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Healthy lifestyle management among undergraduate and postgraduate university students

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Abstract

Healthy lifestyle management is essential for ensuring the physical, mental and social well-being of individuals, particularly among university students who are at a critical stage of habit formation. The present study was conducted at the University of Agricultural Sciences, Dharwad, to assess the knowledge, practices and constraints related to healthy lifestyle management among undergraduate (UG) and postgraduate (PG) students. A total of 51 students were selected using simple random sampling and data were collected through a structured online questionnaire.

The results revealed that a majority of students possessed a high level of knowledge regarding healthy lifestyle practices. However, discrepancies were observed between knowledge and actual practices, particularly in areas such as regular physical activity, sleep patterns and dietary management. Students demonstrated good hygiene practices and low engagement in harmful behaviours, but moderate levels of stress management and social support were noted. Major constraints identified included lack of time, motivation and access to healthy food options.

The study concludes that while awareness levels are high, targeted interventions focusing on behavioural change, time management and institutional support are required to promote sustainable healthy lifestyle practices among university students.

Keywords: Healthy lifestyle, university students, nutrition behaviour, stress management, physical activity, health awareness

Introduction

Healthy lifestyle management refers to the conscious and systematic practice of behaviour that promote physical, mental and social well-being. It encompasses a balanced diet, regular physical activity, adequate sleep, stress management, avoidance of harmful habits like smoking and excessive alcohol consumption and the maintenance of positive social relationships. Effective healthy lifestyle management is not only crucial for preventing chronic diseases such as diabetes, cardiovascular conditions and obesity but also for enhancing overall quality of life and longevity (World Health Organization, 2018; Pender *et al.*, 2011) ^[19].

Among students, particularly those in undergraduate and postgraduate programs, healthy lifestyle management plays a vital role in ensuring academic success, mental resilience and physical stamina. The transition into higher education often brings lifestyle changes that may disrupt established healthy routines, leading to irregular eating habits, reduced physical activity and increased stress (Alzahrani *et al.*, 2020) ^[21]. Therefore, promoting and managing healthy

lifestyles among students is essential for their personal and professional development (Sogari *et al.*, 2018) ^[16].

The concept of *healthy lifestyle management* among university students has gained increasing attention in recent years due to its significant impact on both academic performance and long-term well-being. Undergraduate (UG) and postgraduate (PG) students, often experiencing independence after hectic PU boards, entrance exams and academic pressures, are particularly vulnerable to developing unhealthy habits such as poor diet, physical inactivity, irregular sleep patterns and high stress levels (Kumar & Patra, 2017) ^[12]. These behaviours, if not addressed early, may escalate into chronic health problems including obesity, diabetes, cardiovascular diseases and mental health disorders (Verma *et al.*, 2020) ^[8, 17].

Transitioning from adolescence to early adulthood, students often struggle to balance academic commitments, social life and personal health. This phase is also critical for establishing lifelong health habits. Studies conducted in Indian universities have revealed that many students neglect nutritious diets, regular exercise and mental health care,

leading to an increased prevalence of lifestyle-related disorders (Mehta *et al.*, 2021)^[10]. Moreover, barriers such as lack of time, academic stress and easy access to junk food exacerbate unhealthy practices (Ravikiran *et al.*, 2014)^[14]. Effective management of a healthy lifestyle involves a combination of balanced nutrition, regular physical activity, stress management and adequate sleep. University campuses have the potential to act as a supportive environment by offering health promotion programs and counselling services. Addressing lifestyle issues at this formative stage can help shape healthier future generations and reduce the burden of non-communicable diseases (Gupta & Mishra, 2019)^[5].

Therefore, understanding the current lifestyle behaviours and constraints faced by UG and PG students is essential for designing targeted interventions that promote holistic health. This study aims to assess the lifestyle patterns among university students and identify strategies to enhance their health and well-being.

Objectives

1. To assess the knowledge of UG and PG students on healthy life style management.
2. To explore the extent of healthy life style management practices.
3. To identify the constraints in following healthy life style practices.

Methodology

The study was conducted at University of Agricultural Sciences, Dharwad to analyse the healthy life style management of under graduate and Post graduate students. Study participants were randomly selected based on a convenient simple random sampling technique. In total 51 students from both UG and PG were randomly selected which consists of 26 UG 25 PG students. An online questionnaire was used to collect the data. The study questionnaire consists of twelve parts. The first part includes demographics; the second is related to knowledge on healthy life style management; the third section gathers information about the sources students use for healthy lifestyle knowledge; the fourth captures their exercise habits; the fifth assesses the consistency of their health-related practices; the sixth examines their nutritional behavior; the seventh identifies potential health risk behaviors; the eighth evaluates their sense of health responsibility; the ninth explores the support they receive

from social networks; the tenth looks into their methods of stress management; the eleventh measures their appreciation of life; and the final section identifies the constraints they face in maintaining a healthy lifestyle. All information about the students, collected during the study was kept confidential, secure and accessible only to the research team members. The collected data were analyzed using simple statistical tools like frequency and percentage, garratte ranking. Descriptive analyses were expressed in terms of percentages.

Results

Socio-economic characters of the respondents

The socio-economic profile of respondents provides essential context for interpreting their lifestyle behaviours. A majority of the students (56.86%) belonged to the age group of 19-22 years, indicating that most participants were in early adulthood a critical phase for the development of lifelong health habits. This stage is often associated with increased independence, academic pressure, and lifestyle transitions, which can significantly influence health behaviours (Nelson *et al.*, 2008)^[22].

The sample included a nearly equal proportion of undergraduate (50.98%) and postgraduate students (49.01%), allowing for balanced representation across academic levels. Postgraduate students, due to their advanced academic exposure and maturity, are often expected to demonstrate better health awareness and decision-making abilities.

In terms of family structure, the majority (70.58%) belonged to nuclear families, followed by extended (23.52%) and joint families (5.88%). This trend reflects changing societal patterns and may influence lifestyle behaviours, as family environments play a significant role in shaping dietary habits, stress management, and physical activity (Savage *et al.*, 2007)^[15].

The rural-urban distribution was nearly equal, with 50.98 per cent from rural areas and 49.01 per cent from urban areas, providing a balanced perspective on accessibility to health resources and lifestyle differences (Patra *et al.*, 2020)^[12].

