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http://ijeps.truescholar.org

LIFESTYLE BEHAVIOUR: A QUALITATIVE VIEW OF HEALTH RELATED BEHAVIOUR CHANGE AMONG RESIDENTS IN DUBAI SILICON OASIS

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ABSTRACT

Studies on lifestyles, health and wellbeing have been reported from different perspectives; our focus is on Dubai Silicon Oasis, a newly developed district with a sprawling population. A noticeable feature among residents in this newly created district is outdoor and indoor health-related activities made possible by availability of facilities in common or open spaces. These, the authors argue, are indirect interventions in empowering and promoting health and wellbeing of the population in Dubai Silicon Oasis. This is significant because not many communities benefit from appropriate indoor and outdoor infrastructure aimed at promoting health and wellbeing. We acknowledge that health empowerment and wellbeing are the subject of on-going academic discourse and at the same time admit that many other interventions are available for ensuring or promoting health and wellbeing in different settings. The researchers interest however was to understand resident's rationalization for changing lifestyles and their health. Although the scope of this study is limited, we(researchers) observed that the benefits derived by respondents in this study were self-motivating and empowering. The individuals claimed they felt fitter and healthier as a result of constant exercising. Some also claimed relief from previous ailments and other malignant conditions. At the end we offer some recommendations for health policy and practice to Dubai Silicon Oasis Authority (DSO).

KEYWORDS: Dubai Silicon Oasis, Lifestyle, Health, Self-Regulation Theory, Motivation

INTRODUCTION

We acknowledge Hussain and Hassan's (2011) study on physical activity among Dubai adult population. Their study drew on statistical data to show that 23.6% and 86.6%of the population respectively showed good knowledge and positive attitude towards practicing physical activities and that about 34.6% of their sample practiced physical activity regularly. Whilst the current study is about behaviour and lifestyle changes as a means to improving population health, it sees physical activity as just one segment of health related lifestyle and behaviour change. The starting point of our study therefore is a focus on people who engage in some form of physical activity and are residents in a particular locality, Dubai Silicon Oasis area. This study aims to give voice to respondent residents to express their views on the relationship between their activeness and lifestyle. In the process, we encountered people in enclosed spaces such as gyms; joggers in open spaces (pavements and parks) and those who use walking as therapy usually at night when the climate is much more tolerable.

Contextual Understanding

A public health challenge to health authorities in Dubai is cardiovascular disease, diabetes and obesity (Rashid, 2011). These have been attributed mainly to lifestyle practices such as lack of physical exercise, high consumption of sugary and high fatty foods (Jeffries, et al., 2015; Nash, 1986). These disposing factors is not limited to one particular socio-cultural or ethnic group resident in the Silicon Oasis area (Bennett et. al., 2010);Dubai is cosmopolitan with indigenous population numbering just over two million; 75.77 per cent of the population are foreign workers (Dubai Statistics Centre, 2014). Notwithstanding these demographics, we take particular note of Rashid's (2011) report that 'the United Arab Emirates, of which Dubai is a member, has a life expectancy of 78.7 years, the highest in the Muslim world' despite obesity and diabetesconcerns in the country's health system. From Cramer, Lauche, Moebus*et al's* (2012) investigation into integrative medicine,it can safely be proposed that there will be a greater benefit if patient-care and management programmes build into prescriptions lifestyle activities that will lead to changes in behaviour, nutrition and relaxation. This is not to say that these are the only lifestyle practices that needs changing, there are other practices such as smoking, drinking in moderation, sleeping 7–8 hours per night, exercising, maintaining a healthy weight, avoiding snacking, and regularly consuming breakfast as proposed by Belloc & Breslow (1972). The psychology in this suggested approach is that, just as most people will generally take prescribed medication seriously, if not religiously, any life

changing written prescription will most likely be treated seriously compared to one that is based on oral advice. This may be the case for people who already use this approach as regular therapy to cure an existing condition.

