LIFESTYLE SUBJECTIVE WELLBEING AND SELF MANAGEMENT TECHNIQUES OF SOUTH ASIAN MEN AND WOMEN LIVING IN CANADA AND INDIA - AN EMPIRICAL STUDY

A SYNOPSIS
Submitted to

VISVA-BHARATI
(An Institution of National Importance and a Central University)
SANTINIKETAN, INDIA

For the Degree of
DOCTOR OF PHILOSOPHY IN PHYSICAL EDUCATION

By

Jagdev Singh Bains

Supervisor
Prof. Sagarika Bandyopadhyay

RESEARCH CENTRES
VISVA -BHARATI UNIVERSITY, SANTINIKETAN, INDIA
DEPARTMENT OF PHYSICAL EDUCATION & SPORT SCIENCE
&
UNIVERSITY OF VICTORIA, BRITISH COLUMBIA, CANADA
THE INSTITUTE ON AGING & LIFELONG HEALTH
SELF-MANAGEMENT, B.C.

आचार्य
श्री नरेंद्र मोदी
ACHARYA (CHANCELLOR)
SHRI NARENDRA MODI
उपाचार्य
प्राफेसर विद्युत चक्रवर्ती
UPACHARYA (VICE-CHANCELLOR)
PROF. BIDYUT CHAKRABARTY

विश्वभारती
VISVA-BHARATI
(Established by the Parliament of India under
Visva-Bharati Act XXIX of 1951
Vide Notification No. : 40-5/50-G.3 Dt. 14 May, 1951)
संस्थापक
रवीन्द्रनाथ ठाकुर
FOUNDED BY
RABINDRANATH TAGORE

शांतिनिकेतन - 731235
SANTINIKETAN - 731235
जि. बीरभूम, पश्चिम बंगाल, भारत
DIST. BIRBHUM, WEST BENGAL, INDIA
फोन Tel: +91-3463-262 451/261 531
फैक्स Fax: +91-3463-262 672
ई-मेल E-mail : visva-bharati@visva-bharati.ac.in
Website: www.visva-bharati.ac.in

पत्र सं./ No. _____ दिनांक/ Date _____

CERTIFICATE

This is to certify that the research study entitled **"LIFESTYLE SUBJECTIVE WELL BEING AND SELF MANAGEMENT TECHNIQUES OF SOUTH ASIAN MEN AND WOMEN LIVING IN CANADA AND INDIA - AN EMPIRICAL STUDY,"** is a piece of original work done by **Jagdev Singh Bains** under my supervision for the Degree of Doctor of Philosophy in Physical Education at Visva-Bharati, Santiniketan, West Bengal, India.

To the best of my knowledge and belief, the thesis

i) embodies the work of the candidate himself,

ii) has been duly completed,

iii) fulfils the requirements of the ordinance relating to the award of Degree of Doctor of Philosophy, Visva-Bharati, Santiniketan, West Bengal, India, and

iv) is up to the standard both in respect of prescribed format and the contents.

I approve this thesis report prepared by **Jagdev Singh Bains** for the Ph.D. Degree and have pleasure in forwarding the same to the university authority for further process.

Sagarika B. 28/01/2021

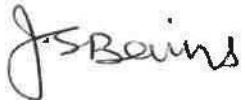
Place: Santiniketan
Date:

Sagarika Bandyopadhyay, Ph.D.
Professor
Department of Physical Education and Sport Science
Visva-Bharati University, Santiniketan, West Bengal, India

DECLARATION

I hereby sincerely declare that this research study, namely "LIFESTYLE SUBJECTIVE WELL BEING AND SELF MANAGEMENT TECHNIQUES OF SOUTH ASIAN MEN AND WOMEN LIVING IN CANADA AND INDIA- AN EMPIRICAL STUDY," is an original piece of research work done by me to explore the behavioural habits of targeted subjects under the supervision of Dr. Sagarika Bandyopadhyay, Professor, Department of Physical Education and Sport Science, Vinaya Bhavana, Visva–Bharati, Santiniketan, India. I have thoroughly searched specified means of references to explore relevant studies from authentic resources.

Further, the entire texts of the thesis have been uploaded in the UGC Approved Plagiarism Checking Software 'URKUND' for checking the similarity, and detected sources have been properly cited and referred. I am further confident to the best of my senses that all the relevant references were considered with proper citations in this research study submitted for the Degree of Doctor of Philosophy in Physical Education.



