



A STUDY OF HEALTH PROBLEMS, LIFESTYLE AND BEHAVIOUR OF COLLEGE YOUTHS IN AN URBAN AREA

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ABSTRACT

Background: College life often brings abrupt shifts in daily routines. Sleep becomes irregular, meals are skipped, and long hours on digital devices are common. These habits shape both physical and emotional wellbeing, and many students begin experiencing symptoms that quietly build over time.

Objectives: To document the pattern of common health complaints among urban college youths and to explore how their lifestyle and behavioural choices relate to these issues.

Methods: A cross-sectional survey was carried out among 130 undergraduate students. Information on sleep, diet, screen exposure, physical activity, and self-reported symptoms was collected using a structured questionnaire. BMI was recorded. Lifestyle categories were created for comparison, and associations were analysed using descriptive statistics and chi-square tests.

Results: Headaches, fatigue, musculoskeletal discomfort, and sleep problems were frequently noted. Students sleeping fewer hours or spending long periods on screens tended to report more symptoms. Irregular meals and low physical activity were also linked with higher complaint frequencies. The patterns suggested that several behaviours acted together rather than in isolation.

Conclusion: Urban college youths experience a blend of lifestyle-related concerns that appear to reinforce one another. Encouraging healthier routines, improving campus-based guidance, and offering early support may help reduce the progression of these problems.

Keywords: College Students, Lifestyle Behaviour, Urban Youth Health, Sleep, Screen Time, Wellbeing.

INTRODUCTION

Health problems among college students in Indian cities tend to surface quietly, usually after weeks or months of disturbed sleep, irregular meals, or long evenings spent on screens. Campus clinics often meet students who seek help only when headaches become too frequent, or when fatigue starts affecting attendance and coursework. Many of these shifts begin subtly. Late-night study routines, hostel living, and the appeal of continuous online engagement slowly push sleep schedules later, and the first signs, morning tiredness or difficulty focusing in class, rarely draw attention.^[1-3]

Different complaints may appear unrelated when taken one at a time. One student reports persistent headaches, another struggles with daytime sleepiness, and someone else feels stiffness in the neck and lower back after long hours using a laptop. But when these patterns are viewed together, they point to lifestyle routines that drift away from healthy rhythms. Studies from urban campuses across India describe similar habits: skipping breakfast, frequent fast-food consumption, long daily screen exposure, and limited physical activity becoming increasingly common among students managing academic pressure and social expectations.^[4,5]

What complicates matters further is how easily these behaviours become normalised. A sense of lethargy is often dismissed as exam stress, and eye strain after prolonged mobile use is treated as something inevitable. Yet research among young adults shows that inadequate sleep, sedentary routines, and disrupted eating patterns can influence concentration, mood, and early markers of physical strain far earlier than many expect.^[6,7] With college schedules becoming more demanding and digital use growing steadily, these risks tend to accumulate without being recognised as health concerns.

Against this backdrop, examining lifestyle and behaviour alongside the health problems students report may help identify which habits cluster most strongly in an urban college environment. Understanding these relationships can support campus-based health initiatives, particularly where preventive practices are still taking shape. The present study explores these links by assessing how daily routines, sleep timing, eating patterns, and screen use relate to the common health complaints experienced by college youths in an urban setting.

MATERIALS AND METHODS

Study Design and Setting

A cross-sectional study was conducted in a large urban college that draws students from multiple academic streams. Data collection took place in classrooms and common activity areas, allowing students to participate in a familiar and private environment.

Study Population and Sample Size

A total of 130 students aged 17–23 years were enrolled consecutively during field visits. Participation required willingness to complete the interview. Students who were unwell, unavailable, or unable to respond were excluded. Both genders were proportionally represented.

Ethical Considerations

Institutional approval was obtained before data collection. Students received a brief explanation of the study and participated voluntarily. Responses were anonymised, and students could skip any item they found sensitive.