However, the gender distribution was skewed, with males constituting 78.43 per cent of respondents. This imbalance may influence the findings, as previous studies suggest gender differences in health behaviours, with females generally showing greater engagement in health-promoting practices (Wardle *et al.*, 2004)^[18].

Table 1: Socio-economic characters of the respondents

Sl.no	Variables	Respondents	
		Frequency	Percentage
1	Age		
	19-22 years	29	56.86
	23-26 years	18	35.29
	27-29 years	4	7.84
2	Education		
	Under graduate	26	50.98
	Post graduate	25	49.01
3.	Family Type		
	Nuclear	36	70.58
	Extended	12	23.52
	Joint	3	5.88

4.	Family residence		
	Rural	26	50.98
	Urban	25	49.01
5.	Gender		
	Male	40	78.43
	Female	11	21.56

Knowledge of students on healthy life style management

Table 2: Knowledge of students on healthy life style management

Sl. no	Knowledge Level	Under graduate students		Post graduate students		Mean	SD
		F	%	F	%		
1	Low (33 - 39)	0	0.00	0	0.00	13.82	1.29
2	Medium (40 - 46)	2	7.69	1	4.00		
3	High (47 - 53)	24	92.30	24	96.00		

The results revealed a high level of knowledge among both undergraduate and postgraduate students. A substantial proportion of undergraduate students (92.30%) and postgraduate students (96.00%) fell under the high knowledge category, with no respondents in the low category.

This indicates that students possess strong awareness of key components of healthy lifestyle management, including nutrition, physical activity, stress management, and avoidance of risky behaviours. The slightly higher knowledge levels among postgraduate students may be attributed to greater academic exposure, critical thinking

ability, and access to reliable information sources (Tavolacci *et al.*, 2017)^[23].

These findings align with earlier studies suggesting that university students generally exhibit high health literacy, particularly in academic environments that promote awareness (Das & Sarkar, 2014; Moshki *et al.*, 2013)^[3, 11]. However, knowledge alone does not necessarily translate into practice, highlighting the importance of examining behavioural aspects.

Information on healthy life style management

Seeking of Information on healthy life style management

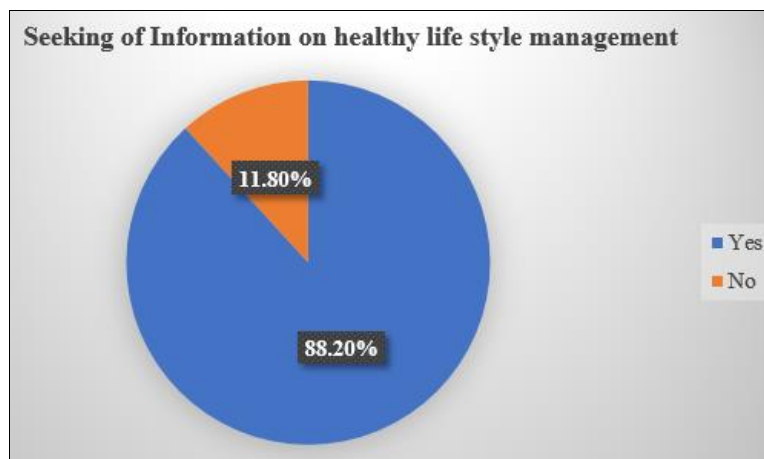


Fig 1: Seek for information on healthy life style

A large majority of students (88.20%) reported actively seeking information on healthy lifestyle management, indicating a high level of health consciousness. This reflects a proactive attitude towards maintaining well-being and aligns with global trends of increased health awareness among young adults (Bennett *et al.*, 2009)^[1].

The accessibility of digital platforms has significantly contributed to this behaviour, enabling students to explore topics such as nutrition, fitness, and mental health independently (Kim & Xie, 2017)^[7]. However, a small proportion (11.80%) did not seek such information, possibly due to lack of motivation or perceived relevance.

Students relied on a variety of sources, with family and

friends (68.60%), social media (66.70%), and internet platforms (64.70%) being the most commonly used. Health professionals (58.80%) and academic classes (56.90%) were also significant sources.

This pattern reflects the growing influence of informal and digital platforms in shaping health behaviours (Hausmann *et al.*, 2018). Traditional media such as television and radio (17.60%) were least preferred, indicating a shift in information consumption trends among youth (Pew Research Center, 2019)^[6, 13].

Preference of Source of information on healthy life style practices

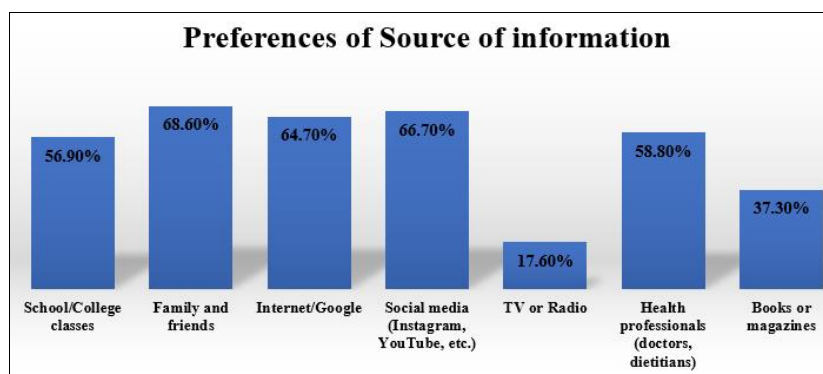


Fig 2: Preference of Source of information on healthy life style practices

Student's trust toward the source of information

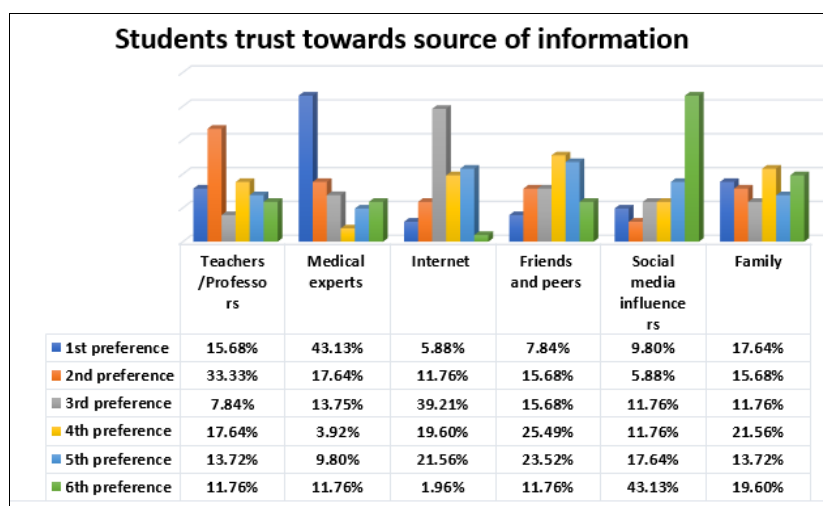


Fig 3: Students trust towards source of information

Despite high usage of digital platforms, students placed the greatest trust in medical experts (43.13%), followed by family members and teachers. Social media influencers were ranked as the least trusted source.