THEORETICAL DISCUSSION

Whilst we do not intend to revisit traditional and theoretical debates on barriers and motivating factors to lifestyle changes put forward in Booker and Mullan's(2013) work we cannot totally distance ourselves from their notions that maintaining a healthy lifestyle is affected by both intrinsic and extrinsic factors. Whatever these factors imply it all comes down to personal 'will power' to do something about one's health (Gee, Bienek, Campbell, *et. al.* 2012). Here, motivation alone may not be a tool to get people to change although it may be a pre-disposing factor. As we found from our respondents in the Silicon area, residents have varied reasons for working towards lifestyle change. These may be environmental, health reasons, social reasons or psychosocial reasons. It is import therefore for any discourse on health related lifestyle change to go beyond traditional discourses on behaviour change. Traditionally, those reasons have been treated as isolated themes and it is not surprising that its impact continue to be a source of worry to public health practitioners.

Currently, there are no known community health and lifestyle initiatives among residents in the Dubai Silicon area. Elsewhere, like in the UK, government supports and invests in community initiatives such as 'New Deal for Communities' and 'Health Action Zones' initiative (Blank, Grimsley, Goyder, Ellis and Peters, 2007) and 'Healthy People 2010' (in USA) (Gieck and Sara Olsen, 2007).Whilst the focus on lifestyle changes is on individuals, collaborative efforts between individuals, community and government such as those mentioned can also go a long way to garner support and encouragement to get people to start doing something meaningful. Unlike in the UK, Silicon residents act mainly in their individual self-consciousness and determination to improve their health through physical exercises.

Physical Exercise is not the only intervention tool. Academic essays (e.g.Bennettand Sothern, 2009; Nicklasand Hayes,2008; Lanningham-Foster,*et. al.*, 2006; Strong, *et. al*, 2005)have suggested a combination of activities that could help mitigate health challenges like cardiovascular diseases, gastrointestinal, pulmonary and orthopedic complications. When Signild Vallgarda(2011) suggested that the concept of lifestyle diseases should be avoided, it is because conceptualizing lifestyle and behaviour change is complex and should therefore not be approached with a single stream of activity, a view also shared by Gieck and Sara Olsen (2007). In this research paper, lifestyle changes is articulated from interdisciplinary perspectives i.e. lifestyle and health; social psychology and management science. Although Akhan *et al* (2000) have previously pointed out that fasting is essentially a radical change in lifestyle during Ramadan that may have adverse effects in patients with cardiac conditions similar to what Saleh, *et al* (2004) have suggested, we acknowledge that those researches typify the context within which we are concerned with. The difference between that study and ours is that we do not focus on Muslim as a distinct population group neither is our study steeped in spirituality and wellbeing, which is a separate field of study. For readers who may be interested in knowing more about that subject should direct their energies to Hedlund-de Witt,de Boer and Boersema, 2014;Gutierrez, Devia, Weiss,*et. al.*, 2014)

METHOD

The design in this current study is qualitative in order to properly address the subject under discussion (Draper& Swift, 2011; Coast, 1999). Some respondents were encountered in three gyms within the silicon Oasis area. Others were interviewed in open spaces such as on pavements either jogging or walking (Gudex, et. al., 1997). Residents who use 'Walking' as therapeutic exercises were also encountered (Giles-Corti, Broomhall,Knuiman*et. al.*, 2005). All interactions took place at nights when many people preferred to exercise including this researcher. All respondents were adult and were either 'acting' alone or in pairs; there was no attempt to enquire whether those in pairs were couples or acquaintances. This was considered an intrusive question, and therefore did not form part of our enquiry (Newby&Moulds, 2011).

The method chosen was appropriate for different reasons: (a) it gave the researchers opportunity to see and experience people trying to promote healthy living and wellbeing through physical exercises. (b) The method also offered respondent residents a voice to express their 'experiential' views and opinions on the subject under investigation (Montgomery, 2007). This subjective approach is an opportunity to evaluate those views critically in order to form objective conclusions based on what the authors call the subjective-objective continuum. From social constructivist perspective, conceptualizing health and Social Sciences articulate this form of relationship. In order words, a good insight about *how* and *why* people think and act in matters of health and wellbeing within the Silicone Oasis district is critical.

DATA

Exploratory interviews were conducted people who were observed in undertaking activities which was perceived as health-related. In all forty (40) people were spoken to on along the lines of lifestyle and

health, social psychology, business and healthy living. These broad themes were derived from views shared by respondents.

