

Incidence of Lifestyle Associated Health Risks among Executives in South West Nigeria

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Abstract

Incidence of lifestyle associated health risks among executives were assessed across the 6 states in south west (Lagos, Ogun, Oyo, Osun, Ondo and Ekiti States) geo-political zone of Nigeria. A multistage sampling technique was adopted to select 605 executives from different occupations between the periods of January 2010 – January 2012. A content-validated questionnaire tested for reliability was employed to gather data which were subjected to both inferential and descriptive statistics to analyse the bio-data, research questions and hypotheses at 0.05 alpha level. Findings revealed that, sedentary, dietary, cigarette smoking, alcohol drinking, drug abuse and extramarital/unprotected sex lifestyles are significant in causing associated health risks among the executives. It was recommended that qualified health educators should be employed by the executives to educate them properly on the lifestyle associated health risks, executives should engage in recreational activities to forestall inactivity and sedentary lifestyle and executives should visit reproductive health specialists to enlighten them on the extramarital/unprotected sex lifestyle diseases

Keywords: Incidence, lifestyle, associated health risks, executives

1. 0 Introduction

A way of life or style of living that reflects the attitudes and values of a person or group: When *lifestyle* became popular a generation ago, a number of critics objected to it as vogueish and superficial, perhaps because it appeared to elevate habits of consumption, dress, and recreation to categories in a system of social classification. There are lifestyle behaviours that are associated with lower risk of having the metabolic syndrome. The metabolic syndrome is a cluster of risk factor that predisposes individuals to cardiovascular disease (CVD) and diabetes and is present in almost one fourth of adult Americans (Testino, 2005) Risk factors which involved with the metabolic syndrome can be altered via modifiable lifestyle factors, such as diet, physical activity, smoking, drinking and drug habits. There are many lifestyles today in the Society that many or lithe know about their associated health risks. Incidence of lifestyles diseases and the associated health risks are reviewed thus:

1.1 Sedentary Lifestyle

Lifestyles are generally seen as a personal issue. WHO (2004) reported a strong relationship between mortality rates and lifestyle practices; it further highlighted conditions that promote unhealthy lifestyle practices by individuals such as lack of adequate health knowledge, acquisition of misinformation about health matters and development of hazardous lifestyles. One of such lifestyle is physical inactivity or sedentary lifestyle (WHO, 2004).

A study carried out in Cameroon comparing rural with urban people 15years of age or older clearly illustrated lower rates of physical activity in urban settings (Sobngwl, 2002). Similar differences were found for healthy, elderly people in Nigeria (Ezenwaka , 2007). In Nigeria it was also found that civil servants with high seniority had lower levels of physical activity than their junior counterparts, suggesting that upward social mobility was associated with less physical activity (Forest, 2001).

The use of automobiles, telephone facilities, air-conditioners and house-hold gadgets has substantially increased the sedentary lifestyle of urban residents thereby reducing their physical activity. Rural populations on the other hand rely upon walking or trekking as a means of transportation and often have intense agricultural and manual activities as their main occupation (Alemu & Duidtyoru 2000). Explaining the higher rates of obesity, hypertension, stroke and other cardio vascular disease in cities, Rashid (2000) also reported that obesity and cardiovascular diseases are at least 7 times higher in urban centers.

Many studies across Sub – Sahara Africa have revealed the impact of sedentary lifestyle on emerging Non Communicable Diseases NCDs risk factors. Levitt, Steyn & Lambert (2004) showed an independent association between low level of physical activity and having type-2 diabetes.

A health and fitness survey of adolescent school children age 12 to 18 years in the Western Cape in South Africa conducted by Lewit et al (2004) found that a high level of fitness was inversely associated with current BMI in both boys and girls. In a similar study by Olaitan (2001) on evidence of elevated blood pressure among

secondary school students in Ilorin, Nigeria increase level of activity among the school children promotes their fitness level and improves their cardiovascular health. These changes of cardiovascular risk factors were attributed to the reductions in physical activity observed with changes in nutrition (Damasceno & Prista 2001).