Place: Canada **(Jagdev Singh Bains)**

Date:

SUMMARY

A balanced lifestyle is a critical factor for personal health and well-being. The bio-psycho-social holistic model of health broadened the definition of health and contributed to the understanding of well-being. The objective approach of well-being indicates life in terms of material resources and social attributes. It is more of an alternative measure based on assumptions about basic human needs and rights. The subjective one is the personal standard of what people think and feel about their well-being and say about their experience. It includes aspects such as evaluation of life satisfaction and positive emotions. It is now an accepted fact that subjective well-being and its factors that contribute to it vary significantly between individuals and society (healthknowledge.org.uk).

There are many steps an individual can take to keep an outstanding balance in lifestyle. Self-management techniques can play a unique role in enabling an individual to control thoughts, feelings, and actions. The pathway to living a healthy life is like a roller coaster, sometimes ups and sometimes downs on the track. The only option is to make the best choice on how we will feel about that. But in reality, the human being is also an emotional being. Taking a quick decision emotionally without considering the pros and cons of the implication affect life. It is true that when emotions like anger, fear, happiness, and sadness run too high, logic becomes low. Controlled feelings and right choices can help make the right decision in line with the nature of work to be completed and positively impact a person's health and wellness. It depends on learning and mastering healthy skills to develop healthy habits that make positive behavioural changes beyond personal grooming and bodybuilding activities. A balanced lifestyle is not limited to just diet and exercise. It is broadly related to an individual's meaningful practices and positive behaviour choices that trigger a healthy lifestyle and reduce the health risk.

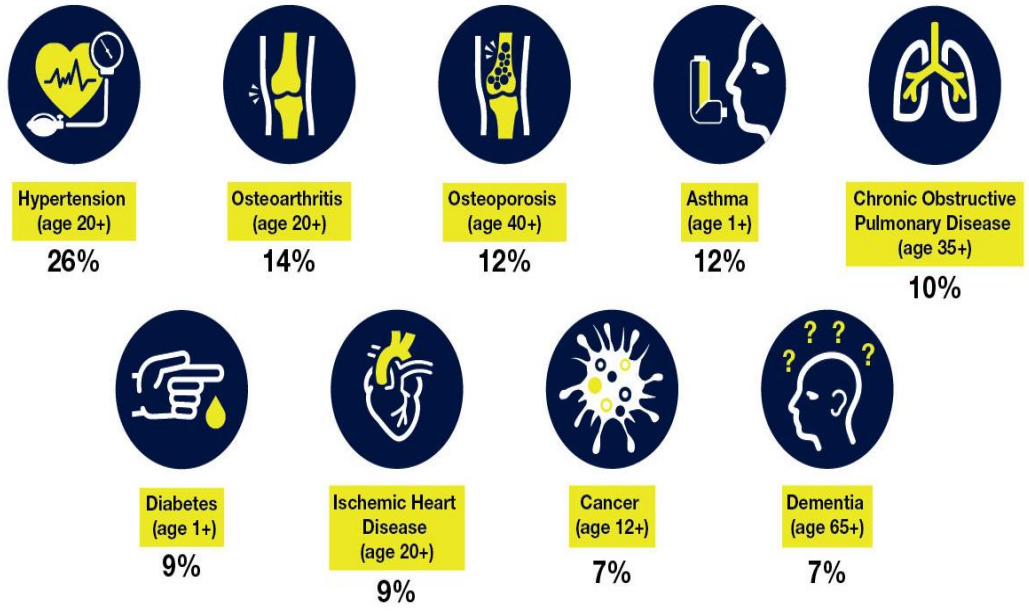
Health as a ‘complete state of mental, physical and social well-being not merely the absence of disease’ (WHO, 1948) resonates with the positive outcomes of physical activities, healthy habits, and communication skills, the interactive outcome of which is further helpful to develop a healthy relationship that initiates the process of healthy living in a healthy social environment. The definition obtained from ‘Wikipedia’ states that lifestyle is the way a person lives. It typically reflects an individual’s attitude and values that are characterized as a ‘balanced life’ based on ‘wise choices’ that designates the power of the focussed mind to analyze the situation critically, make a logical plan and act accordingly to achieve and maintain a life, the outcome of which is helpful to achieve the optimized health and wellness of the person. According to ‘WHO’,60%of related factors of health and Quality of life are correlated to healthy lifestyle behaviour. There is a growing body of scientific evidence that indicates our lifestyle activities are a reflection of how healthy we are. Starting from what we eat and drink, how much we exercise, whether we smoke or take drugs, how we behave in the community, all the mentioned factors decide our health in terms of life expectancy, including how long we can live without experiencing chronic conditions.