Lifestyle and Health

Lifestyle changes and healthy living has been a theme in public health promotion; it has also been the subject of academic study (see for example Croghan, 2005). However, individuals who may or may not have had personal encounters with health systems do also acknowledge the relationship between their health, lifestyle and wellbeing. They do this by engaging, for example in physical exercises and activities that most likely will help them achieve their goal. Among residents in the Dubai Silicon Oasis, this notion of promoting healthy living can be seen among deferent demographic groups in the population. The following views expressed by residents represent how health and lifestyle can be perceived among this group of people:

> I have been doing this for 10years or so; it's part of my lifestyle. I cannot ignore it. I hope you know what I mean. I am 34 years old now. It has improved my agility, the way I look, my strength and health. With this you keep away from many illnesses like diabetes, obesity related illnesses and so on. If you are fit, you are sweating it out, your muscles become healthy and fat can easily breakdown,Yeh! (*Respondent AB*)

This kind of positioning can be partly understood from self-regulation theory, which states that 'the influence of intention, self-regulation, and behavioral prepotency differs depending on the environmental context in which the behaviour is performed' (Booker and Mullan, 2013). Indeed, the connection between health and exercising is well documented (Uritani and Matsumoto, 2013; Annan, 2011). In the same way natural exercises and fatalities have also been document although such incidences may be limited it leads to the question of safety and unmonitored exercise regimes. The types of activities that were observed in some gyms for example is sufficient to question such regimes without expert advice. Respondent AS' opinion is an example of practices that can defeat the purpose of keeping healthy among certain categories of people at risk of heart failure for example:

> Well I work out two or four times a week. I do cardiovascular exercises; other times I do strength training. It keeps the muscle active throughout the day. Basically, I mix and match my training because if I mix and match my training I will be able to shock my body and I can shape my body the way I want it to be (*Respondent AS*)

Notwithstanding any potential risk others are confident in what they do possibly because they have been in that situation for a long period of time. In fact, their position could be understood from self-regulation theory, which states that 'the influence of intention, self-regulation, and behavioral prepotency differs depending on the environmental context in which the behaviour is performed' (Booker and Mullan, 2013):

> I am 35. I started healthy living from this year (2014). I only eat healthy natural foods. I am no longer on food supplements after suffering a serious health condition (*Respondent AY*).
>
> Yes, I have been working out since I was 15 or 16 years old until I stopped and picked up again (*Respondent AF*).

People like respondent "AF" may not have sort expert advice after breaking her physical regime and plunged straight back into exercising contrary to expert advice in case there were underlying health conditions (Wilcox *et. al*., 2006; Jacobs and Nash, 2004). There could also be a concern for health practitioners dealing with categories of people who engage in all forms of exercises simply because they are enthusiastic about exercising. An example is respondent AM:

I just love it. It is a question of having a nice body (*Respondent AM*).

"Nice" body can be conceptually difficult to define and may mean different things to different people in the Silicon Oasis. This may not necessarily be achieved through exercising alone. There will be need to change other aspects of one's lifestyle in other to achieve that level of expectation. This was strongly put forward by respondents in the following ways:

> Obviously you have got to change your lifestyle. You cannot train and eat wrong because you will stay the same. You have got to sleep, put in eight hours of work and an hour or two exercising. So yes, you have got to change your lifestyle (*Respondent AX*).
>
> You want to look nice when you go to the store and buy a dress; you want to know it fits. You do not want to go to the plus section (*Respondent MA*)
>
> Yes, but changing your lifestyle for healthy living starts from your kitchen. If you put in the wrong things you cannot sleep properly; you will have poor digestion, your blood vessels will not be good and that will affect your heart some time down the line. You feel sluggish; your brain will not work properly, your heart will slowdown and so on. You see, you don't put diesel in a petrol car, if you do the implications are complex and too costly (*Respondent MUS*).

The strong symbols and imageries used by resident respondents concerning lifestyle changes demonstrate how important it is to take the subject seriously. They may not be alone in this expression but for the fact that residents see the need for it makes much of a difference in their approach to maintaining healthy lifestyles. Notwithstanding and as stated earlier in Dubai like many other Arab countries prevalence of diabetes, hypertension and obesity is generally high. This resonated in the ensuing discussion:

> Look, we are Arabs you know. We eat so much oil, starchy foods like rice, bread etc. We eat sugary stuff a lot but do no exercise. This is a challenge but with time it will change (*Respondent MT*).

