Research Paper

Influence of Choice of Lifestyles on Mortality in Gboko, Benue State, Nigeria

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ABSTRACT
The predominant aim of this study is to unveil the lifestyles choices that effects mortality in Gboko area of Benue State, Nigeria. It is also of purpose to assess the factors underscoring the choices people make in the course of living that influences death. In review of literature, two models: the trans theoretical/stages of change model and the health belief model were cross examined to know why people choose lifestyles detrimental to them. The health belief model was after all favoured in the description. The study adopted survey research design and used structured questionnaires and interviews to collect data from 400 respondents. The study found many people choosealcohol, and tobacco consumption, poor nutrition,no physical exercises, indiscriminate sexual behavior, and illicit use of drugs which are the real causes of death in Gboko. The study therefore recommended more enlightenment on the dangers of these lifestyles, create scarcity of harmful products, instill discipline to youths and encourage proper socialization as well as occupy them with meaningful works to help reduce unnecessary poor lifestyles that affects mortality in Gboko Area.
KEYWORDS: *Lifestyle, Mortality, Alcohol, Tobacco, Disease.*

I. INTRODUCTION

Much of the history and desire of man on planet earth is to avert death and continue to live in peace and tranquility. To live longlong as possible is what individuals, groups and societies have tried to achieve in recent times, more particularly in developed populations (Weeks, 1996, Ode, 2006). Though death is inevitable and inexorable of human experience, the rate of mortality globally has reduced dramatically in recent times (Ode, 2006). Medical advancement in prevention and management of infectious diseases has abated high mortality rates (Weeks, 1996), and the world life expectancy today stands 73.2 (United Nations, 2019).

Nevertheless, people are dying in their numbers in developing nations and at younger or earlier ages compared to developed nations probably due to ignorance, poverty and government negligence (Ode, 2006). According to weeks (1996), infectious diseases such as HIV/AIDS, influenza and pneumonia and degeneration from chronic diseases such as heart disease, stroke (Cerebrovascular disease), diabetes mellitus and chromic lung disease, are known as the major causes of deaths since human history. Furthermore, weeks (1996), argued that though the world health organization has classified the biological factors as causes of death, the real causes of death that contributes to the biological or pathological factors are the products of the social lifestyles of individuals. Too much alcoholic intake, too much consumption of salt, consumption of fatty foods, tobacco intake, drug misuse and lack of regular exercise are some of the choice of lifestyles that affects the health and death of people tremendously (weeks, 1996).

The advancement in technology and the consistent improvement in pharmaceutical and medicalfield have saved millions of lives (Ellis, 2019). The preoccupation of the United Nations since its inception has been to promote and protect health worldwide (United Nations-UN, n.d.). Suffice it to say is also the concern of any nation in the world to ensure good health of its people which is why research is extant and active in medicals. It is reported that health care is one of the biggest societal expenditures in the United States (Weeks, 1996). It has also been the concern and priority of the world health organization to ensure that world nations invest more and carter for the health care of their people. It facilitates in one way or the other in responding to any health challenges or out breaks anywhere in the world (World Health Organization, 2020). It is implied therefore, the

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biological factors affecting health and death of people has really been and is being addressed ensuring life longevity.

What beguiled this study is the observation that man live possibly longer and cannot just be happier but also makes important contributions to economic progress. This can be achieved if careful and relevant lifestyle patterns are adopted by people. Obviously, death can never be avoided no matter the level of medical prowess, good sanitation, proper and adequate feeding neither the most careful and relevant lifestyle choices. Although higher life expectancy can be attained depending how individuals moderate the level of toxics to their bodies. It is verified that Late1zumi of Japan lived 120 years before he died and there are other non-verifiable claims people lived longer than that before death (weeks, 1996). The implication is that careful ways of life would contribute how long a person might livehere on earth, it would be very long life living.

