were noted 3 and (23.08%) respectively, while the frequency and percentage of the MS/M.Phil students about Fairly Healthy Lifestyle were recorded as 52 and (30.06%) andUnhealthy Lifestyle frequency and percentage were noted 38 and (19.69%) respectively

Table 4. Prevalence of Healthy Lifestyle According to Locality of the Participants

Locality	Healthy Lifestyle n (%)	Fairly Healthy Lifestyle n (%)	Unhealthy Lifestyle n (%)	Total
Urban	7 (53.85%)	91 (52.60%)	138 (71.50%)	236
Rural	6 (46.15%)	82 (47.40%)	55 (28.50%)	143

Locality	Healthy Lifestyle n (%)	Fairly Healthy Lifestyle n (%)	Unhealthy Lifestyle n (%)	Total
Total	13	173	193	379

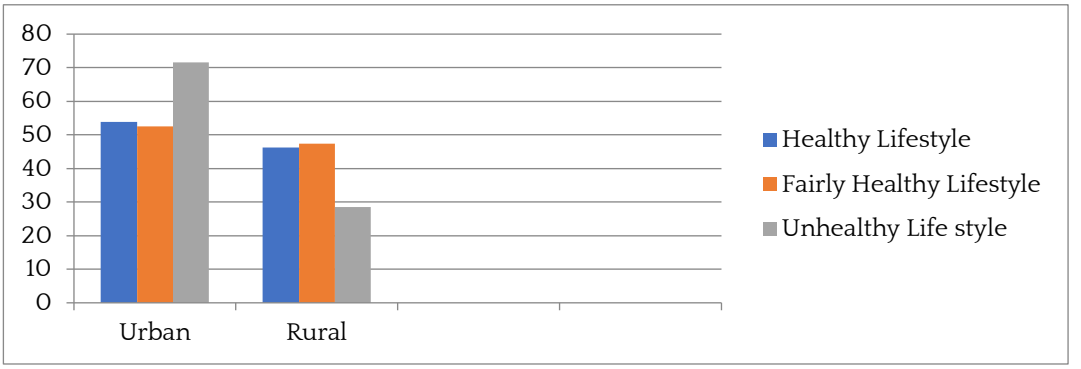

Figure 4: Diagram is showing Prevalence of Healthy Lifestyle According to Locality

The above table and figure presented the Prevalence of Healthy Lifestyle according to locality of the participants. According to the above table and figure, the frequency and percentage of urban students in healthy life style category were respectively noted as 7 and (53.85). The frequency and percentage of the urban students about Fairly Healthy Lifestyle were noted as 91 and (52.60%) andUnhealthy Lifestyle frequency and percentage were measured as 138 and (71.50%) respectively.

Similarly, the frequency and percentage of the Rural students about the Healthy Lifestyle were recorded 6 and (46.15%) respectively, while the frequency and percentage of the Rural students about Fairly Healthy Lifestyle were noted 82 and (47.40%) andUnhealthy Lifestyle frequency and percentage were recorded as 55 and (28.50%).

Table 5. Prevalence of Healthy Lifestyle According to Professional Status of the Participants

Professional Status	Healthy Lifestyle n (%)	Fairly Healthy Lifestyle n (%)	Unhealthy Lifestyle n (%)	Total
Physical Education	8 (61.54%)	111 (64.16%)	78 (40.41%)	197
Non Physical Education	5 (38.40%)	62 (35.84%)	115 (59.59%)	182
Total	13	173	193	379