This study was designed on the lifestyle of South-Asians, the second-largest pan-ethnic group in Canada after European Canadians. Canadian with Asian ancestry comprise the largest and fastest-growing visible minority group in Canada, with roughly 17.7% of the Canadian population. The percentage of South-Asian population living in Provinces of Canada, according to Census report (2016) is as follows:

Province	Indian	%
Ontario	774,495	5.8%
British Columbia	309,315	6.7%
Québec	51,650	0.6%
Alberta	174,505	4.3%
Manitoba	34,470	2.7%
Saskatchewan	18,695	1.7%
Nova Scotia	6,255	0.6%
New Brunswick	2,145	0.2%
Newfoundland and Labrador	1,820	0.3%
Yukon	320	0.9%
Prince Edward Island	615	0.4%
Northwest Territories	360	0.8%
Nunavut	65	0.1%
Canada	1,374,710	3.9%

Research-based statistics show that millions of people are encountering chronic diseases, hypertension, and overweight problem that globally indicates the gap between lifestyle habits and health. It triggers the greater fear of posing a threat to physical, mental, social, and emotional health and well-being. Even though the South-Asian population living in India, Bangladesh,

Pakistan, and many other South-Asian and African developing countries are at high risk of chronic conditions, which refers to Diabetes, Hypertension, Cardiovascular Diseases, and Dementia as mentioned in the 'South-Asian Health Report in Fraser Health, 2017'. The study was published on 12 October 2018 in the 'Public Health Agency of Canada, Canadian Chronic Disease Indicators, Stats' (2018) Edition. The percentage is shown below:



Although Canada has much better social and health policies compare to India and has been ranked the top country globally for the fifth year in a row for providing a good 'Quality of Life', the South-Asian population living in both countries (Canada and India) are at high risk of chronic conditions. 'WHO' has declared India as 'Diabetes Capital of the World' with over 60 million diabetics in the country that is projected to at least double by 2030. Most affected persons are fragile old people, farmers, uneducated and unskilled labour, and people living under determinant socio-economic conditions. On the other hand, the South-Asian immigrant population living in Canada is also at high risk of chronic conditions, with 1st rank in the ethnic - minority group of people living in Canada. Reportedly, it has been suggested by 'Edwards

(2015)' that Canadian-born South-Asians are more likely to eat fast food, drink sugary beverages, and have high screen time compare to immigrants. Moreover, they are at a higher prevalence rate of anxiety disorders and self-reported stressful life compare to Canadian-born counterparts. 'Farah Islam',(2014) mentioned in his study that female gender who immigrated to Canada before adulthood and having no children under the age of 12 were found with greater risk of mental health issues. Studies in Canada and United Kingdom have shown the risk of diabetes, 3 to 5 times higher for immigrants from India with the risk of developing abdominal adiposity, diabetes, and cardiovascular diseases due to physical inactivity, which is considered the 4th leading risk factor for global mortality. Reportedly, South-Asian people in Canada have higher rates of heart diseases, double the rate of diabetes, and are prone to gain overweight compare to white people, according to a study out of McMaster University. All the above-mentioned health issues reflect a gap between learning and practicing the skills that help to prevent and manage chronic conditions. The prevalence of chronic diseases is expected to rise by 57% by the year 2020, as reported by 'WHO'.

A growing line of quality research studies on the positive outcome of the prevention and management reported by 'Harvard alumni study mentioned that alumni mortality rates were significantly lower among those who were physically active even after adjusting for other lifestyle risk factors. It is further reported by the concept of 'Power of Prevention' published in 'Centers for Disease Control and Prevention, (2009)' stated that Self-management is the key to prevent chronic diseases and bringing the nation's health care cost down to size.