1.2 Dietary Lifestyle

The dietary changes of the nutrition transition in value large increases in the consumption of fat (especially saturated fat) and sugar, marked increases in animal products and a decline in unrefined cereal and thus in fiber intake (Popkin 2001). A diet high in fat, particularly saturated fat, Low in carbohydrates, fruit, and vegetables alone with a high salt intake leads to the emergence of chronic risk factors. Traditional diets in Sub – Saharan Africa, which are low in fat and high in unrefined carbohydrates, protect people against chronic disease (Popkin 2001).

In the black population of Cape Town, it was found that a larger proportion of life spent in the city was associated with an increase consumption of fat and a decrease in carbohydrate. This is a reflection of an increased use of dairy produce, meat, fat, and monobasic food items and a decreased intake of cereals (Lewit, et al, 2004). As a matter of fact this increase in the intake of fat and refined food had led to many problem across the world not especially is the developed countries. As a result of this the prevalence of obesity cuts across all age groups and economic level unlike the situation in developed countries. The rise in prevalence has prompted the world health organization who to designate obesity as the major unmet public health problem worldwide that requires urgent attention. Obesity is the excessive accumulation of the body Mass index (BMI) and it is a chronic disease, which develops gradually which is fuelled by environmental factors such as nutrition imbalance. It is estimated that 1.7 billion people all over the world are overweight or obese and most of these live in the developed countries of Europe, America and Asia (Cooper 2007).

1.3 Cigarette Smoking Lifestyle

This is also one of the lifestyle that is associated with great risk in our society. The habit of smoking has become the order of the day especially among the youths of our generation across the world – most especially in Nigeria. There are many people had died prematurely as a result of cigarettes Smoking, because the smoke deposited in the larynx or inside the surface of the ling there by preventing effective gaseous exchange between the lungs and the blood vessels (Olaitan, 2005). It is however suggested that significant price increase for cigarettes and other tobacco product would be a major step toward improved tobacco control.

1.4 Alcohol Drinking Lifestyle

Excessive drinking can cause a variety of health problems. Almost every system in the body can be negatively affected by alcohol. Moderate drinking can even affect health, and the damage that can be caused by long-term and/or heavy drinking (Testino, 2005).

Excessive alcohol consumption over a period of time can begin to affect almost every system in the body, especially the liver, brain and digestive track (JPOST.COM, 2012). Women who abuse alcohol, or even occasionally drink to excess, face greater risks to their health than their male counterparts (Sellman, Connor, Robinson & Jackson, 2009). Alcohol plays a role for many in our culture in their sexual relationships, but drinking can cause a variety of negative sexual effects on both men and women (Sinkiewicz & Weglarz, 2009). Four bad habits, very common among alcoholics, can make a person seem 12 years older in terms of health and increase the risk for an early death (Sellmann, et al, 2009).

Fortunately drinking during the reproductive years is not an uncommon phenomenon in Nigeria, especially now that people who progressively adopt western lifestyles are more common.

1.5. Drug Abuse Lifestyle

Drug abuse is a major burden to society. Drugs are chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive and process information. Some drugs, such as marijuana and heroin, have a similar structure to chemical messengers, called neurotransmitters, which are naturally produced by the brain. Because of this similarity these drugs are able to “fool” the brain's receptors and activate nerve cells to bend abnormal messages. Other drugs, such as cocaine or methamphetamine can cause the nerves cell to release abnormally large amounts of natural neurotransmitters, or prevent the function of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces as greatly amplifier message that ultimately destructs normal communication patterns (Olaitan, 2001).

1.6 Extramarital/Unprotected Sex Lifestyle

Extra marital, premarital or unprotected sexual practice has become the order of the day among people of different age groups some sexual practices are indeed safe and carry no risk of infecting the participants (Olaitan, 2011). However, other practice is much associated with high risk of different categories of infection such as HIV/AIDS, syphilis, Chlamydia and gonorrhoea. The type of body fluid involved as well as the number of sexual partners an individual have will determines the extent of risk involved in Sexual practices. There are many way of sexual practice that is not associated with any risk whatsoever these including: abstinence erotic massage, hugging body rubbing, kissing, petting, showering or bathing together, masturbation, phone sex, use personal sex

toy and so no; in all these, there is no risk of any infection (Olaitan, 2009). There are also away of sexual practice that is associated with low risk of infections. These includes oral sex on a man (Fellatio) who is wearing a condom, oral sex on a woman with a latex barrier, contact with urine participating in any of these is of low risk but with no absolute guarantee of zero risk.