Time is of essence in health related matters. How soon this society will begin to realise the challenge and make a 360 degrees turn-around according to our respondents is dependent on the younger generation acquiring good habits and knowledge at early stages:

> All these young people you see around, mobile phones have become their second nature. That is what they use for everything so if you want to communicate with them about health, that will be your best channel to reach them. Give them practical advice that will lead to change. There is no need to simply say exercise or change your lifestyle. What we want is more practical advice from those who know. This is very important (*Respondent MP*).

> … I don't really know but everybody wants to go for a walk etc. My dad is 64 and he still goes for his walk so I am used to it. There are no health issues in the family possibly because of regular exercises (*Respondent MZ*)

Motivation is an integral part of Lifestyle changes (Centis, Moscatiello, Bugianesi, *et. al*., 2013;Hansen,*et. al*., 2011). This, for respondents in this study takes many forms as explored in the narratives that follows.

Social Psychology

In this section we look at how respondents in our study perceive lifestyle changes. In doing so our analysis will be hinged on the thinking that the way people construe social behaviour is dependent on their social belief and how self-fulfilling an event is in their lives (Myers, 2010: 4). That social and environmental influences contribute to people's changing lifestyles is a held notion among academics (Barrera, Toobert, Angell, *et. al*., 2006). Among residents in the Silicon Oasis these could differ, for instance, the factors that our respondents talked about could be classified as social psychological similar to the study of Maio, Verplanken, Manstead, *et. al*., (2007). Respondents made statements such as:

> I see that nowadays people are becoming obese conscious. I want to be able to go up the stairs and not die. So seeing other people healthy and fit motivates others; so if the public see how fit people are they will be motivated to be fit as well (*Respondent YY*).

> These days you see that people are more into health and fitness and you ask yourself, what is going on? People are getting active so I also want to be active. When I see people working out, pulling and pushing, I feel like also doing same (*Respondent NNN*).

> My family have an amazing genetics. They can eat anything and remain as they are. They look really young for their age but unfortunately I have to work hard for mine (*Respondent VX*).

> Yes, I have influence from my big brothers because they are professional kick boxers so they influenced me. I was surrounded by tough people (you know). Although I got influenced but it is something that I like anyway, to be fit. I am from the UK and because the climate is cold you work out to be very fit, you sweat it out (*Respondent Maya*).

> I don't really know but everybody wants to go for a walk etc. My dad is 64 and he still goes for his walk so I am used to it. There are no health issues in the family possibly because of regular exercises. You want to look nice when you go to the store and buy a dress; you want to know it fits. You do not want to go to the plus section (*Respondent M5*).

From the above responses, there are indications, which suggest that health practitioners could use varying approaches and lifestyle change programs to promote and reach out to their publics. In cases where parental or sibling influence lifestyle changes as the data suggests, programs could be tailored to target parents and other sibling groups as well. In fact, an example of this approach is demonstrated in Lee and Loke's (2011) study from China. Apart from social influences, there are also situations where some residents are self-motivated and at the same time what they see and experience around them. An example is this resident:

> I want to keep in shape and be strong. Yes, I am fat but very strong physically. Apart from weight lifting I am into kick-boxing. My dad is less than 50 years but I bet you he cannot go up the stairs without going to the

bathroom (*Respondent QS*).

Self-motivation is a thought that one perceives of what s/he might become in the future (Anderson, Arruda and Inglehart, 2009). This thought may be positive or negative. If in the case of our resident respondents, their motivation is positive, then it behooves health practitioners to reinforce that positive aspiration and to do everything possible in ensuring that it does not regenerate into negative motivation. In other words, there must be conscious effort to push the boundaries of individual or group motivation and self-efficacy further. This was strongly amplified by respondents in the reported study as follows:

> All these young people you see around, mobile phones have become their second nature. That is what they use for everything so if you want to communicate with them about health, that will be your best channel to reach them. Give them practical advice that will lead to change. There is no need to simply say exercise or change your lifestyle. What we want is more practical advice from those who know. This is very important (*Respondent AT*)

> Well we are getting there especially with the younger generation who are becoming health conscious. Everyone is becoming health conscious and wants to remain trimmed. With the internet people are communicating with others across the world seeking information on how to do things to keep them in shape and healthy. With the press of a button you can get some advice on a suitable health regime that can shape you up (*Respondent MU*).