This suggests that while students frequently access online

content, they still rely on professional credibility for validation, consistent with findings by Freeman *et al.* (2020) [4].

Topics students find interesting with respect to health

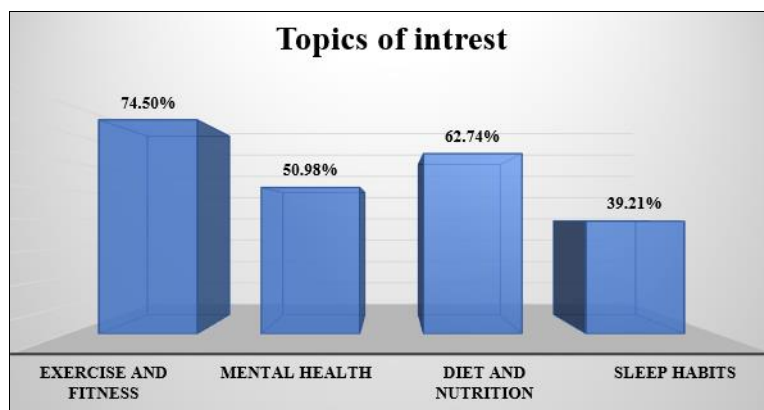


Fig 4: Topics students find interesting with respect to health

When asked about the kinds of health topics they are most interested in, students were allowed to select multiple responses. Students showed the highest interest in exercise and fitness (74.50%) and diet and nutrition (62.74%), followed by mental health and stress management (50.98%).

Lower interest in sleep (39.21%) indicates a gap in awareness despite its importance (Lund *et al.*, 2010) [9].

Usage of mobile applications and websites for information on healthy life style management

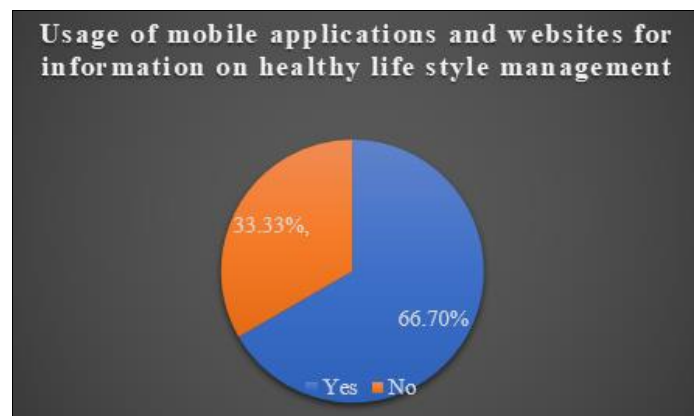


Fig 5: Usage of mobile applications or online websites for information on health, diet and fitness

The majority of students (66.70%) reported that they do not use such digital platforms regularly. In contrast, only 33.33 per cent of students indicated that they do regularly use mobile apps or online websites for health-related information. These findings suggest that while digital tools are widely available, their consistent use among students for health, diet and fitness information remains relatively low. Among students who reported using mobile applications or online platforms to obtain information on health, diet and fitness, a variety of tools were mentioned. Commonly cited sources included Google, YouTube and Instagram, reflecting the popularity of easily accessible and visual content. Specific health-related apps mentioned were FitOn, Lose Weight Application, Pedometer, Fit Me App, Breath Free and Home Workout, indicating a preference for fitness-focused tools. Additionally, platforms such as WebMD and

ChatGPT were used for more general or question-based health information. A few students also referred to content from The Doctor's Podcast, Kannada Health and Fitness and Indian weight loss diet plans, suggesting that both localized and culturally relevant content plays a role in information-seeking behaviour. These findings demonstrate a diverse range of digital sources used by students, with a noticeable inclination toward multimedia platforms and mobile apps that offer practical, user-friendly content. However, several students noted that their use was not on a regular basis, reinforcing earlier results showing that consistent engagement with digital health tools remains limited.

Healthy life style practices Exercise behaviour

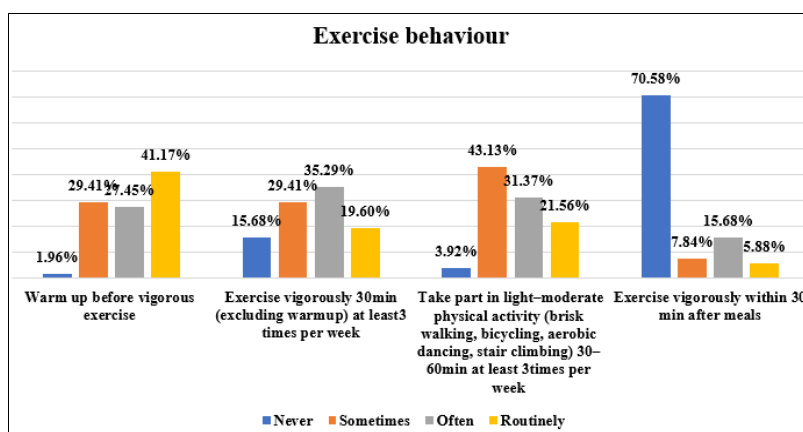


Fig 6: Exercise behaviour of the students

Students' exercise behaviours were assessed across four categories using a scale of Never, Sometimes, Often and Routinely. For warming up before vigorous exercise, the majority of students reported doing so routinely (41.17%) or often (27.45%), indicating relatively good practice in preparation for physical activity, while 29.41 per cent did it only sometimes and 1.96 per cent never warmed up. When asked whether they exercised vigorously for at least 30 minutes three times a week (excluding warm-up), responses were more varied, with 35.29 per cent Doing so often, 29.41 per cent sometimes, 19.60 per cent routinely and 15.68 per cent never. Regarding participation in light to moderate physical activity such as brisk walking or cycling for 30-60

minutes at least three times a week, 43.13 per cent reported Doing so sometimes, 31.37 per cent often, 21.56 per cent routinely and only 3.92 per cent never. However, when it came to exercising vigorously within 30 minutes after meals, an unhealthy practice, 70.58 per cent of students reported never doing so, 7.84 per cent sometimes, 15.68 per cent often and only 5.88 per cent routinely. These results suggest that while many students engage in regular physical activity, particularly warm-ups and moderate exercise, fewer follow a consistent routine of vigorous activity and most avoid exercising too soon after meals, which aligns with recommended health practices.