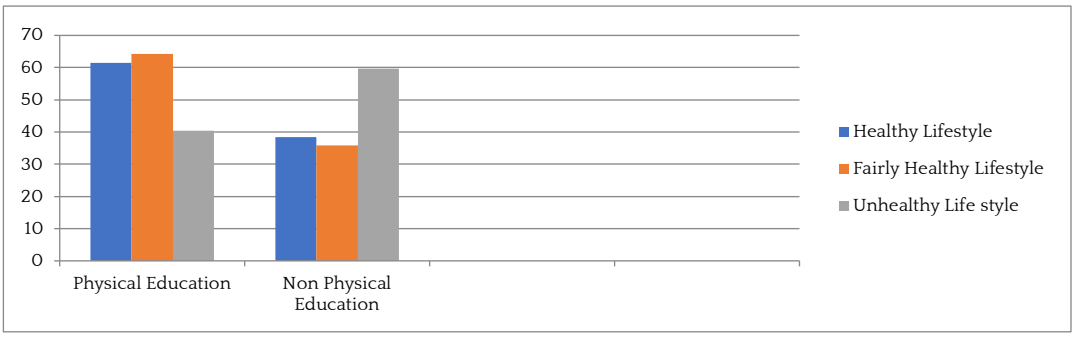

Figure 5: Diagram is Showing Prevalence of Healthy Lifestyle According to Professional Status of the Participants

The above table shows the Prevalence of Healthy Lifestyle according to professional status of the participants. The analyzed data indicated the frequency and percentage as 8 and (61.54%) of the physical education students respectively, while the frequency and percentage of the physical education students about Fairly Healthy Lifestyle were noted 111 and (64.16%) andUnhealthy Lifestyle frequency and percentage were 78 and (40.41%).

Similarly, the frequency and percentage of the non-physical education students about the Healthy Lifestyle were 5 and (38.40%) respectively, while the frequency and percentage of the Non Physical Education students about Fairly Healthy Lifestyle were recorded as 62 and (35.84%) andUnhealthy Lifestyle frequency and percentage were noted as 115 and (59.59%).

Independent Sample T-test on Healthy Life Style and Wellness

Table 6. Gender base Variances among Participants

Variables	Gender	N	Mean	Std.	T	Df	Sig
Healthy Lifestyle	Male	272	1.1779	.15867	-1.251		.476
	Female	107	1.2007	.16414		377	

α=0.05

To check a difference between the mean score of male and female students in the term of healthy lifestyle, an independent sample t-test was applied and the results are shown in table 4.14. According to the table, the mean score of male and female students were 1.1779 and 1.2007 respectively. The P-value is .476, which is greater than the standard value of 0.05 (P>.05). Hence, it can be said that there were no statistical significant differences between the mean score of two groups i-e, male and female in respects of their healthy lifestyle.

Table 6. Locality base Variance among Participants

Variables	Locality	N	Mean	Std.	T	Df	Sig
Healthy Lifestyle	Urban	143	1.1804	.18981	-.369		.000
	Rural	236	1.1867	.13990		377	

α=0.05

The average score of the students from urban area was found 1.180 and students from rural area was found 1.186. There was a statistically significant differences between the score of the two groups according to the independent t-test result (P=.000).

Table 8. Professional Status base VARIANCE OF Participants

Variables	Pro.Status	N	Mean	Std.	T	Df	Sig
Healthy	Phy. Edu.	197	1.2281	.17919	5.756		.000
Lifestyle	Non Phy. Edu.	182	1.1370	.12079		377	

α=0.05

The average score of physical education students was found 1.228 and non-physical education students was found 1.137. There was a statistically significant differences between the score of the two groups according to the independent t-test result (P=.000).

Table 9. Gender base Wellness of the Respondents

Variables	Gender	N	Mean	Std.	T	Df	Sig
Physical Wellness	Male	272	2.9787	.23414	1.940		.429

Variables	Gender	N	Mean	Std.	T	Df	Sig
Emotional Wellness	Female	107	2.9252	.25921	-.242	377	.618
	Male	272	3.0177	.41517			
Spiritual Wellness	Female	107	3.0291	.40126	.180		.354
	Male	272	3.5100	.28078			
	Female	107	3.5040	.31172			

α=0.05

The table 9 described the descriptive statistics of the different groups (male and female) on various dimensions of wellness. The average score of male students in table was 2.97 and the average score on physical wellness of female students was 2.92. Likewise, the mean score on emotional wellness were found 3.01 and 3.02 respectively for male and female students. In the same table, the mean score of spiritual wellness of male students was 3.51 and female students was 3.50. The P-value for all variableswere found greater than the criticallimit of .05. Therefore, it can be said that there exists no significant statistical difference between male and female student's in sub dimension of wellness.