Objectives of the Study
i.   To unveil life styles that influences mortality in Gbokoarea.
ii. To find out factors that contribute to the choice of life styles that influence mortality in Gbokoarea.

II. LITERATURE REVIEW

Three major reasons have generally been revealed why people die. First they die by infectious diseases, secondly, they degenerate, and thirdly, they are killed by their social life activities (week, 1996). Infectious diseases and degeneration, at any rate, kills people but the etiology of many of the diseases are confirmed to be consequences of the behavior of people (weeks, 1996).

According to a research by Beckman (2016), lifestyle factors that affects mortality historically include an unhealthy diet, inadequate exercise, tobacco use, excessive use of alcohol, risky behaviours. Beckman however, argue the major lifestyle that affects mortality today is obesity, accounting for nearly 70 percent of adults compared to 46 percent in 1962. It implies that people have not chosen to moderate fatty meals and do not exercise to burn the fats causing over weight that complicates their health systems. In the United States, the real or actual cause of death in 1990 reported tobacco use killed 400, 000 from cancers, heart diseases and stroke. Again dietary abuse resulting to diabetes mellitus, stroke and cancers killed 300, 000. Alcohol misuse as well has contributed 100, 000 deaths from cirrhosis, vehicle accidents, injuries at home and some cancers. Sexual behavior and illicit use of drugs contributed to 30, 000 and 25, 000 deaths respectively (weeks, 1996).

A similar study conducted in Sardinia (Italy), Okinawa (Japan) and Loma Linda (California, USA), shows that people in these areas have a significantly longer life expectancy than people in other parts of the developed world. The study found that these populations have common lifestyle characteristics that may explain their longevity, to include: abstaining from smoking, constant and moderate physical activity, and diet rich in vegetables, fruits and whole grains (Rizzuto and Fratiglioni, 2014).

They further argue that smoking is a cause of more than 5 million deaths per year and will likely cause more than 8 million deaths annually by 2030. Not again, excessive alcoholic consumption is one of the leading preventable risk factor for death worldwide (Rizzuto and Fratiglioni, 2014). Recently, the federal government of Nigeria has indicated plans to completely phase out high concentration of alcohol to curtail the excessive consumption, which world health organization reported to be responsible for more than 3 million deaths each year globally (Fashola, 2020). Many and more of the poor life style choices are presumed to be affecting people in Nigeria, Gboko town as an experimenting setting.

Factors affecting choice of healthy life style.
There are a number of factors that affects the choice of healthy life style:
Socio-economic status: The social and economic status of a person determine his choice of a life style. According to Ochieng (2006), individuals from a higher Socio-economic position are more likely to participate in a healthy life style than individuals in a lower socio-economic position. She revealed that younger and middle aged socio-economic people do not exercise regularly and smoke more than older age groups. Similarly, individuals in wealthier socio-economic groups smoke less than the poor, and men tend to smoke more than women. However, it is observed on the contrary that people from a wealthier socio-economic status are more likely to eat fatty foods and than those of lower or poor socio-economic status.
Level of education: Educational achievement is related to choice of lifestyle. People who are more educated are aware of the dangers of excessive alcohol, smoking, obesity and lack of exercise than people who are not or less educated (Ochieng, 2006).
Societal factors: Believes and values determines the choice of lifestyle by different people. Again, interaction with people in a group influences choice of lifestyle for example, if smoking, alcoholism, inactivity,is practiced by peers or parents, younger individuals joining such groups would somehow adopt the lifestyles. And if significant others indulge in a behavior, it might attract others to follow suit.
Theoretical Framework

The study cross examined transtheoretical/stages of change theory and the health belief model.

Transtheoretical model / stages of change theory.

According to Glangz (2008), the transtheoretical model of behavioural change, proposes that people at different stages of readiness adopt healthful behaviours. The model describes five sequential steps: Precontemplation, contemplation, preparation, action, and maintenance. However, people do not always transits the steps linearly and they often repeat certain stages, for example individuals relapse and go back to earlier behaviour depending on level of motivation and self-efficacy (Glanz, 2008). This means that an individual does not completely change from a choice of behavior but can backs slide to an unhealthy behaviuor at any given stage.