Respondent AT's concerns are not different from what Lindsay, Bellaby, Smith and Baker had said in 2008, that, 'The White Paper Choosing health acknowledges that there is no lack of information in the system about healthy lifestyles, but *the manner of communication of risk and the level of support for lifestyle change need improvement*' (P. 313). For purpose of policy and practice we emphasize the latter part of that statement as reinforcement to the respondent's plea. Society has changed rapidly with advancement in information, communication and technology. This will require that health and social systems will have to rethink new ways of reaching out and shaping lifestyles as part of global approach to improving health and wellbeing (West and Heath, 2011).

Next we look at how respondents approach the question of Management, employee health and lifestyle.

Management

Management trends provide insights into employee health, lifestyle and wellbeing; it has been linked to productivity in the workplace (Schultz and Edington, 2007); this takes the form of intermittent or prolonged absenteeism form work with direct and indirect cost implications to the organization (Robroek, *et al*., 2011). Apart from employee absence from work, there is a tendency of those suffering from obesity for example to be sluggish, experience occasional breathlessness with associated challenges that can render them incapable of functioning properly. From functionalist perspective this situation has the potential of eroding into the organizations profit and can force management into a defensive mode through lay-offs. Labour retrenchment due to poor health and inability to perform in expected roles can lead to a cycle of social events i.e. unemployment, poverty, social deprivation and poor health. In other words, the combined attribute of uncontrolled health lifestyle can be complex despite suggestions that workplace physical activity interventions could improve worksite outcomes (Conn, *et. al*., 2009).

In order to curtail worker absenteeism due to ill-health some organizations tend to put in place schemes that will proactively manage workers health (Lilic, 2012). This cannot be said to be the case in all organizations. Some of our respondents see the sedentary nature of this job as motivation to take some action to improve or protect their health. An example is this respondent:

> The lifestyle here in Dubai does not support you to be physically active and healthy because you drive to everywhere even to the nearby grocery shop. So you need to have some physical regime otherwise you will become a crushed potato. My job does not allow me to move around much so I have to exercise in the gym (*Respondent DU*).

In some countries, for example United States of America, health risk appraisals are a common type of workplace health promotion programme (Addley, Boyd, Kerr, *et. al*., 2014) but this does not happen in Dubai Silicon Oasis. What exists is employer provided health insurance (Hughes, 2009). This is not a preventive measure neither is it a cost-effective approach to workers health and wellbeing. It is akin to 'opening the gates when the horses are already gone'. Rather, what is needed is a vitality and health scheme for employees similar to those in place in the Netherlands (van Duijn, von Rosenstiel, Schats, et. al., 2011)

The absence of programs such as those mentioned above makes it unusual for respondents to advice that everyone should do some form of exercise; not necessarily going to the gym. Indeed, if people just

work and eat, consume large amounts of fatty and sweet foods, two to three years down the line they will begin to see differences in their body. Such pieces of advice are welcome.

CONCLUSION

This investigation sought to qualitatively understand from residents in Dubai Silicon Oasis about their activities aimed at lifestyle changes for improved health. Interviews were conducted with people who were encountered in their own spaces engaged in one health-related activity or the other. From the analysis of data emerged three main themes: lifestyle and health; social psychology and management science. The rationale for residents' self-efficacy can be understood in self-regulation theory. Based on the forgone discussion the following recommendations are put forward:

(a) Health practitioners could use varying approaches and lifestyle change programs to promote and reach out to their publics. In cases where parental or sibling influence lifestyle changes as the data suggests, programs could be tailored to target parents and other sibling groups as well
(b) There must be conscious effort to push the boundaries of individual or group motivation and self-efficacy further.
(c) Health and social systems will have to rethink new ways of reaching out and shaping lifestyles as part of global approach to improving health and wellbeing
(d) What is needed is a vitality and health scheme for employees at the workplace similar to those in the Netherlands

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