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Mary Olle

Hyunsook Kang

Gina Fe G. Causin

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RESEARCH ARTICLE

HISPANIC COLLEGE STUDENTS' LIFE STYLE AND HEALTH

Mary Olle, *Hyunsook Kang and Gina Fe Causin

School of Human Sciences, Stephen F. Austin State University, Nacogdoches, TX 75962

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ABSTRACT

The purpose of this study is to further expand the understanding of how Hispanic college students' life styles influence their health. The research design employed a cross-sectional survey approach utilizing the purposive sample of 116 Hispanic undergraduate students (62 men and 54 women, all lived in the dormitory during the semester) at a university in Texas. The results indicated that there is a significant difference between Hispanic male and female college students in their life styles. In addition, there is a significant relationship between health and life styles of Hispanic male and female students. It is necessary to have amacro-level public awareness providing healthy life style in college life.

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INTRODUCTION

Hispanic College Students' Life Style and Health

Young adulthood (ages 18-25, Arnett, 2000) has been identified as a unique developmental period and a time when individuals are at risk for a range of health-related life style and behaviors. During this stage, many individuals establish independent life style and adopt health behaviors that are associated with their long-term life style. Many college students may not achieve the nutrition and healthy life style information (e.g., exercise or eating, Silliman et al., 2004). Health status reflects the status of an individual's level of functioning in the absence or presence of diseases and or disabilities (Hooyman and Kiyak, 2005). La Veist, Sellers, Brown, and Nickerson (1997) suggested that social/physicalactivities among young people may contribute to declines in their depression and increase health status. Recently, Atwood and Genovese (2006) suggested that young people who engage in more leisure/social activities maintain a higher physical health status and emotional health. Recently, it has been reported that Hispanic college students more likely to develop diabetes than are White students (Centers for Control and Prevention, 2011), and higher risk for alcohol use (Johnson, O'Malley, Backman, 2000). In addition, it was found that it is difficult for college student in maintaining good health control in college life style if they have diabetes

(Mellinger, 2003). Regarding the ethnicity, Hispanic populationis the most rapidly growing segment of the population in the United States and it is estimated thatmore than 54% of total U.S. population growth from 2000 to 2014 (U.S. Census Bureau, 2015). However, there is little research about Hispanic college students' life style and their perceived healthy status. Therefore, the goal of this study is to examine how life styles relate to health among Hispanic college students. Specific questions will include:

1. Do Hispanic males/females differ in their perception of health, obesity, and life styles?
2. What is the relationship between life styles, health, and life satisfaction among Hispanic college students?

Literature Review

Lifestyle is defined as the habits, attitudes, tastes, moral standards, economic level, etc., that together constitute the mode of living of an individual or group (<http://www.dictionary.com/browse/lifestyle>, 2017). Furthermore, Lynch, Jonson, and Dibben (2007) posit thatlife style is a way of life or style of living that reflects a person or group values and/or attitudes. In actuality, life style may contribute to psychological well-being and physical health among adults (Cerin et al., 2008). However, life style might not be identical for individualsof different ages.For example, midlife and older adults engage in different types of life styles than younger people. Freysinger (1995) noted that middle-life adults face unique developmental tasks (e.g., balancing work and family

*Corresponding author: Hyunsook Kang,
School of Human Sciences, Stephen F. Austin State University, Nacogdoches, TX 75962

care) which may cause different patterns, frequency, and meaning of life engagement. Compared to middle-aged adults, college students watch T. V. more frequently and spend more time with family/friends (Glaser *et al.*, 2006). However, past research has not examined whether there are life style differences specifically among younger individuals (e.g., College students) and middle-aged adults. Moody (2002) emphasized that activities are important for individuals of all ages because the activities may provide psychological benefits. For instance, Farkas and Himes (1997) discussed that middle-life adults may feel relief from stress by engaging in activities (e.g., religious services, recreational activities). Recently, Nimrod (2007) noted that activities are associated with life satisfaction for young adults as well. As activities are often conducted within social relationships, young individuals who engage in more activities are likely to be less isolated (Lennartsson and Silverstein, 2001). In addition, Brunt and Rhee (2008) found that many college students do not have healthy daily life style and that daily life style may cause serious health problems. During these transitional years, the establishment of healthy lifestyle may have life-long impact on their health. In addition, Brunt and Rhee (2008) suggested that significant differences in life style and health appear to increase health risks for students who live off-campus. Health educators or researchers often emphasized that college students who live in residence hall, but potential effects of life style choices on off campus college students should be included. In addition, few studies focused on Hispanic College including off-campus college students' life style and health perception. To address this missing link, this study will examine Hispanic College students' life style and health perception.