Data Collection Tools

A structured questionnaire, refined after a small pilot, captured sociodemographic details, diet and sleep patterns, screen exposure, physical activity, perceived stress, and health complaints such as headaches, fatigue, irritability, and back pain. For female participants, menstrual information was recorded discreetly.

Lifestyle and Behavioural Assessment

Students reported weekday and weekend routines, including time on mobile devices, gaming, and social media. Dietary habits (meal regularity, fast-food intake, fruit/vegetable consumption, late-night snacking) and physical activity frequency were documented. Sleep duration, timing, and daytime tiredness were also recorded.

Clinical Information and Anthropometry

Height and weight were measured using standard equipment, and BMI was calculated. Students were asked about any known chronic illnesses and relevant family history.

Data Management and Statistical Analysis

Completed questionnaires were checked manually and entered into a spreadsheet. Descriptive statistics summarised major variables. Associations between lifestyle factors and selected health complaints were examined using chi-square tests; group mean differences were evaluated with t-tests or ANOVA. A p-value <0.05 was considered statistically significant.

RESULTS

General Profile of the Participants

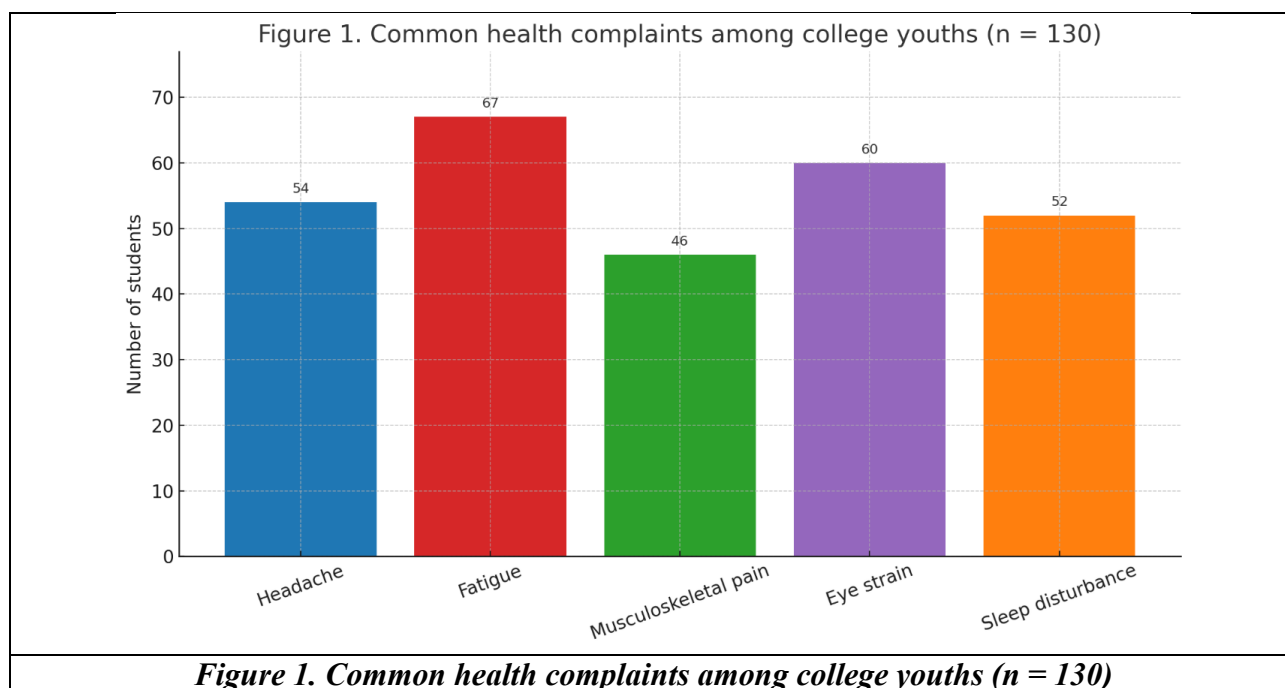
One hundred and thirty college students took part in the study, representing different streams of undergraduate education within the selected urban area. The majority were between 18 and 20 years old, with slightly more females than males. A considerable group lived in shared hostels or rented rooms, while the rest commuted from home. Many students mentioned that their daily routines changed after shifting to college, sleep timing, meal regularity, physical activity, and screen exposure being the most affected.