Table 10. Locality base Wellness of the Respondents

Variables	Locality	N	Mean	Std.	T	Df	Sig
Physical Wellness	Urban	143	3.0804	.16110	7.873	377	.000
	Rural	236	2.8928	.25581			
Emotional Wellness	Urban	143	2.8566	.52733	-6.368		.000
	Rural	236	3.1204	.27757			
Spiritual Wellness	Urban	143	3.5170	.18983	.455		.000
	Rural	236	3.5030	.33601			

α=0.05

The table 10 described the descriptive statistics of the locality (urban and rural) on various dimensions of wellness. The average score of urban students in table was 3.08 and the average score on physical wellness of rural students was 2.89. Likewise, the mean score on emotional wellness were found 2.85 and 3.12 respectively for urban and rural students. In the same table, the mean score of spiritual wellness of urban students was 3.51 and rural students was 3.50. The P-value for all variableswere found lesser than the critical limit of .05. Therefore, it can be said that there exists a statistical significant difference between urban and rural student's in sub dimension of wellness.

Table 11. Professional Status base Wellness of the Respondents

Variables	Pro. Status	N	Mean	Std.	T	Df	Sig
Physical Wellness	Phy. Edu	197	3.0315	.20609	5.942	377	.171
	Non Phy. Edu	182	2.8901	.25729			
Emotional Wellness	Phy. Edu	197	2.9819	.51697	-1.928		.000
	Non Phy. Edu	182	3.0631	.24407			
Spiritual Wellness	Phy. Edu	197	3.5751	.28175	4.813		.121
	Non Phy. Edu	182	3.4359	.28083			

α=0.05

The table 11 described the descriptive statistics of the different groups (physical education and non-physical education) on various dimensions of wellness. The average score of physical education students in table was 3.03 and the average score on physical wellness of non-physical education students was 2.89. Likewise, the mean score on emotional wellness were found 2.98 and 3.06 respectively for physical education and non-physical education students. In the same table, the mean score of spiritual wellness of

physical education students was 3.57 and non-physical education students was 3.43. The P-value for all variableswere found greater than the criticallimit of .05. Therefore, it can be said that there exists no significant statistical difference between physical education and non-physical education student's in sub dimension of wellness.

ANOVA on Healthy Life Style and Wellness

Table 12. ANOVA Qualification Wise on Healthy Lifestyle

	Qualification	N	Mean	Std.	Df	F	Sig.
Healthy Lifestyle	BS	170	1.1464	.14090			
	M.A/ M.Sc	116	1.1997	.16966		10.308	.000
	M. Phil	93	1.2344	.16644	377		

α=0.05

The above table depicted the data regarding mean differences in different groupsi.e, (BS, MA/MSc, M.Phil) in respect of healthy lifestyle. The third column in the table presented mean value of each group on healthy lifestyle. The data showed that the mean score of M.Phil students are higher as compared with other groups such as M.A/MSc and BS. The last column showed P-value .000, which is lessor than the significant level of .0.5, therefore the hypothesis is hereby accepted.

Table 13. ANOVA Table of Different Level of Qualification and Wellness

ANOVA Qualification Wise on Wellness							
	Qualification	N	Mean	Std.	Df	F	Sig.
Physical Wellness	BS	170	2.9282	.01751			
	M.A/ M.Sc	116	2.9655	.02211	377	4.981	.007
	M. Phil	93	3.0258	.02713			
Emotional Wellness	BS	170	3.0710	.02192			
	M.A/ M.Sc	116	3.0709	.03600	377	9.017	.000
	M. Phil	93	2.8670	.05899			
Spiritual Wellness	BS	170	3.4615	.02302			
	M.A/ M.Sc	116	3.5083	.02680	377	6.455	.002
	M. Phil	93	3.5938	.02606			

α=0.05

To check the group mean differences in respect of different dimensions of wellness, a statistical test of ANOVA was applied and the result have been show in the table 4.21. The qualification in all the dimensions (physical wellness, emotional wellness, spiritual wellness) has impacted. The qualification of the respondents has impacted various dimensions of wellness. The respondents with having M.Phil, scored higher on physical wellness as compared with other qualification groups. However, respondents with BS and MA/MSc scored higher in emotional wellness as compared with those having M.Phil qualification. Furthermore, the mean score of M.Phil students found higher than the students of other programs. The p-value for all the dimensions of wellness (.007, .000 &.002) were found lessor than the significant level ($p<.05$). This shows that qualification plays an important role in developing wellness. The result indicated that ANOVA statistics as applicable and can be generalized to the entire population. Therefore, the hypothesis is hereby accepted.