Again, there are way of participating also that have some risk of infections, oral sex (on man or women) without a condom or latex barrier, vaginal penetrating with a condom, Ana penetrative Sex with a condom. It is safe to withdraw before ejaculation. There are also always of sexual practice that is associated with high risk of infections most especially the HIV/AIDS (Olaitan, 2009). These include:

- Swallowing semen
- Sharing uncovered sex toys
- Unprotected oral contact if blood is present
- Unprotected manual – anal intercourse (fisting) without a latex glove
- Unprotected with menstrual blood.

Many people still don't realize that these practices are risky.

There are many way of sexual practice that is at high risk in infections mostly with HIV/AIDS. These also include

- Anal penetrative sex without a condom
- Unprotected anal contact if blood present

Anybody that is involving in this practice is at an extremely high risk to contract HIV/AIDS and as we all know that this particular disease has no cure except God intercession. With good nutrition and a healthy lifestyle only many of victims can live with the virus for 15 years or longer (Powell, 2010).

2.1 Purpose of the study

This study seeks to assess sedentary, dietary, cigarette smoking, alcohol drinking, drug abuse and extra marital/unprotected sex lifestyle associated health risks among the executives in south west Nigeria.

2.2 Research questions

1. Are the executives in south west Nigeria suffering from any sedentary lifestyle associated health risks?
2. Are executives in south west Nigeria suffering from any dietary lifestyle associated health risks?
3. Are the executives in south west Nigeria suffering from any cigarette smoking lifestyle associated health risks?
4. Are the executives in south west Nigeria suffering from any alcohol drinking lifestyle associated health risks?
5. Are the executives in south west Nigeria suffering from any drug abuse lifestyle associated health risks?
6. Are the executives in south west Nigeria suffering from any extra marital/unprotected sexual practices lifestyle associated health risks?

2.3 Research Hypotheses

1. Executives in south west Nigeria will not significantly suffer from any sedentary lifestyle associated health risks.
2. Executives in south west Nigeria will not significantly suffer from any dietary lifestyle associated health risks.
3. Executives in south west Nigeria will not significantly suffer from any cigarette smoking lifestyle associated health risks.
4. Executives in south west Nigeria will not significantly suffer from any alcohol drinking lifestyle associated health risks.
5. Executives in south west Nigeria will not significantly suffer from any drug abuse lifestyle associated health risks.
6. Executives in south west Nigeria will not significantly suffer from any extra martial/unprotected sexual practices lifestyle associated health risks.

3.0 Method and Procedure

The study is a cross-sectional survey type research design. The population consists of people in south west Nigeria. A multistage sampling technique involving stratified, purposive and simple random sampling techniques was used to select 605 executives, which include male and female. A content validated questionnaire containing two sections (Section A and B) was subjected to a reliability test was carried out in North central Nigeria (Kwara State) through a test – retest method with, a correlation coefficient “r” of 0.88. The questionnaire was distributed by hand to the respondents by the researcher and 12 research assistants to gather data for the study. Completed questionnaires were analyzed using a descriptive statistics of frequency counts, percentage and inferential statistics of Chi-square (X^2) at 0.05 level of significant, using Statistical Package of Social Sciences (SPSS) version 16.0

