BARRIERS TO HEALTHY LIFESTYLE AMONG RESIDENTS OF IGBO ETITI LOCAL GOVERNMENT AREA OF ENUGU STATE, NIGERIA

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Abstract

This study aimed to find out the barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area of Enugu State, Nigeria. To achieve this, two research questions and two null hypotheses guided the study. Descriptive survey research design was too adopted for the study. Igbo Etiti Local Government Area has 22 communities, and the population for the study consisted of 209,248 while the sample size that was 399 was determined using Taro Yamane formula. Stratified random sampling technique and proportionate random sampling technique was adopted for the study. Instrument for data collection was a structured questionnaire. The data collected were analysed using mean score and standard deviation (SD) to answer research questions while the hypotheses were tested using t-test statistic. The findings of the study revealed that nutritional barriers and barriers to physical activities on healthy lifestyle changes among residents of Igbo Etiti Local Government Area existed. The study concluded that improving healthy lifestyle in Igbo Etiti will involve policy interventions, community engagement and health education which are crucial for promoting positive healthy lifestyle behaviour in rural areas. Based on the findings, the study recommended among others, that government policies should focus on improving and adopting a healthy lifestyle, as well as assisting in provision of good nutrition for masses consumption.

Keywords: Barriers, healthy, lifestyle, changes, residents

Introduction

A set of attitudes, habits, tastes, moral standards and possessions regarded as typical mode of living with a particular group or an individual is known as lifestyle. Lifestyle then refers to the characteristics of individuals or inhabitants of a region in special time and place. It includes the day-to-day behaviours and functions of individuals in job, activities, fun and diet that in recent decades make life style an important factor of health (Bushak, 2015). Along this understanding, David (2018) affirmed that lifestyle is a distinctive pattern of personal and social behaviour characterizing an individual or group, and often centre on different dimensions and contexts as the behaviours involve changeable elements in relations between an individual and the community, consumer behaviours, work and leisure, including work-life balance and values. Mfrekemfon and Okey (2025) however observed that lifestyle is a set of attitudes, habits or possessions associated with a particular person or groups, and regarded as fashionable or desirable. Lifestyle may also be the way people live, reflects their attitudes, values, possessions, opinions and behaviours. These imports make lifestyle the behavioural orientations of an individual, group or culture which

may minimize human movement, labour and muscular activities that may represent contemporary ways of living often linked to healthy lifestyle.

Healthy lifestyles are decisions taken by individuals on their health habits and behaviours which may improve one's health. Healthy lifestyle indeed serve as a significant prevention from communicable and non communicable disease (Chen, Mao, Nassis, Harmer, Ainsworth, and Li, 2020). Healthy lifestyle decisions are thus for physical, social and mental well being; and it can be reflected in avoidance of smoking cigarettes, excess alcohol consumption and managing mental health, maintaining a healthy body weight, adequate balanced diet, appropriate rest/sleep and personal hygiene practices (William, 2015). Denise (2018) added that healthy lifestyle may be purposeful choices of habits and behaviours to promote overall physical, mental and social well-being, which reduces the risk of illness and increases life expectancy. It then means that healthy lifestyle is when one indulges in balanced and nutritious diet, regular physical activity, adequate sleep, proper stress management, avoidance of excessive intake of harmful substances like tobacco, alcohol, drugs and maintenance of social connections William (2015) articulates these features of healthy lifestyle as engaging in behaviours like balanced diet, regular physical activity, sufficient sleep and stress management to prevent disease, enhance overall well-being, and increase life expectancy. Healthy lifestyle is therefore the practice of healthy behaviours that promote and protect the physical, mental and social aspects of individual's health.

Against the trends of healthy lifestyle among residents of Igbo Etiti local government area are some conspicuous barriers. William (2015) alludes to these barriers revealing that healthy lifestyle changes may result due to poor settings, particularly among rural dwellers, whom their healthy behaviour are shaped by socioeconomic factors, cultural beliefs, poor healthcare accessibility and services Congruently, Glanz (2015) adds that healthy lifestyle face barriers that maybe life threatening, destructive and hazardous to human well being. These barriers, as viewed among residents of Igbo Etiti Local Government Area reflect in obnoxious behaviours like gambling, sexual promiscuity, poor personal hygiene, smoking, excessive alcohol consumption, inappropriate rest/sleep, inadequate nutrition and poor physical activities. This study acknowledges the reality of these barriers, and examines and determines how some of them undermine healthy lifestyle, and the extent of this obstruction among people in Igbo Etiti Local Government Area of Enugu State.