Keeping in view with the prevalence of chronic conditions and the concept of its prevention and management, this study was designed on the lifestyle of the South-Asian population living in Canada and India, aiming to explore and assess their knowledge of Subjective well-being and

Self-Management skills, including the knowledge about non-medical skills and electronic health resources. This study aimed to explore and assess the lifestyle behavioural practices in terms of determining the level of knowledge using lifestyle skills to prevent and manage chronic conditions. The lifestyle factors chosen in this study were:

1. Mindful Eating Behaviour.
2. Physical Activities related to Occupation, Transportation, House chore, Recreational, Sport and Leisure Time Activities.
3. Sleep Hygiene.
4. Happiness.
5. Quality of Lifestyle.
6. General Self-efficacy.
7. Perception of Self-Management Techniques.
8. Patient Activation Measure.
9. eHealth Literacy.

Selection of Self-administered Questionnaires:

Self-administered questionnaires were selected to explore and assess the behavioural habits of targeted subjects in context with lifestyle physical, mental, social, and recreational activities. The purpose behind this study was to identify the multi-dimensional complexity of health issues posing threat to public health and a better lifestyle. All the selected questionnaires chosen were relevant to selected lifestyle factors including domains in this study. Each questionnaire is reliable and validated with a standard scoring tool.

Selection of Subjects:

Ethical consideration was granted by The University of British Columbia, Behaviuoral Research Ethics Board, BC, Canada; and 'Research Board, Visva-Bharati University' West Bengal, India. A convenient method was used to select the subjects from India (West Bengal and Punjab) and Canada (Lower Mainland, British Columbia) following the information session held at each centre. Consent was taken from each participant before the process of collection of data. Finally, a number of 373 subjects were selected, out of which 91 participants (17 female and 74 male) were enlisted from West Bengal; 143 (87 female and 56 male) from Punjab, and 139 (74 female and 65 male) from Lower Mainland, British Columbia, Canada. The average age of the selected participants was in the range of 19 to 89 years.

Data collection and cleaning of data:

One-time self-administered questionnaires were used to collect data. Standard scoring tools were used to mark each questionnaire.

Data cleaning was planned ethically to detect errors and inconsistency aiming to improve the Quality of data. The raw data was imported directly from the questionnaires completed and was put into the SPSS system for analysis according to the given code numbers. Imported data was double-checked to locate 'missing data'. The value of missing data was determined according to the guidelines of the study as follows:

1. In case of data missing more than five times in one set of questionnaires, the practice was planned in discussion with experts, deciding to move forward without calculating the value of that particular question.
2. All the numbers were converted into their standard format as guided.

3. Cleansed data was exported into the appropriate statistical procedure to analyze the results.

Measuring tools for 'Analysis of Data':

a) Collected data was loaded in the SPSS system for analysis. 'Pearson's Product Moment correlation' was used to find out the relationship between 'Life Style' factors and Subjective Well-being factors. It was also used to explore the relationship between 'Lifestyle', factors and 'Perception of Self-management Strategies'. 'Pearson product Moment correlation' was also employed to assess the relationship between 'Lifestyle' factors and Self-management strategies. While 'Regression Analysis' was employed to calculate the predictive effect of Lifestyle on Subjective Well-being factors and Self-Management strategies.

   The hypotheses were tested using 'Multivariate analysis of variance' (MANOVA), while 'F' value was used to determine the four independent variables refers to 'Pillai's Trace, Wilk's Lambda, Hotline's Trace, and Roy's Largest Root' was employed. Further, a 't-test' was employed to determine the differences between South-Asians living in Canada and India on the variable of lifestyle, subjective well-being, and self-management strategies.

   Two-way ANOVA (Analysis of variance) was employed to find out the difference in lifestyle, subjective well-being, and self-management strategies of South-Asian males and females living in Canada and India.

The outcome of the analysis of data:

A. Lifestyle as Independent Variable: Mindful Eating, Physical Activity, Sleep Hygiene (Quality of Sleep).

South-Asian living in Canada have better mindful eating habits compare to subjects living in India. From the perspective of physical activity, South-Asian livings in Canada are more active compare to subjects living in India. While no significant difference was found in 'Sleep hygiene' between South-Asians living in Canada and those lives in India.