4.0 Results and Discussion

Table 1 shows the Bio-data of the respondents thus; 396 (65.5%) of the respondents are male while 209 (43.5%) are female; this shows that majority of the respondents were male. 37 (6.1%) of the respondents are 30 years or less, 162 (26.8%) are between 31-40 years, 216 (35.7%) fall between 41-50 years, 133 (22%) fall between 51-60 years and 57 (9.4%) are 61 years and above. The result revealed that many of the executives are within age bracket 41-50 years. 267 (44.1%) are Christians, 239 (39.5%) are Moslems and 99 (16.4%) are from other religious sects. The results revealed that majority of the respondents are Christians. 3 (0.5%) of the respondents have no education, 13 (2.1%) have primary education, 22 (3.6%) have secondary education, 161 (26.6%) have post secondary education, 223 (40%) have university first degree and 183 (30.2%) have higher degree. 114 (18.8%) are into skilled labour, 249 (41.2%) are professionals, 202 (33.4%) are traders and 40 (6.6%) are into other occupations. The result revealed that, the majority of the respondents were professionals. On the average annual income; 31 (5.1%) earn =N=600,000 or less, 188 (31.1%) earn between =N=600,001 and =N=1,200,000 and 386 (63.8%) earn between =N=1,200,001 and above. This implies that most of the executives interviewed in south west Nigeria earn between =N=1,200,001 and above par annum (see Table 1).

Table 2 shows analysis of the research questions on top 6 lifestyle associated health risks among executives in south west Nigeria. On sedentary lifestyle associated health risks; the subjects responded that, lack of exercise makes them to suffer hypertension, overweight, obesity and diabetes, representing percentage favourable views as follows; 76.5%, 61.5%, 57% and 41.2% respectively (see Table 2). Also, since the Calculated Chi-square Value of 35.01 is greater than the Critical/Table Value of 16.91, at degree of freedom (df) 9 and 0.05 alpha level, Hypothesis 1 was rejected (see Table 3). This means the executives in south west Nigeria are suffering from sedentary lifestyle associated health risks. This finding directly proportional to the findings of Olaitan (2001) that, increase level of activity promotes fitness level and improves cardiovascular health among individuals. It also corroborates Rashid (2000), that higher rate of obesity, hypertension, stroke and other cardiovascular disease is high in the cities, because most of the respondents who are basically executives are pooled from the urban centres where they are concentrated. Levitt, et al (2004) asserted that, there existed an association between low level physical activity and having type-2 diabetes.

The executives responded favourably on their dietary lifestyle associated health risks that, it makes them suffer diabetes, obesity, heart attack and thyroid in the following order, 60.5%, 45.1%, 13.9% and 3.3% respectively (see Table 2). The hypothesis 2 was also rejected, because the Calculated Chi-square Value of 31.28 is greater than Critical/Table Value of 16.91 at df 9 and 0.05 alpha level (see Table 3). This implies that, respondents suffer dietary lifestyle associated health risks. The finding is in line with Copper (2007) that Obesity is the excessive accumulation of the BMI and a chronic disease which develops gradually which is fuelled by environmental factors such as nutrition imbalance. They further estimated that 1.7 billion people all over the world are overweight or obese and most of these live in the developed countries of Europe, America and Asia.

On cigarette smoking associated health risks; subjects responded favourably that they suffer cough, discolouration of teeth/lips, difficulty in breathing and cancer as health risks thus; 26.1%, 21.2%, 20.3% and 9.1% respectively (see Table 2). Hypothesis 3 was rejected, because the Calculated X^2 Value of 27.18 is greater than Critical/Table Value of 16.91 at df 9 and 0.05 alpha level (see Table 3). This finding implies that some executives in south west Nigeria have suffered some health risks as a result of their lifestyles and it is supported by Olaitan (2005) that many people had died prematurely as a result of cigarettes Smoking associated health risks, because the smoke deposited in the larynx or inside the surface of the ling there by preventing effective gaseous exchange between the lungs and the blood vessels.

On alcohol drinking lifestyle associated health risks; respondents favourably said that alcohol has made them suffer from anorexia (poor appetite), diabetes mellitus, chronic liver disease and brain damage as follows; 63.3%, 59.3%, 23.5% and 6.3% respectively (see Table 2). Hypothesis 4 was rejected, since the calc. X^2 Value 47.67 is greater than critical/Table Value 16.91 at df 9 and 0.05 alpha level of significant (see Table 3). This finding juxtaposes the statements of Testino (2002) who asserted that almost every system in the body can be negatively affected by alcohol and that moderate drinking can even affect health, and the damage that can be caused by long-term and/or heavy drinking.