Statement of the Problem

Healthy lifestyle change is the widespread adoption of sedentary and unhealthy lifestyles reflecting in poor diet, lack of physical activity and chronic stress; leading to a rising global burden of preventable diseases like obesity, cardiovascular conditions, diabetes and mental health disorders. This poses a significant threat to individual well-being, public health and societal productivity, exacerbated by the challenges of time, financial costs, lack of self-discipline and the pervasive influence of modern environments that promote unhealthy choices.

Barriers to healthy lifestyle among Igbo Etiti residents is indeed complex and multifactorial, requiring comprehensive strategies to address the individual, environmental, social and resource-related challenges that prevent widespread adoption of physical activity and a healthy lifestyle. Thus, the gap in this study was to find out if barriers to healthy lifestyle existed among residents of Igbo Etiti Local Government Area in Enugu State.

Purpose of the Study

The purpose of the study was to ascertain the barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area in Enugu State. Specifically, the study sought to find out:

1. The nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area.
2. The barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area.

Research Questions

The following research questions guided the study:

1. What are the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area.
2. What are the barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area.

Hypotheses

The following null hypotheses guide the study and were tested at .05 level of significance

Ho$_1$:   There is no significant difference between the mean responses of male and female respondents on the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area.

Ho$_2$:   There is no significant difference between the mean responses of male and female respondents' on the barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area.

Methods and population of the study

Descriptive survey research design was adopted for this study. Nworgu (2015) defined descriptive survey research design as a method in which a group of people or items are studied by collecting and analysing data from only a few people or items considered as representative of the entire group. The design was suitable because the study gathers information from part of the population and the findings would be generalized to the entire population. The area of the study is Igbo Etiti Local Government Area that consists 22 distinct communities such as Aku i, ii, iii, iv and v, Diogbe/Umunko, Ejuoha/Udeme, Ekwegbe i and ii, Ikolo/Ohebe, Ohaodo i and ii, onyohor, Ochima, Idoha, Ozalla i and ii and Ukehe i, ii, iii, iv and v. It has an area of 325km² and the population for the study is 209,248 the postal code of the area is

879.5/km^2 (National Population Commission NPC, 2022). The sample size for this study was however 399. This size was determined using Taro Yamane formula; this formula is widely used due to its simplicity, precision and cost effectiveness (Taro, 1960). To arrive at this size, multi-stage sampling procedure was also adopted. The first stage involved the use of purposive sampling technique to sample 18 people from the 22 communities in Igbo Etiti LGA. In addition, stratified random sampling technique was utilized to stratify the people into male and female respondents.

Moreover, proportionate random sampling technique was used to sample 22 communities. This resulted to 167 male and 232 female that gave the total 399 respondents. The questionnaires were administered to the respondents and supervised by the researcher with four research assistants who are residents of the community. The completed questionnaires were collected back from the respondents at the spot. This ensured high return rate of 100%. Mean and standard deviation were used to answer the research questions; while hypotheses were tested using t-test statistics. In rating the computed mean scores, items whose mean scores were 2.5 and above were regarded as likely (L) while items that fall below 2.5 were regarded as unlikely (U). The criterion mean of 2.5 was obtained by summing up the weighted options (4+3+2+1=10) and dividing it by total number of response options (4) as follows; 10/4=2.50. SPSS version 23 was used for ANOVA statistics which was used to test the null hypotheses at 0.05 level of significance at appropriate degree of freedom. The decision rule for the hypotheses were that, the null hypotheses was not rejected when the t- value is less than the significant table value, but rejected when the t-value is greater than or equal to the significant table value.

Research Question one: What are the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area?

Table 1: Mean Response Distributions of the Respondents on the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area

n=399

S/N	Items	VL	L	U	VU	X	SD	Dec.
1.	Not checking of expired date of food before buying	131	100	81	87	2.7	0.1	L
2.	Not eating well due to high cost of food	115	90	94	100	2.6	0.1	L
3.	Avoiding some forbidden food	149	87	89	74	2.8	0.2	L
4.	Observing good table manner	83	108	72	137	2.3	0.1	U
5.	Proper hygiene when preparing food	81	116	63	139	2.3	0.2	U
6.	Not eating meals at the right time	164	98	63	74	2.9	1.0	L
7.	have time to prepare food	74	97	83	145	2.3	0.1	U
8.	Regular consumption of fried food	124	100	65	110	2.6	1.2	L
9.	Regular consumption of sweet food	111	118	101	69	2.7	1.2	L
10.	Having adequate healthful diet	70	79	112	138	2.2	1.0	U
11.	Consuming energy drinks	153	100	73	74	2.8	1.2	L
12.	Not Skipping meals	81	78	113	127	2.3	1.0	U
13.	constant consumption of fast food	137	79	57	126	2.6	1.2	L
	GRAND MEAN					**2.5**	**1.0**	**L**