B. Lifestyle as Subjective Well-being: Happiness, Quality of Lifestyle, and General Self-efficacy.

South-Asian living in Canada are found to be significantly happier than those living in India. However, Quality of life such as 'Physical Q Life, Environmental Q Life, and Psychological Q Life were found better in Canada than those subjects living in India except the 'Social Relationship Q Life which was found better in subjects living in India compare to those living in Canada. It can be concluded that South-Asian living in Canada have better environmental Quality of life compare to subjects living in India. However, no significant difference was found between them.

A significant difference in 'General Self-Efficacy' level was found. South-Asian living in Canada are found higher as compared to subjects living in India.

C. Self-Management Techniques: Perception of Self-Management technique, Patient Activation Measure (PAM), and eHealth Literacy.

CONCLUSION

Within the limitations of the study, the outcomes can be concluded that:

- South-Asians living in Canada have better lifestyle factors as compared to subjects living in India.

- Sleep Hygiene is found better in the subjects living in India.
- In the Subjective Well-being, South-Asian living in Canada are significantly happier than those living in India.
- Quality of life is better in Canada than those subjects living in India.
- The ‘Social Relationship Q Life is better in India than those living in Canada.
- Self-efficacy level is significantly higher in South-Asian living in Canada compared to those living in India.
- Subjects living in Canada are significantly confident than in doing things compared to subjects living in India.
- South-Asian males and females living in Canada and India are found to be significantly different in lifestyle.
- The South-Asian male and females living in India and Canada with an active lifestyle have a higher level of subjective well-being.
- Mindful eating made a meager difference in the Subjective well-being of South-Asian males and females living in India and Canada.
- Gender doesn’t contribute significantly to the Subjective Well-being of South-Asian living in India and Canada.
- Subjective Well-being of South Asian males and females living in India and Canada is affected by Sleep hygiene and respective provinces.
- Self-management strategies of South-Asian males and females living in India and Canada are affected by physical activity and sleep hygiene and not affected by mindful eating, country of living, and gender.

- A variance of 9.5 % in Happiness of South-Asian males and females living in Canada is due to Sleep Hygiene.
- Mindful eating has a significant effect on the Subjective Well-being of South-Asian males and females living in India but doesn't have any significant effect on the Subjective well-being of South-Asian males and females living in Canada.

--0--

J.S Bains

Jagnika Bandyopadhyay
28/01/2021

URKUND

Document Information

Analyzed document	LIFESTYLE SUBJECTIVE WELLBEING AND SELF MANAGEMENT TECHNIQUES OF SOUTH ASIAN MEN AND WOMEN-AN EMPIRICAL STUDY By Jagdev S. Bains.docx (D86690032)
Submitted	11/26/2020 7:51:00 AM
Submitted by	Sagarika Bandyopadhyay
Submitter email	sagarika.bandyopadhyay@visva-bharati.ac.in
Similarity	1%
Analysis address	sagarika.bandyopadhyay.vbuni@analysis.urkund.com

Sources included in the report

W	URL: https://www.researchgate.net/publication/24232621_The_Relationship_Between_Life_Sa ... Fetched: 12/16/2019 6:58:54 PM	2
SA	**Today Plagiarism.docx** Document Today Plagiarism.docx (D38707249)	2
SA	**Sherly Alex PhD Thesis.pdf** Document Sherly Alex PhD Thesis.pdf (D40813587)	2
J	**EHPS 2013 Abstracts** URL: ca9664f1-297f-40c2-8fda-e19b5b54e260 Fetched: 3/12/2019 7:29:05 PM	2
SA	**chapter 2 Edited.docx** Document chapter 2 Edited.docx (D42884579)	1
W	URL: https://www.science.gov/topicpages/a/adults+physical+activity Fetched: 10/29/2019 4:25:19 PM	1
W	URL: https://www.researchgate.net/publication/344004570_COMPARISON_OF_SELECTED_DOMAINS_ ... Fetched: 11/26/2020 7:52:00 AM	1
SA	**Urkund New.docx** Document Urkund New.docx (D31667394)	1
SA	**thesis final plagarism check.doc** Document thesis final plagarism check.doc (D48034207)	2
SA	**Chapter 2 Harmandeep Singh Physical Education.docx** Document Chapter 2 Harmandeep Singh Physical Education.docx (D54811273)	1
SA	**188 Shilpi 6-6-2016.pdf** Document 188 Shilpi 6-6-2016.pdf (D21096882)	2