Discussion

The aim of the study was to determine the lifestyle and wellness among the universities' students of Khyber Pakhtunkhwa. After the data analysis, the researcher intends to discuss and compare the existing finding with perilous finding as supporting studies to see the differences and commonalities between the hypotheses and the variables. Frequency

and percentage used to analyze and interpret the personal information of the participants. While, Independent sample and one-way Analysis of Variance (ANOVA) was applied for testing of hypotheses. In the present study the researcher used adapted questionnaire for the data collection.

In response to the gender difference on healthy life style, the analyzed data revealed that there were no statistical significant differences in the score of two groups' i-e, male and female in respects to healthy lifestyle. In this regards Mannell, (2007) found that healthy life style contributes to personal well-being as well as to the society lifestyle as perceived by male and female students. Moreover, Hosokawa et al., (2020) highlighted that the optimum healthy lifestyle plays prominent role in longevity of the person and also maintains the quality of life. Furthermore, the findings of the exiting analyses reported that there was statistically significant difference between the score of rural versus urban students on healthy life style questionnaire. Same findings have been probed by Bandura, (2004) that healthy eating, weight loss and fitness routines make unique enhancement in health, and also help to control general acute and chronic diseases such as hypertension, high cholesterol and diabetes. On the other hand people having poor lifestyle can suffer from different kinds of diseases which are called lifestyle diseases including liver diseases, atherosclerosis, lung, heart and diseases, stroke and cancer while regular exercise and physical activity would prevent heart disease, obesity and hypertension (Rawlins et al., 2013). Additionally, it was too found there was a statistically significant difference between the score of professional versus non-professional students pertaining healthy life styles. In this regards Chen, (2009) stated that there is significant relationship between health and lifestyle, if a person follows the principle of healthy lifestyle can improve his/her health easily. Furthermore, Lifestyle developing aims to empower the community in order to change their lifestyle and maintain their merry movements.

When comparing different groups on wellness questionnaire, then the data analyzed reported no statistically significant difference between male and female students in sub dimension of wellness. The study was supported by finding Bulugbe and Oloyede (2007) that wellness can best achieve when one engages him/herself in physical exercise regularly and make it parts of their daily obligation, gradually it was also observed that the best way to make exercise and physical activity a basic part of person's life is to make sure it enjoyable and fun. Additionally, the current study revealed statistically significant difference on various dimensions of wellness between students from rural versus urban localities. In this regards Connolly and Myers (2003) found that the achieving optimal level of fitness it is necessary to make a good and healthy lifestyle by following every dimension of wellness. Furthermore, the current study indicated no statistically significant difference between physical education students and non- physical education students in sub dimension of wellness except emotional wellness in which the students of physical education reported higher mean score compared with non-physical education students. In this regards Seligman et al (2009) found that incentive positive thinking and emotions perform pivotal role in the field of physical education. Similarly, Froiland, Oros, Smith &Hirchert (2012) found that intrinsic inspiration and motivation are analyzed via positive emotions. The optimum degree of intrinsic incentive in turn associated to better involvement at university that recognized as a critical determinant of educational achievement.