Health belief model:

The health belief model theorizes that people's beliefs about whether or not they are at risk for a disease or health problem, and the perceptions of the benefits of taking action to avoid it, influences their readiness to take action (Glanz 2008). This model is adopted for this study. This is because the belief individuals holds on the outcome of their behavior regarding their health influences a great deal of change to a healthier lifestyle.

III. METHODOLOGY

The location of this study was Gboko, a fast growing town in Benue State, Nigeria. It has an estimated population of 460, 000, mostly Tiv people (Orpin, Mzungu, and Usman-Sani, 2019). The population of this study comprised of people aged 18-60 in Gboko town. However, due to largeness of the population, 400 respondents were selected using Taro Yamen's formula, of sample determination. A purposive non-probability sampling technique was used to sample respondents from Gboko north, south, east and west, where 100 respondents each were chosen. Primary data were collected using a structured questionnaire for respondents. Again an individual interview was administered to 50 respondents of the study who were medical practitioners. This was to reaffirm to the knowledge about people's life styles and their effects, since they are in a better position to know exactly the health condition of people.

IV. RESULTS

Distribution tables are used to analyze data collected from respondents. Because the researcher contacted most of the respondents directly, all the 400 questionnaires were returned for analysis.

Table 1. Socio-demographic Variables of Respondents.

Sex	Frequency	Percent
Male	303	75.7
Female	97	24.3
Total	**400**	**100**
Age		
18-24	56	14
30-39	246	61.5
40-49	51	12.7
50 above	47	11.8
Total	**400**	**100**
Education		
Primary Education	120	30
Secondary Education	185	46.3
Tertiary Education	95	23.7
Total	**400**	**100**
Religion		
Christianity	120	30
Islamic	118	29.5
Traditional	162	40.5
Total	**400**	**100**
Marital Status		
Unmarried	178	44.5
Married	108	27
Widow/Separated/Divorced	114	28.5
Total	**400**	**100**

Field Survey, 2020.

Data in table 1 shows that male 303, (75.7%) participated in this study more than female 97 (24.3%) respondents. This could be that men adopt lifestyles more detrimental to their health than women does. Respondents'age distribution of shows that young adults between 30 and 39 predominated the study with a mode of 246 (61.5%), those aged 18-29 were 56 (14%), those 40-49 were 51 (12.7%) and 50 above adults were only 47 (11.8%). This data indicates that young people may have been choosing lifestyles endangering their lives more than adults.

Secondary school leavers 185 (46.3%) participated in this study more than primary school leavers 120 (30%) and tertiary education holders 95 (23.7%). Secondary school leavers are in their youthful life exuberance and know little about the dangers of unhealthy lifestyles than those who attended tertiary education. Just like Christians participated 120 (30%) in the study Muslims as well participated 118 (29.5) but, they were both predominated by traditionalists who participated 162 (40.5%) showing that they chose unhealthy lifestyles more than other religious groups.

People who have never married participated 178 (44.5%) more than those who are widows, separated or divorced, representing 114 (28.5%) and those who are currently married 108 (27%). This shows that marital status affects the choice of lifestyles as married people are mostly careful with behaviours that lead to death. They want to take responsibility not to die and leave their partners.

Table 2. Responses on lifestyles that influence mortality.

Lifestyle	Frequency	Percent
Tobacco	102	25.5%
Alcohol	105	26.2
Diet	68	17
Exercises	42	10.5
Sexual behavior	24	6
Illicit drug use	59	14.8
Total	**400**	**100**

Source: Field survey, 2020.