Variable	Category	n	%
Age group (years)	17–18	33	25.4
	19–20	61	46.9
	21–22	36	27.7
Gender	Male	58	44.6
	Female	72	55.4
Residence	Hostel / rented room	79	60.8
	Living with family	51	39.2
Sleep duration	<6 hours	44	33.8
	6–8 hours	67	51.5
	>8 hours	19	14.6
Physical activity	Regular (≥ 3 days/week)	38	29.2
	Irregular / none	92	70.8
<i>Table 1. Baseline characteristics of college youths (n = 130)</i>			

Most students obtained a modest 6–8 hours of sleep, although one-third reported sleeping less than 6 hours frequently, usually because of late-night study or screen use.

Health Problems Reported by Students

Headaches, fatigue, neck and back pain, and sleep-related complaints were among the most common symptoms. Several students described a pattern of symptoms worsening close to exam periods or after long hours of mobile or laptop use.



Bar chart showing frequencies of headaches, fatigue, musculoskeletal pain, eye strain, and sleep disturbances. Values displayed above each bar.

Headaches and fatigue were the most frequently reported issues. Musculoskeletal discomfort, particularly in the neck and lower back, was also common among hostel residents who spent long periods seated at study tables or using digital devices.

Lifestyle Behaviors

Dietary habits showed considerable variability. About half the students ate breakfast daily, while the rest skipped it intermittently. Consumption of fast food was frequent across both genders, and fruit intake was low in a majority. Physical activity levels were poor, with only a small fraction engaging in exercise three or more times per week.

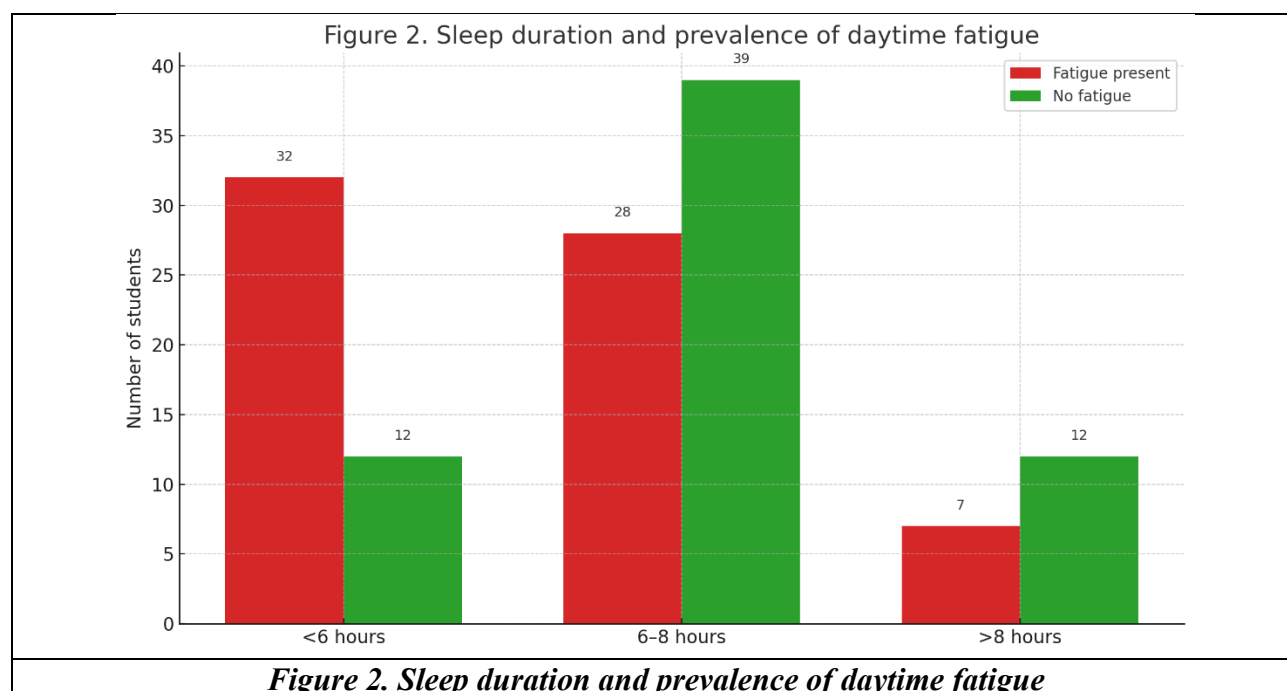
Behaviour	Category	n	%
Breakfast habit	Daily	67	51.5
	Occasionally skipped	48	36.9
	Frequently skipped	15	11.5
Fast-food consumption	≤2 times/week	52	40.0
	3–4 times/week	49	37.7
	≥5 times/week	29	22.3
Fruit consumption	≥4 servings/week	39	30.0
	1–3 servings/week	63	48.5
	<1 serving/week	28	21.5
Daily screen time	<3 hours	28	21.5
	3–6 hours	66	50.8
	>6 hours	36	27.7