Regular behaviour of the students with respect to healthy life style management

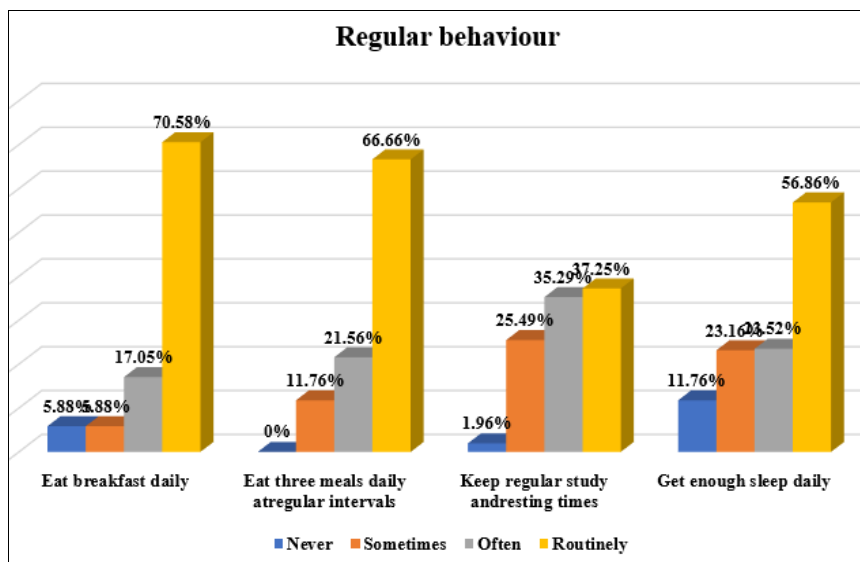


Fig 7: Regular behaviour of the students with respect to healthy life style management

Students' regular behaviour in daily routines was assessed using the categories Never, Sometimes, Often and routinely across four key areas. A majority of students (70.58%) reported routinely eating breakfast daily, with only 5.88 per cent stating they never do so. Similarly, 66.66 per cent of students routinely ate three meals a day at regular intervals and none reported never following this practice, suggesting a strong adherence to regular meal patterns. Regarding the maintenance of regular study and resting times, responses were more varied: 37.25 per cent reported Doing so routinely, 35.29 per cent often and 25.49 per cent

sometimes, with only 1.96 per cent indicating never. When asked whether they get enough sleep daily, 56.86 per cent reported Doing so routinely, while 23.52 per cent did so often and a small proportion reported never (11.8%) or sometimes (23.16%) getting adequate sleep. Overall, these findings indicate that while most students demonstrate consistent behaviour in eating routines, sleep and time management habits are more variable, suggesting areas for potential improvement in lifestyle regulation.

Nutrition behaviour of the students

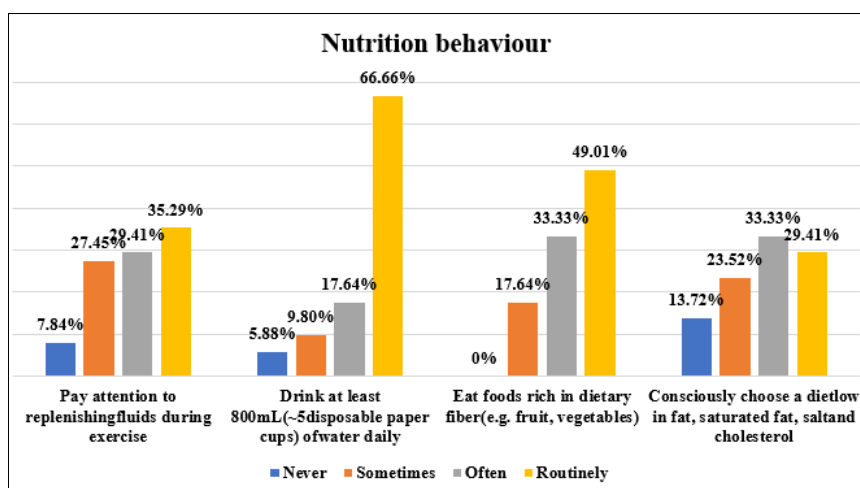


Fig 8: Nutrition behaviour of the students

Students' nutrition behaviour was evaluated using a four-point scale: Never, Sometimes, Often and Routinely. Regarding fluid intake during exercise, 35.29 per cent of students reported Doing so routinely, 29.41 per cent often, 27.45 per cent sometimes and 7.84 per cent never, indicating that while most students are mindful of hydration, a notable portion lacks consistency. For daily water intake, a positive trend was observed, with 66.66 per cent routinely drinking at least 800 mL of water, 17.64 per cent often and

only 5.88 per cent reporting lower frequencies. When asked about consumption of dietary fiber-rich foods such as fruits and vegetables, 49.01 per cent of students indicated routine consumption, 33.33 per cent often and 17.64 per cent sometimes, with no students reporting "never", suggesting widespread awareness of fiber's importance. However, responses were more varied regarding consciously choosing a diet low in fat, saturated fat, salt and cholesterol: only 29.41 per cent reported doing so routinely, while 33.33 per

cent often, 23.52 per cent sometimes and 13.72 per cent never. These findings reveal that while hydration and fiber intake are generally prioritized among students, attention to

limiting unhealthy dietary components requires further improvement.