Data presented in Table 1 shows that items 1, 2, 3, 6, 8, 9, 11 and 13 had mean responses of 2.7, 2.6, 2.8, 2.9, 2.6, 2.7, 2.8 and 2.6 respectively; all of which were higher than cut-off point of 2.5, indicating likely while item 4, 5, 7, 10 and 12 had mean responses of 2.3, 2.3, 2.2, 2.3 and 2.3 respectively; all of which were less than cut-off point of 2.5, indicating unlikely. The standard deviation ranges from 0.1 – 1.2, this implies that the responses are close to each other. The grand mean of 2.5 was equal to the cut-off point, hence indicating likely. Therefore, this implies that nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area are likely to exist.

Research Question two: What are the barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area?

Table 2: Mean Response Distributions of the Respondents on the barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area

n=399

S/N	Items	VL	L	U	VU	X	SD	Dec.
14.	Insufficient time for exercise	113	92	99	95	2.6	1.1	L
15.	Motivated while exercise	130	91	96	82	2.8	1.2	L
16.	There are resources for equipment	124	111	89	75	2.7	1.2	L
17.	Having connivance environment for exercise	90	96	93	120	2.4	0.1	U
18.	Weather condition affect my daily exercise	127	104	79	89	2.8	1.2	L
19.	Unhealthy conditions of health affects my daily exercise	141	81	94	77	2.7	1.0	L
20.	Inadequate recreational activities	121	77	91	116	2.5	1.0	L
21.	I cannot exercise due to injuries	126	71	104	96	2.6	0.2	L
22.	Having connivance time for exercise	85	91	79	138	2.3	0.2	U
	GRAND MEAN					**2.6**	**1.0**	**L**

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Data presented in Table 2 shows that items 14, 15, 16, 18, 19, 20 and 21 had mean responses of 2.6, 2.8, 2.7, 2.8, 2.7, 2.5 and 2.6 respectively; all of which were higher than cut-off point of 2.5, indicating likely while item 17 and 22 had mean responses of 2.4 and 2.3 respectively; all of which were less than cut-off point of 2.5, indicating unlikely. The standard deviation ranges from 0.1 – 1.2, this implies that the responses are close to each other. The grand mean of 2.6 was higher than the cut-off point, hence indicating likely. Therefore, this implies that barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area are likely to exist.

Hypothesis 1: There is no significant difference between the mean responses of male and female respondents on the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area.

Table 3: Summary of t- test analysis of mean scores of responses on the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area

GENDER	N	Mean	Std. Deviation	t	Df	Sig.	Decision
MALE	167	2.5392	.74786	6.15	397	.000	S
FEMALE	232	2.0575	.79091				

 Data on table 3 shows mean values of 2.5392 for male and 2.0575 for female and corresponding standard deviations of .74786 and .79091 respectively. Also, the table shows t-value of 6.15 and a significant value of .000 at 397 degree of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore, there is significant difference between the mean responses on the nutritional barriers to healthy lifestyle among residents of Igbo Etiti Local Government Area

Hypothesis 2: There is no significant difference between the mean responses of male and female respondents' on the barriers of physical activities on healthy lifestyle changes among residents of Igbo Etiti Local Government Area

Table 4: Summary of t- test analysis of mean scores of responses on the barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area

GENDER	N	Mean	Std. Deviation	t	Df	Sig.	Decision
MALE	167	2.6091	.77486	7.32	397	.000	S
FEMALE	232	2.0388	.75191				

Data on table 4 shows mean values of 2.6091 for male and 2.0388 for female and corresponding standard deviations of .77486 and .75191 respectively. Also, the table shows t-value of 7.32 and a significant value of .000 at 397 degree of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore, there is significant difference between the mean responses on the barriers to physical activities on healthy lifestyle changes among residents of Igbo Etiti Local Government Area

Discussion of Findings

The results in table 1 revealed that nutritional barriers to healthy lifestyle changes among residents of Igbo Etiti Local Government Area are likely to exist. This finding was not surprising because the submission of WHO (2020) notes that nutritional barriers to healthy lifestyle may occur due to lack of understanding of nutritional facts and health information, difficulty in reading and understanding labels, socioeconomic factors such as cost of healthy foods, cultural norms that emphasize large food portions at social gatherings and lack of healthy eating role models. Olatona (2023) added that nutritional barriers may include convenience of fast-food options,

busy schedule with limited time to cook, expense of healthy food and the temptation to prepare and eat unhealthy foods. To this end, further investigation with t-test presents a clarion call for individuals to avoid nutritional barriers through accessment and consumption of healthy foods.