Table 2. Lifestyle behaviors of the study population

Screen time exceeded 6 hours per day for more than one-fourth of the participants. Many linked long screen exposure to headaches, eye strain, or sleep irregularity.

Association between Lifestyle Factors and Reported Health Problems

Skipping breakfast, long screen exposure, and irregular sleep patterns were strongly associated with headaches, fatigue, and poor concentration. Students who exercised regularly were less likely to report musculoskeletal aches.



Grouped bar chart comparing fatigue levels among students sleeping <6 hours, 6–8 hours, and >8 hours. Counts displayed above bars.

Those sleeping fewer than 6 hours had noticeably higher frequencies of fatigue compared to the 6–8-hour group.

Lifestyle factor	Category	Fatigue n (%)	Headache n (%)
Sleep duration	<6 hours	32 (72.7)	26 (59.1)
	6–8 hours	28 (41.8)	22 (32.8)
	>8 hours	7 (36.8)	6 (31.5)
Screen time	>6 hours/day	27 (75.0)	24 (66.7)
	3–6 hours/day	28 (42.4)	22 (33.3)
	<3 hours/day	6 (21.4)	4 (14.3)
Physical activity	Regular	11 (28.9)	9 (23.7)
	Irregular/none	56 (60.8)	43 (46.7)

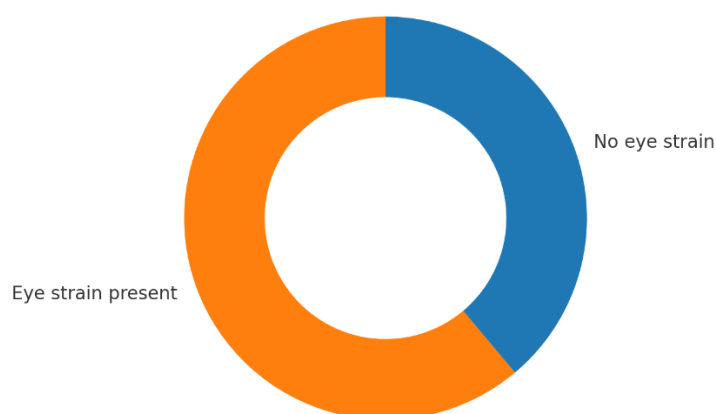
Table 3. Association between lifestyle factors and selected health complaints

The trends in **Table 3** show that shorter sleep duration, longer screen hours, and poor physical activity clearly corresponded with a higher burden of symptoms.