Health risk behaviour of students

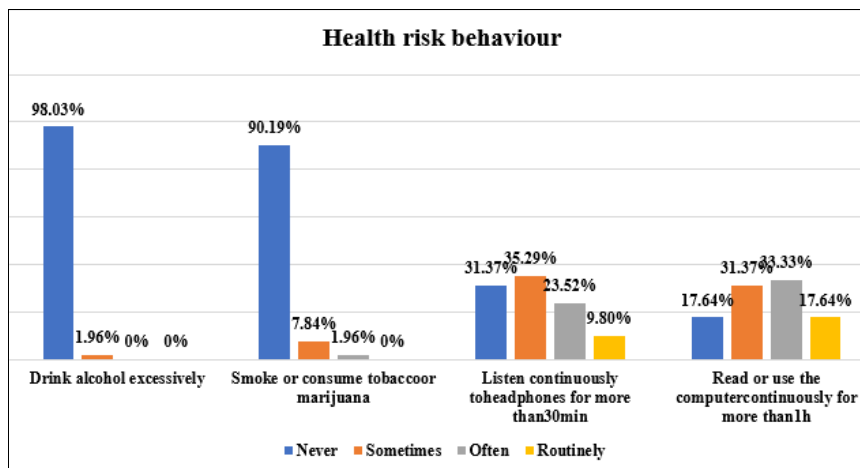


Fig 9: Health risk behaviour of students

Students' engagement in various health risk behaviours was assessed using a scale of Never, Sometimes, Often and Routinely. The vast majority of students reported never drinking alcohol excessively (98.03%), with only 1.96 per cent indicating doing so sometimes and none reporting frequent or routine excessive alcohol use. Similarly, 90.19 per cent of students stated they never smoke or consume tobacco or marijuana, while 7.84 per cent admitted to doing so sometimes and 1.96 per cent often, indicating a relatively low prevalence of substance use among the sample. However, behaviours related to screen and audio device use were more common. In terms of listening to headphones continuously for more than 30 minutes, 35.29 per cent

reported doing so sometimes, 23.52 per cent often and 9.80 per cent routinely, while 31.37 per cent never engaged in this behaviour. Similarly, regarding using a computer or reading continuously for more than one hour, 33.33 per cent reported doing so often, 31.37 per cent sometimes, 17.64 per cent routinely and 17.64 per cent never. These findings suggest that while risky behaviours like substance use are minimal among students, prolonged screen and audio device use is relatively common and may warrant attention due to its potential long-term impact on vision and hearing health.

Health responsibility behaviour of students

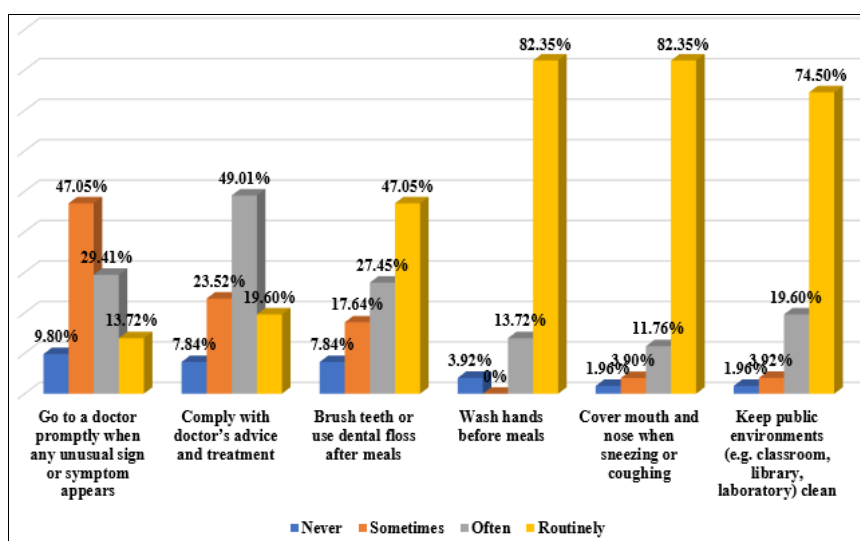


Fig 10: Health responsibility behaviour of students

Students' health responsibility behaviours were assessed using the scale of Never, Sometimes, Often and Routinely. When asked whether they go to a doctor promptly upon noticing unusual signs or symptoms, a majority (47.05%) reported doing so sometimes, while 29.41 per cent said often and only 13.72 per cent did so routinely. Similarly, in

response to complying with doctor's advice and treatment, 49.01 per cent stated they do so often, 23.52 per cent sometimes and 19.60 per cent routinely, with 7.84 per cent never complying. A positive trend was observed in basic personal hygiene behaviours: 47.05 per cent reported routinely brushing or flossing teeth after meals, while 27.45

per cent often and only 7.84 per cent never. Notably, 82.35 per cent of students routinely washed their hands before meals and 82.35 per cent also reported routinely covering their mouth and nose when sneezing or coughing, reflecting strong adherence to infection prevention behaviours. Furthermore, 74.50 per cent of students stated they routinely keep public environments clean, while only 1.96 per cent

never engaged in this behaviour. These findings suggest that while students largely practice good hygiene and environmental responsibility, health-seeking behaviours like timely doctor visits and full adherence to medical advice remain areas needing improvement.

Social support

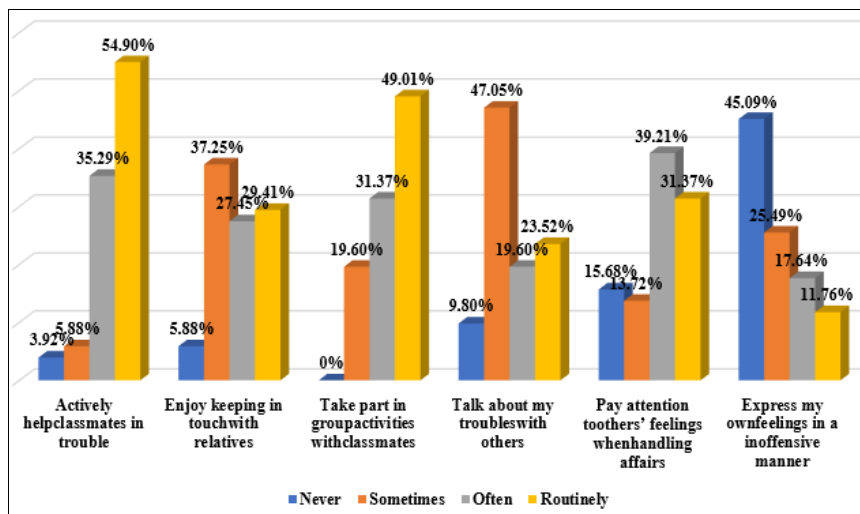


Fig 11: Social support behaviour of the students

Students' social support behaviours were assessed using a scale of Never, Sometimes, Often and Routinely. The majority of students showed strong prosocial tendencies, with 54.90 per cent reporting that they routinely help classmates in trouble and 35.29 per cent doing so often, while only 3.92 per cent never offered help. Similarly, 49.01 per cent of students routinely participated in group activities with classmates and 31.37 per cent did so often, indicating high levels of peer interaction and cooperation. However, engagement with relatives appeared more moderate, as only 29.41 per cent reported routinely keeping in touch and 27.45 per cent said often, while 37.25 per cent maintained contact sometimes. Regarding emotional support behaviours, 23.52 per cent reported routinely talking about their troubles with