On the drug abuse lifestyle associated health risks among the executives, there is incidence of drug abuse lifestyle diseases, such as, addiction, social problem, unprotected sexual practice and brain damage in the following order, 68.3%, 67.6%, 42.6% and 17.5% respectively. The Calculated X^2 Value of 22.45 is greater than Critical/Table Value of 16.91 at df 9 and 0.05 alpha level of significant, this shows that Hypothesis 5 was rejected (see Table 3). Which means executive in south west Nigeria have high incidence of lifestyle associated health risks as a result of drug abuse among them. This finding aligns with Olaitan (2001) that drug can cause the nerves cell to release abnormally large amounts of natural neurotransmitters, or prevent the normal function of these brain chemicals, which is needed to shut off the signal between neurons. This will automatically lead to addiction, social problem, unprotected sex and brain damage.

On the extra marital/unprotected sexual practice lifestyle associated health risks, executives in south west Nigeria favourably admitted that high incidence of lifestyle associated health risks are present with them thus; suffering from STDs, occurrence of unwanted pregnancy, abortion practices and risk of HIV/AIDS representing, 70.1%, 67.4%, 59.7% and 19.3% respectively. This finding is in line with Olaitan (2011) that unprotected penetrative sex without latex condom is associated with high risk of different categories of infection such as HIV/AIDS, syphilis, Chlamydia and gonorrhoea.

5.0 Conclusion and Recommendations

It is therefore concluded that, sedentary and dietary lifestyle associated health risks are present among the executives in Nigeria. The result shows that there is lower rate of physical activities among the executives in south west Nigeria, most especially in the urban setting. It also reveals that civil servants with high seniority had lower levels of physical activities than their junior counterparts, upward social mobility was associated with less physical activities and as a result of the many executives have incidence of diabetes, obesity, metabolic and cardiovascular diseases.

Cigarette Smoking, alcohol drinking, drug abuse and extra marital/unprotected sexual practice lifestyle associated health risks are part of the executives, because they responded favourably to the questions on the incidence of lifestyle associated health risks with many executives in south west Nigeria suffering from some degrees of lifestyle associated health risks.

Based on the conclusion, it is recommended that;

- i. Qualified health educators should be engaged to educate the executives on the danger of all these lifestyle (sedentary, dietary, cigarette smoking, alcohol drinking, drug abuse and extra marital/unprotected sexual practice) associated health risks.
- ii. The executives should engage the services of qualified physical educators and participate in recreational activities to reduce risks of lifestyle associated health risks.
- iii. Qualified food and nutrition personnel should be engaged to enlighten the executives on the benefits of taking fresh local made food than high intake of fat, imported and refined food.
- iv. The executives need urgent attentions reproductive health experts on the adverse effects of unprotected sexual practice. In as much as gluing to one's partner is advised, it is also imperative to play safe and protect oneself, if there is need for sexual practice at all.

Acknowledgement

The researchers are very grateful to the following for making this research a success; the respondents, who are executive officers in their various places of work for participating in the study without any fallout. The researcher also appreciates the research assistants who are the staff of Nigeria Institute for Social and Economic Research (NISER) Ibadan for going round the 6 states of south west geo-political zone of Nigeria to gather the data from the respondents. Finally, to Professor J.O. Odeyemi of University of Ibadan, Nigeria who took his time to work on the data analysis.

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Table 1: Bio-data of respondents in percentages

Characteristics	Frequency	Percentage (%)
Gender		
Male	396	65.5
Female	209	34.5
Age (in years)		
≤ 30	37	6.1
31-40	162	26.8
41-50	216	35.7
51-60	133	22
≥ 61	57	9.4
Religion		
Christianity	267	44.1
Islam	239	39.5
Others	99	16.4
Educational status		
No school	3	0.5
Primary	13	2.1
Secondary	22	3.6
Post secondary	161	26.6
University 1 st Degree	223	40
Higher Degree	183	30.2
Occupation		
Skilled labour	114	18.8
Professional	249	41.2
Trading	202	33.4
Others	40	6.6
Average annual income		
≤ =N=600,000	31	5.1
=N=600,001- =N=1,200,000	188	31.1
≥ =N=1,200,001	386	63.8
Total	605	100