The distribution in table 2 is about responses of respondents on the lifestyle choices that frequently influence mortality of people in Gbokoarea. In the distribution 105 (26.3%) respondents affirm that many people die due to excessive alcoholicintake which leads to many terminal illnesses and vehicle accidents, as many of the respondents were met at drinking spots where data were sought from them. Other respondents numbering 102 (25.5%), stated that many people in Gboko take tobacco copiously a day in lifetimes. Some smoke it as cigarette, others pipe it and others sniff it. The excessive tobacco intake is dangerous to health. This finding relates to that of McGinnis and Foege (1993) on "Actual causes of death in the United Sates" where 400, 000 deaths in 1990 were tobacco attributed. This presentation also shows that 68 (26.2%) of respondents stated that Dietary abuse such as high salt consumption, high cholesterol foods and high animal fat consumption leads to body system disorders that result to death of individual victims.

Many respondents 42 (10.5), stated that they do not practice in any physical activity or exercise that would burn down or excretes excessive fats out of their bodies. This sedentary life lead people to susceptible disease and they die prematurely, sexual behavior constitutes about 24 (6%) of the lifestyle of people which causes infectious diseases that will result to death of people. Illicit drug use is associated with death of people as 59 (14.8%) of the respondents affirmed that they take drugs that are not prescribed by any medical practitioner.

Table 3. Factors responsible for lifestyles that influences mortality

Factor	Frequency	Percent
Association	105	26.3
Indiscipline	109	27.2
Ignorance	98	24.5
Socio-economic status	88	22
Total	**400**	**100**

*Source:*field survey, 2020

Table 3 shows respondents opinions on factors that affect the choice of lifestyles and 109 (27.2%) of the respondents stated lack of discipline in choosing harmful lifestyle. Other respondents, 105 (26.3%) mentioned individuals associating with others and copy their negative lifestyles, 98 (24.5%) pointed ignorance about the harmful effects of such lifestyles they choose, while88 (22%) blamed income, level of education, age and employment status of individuals on the choice of lifestyles they choose.

V. DISCUSSION OF FINDINGS

Doctors, nurses and other health practitioners, 50 of them to be precise were interviewed. They decisively stated that many people die young due to tobacco intakerelated diseases. Many people were warned to discontinue the intake of tobacco to save them from cancers of the lungs, kidney, bladder, pancreas and esophagus to no avail. Almost all the health workersstated that many deaths were alcohol related; that many youths have taken alcohol to become their daily drink in more expected volume and killing them in their numbers. They have also stated that poor diet, lack of exercises, sexual promiscuity and drug abuse have contributed a great deal to deaths of many youths in Gboko area.

The respondents mentioned that many of the youths indulge in those lifestyles because of peer pressure, ignorance, indiscipline and social and economic status.

VI. CONCLUSION

The study clearly shows that people are dying in Gboko in their prime due to lifestyles that are not suitable of their lives. Too much alcoholic intake, excessive intake of tobacco, much salt intake, lack of physical exercises, promiscuous behaviour are some of the choice of lifestyles that have increased mortality in Gboko, Benue State, Nigeria.

VII. RECOMMENDATIONS

The study recommends the following:

1. Youths should be encouraged not to copy harmful lifestyles of their peers. This would be achieved by engaging the teeming youths into meaningful day to day projects that would take much of their time to reduce youthful exuberance.

2. There should be more enlightenment on the harmful effects of consumption of alcohol, tobacco, salt and indulgence in drug abuse and indiscriminate sexual behaviour. Efforts should be made by the health ministry, both private and public medical practitioners should step up serious and intense campaign against those immoral acts to save our youths from dying.

3. Just like the federal government of Nigeria moved to ban the production, distribution and consumption of alcohol in sachets or polymer bags, tobacco in whateverform should also be banned. There should be scarcity of harmful products if people cannot moderately consume them.

4. Youths should be encouraged to be disciplined about the way they go about their lives. They should avoid excesses to live long for the good of the community and nation at large.

5. Parents, schools, religious organizations, and the media should make it compulsory to train up and socialize individuals to avoid unhealthy lifestyles that would influence mortality.

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