others, while 47.1 per cent did so sometimes, suggesting moderate levels of emotional openness. A more empathetic trend was seen in how students handle interpersonal matters, with 31.37 per cent routinely and 39.21 per cent often paying attention to others' feelings. In contrast, only 11.76 per cent routinely expressed their own feelings in an inoffensive manner, while 45.09 per cent of students never engaged in this behaviour, indicating challenges in assertive communication. Overall, while students appear to offer support to others, there may be a need to develop their self-expression and emotional communication skills.

Stress management practices of students

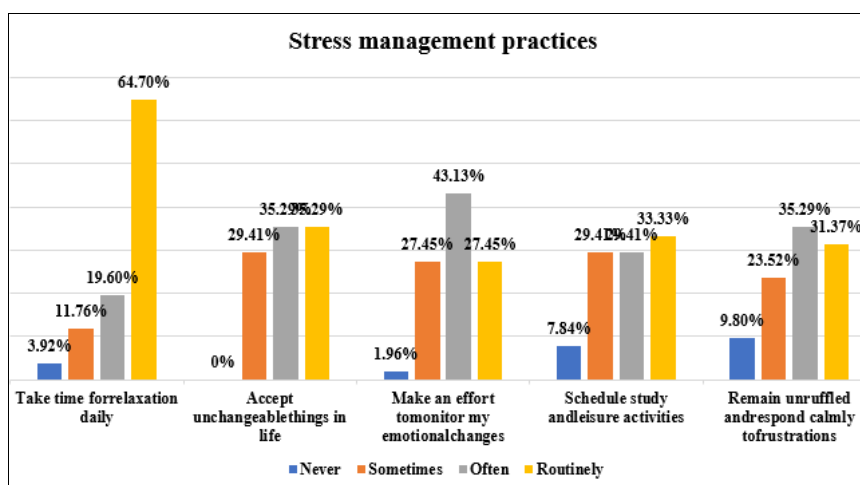


Fig 12: Stress management practices of students

The assessment of stress management behaviours among students indicated varied levels of engagement across

different strategies. A significant majority (64.70%) reported that they routinely take time to relax daily, with an

additional 19.60 per cent Doing so often, suggesting that most students make deliberate efforts to incorporate relaxation into their routines. When it comes to accepting unchangeable aspects of life, the responses were evenly split, with 35.29 per cent indicating often and 35.29 per cent saying routinely, showing a balanced level of psychological flexibility. Regarding monitoring emotional changes, 43.13 per cent of students reported Doing so often and 27.45 per cent routinely, while only 1.96 per cent never engaged in this behaviour. The practice of scheduling study and leisure activities was observed routinely by 33.33 per cent, often by 29.42 per cent and sometimes by another 29.42 per cent,

indicating moderate consistency in time management. However, only 31.37 per cent of students stated they routinely remain calm in frustrating situations, while 35.29 per cent did so often and 23.52 per cent only sometimes. These findings suggest that while students are generally proactive in incorporating relaxation and emotional self-awareness into their lives, stress regulation strategies like calm responses to frustration may require further development.

Life appreciation by the students

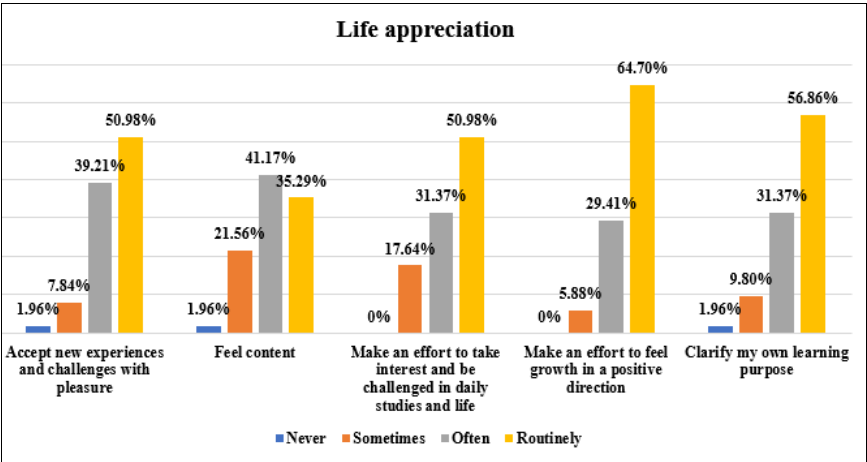


Fig 13: Life appreciation by the students

The findings show that a large proportion of students exhibit positive life appreciation behaviours. A significant 50.98 per cent of students reported that they routinely accept new experiences and challenges with pleasure and 39.21 per cent do so often, indicating a high level of openness and enthusiasm toward personal growth. Regarding feeling content, 35.29 per cent of students reported experiencing it routinely and 41.17 per cent often, though 21.56 per cent only felt content sometimes, suggesting room for improvement in emotional well-being. When it comes to actively engaging in daily life and academics, 50.98 per cent of students stated they routinely make an effort to take

interest and seek challenges and 31.37 per cent do so often. Similarly, 64.70 per cent of students routinely scheduled study and leisure activities, showing strong time management habits that support balanced living. Moreover, 56.86 per cent reported routinely clarifying their own learning purpose, while another 31.37 per cent did so often, reflecting high levels of goal orientation and self-awareness. These results suggest that most students maintain a strong sense of purpose and appreciation for personal development, with consistent habits supporting both academic and emotional well-being.