MATERIALS AND METHODS

Sampling

The research design employed a cross-sectional survey approach using a population of Hispanic college students. The purposive sample was recruited in the department of Human Sciences at a university in Texas. A total of 116 Hispanic undergraduate students (62 men and 54 women) were surveyed. The participants had to be undergraduate standing, 18 years and older, lived in the dormitory during the semester, and self-identified as Hispanic Ethnicity.

Instrumentation

The instrument used for this research includes multiple items with 4 point Likert scale developed by the researcher to measure health and life style. The higher scores in the scale reflected that the respondents were more frequently engaged in activities as part of their life style and the higher the scores of respondents in the health questions reflected their healthier stature. The remainder of the questionnaire included demographic questions developed by the researchers. The purpose of this information was to help researchers establish a clearer background of the population surveyed. Examples of information obtained were ethnicity, gender, age, life styles, and health. Demographics (e.g., age, gender) were assessed via single-item questions. Health was assessed with two questions. Health was assessed with a single question: "How would you describe your overall state of health these days?" Would you say it is excellent, very good, good, or fair?" (1=Fair, 2=Good, 3=Very Good, 4=Excellent). Obesity was assessed with a single question: "How would you describe your overall state of

obesity these days?" I am overweight. Responses were (1=Disagree strongly, 2=Disagree somewhat, 3= Agree somewhat, 4=Agree strongly). Self-identified race was assessed with a single question: 1=White/Caucasian, 2=Black/African American, 3=Hispanic or non-Black, 4=Other, 5=Asian and converted to a dummy variable for analysis. Life style activities were assessed via single item questions on frequency of behaviors (1=never, 4=often). "For each of these activities, please check whether it is something you do often, occasionally, not very often or never". In this research, there are eight questions for life styles: how often do you eat at student center or dining hall, how often do you eat outside with friends, how often do you cook at dormitory, how often do you eat and spend time with others, how often do you exercise/play sports, how often do you do something spiritual/religious, how often do you watch TV, how often do you do something cultural/educational. Life satisfaction was assessed with a single-item Likert scale question (1="strongly unsatisfied", 10="very satisfied"). Sample item: "On which of these 10 steps of the ladder do you feel you personally stand at the present time?"

Procedure for Data Collection

The Hispanic college students' health and life style project began in the spring semester of 2015. Upon the approval of the IRB, twenty-three students in research methodology class recruited a total of 116 Hispanic undergraduate students in the department of Human Sciences. As these students in research class contacted the respondents, they explained the nature of the research project by reading the prepared script and the expected time of completion of the survey, which was approximately fifteen minutes. In addition, respondents were asked to sign an informed consent prior to taking the survey. There was no incentive provided to complete the survey. As each respondent completed the survey, we personally thanked them for participating.

Data Analysis

Basic descriptive statistics and measures of central tendencies were used for the health and life styles, and demographic profiles. The T-test was used to examine for gender differences as to how undergraduates perceive their health, obesity, and life style frequencies. Stepwise Regression was used to examine for factors that affect Hispanic college students' life satisfaction.

Findings

The sample of 116 undergraduate students included 62 men and 54 women, all of whom were Hispanic and all lived in dormitory. The mean age of the sample was 23.1 years old. The class standing of the sample was as follow: 12 freshman; 26 sophomore; 38 juniors; and 40 seniors.

Health

To summarize, the findings of the statistical analysis indicates that the mean score of life styles held among Hispanic college students reflect more negative views or evaluation in their health and obesity. Scores reflect that there is a significant difference on the health ($t= 1.78$, $df=89$, $p=.005$) between Hispanic male ($x=3.7$) and female ($x=2.0$). In addition, there is significant difference in males ($x=3.9$) and females ($x=5.3$) in terms of obesity ($t=1.45$, $df=103$, $p=.001$).