In addition, thee analyzed data revealed statistically significant difference pertaining healthy life style based on qualification of the participants which is supported by Seedhouse, (2004) that there is positive relationship between lifestyle and health, if the students follow the healthy lifestyle principle may enhance their health easily. Student's healthy lifestyle aims to empower the community in order to change their lifestyle. Similarly, Davis & Cooke, (2007) argued that student's healthy life style plays an important role in college environment as well as in general and society lifestyle. Moreover, a healthy student can achieve every desired goal in every walk of life. In addition to Johnston, Massey &DeVaneaux, (2012) found

that healthy lifestyle such physical activity, exercise avoiding from malpractices enhance the sense of creativity in the students. The study also reported that there exists statistically significant difference on wellness questionnaire based on qualification of the participants. In this regards Nguyen et al., (2016) stated that the development of the positive emotions is the central and vital factor of the positive university intervention. Along with this, it is too concentrate on positive relationships and personal strengths towards each other. Keeping into consideration the importance of healthy life style behaviour and wellness, it is imperative to acquaint the students with information in behavioural education process. It is suggested that information in this regard supports individual in health related aspects and wellness as well.

Conclusion

The results obtained in respect of the healthy life styles and wellness of the university students are as follows:

It has been found that a meager portion of the participants fell in the category of healthy life style, whereas majority of participants either reported poor healthy life style or unhealthy life style. In the analysis between two groups i.e., male and females reported no statistically significant differences on healthy life style questionnaire. However, differences in healthy life styles based on locality, professional status of students were found statistically significant. To find out the variance based on gender, the analyzed data reported no statistically significant difference on wellness assessment questionnaire (WAQ). Likewise, the research variable of wellness according to locality, professional status and qualification produced statistically significant differences on WAQ. The conclusion revealed that the prevalence of healthy life style is quite low (3.43%). Henceforth, efforts are required to help students adopt healthy life style behaviour and wellness as well. This can be done with the help of awareness programs, seminars, and health fairs be explored.

Healthy life style behaviour and optimal wellness are considered prerequisites for a successful life and protecting the public's health. The increase in unhealthy life style and poor wellness contribute to the physical as well as psychological ailments. With the advent of junk foods and other stressors has contributed to massive decrease in healthy life style and satisfactory mental health. Health departments are continuingly working to health quality, and researcher are continuing to find way to combat the unhealthy behaviour. In future, it is hoped that this research will lead to decrease unhealthy behaviour in university students. If we cannot suggest measure to improve the healthy life style behaviour, our youngster especially, students will surely be victim of ill health. More research in this area is desirable to adopt healthy life style behavior while still supporting the health needs of our nation.

Limitations and Future Direction

The current study was conducted at the university level. There are not results of the current study indicating that there would be an effective at other levels of education such as college or school. It is recommended that in-depth research is conducted on college and school student's healthy lifestyle factors, and to extend the study to the other colleges and schools.

Students in the current study processed uniformities in background and territorial jurisdiction i.e, Khyber Pakhtunkhwa. Due to theses uniformities in background and territorial jurisdiction, it is not clear if healthy life style and wellness have same levels in students from other provinces of the country Pakistan. Further studies can be conducted by expending the convex to other setting of the country i.e., Punjab, Singh and Balochistam.

The current study was focused to evaluate the healthy life style behaviour and wellness in university students, however; further research studies may be conducted to investigate the effect of healthy life style on student health and academic performance.

The sample for the current study was taken from public sector universities of KP. However, a comparative study with private

sector universities is suggested to make the credibility and generalizability of the results.

The present study was limited to a cross-sectional survey. In future, it is suggested to conduct an experimental study to evaluate the effects of health promotion program on students' healthy life style behaviour.

Recommendations

Keeping into consideration the findings of the study, the following recommendations have been summed up:

1. It is suggested that training program regarding healthy life styles behaviour and wellness might be arranged to protect and improve the physical and mental health of the university students.
2. These programs might be focused to increase the level of students' realization pertaining healthy life styles behaviour and wellness.
3. The adaptation health principles such as regular exercise, proper medical checkup, dental care and proper rest and sleep might be ensured among students.
4. Students may be motivated to take part in sport and leisure time physical activates and students might be in a position to get physical as well as psychological benefits.
5. In order to improve the health, health education programs should be based on a wide range of local, social and cultural characteristics and should be closer to the formation of individuals' value system.
6. The socio-demographic factors should be taken into consideration in health promotion programs. The community level program that aim healthy lifestyle behaviours dissemination and supported by social policy must be provided country-wide.

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