Table 3: Mean Score of Healthy Lifestyle Behaviour Components

Sl. No.	Behaviour Component	Mean Score	Rank
1.	Life appreciation	3.37	1
2.	Regular behaviour	3.35	2
3.	Nutrition behaviour	3.12	3
4.	Stress management	3.05	4
5.	Social support	2.82	5
6.	Exercise behaviour	2.49	6

The results revealed that life appreciation recorded the highest mean score (3.37), followed by regular behaviour (3.35). This indicates that students generally maintain positive outlooks towards life and engage in routine daily habits such as maintaining regular schedules and completing responsibilities. Nutrition behaviour obtained a mean score of 3.12, indicating that students moderately follow healthy eating practices. Stress management scored 3.05, showing that students possess a moderate ability to cope with stress

through strategies such as relaxation and emotional control. Social support obtained a mean score of 2.82, suggesting that students receive a moderate level of support from friends and family members in maintaining healthy lifestyles. Exercise behaviour recorded the lowest mean score (2.49), indicating that physical activity is the least practiced component among students. This may be due to academic workload, lack of time or limited access to exercise facilities.

Constraints in healthy life style management of students Constraints faced in exercising regularly

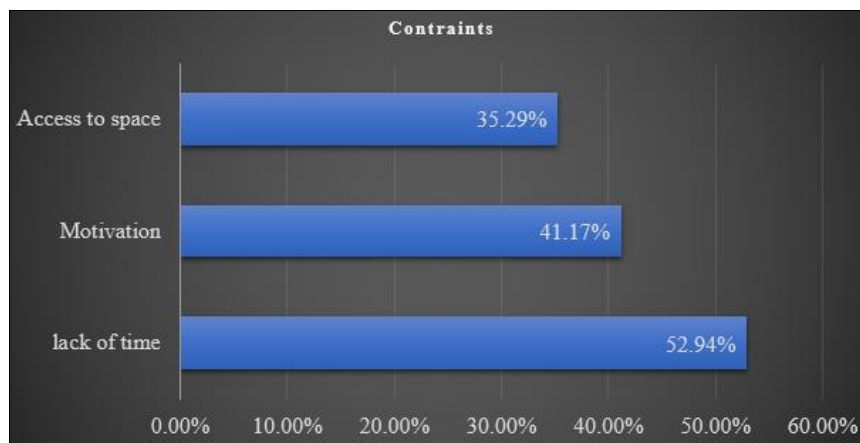


Fig 14: Constraints faced in exercising regularly

When asked about the barriers preventing regular exercise, a majority of students (52.94%) reported lack of time as the primary obstacle. This suggests that academic workload and other commitments may be limiting students' ability to prioritize physical activity. Additionally, 41.17 per cent of students cited lack of motivation as a significant barrier, indicating the need for strategies to boost intrinsic and extrinsic motivation towards exercise. Another 35.29 per cent identified lack of access to appropriate space or

facilities as a hindrance, reflecting possible environmental or infrastructural limitations. Since multiple responses were allowed, these findings highlight that a combination of time constraints, psychological factors and environmental challenges contribute to students' irregular exercise patterns.

Challenges faced by students when trying to eat healthy food

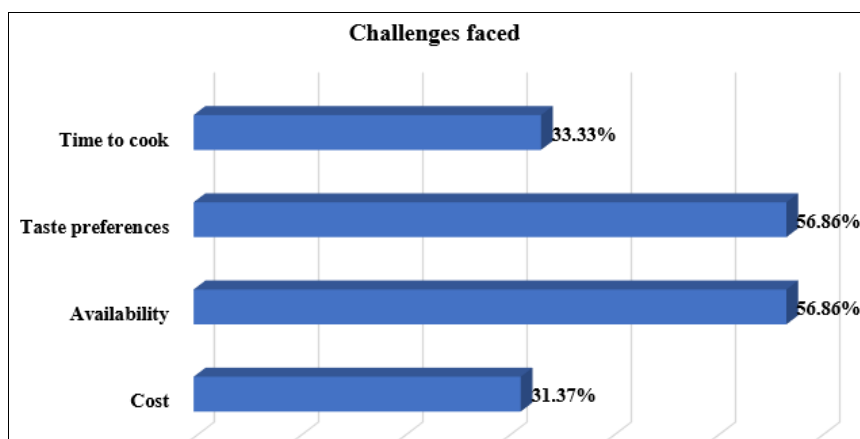


Fig 15: Challenges faced by students when trying to eat healthy food

When students were asked about the challenges they encounter while attempting to eat healthy, the most frequently reported barriers were availability and taste preferences, each cited by 56.86 per cent of respondents. This indicates that many students struggle to find healthy food options that are both accessible and appealing to their taste. Time to cook was another notable barrier, reported by 33.33 per cent of students, suggesting that the effort and time required for meal preparation may discourage healthy eating. Additionally, 31.37 per cent of students identified cost as a limiting factor, reflecting the perception that healthy foods are often more expensive than less nutritious alternatives. Since multiple responses were allowed, the findings suggest that a combination of environmental, personal and economic factors contributes to students' difficulty in maintaining a healthy diet.

When students were asked about the biggest obstacles in maintaining a regular routine for health, the most frequently cited barrier was time management, reported by 74.50 per cent of the respondents. This suggests that balancing academic, personal and social responsibilities poses a significant challenge to maintaining consistent health-related behaviours. Lack of guidance was identified by 35.29 per cent of students, indicating a need for structured support or mentorship in forming and sustaining healthy habits. Additionally, 33.33 per cent of students pointed to peer pressure as an influencing factor that can divert them from health-focused routines.

Obstacles faced by students in maintaining a regular routine for health

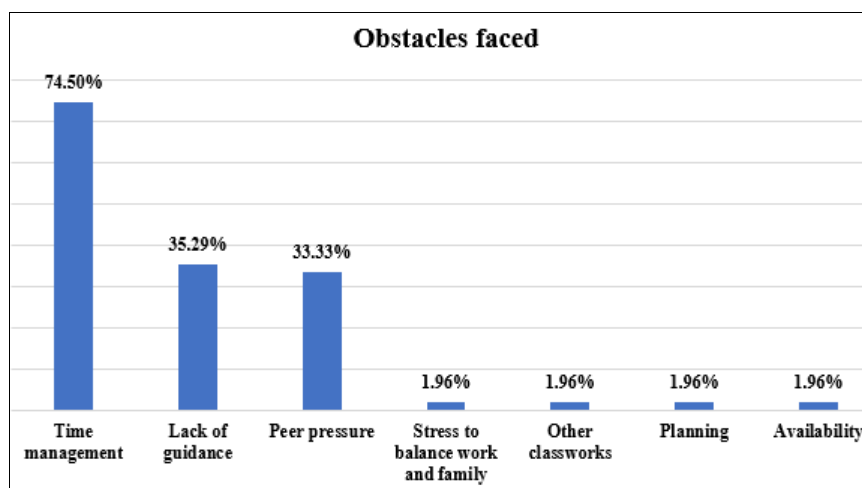


Fig 16: Obstacles faced by students in maintaining a regular routine for health

Less frequently reported obstacles included stress related to balancing work and family responsibilities (1.96%), other classwork (1.96%), planning difficulties (1.96%) and limited availability of resources (1.96%). As multiple

responses were permitted, these results reflect a multifaceted set of challenges where time constraints and insufficient support systems play dominant roles in hindering students' efforts to maintain a healthy lifestyle.