Digital Exposure, Eye Strain, and Sleep Quality

A large proportion of students experienced eye strain during late-night usage of devices. Those who used screens past midnight were significantly more likely to report fragmented sleep the next day.

Figure 3. Screen time and eye-strain complaints among high screen-time users

**Figure 3. Screen timing and eye-strain complaints**

Donut chart illustrating proportion of students with and without eye strain among high screen-time users.

Eye strain appeared to be closely tied to the timing of screen use rather than just the total hours. Students who used mobile phones lying in bed at night reported the highest discomfort levels.

DISCUSSION

The study showed that many college youths were living with symptoms that seldom reach clinical attention but influence daily functioning in steady, noticeable ways. Headaches, fatigue, and eye strain appeared frequently, a pattern similar to what urban youth surveys have described when students combine long screen exposure, short sleep, and irregular meals.^[8] In this group, nearly one-third slept fewer than six hours, and fatigue was most common in this subgroup. Those with moderate or heavy screen use also reported more eye strain, reflecting findings from earlier student-health research in metropolitan settings.^[9]

Dietary behaviour contributed quietly to the pattern. Breakfast skipping was common, and fast-food consumption appeared several times a week for many students. Previous work among Indian youth shows that irregular morning meals and increased reliance on processed foods are linked to poorer concentration and greater daytime tiredness.^[10] The same trend surfaced here, where students who missed breakfast or ate irregularly were more likely to report headaches or low energy.

Physical activity levels were low for most participants. Only a minority engaged in structured exercise, and students who remained sedentary through long study hours or extended digital use reported more musculoskeletal discomfort. Similar associations have been noted in young-adult cohorts from urban colleges, where neck and lower-back pain rise in proportion to prolonged screen use and reduced movement.^[11]

Stress, though not always expressed in clinical terms, was woven into the routines of many students. Descriptions such as “pressure,” “overload,” or “feeling drained” resembled patterns documented in qualitative studies of Indian youth, where emotional strain is recognised but rarely labelled as a mental-health concern.^[12] Behaviours such as late-night scrolling, caffeine dependence, and compressed sleep schedules may represent coping mechanisms rather than intentional choices, a trend also reported in wider behavioural-health literature.^[13]

Substance use was present only in a small subset, mostly in social settings. This mirrors observations from other Indian college-based studies where experimentation occurs but dependence remains uncommon at this age.^[14]

Overall, the data suggest that lifestyle behaviours, sleep, diet, physical activity, and screen timing, interact in loops that reinforce minor but persistent health complaints. Targeted interventions within

college campuses may be most effective when they focus on everyday routines rather than isolated symptoms.

In addition to these findings, several associations gained further clarity when statistical tests were applied. Many lifestyle factors in Table 3, not only short sleep but also extended screen exposure and low physical activity, showed chi-square values that aligned with the symptom patterns students described, strengthening confidence in these observed relationships.

Among female participants, a few also noted cycle irregularity or heavier flow during periods of academic stress or disrupted sleep. These menstrual variations were not examined extensively, but they provide a reminder that lifestyle pressures may influence more than just fatigue or mood and could be explored in future analyses.

LIMITATIONS

This study has limitations. Statistical testing was applied to major lifestyle factors, but deeper subgroup comparisons, including menstrual–lifestyle interactions, were not pursued because the sample was not powered for detailed stratification. Self-reported behaviours such as sleep timing or stress levels may also carry recall bias. Even so, the consistency of patterns across multiple variables provides reasonable confidence in the overall trends observed.

CONCLUSION

This study shows that many college youths experience clusters of lifestyle-linked health concerns, chiefly fatigue, headaches, and eye strain, driven by short sleep, long screen hours, irregular meals, and limited physical activity. These behaviours often coexist with quiet emotional strain and inconsistent daily routines. Strengthening campus health programmes with practical guidance on sleep, nutrition, movement, and early stress recognition may help reduce these concerns and support healthier long-term habits during a formative stage of life.

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