Table 2: Participants' responses to the research questions in percentages N = 605

	SEDENTARY LIFESTYLE	SA	A	% FV	D	SD	%UV
1	Lack of exercise makes me to be Overweight	190	182	61.5	22	201	38.5
2	Lack of exercise makes me to suffer Obesity	201	144	57	29	231	43
3	Lack of exercise make me to suffer Hypertension	197	266	76.5	89	53	23.5
4	Lack of exercise make me to suffer Diabetes	113	136	41.2	313	143	58.8
	DIETARY LIFESTYLE						
5	My dietary habit makes me to suffer diabetes	188	178	60.5	211	28	39.5

6	My dietary habit makes me to suffer thyroid	8	12	3.3	132	453	96.7
7	High intake of fat and refined food increase my risk of obesity	120	153	45.1	30	302	54.9
8	Improper dietary increases my risk of heart attack	21	63	13.9	309	212	86.1
	CIGARETTE SMOKING LIFESTYLE	13	42	9.1	135	415	90.9
9	Cigarette smoking makes me to suffer Cancer	22	101	20.3	136	346	79.7
10	Cigarette smoking makes me to suffer difficulty in breathing	31	97	21.2	145	332	78.8
11	Cigarette smoking makes me to suffer discoloration of teeth/ lips	42	116	26.1	317	130	73.9
12	Cigarette smoking makes me to suffer cough						
	ALCOHOL INTAKE LIFESTYLE						
13	I suffer a brain damage associated with alcohol intake	12	26	6.3	355	212	93.7
14	I suffer Diabetes Mellitus as a result of alcohol intake	193	167	59.3	201	45	40.7
15	I suffer chronic liver disease as a result of alcohol intake	28	114	23.5	296	167	76.5
16	I suffer from anorexia (poor appetite) due to alcohol intake	292	91	63.3	155	67	36.7
	DRUG ABUSE LIFESTYLE						
17	Drug abuse has led to addition for me.	209	204	68.3	56	136	31.7
18	Long drug abuse has made me suffer brain damage.	39	67	17.5	197	302	82.5
19	Drug abuse has become a social problem to me	215	194	67.6	48	148	32.4
20	I have involved in unprotected sexual intercourse as a result of drug abuse	97	161	42.6	24	323	57.4
	EXTRA MARITAL/UNPROTECTED SEXUAL PRACTICES LIFESTYLE						
21	Extra marital/unprotected sexual intercourse increase my risk of HIV/AIDS	79	88	19.3	106	382	80.7
22	Extra marital/unprotected sexual intercourse has made me suffer from STDs	316	108	70.1	147	34	29.9
23	Unwanted pregnancy occurs as a result of an Extra marital/unprotected sexual intercourse I practiced.	227	181	67.4	95	102	32.4
24	I have practiced Abortion as a result of Extra marital/unprotected sexual intercourse I involved in	193	168	59.7	140	104	40.3

Key: SA = Strongly Agree, a = Agree, D = Disagree, SD = Strongly Disagree, %FV= Percentage favourable views, %UV= Percentage unfavourable views

TESTING OF HYPOTHESES

Table 3: Chi-Square results on the analysis of lifestyle associated health risks among executives in south west Nigeria N=605

Hypothesis	Variables	Calc. X^2 Value	Df	Critical value	Decision
1	Sedentary lifestyle associated health risks	35.01*	9	16.91	Rejected
2	Dietary lifestyle associated health risks	31.28*	9	16.91	Rejected
3	Cigarette Smoking lifestyle associated health risks	27.18*	9	16.91	Rejected
4	Alcohol drinking lifestyle associated health risks	47.67*	9	16.91	Rejected
5	Drug abuse lifestyle associated health risks	22.45*	9	16.91	Rejected
6	Extra marital/Unprotected sexual practice lifestyle associated health risks	46.12*	9	16.91	Rejected

$p \leq 0.05$, * = significant

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