Table 4: Correlation between Knowledge and Healthy Lifestyle Behaviours

Sl. No.	Behaviour Component	Correlation with Knowledge (r)
1.	Exercise behaviour	0.19
2.	Regular behaviour	0.05
3.	Nutrition behaviour	0.26
4.	Social support	0.16
5.	Stress management	0.38
6.	Life appreciation	0.34

Correlation analysis was conducted to examine the relationship between knowledge of healthy lifestyle management and various lifestyle behaviours.

The results indicated a moderate positive relationship between knowledge and stress management ($r = 0.38$) as well as life appreciation ($r = 0.34$). This suggests that students who possess greater knowledge about healthy lifestyles tend to manage stress more effectively and maintain a more positive outlook towards life.

A weaker positive relationship was observed between knowledge and nutrition behaviour ($r = 0.26$) and exercise behaviour ($r = 0.19$). These results indicate that although students are aware of healthy practices, this awareness does not always translate into consistent behavioural practices.

Overall, the findings imply that knowledge plays a role in influencing certain lifestyle behaviours but may not be the sole determinant of healthy lifestyle adoption.

A positive relationship was observed between knowledge and behaviours such as stress management ($r = 0.38$) and life appreciation ($r = 0.34$). However, weaker correlations with exercise and nutrition suggest that knowledge alone is insufficient to ensure behavioural change.

Discussion

5.1 Socio-economic characters of the respondents

The demographic profile of the participants provides essential context for interpreting their health-related behaviours and attitudes. The predominance of students aged 19-22 years (56.86%), a stage typically associated with

the transition to greater autonomy, suggests that many are in the process of forming lifelong habits, including those related to health and wellness (Nelson *et al.*, 2008) ^[22]. This age group is particularly receptive to health promotion initiatives but may also face challenges such as irregular routines and academic pressures. The nearly equal representation of undergraduate (50.98%) and postgraduate (49.01%) students allows for meaningful comparisons across different levels of academic maturity, which may influence health literacy and behaviour adoption. Students from nuclear families (70.59%) may have more individual autonomy but potentially less social support for healthy behaviours compared to those from extended or joint families, as family environment is known to influence dietary habits, stress coping mechanisms and physical activity (Savage *et al.*, 2007) ^[15]. The balanced rural-urban distribution highlights the relevance of geographic factors, such as access to health facilities and recreational infrastructure, which can significantly impact lifestyle choices (Patra *et al.*, 2020) ^[12]. However, the gender imbalance with 78.43% male participants may skew certain results, as studies have shown that males and females often differ in their health behaviours, with females generally showing higher engagement in health-promoting practices (Wardle *et al.*, 2004) ^[18]. These demographic insights emphasize the need for tailored health interventions that account for age, education level, family structure, locality and gender to effectively promote a healthy lifestyle among students.

5.2 Knowledge of students on healthy life style management: The results of this study reveal a notably high level of knowledge regarding healthy lifestyle management among both undergraduate and postgraduate students, with 92.30 per cent and 96.00 per cent respectively falling into the high knowledge category. The absence of respondents in the low knowledge range reflects a generally well-informed student population. These findings are consistent with previous studies indicating that college and university students, particularly those engaged in health-related fields or exposed to health education curricula, tend to exhibit higher health literacy and awareness of healthy behaviours (Das & Sarkar, 2014; Moshki *et al.*, 2013) ^[3, 11]. The slightly higher proportion of postgraduates with high knowledge levels may be attributed to their advanced academic exposure, maturity and broader access to credible health information sources through academic research and critical thinking skills (Tavolacci *et al.*, 2017) ^[23]. Furthermore, access to digital media and institutional health promotion programs may also contribute to the widespread awareness observed in this study (Borowska *et al.*, 2020) ^[2]. However, knowledge alone does not guarantee behaviour change and further evaluation of actual health practices is necessary to assess the translation of awareness into action. Nonetheless, these findings highlight the effectiveness of current educational environments in imparting essential health knowledge and the potential for leveraging this knowledge in developing targeted health interventions for young adults.

Conclusion: This study aimed to assess the knowledge, practices and challenges related to healthy lifestyle management among undergraduate and postgraduate students at the University of Agricultural Sciences, Dharwad. The findings reveal a high level of awareness and knowledge about healthy lifestyle practices, with over 90% of students in both academic categories demonstrating strong understanding across core health domains, including nutrition, exercise, mental well-being and risk behavior prevention.

Students displayed an active interest in seeking health information, primarily through digital platforms such as the internet and social media, though they placed greater trust in professional sources like medical experts and educators. Interest was highest in topics such as exercise, diet and mental health, signifying a holistic awareness of wellness beyond just physical activity. However, regular engagement with mobile health applications and online tools remained limited, highlighting a gap between awareness and consistent application of available resources.

In terms of practice, students showed good adherence to basic health routines like hydration, hygiene and fiber intake and low engagement in harmful behaviors such as smoking and alcohol use. However, inconsistencies were observed in sleep, exercise regularity, time management and proactive healthcare-seeking behaviors. These gaps suggest that while students are informed and moderately motivated, structural, psychological and logistical barriers limit their ability to consistently apply healthy lifestyle practices.

Key constraints identified include poor time management (74.5%), lack of motivation and guidance, as well as barriers like limited food availability, high costs and peer influence. These findings underscore the need for institutional support mechanisms such as health education programs, time management training, accessible fitness

facilities and nutritional planning support. Tailored interventions that integrate both digital tools and peer engagement could bridge the gap between knowledge and practice.

In conclusion, the student population surveyed demonstrates promising levels of health literacy and a foundational commitment to maintaining healthy lifestyles. However, to translate awareness into sustainable behavior, targeted strategies must address the practical challenges students face. Future research and university health initiatives should prioritize skill-building, accessible health services and motivational support to cultivate lasting, health-promoting habits during this critical life stage.

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