



# PROMOTING HEALTHY LIFESTYLES AMONG COLLEGE STUDENTS

PROMOCIÓN DE ESTILOS DE VIDA SALUDABLES ENTRE ESTUDIANTES UNIVERSITARIOS

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## Mr. Editor

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”<sup>(1)</sup>. This definition, first proposed in 1948, has evolved and currently includes more domains than those originally cited by the WHO. In fact, contemporary definitions of health focus on the person’s ability to deal with life’s demands through a balance between the absence of disease and impairment, and their ability to function in their social and physical environments. Regardless of the definition employed, human health does not exist in a vacuum, as it represents the total socioeconomic realities of the person.

The symbiotic relationship between human health and its social determinants is evident during the developmental stages known as adolescence and early adulthood. It is during these periods that individuals develop life-long behavioral immunogens as well as behavioral pathogens. Many studies suggest that lifestyle choices including physical activity, good nutrition, adequate sleep patterns, responsible use of medications, and avoidance of controlled substances all have a positive impact on the health status of college students<sup>(2-4)</sup>.

Unfortunately, the literature also suggests that college students do not always make the best choices when it comes to their health<sup>(5-7)</sup>. The transition between the protective home environment and the myriad choices encountered by those going away on their own for the first time places health at the bottom of the priority list of many college students. Behavioral pathogens identified in the literature include age, gender (males exhibit more risk taking), and race. Other demographic characteristics contributing to poor health behavioral choices include family structure, birth order, social bonding, locus of control, and peer associations.

The documented need to address lifestyle choices among college students during normal circumstances provides a good foundation to investigate their behaviors during the global pandemic that radically changed their day-to-day activities. The study of medical students conducted by Cáceres Codoceo and Morales Ojeda<sup>(8)</sup> in Chile report on lifestyle patterns among college students associated with a religious organization during COVID-19. Despite their small sample size, their findings suggest that medical students engaged in positive health behaviors during the pandemic. The study also suggests that religiosity is a behavioral immunogen or protective factor and plays a role in positive lifestyle choices of study participants. In fact, about two thirds of study respondents indicated continuing their weekly religious activities “always” or “almost always” despite social distancing and lock down requirements.

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The findings listed above notwithstanding, poor behavioral choices among college students disproportionately contribute to high morbidity and mortality rates in this population group. It is therefore not surprising that the medical and public health communities have long sought to improve the health status of college students. In fact, many colleges and universities around the world have health and wellness centers dedicated to promoting healthier lifestyles among their student bodies and while their emphasis has been on the physical and mental health of their students, the aforementioned study suggests that they may need to expand their focus.

The literature has documented that positive health behaviors decrease disease burden expressed in disability-adjusted life year (DALY) and can extend the productive life span of individuals and reduce the incidence of chronic diseases. It is time to expand the limited focus of physical and mental health among college students and pay more attention to the spiritual component of health. A person's spirituality appears to play a role in reducing health inequalities by acting on modifiable or controllable risk factors including nutrition, physical activity, stress management and sexuality<sup>(8-9)</sup>.

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