The results in table 2 revealed that barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area are likely to exist. This was expected, hence Nawal (2018) explained that barriers of physical activities, such as time constraints, lack of motivation or energy, cost of equipment, lack of social support, fear of injury and lack of suitable facilities or equipment hinder the adoption of a healthy lifestyle. Other factors may include poor weather, lack of enjoyment of activity, self-consciousness, health conditions, and environmental concerns like safety or pollution. As such, barriers may be categorized into external and internal. External barriers involve the environment while internal barriers comprise personal factors, such as preferences and attitudes. Sharon (2018) affirmed that personal barriers that may cause inactiveness to physical activity may involve insufficient time to exercise, inconvenience of exercise, lack of self-motivation, non-enjoyment of exercise, boredom with exercise, lack of confidence in their ability to be physically active (low self-efficacy), fear of being injured or having been injured recently, lack of self-management skills, such as the ability to set personal goals, monitor progress, or reward progress towards such goals lack of encouragement, support, or companionship from family and friends non-availability of parks, sidewalks, bicycle trails, or safe and pleasant walking, paths close to home or the workplace. Further investigation with t-test revealed that there is significant difference between the mean responses on the barriers of physical activities on healthy lifestyle changes among residents of Igbo Etiti Local Government Area. Despite these, it is possible to make changes through campaigns that support active transportation, legislation for safer communities and creation of new recreation facilities. Worth noting however is that these barriers vary by individual and social background; yet understanding them is crucial for developing targeted strategies that will promote healthy lifestyle within communities in Igbo Etiti Local Government Area.

Conclusions

The study investigated the barriers to healthy lifestyle among residents of Igbo etiti local government area of Enugu state. Outstanding among these barriers are poor nutrition and inadequate physical exercises. In all the findings of the study revealed a significant difference between the mean responses on the nutritional barriers and barriers of physical activities on healthy lifestyle among residents of Igbo Etiti Local Government Area with financial constraints, distance and cultural beliefs being major barriers. This calls for improvement of healthy lifestyle among the residents of Igbo Etiti through policy interventions, community engagement and health education that are crucial for promoting positive healthy lifestyle behaviour in rural areas

Recommendations of the Study

Based on the findings of the study, the researcher recommends that:

1. Government policies should focus on improving human healthy lifestyle through provision of conditions that would enable the masses afford good nutrition
2. Government should provide facilities, equipment and open spaces for recreational activities that may help to improve the healthy lifestyle of the rural communities

Reference

Bushak, L. (2015). *The risks of sitting all day: sedentary lifestyle affects muscle movement, Brain activity.* Retrieved from www.medical-daily.com/pulse/risks-sitting-all-day-sedentary-lifestyle-affects-muscle-movement-brain-activity327154

David, M. (2015). *Environmental barriers and supports to everyday participation. American:* Published by Elsevier Inc.

David, O. S. (2018). Physical Inactivity and Sedentary lifestyle. Obafemi Awolowo University. University Publisher.

Ibrahim, S., N.A. (2023). Perceived physical activity barriers related to body weight status and sociodemographic factors among Malaysian men in Klang Valley. BMC Public Health, Vol. 13.CrossRef | Direct Link

Nawal, A. A. (2018). *Social barriers as a challenge in seeking mental health* among Saudi Arabians. King Saudi University Press.

Nigeria Center for Disease Control (NCDC) (2020). *Benefits of physical activity.* Retrieved from https://exercise.ncdc.gov.ng.

Olatona, F. O. (2023). Dietary diversity and nutrition as status. *Journal of family medical and primary care.* 12 (8):1547-1554

Sharon, W. (2018). *Perceived health benefits and barriers to physical activity.* United Arab: Emirate Press.

United Nation's for International Children Emergency Fund (UNICEF) (2017). Adolescence statistics. https://data.unicef.org.

William, S. O. (2015). Physical Activity Statistics. UNN Nsukka: University Publisher.

World Health Organization WHO (2020) Healthy diet. https://www.who.int/news-room/fact-   sheets/details/healthy-diet

World Health Organization (WHO) (2020). *Physical Inactivity a leading causes of disease and disability.* Retrieved from
http://www.who.int/entity/mediacentre/factsheets/fs385/en