Table 1. T-test for comparing gender differences in health, and life styles

	Males (n=62)	Females (n=54)	T	p-value
	Mean (sd)	Mean (sd)		
Life Styles	4.11 (.30)	4.29 (.70)	3.12	.01*
Eating at Student Center/Dining Hall	5.21 (.20)	4.52 (.49)	2.2	.005*
Eating outside with Friends	2.7 (1.0)	1.5 (1.3)	2.34	.01*
Cooking at Dormitory Watch T.V.	1.3 (1.5)	3.6 (1.1)	2.35	.005*
Do something spiritual/religious	3.1 (1.5)	3.1 (1.7)	1.56	.50
Do something cultural/educational	5.9 (.32)	5.8 (.36)	1.76	.80
	3.7 (1.9)	2.9 (1.7)	1.61	.20
Frequency of Exercise/Play Sport	5.9 (.33)	2.8 (.31)	.24	.01*
Health	3.7 (1.23)	2.0 (1.35)	1.78	.005*
Obesity	3.9 (1.45)	5.3 (1.45)	1.45	.001*

Table 2. Regression of life satisfaction on health and life style factors

	B	SE	B
Step 1 – Health Factors ($R^2=.27$, $p<.001$)			
Obesity	-.07	.28	-.03**
Health status	.63	.31	.19*
Step 2 – Life Style Factors (R^2 change=.13, $p<.001$)			
Eating at Student Center/Dining Hall	-.28	.27	-.11**
Eating outside with friends/others	-.15	.26	.06*
Cooking at Dormitory	.50	.30	.15*
Watch TV	-.16	.20	-.088*
Exercise/play sport	.30	.29	.11**
Spiritual/religious	.26	.23	.11
Cultural/educational	.17	.31	.06

(Total $R^2=.31$, $p<.001$) * $p<.05$ *** $p<.001$

Life Styles

Overall, the findings indicate that life styles showed significant difference in male ($x=4.11$) and female ($x=4.29$) in participate in exercise ($t=3.12$, $df=101$, $p=.01$). Based on the findings from the life style subscales, the statistical analysis suggest that a relationship does exist between attitudes toward life styles, health, and obesity among Hispanic College students.

Relationship between Life Satisfaction and Health, Life Styles

To address the research question, a two-step hierarchical regression was conducted. In the first step, satisfaction was regressed on the health factors. Collectively, the factors accounted for 27% variance in life satisfaction (R^2 adjusted=.18, $p<.001$). Beta values indicated that health status and obesity were unique predictors. In the second step, the life style factors were added to the regression equation. There was a 13% increase in satisfaction variance (total $R^2=.40$, $p<.001$, total R^2 adjusted=.23, $p<.001$). Beta values indicated that (a) Eating at Student Center/Dining Hall (b) Eating outside with friends/others (c) Cooking at Dormitory(d) Watch TV (e)Exercise/play sport(See Table 2).

DISCUSSION

Collectively, the Hispanic college population exhibits positive viewpoints concerning health and obesity. However, a significant difference between the Hispanic male and female students in terms of their belief that they are healthy and not obese. More Hispanic male college students believe that they are healthy and not obese in comparison to Hispanic female students. However, more male students report they eat at student center or dining hall, eat outside with friends, and more frequently engage in exercise or play sport than female students. It is very interesting to have this finding that there is a gender difference on health, obesity, and life styles on

Hispanic College students. This study also found that Hispanic college students' perception of health, obesity, frequency of eating student center or dining hall, eating outside with friends or others, cooking at dormitory, and exercise or play sports were positive factor for life satisfaction. More specifically, obesity factor was negatively affect their perception of life satisfaction, but if they engage in exercise or sport and cooking at dormitory more frequently, they are more likely satisfied in their lives. Interestingly, there are unique factors which affect Hispanic college student life satisfaction: the less they eat at student center, the less they watch T.V., they are more likely to satisfied to their lives. However, the more they eat with friends or others, cooking at dormitory, and exercise, they are more likely to be satisfied with their lives. Therefore, Hispanic students serving college campus as important health-related settings need to provide effective interventions, such as menu developing and dietary habit class to overcome health-related issues in college life. There are several limitations of this study. To start with, the sample is limited to the Hispanic undergraduate college population at a university in rural South Texas and the sample was a nonprobability sample, this study cannot be generalized to all Hispanic college student population. The manner that respondents define health, obesity, and life styles may have been influenced by factors such as the mean age of the students and the survey last limited to Hispanic college students in Human Sciences classes. Due to this study being a cross-sectional design, attitudes may change over time and therefore may require a longitudinal design to measure whether Hispanic college students attitudes change once they leave the college environment.

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