Abstract
This study which sought to find whether any relationship existed between life styles (Alcohol consumption, diet, physical exercise and cigarette smoking), of people and the health status of these individuals in their later life (Late Adult hood). The study was based in Enugu metropolis, sample size was n= 110, a survey research design was employed with the Health promoting lifestyle profile (HPLP) as instrument with 15 items, which was validated and tested for reliability using the SPSS version 16.0 to run the Pearson product moment correlation statistic an r= 0.67 was realized which is positive and strong. The multiple regression was the statistics of choice since the researcher intend to measure whether lifestyle profiles as afore mentioned predicted health status. The outcome of the study revealed cigarette to have a positive correlation with health status of older adults.
Key words: lifestyle, health status, Life styles and adult hood

Introduction
The Collins English Dictionary defines lifestyle as a set of attitudes, habits or possessions associated with a particular person or group. Ones lifestyle can be healthy or unhealthy based on your food choice, activity level and behaviour.

Lifestyle is the interests, opinions, behaviours and behavioral orientations of an individual group or culture (Lynn, and Angeline, 2011). The term was introduced by Austrian psychologist Alfred Adler with the meaning of a person’s basic character as established early in childhood (online etymology dictionary) lifestyle is a combination of determining intangible or tangible factors. Tangible factors related specifically to demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences and outlooks. A rural environment has different lifestyles compared to an
urban metropolis. The nature of the neighbourhood in which a person resides affects the set of lifestyles available to that person due to differences, between various neighborhoods degrees of affluence and proximity to natural and culture environment. Lifestyle may include views on politics religious, health, intimacy and more all of these play roles in shaping someone’s lifestyle (Giuffrae & DiGeronimo 1999).

According to American thoracic society (2007) Health status is an individual’s relative level of wellness and illness, taking into account the presence of biological or physiological dysfunction, symptoms and functional impairment. Walker, Sechrist, & Pender (1987) in the research outline the following as general health behaviours:
- Self actualization
- Physical exercise
- Nutrition
- Interpersonal support
- Stress management
- Health responsibility
- Spiritual growth

With the afore mentioned, it is obvious that no disparity exists between walker’s view and the Collins dictionary assertions.

A positive lifestyle can lead to happiness, and optimally good health status, while a negative lifestyle can lead to sadness, illness (bad health status) (Cherubini, 2009).

A healthy or unhealthy lifestyle will most likely be transmitted across generations. According to the study done by (Case et al (2002) when a 0-3 year old child has a mother who practices a healthy lifestyles, this child will be 27% more likely to become healthy and adopt the same lifestyle (Case,lubosky & Paxson, 2002).

According to segen’s medical Dictionary (2012) health status is a generic term referring to the health (good or poor) of a person, group or population in a particular areas especially when compared to other areas on with national data. A person state of the health when first seen by a physician as determined by physical examination, assessment of vital signs, imaging studies, basic lab data, ECG/EKG, etc.

Health status is an individual relative level of wellness and illness, taking into accounts the presence of biological or physiological dysfunction, symptoms and functional impairment. Health perception or perceive health status are subjective ratings by the affected individual of his or her health status. Some people perceive themselves as healthy despite suffering from one or more chronic disease, while other perceive themselves as ill when there is no objectives evidence of disease can be found (Oleson, 1990).

**Literature Review**

**Health effects of smoking**

According to Rimer, Orleans, keintz, Christinzo, &Fliesha (1990) smoking is directly responsible for more than 90 percent chornic obstructive pulmonary disease (COPD) or emphysema and choronic bronchitis deaths and approximately 80-90 percent of lung cancer deaths in women and men.

Also according o World Health Organization (WHO), report on global tobacco epidemic in March 2008, cigarette smokers have a far greater chance of developing dementia of any kind including Alzheimer disease.

Smoking causes lung cancer, heart disease, emphysema ( is a lung condition in which tiny air sacs in the lungs -alveoli fills up with air (alveoli is a membrane of small balloon like structure where oxygen exchange takes place in the lungs) and many complicated pregnancies. Lung cancer increase roughly 50-100% for each cigarette you smoke per day (Nnaji, 2008). Quitting smoking now greatly reduced serious risk to your health. Smoking by pregnant women may result in fetal injury, premature birth and low birth weight. Tobacco smoke also contributes to number cancers. Heart disease risk increase roughly by 10% for each park of cigarette smoke per day. This can cause heart attacks and stroke. It slow the individual blood flow continues circulation of blood in cardiovascular system cutting off oxygen to individual’s feet and hands. Some smokers end up having their limbs amputated (removal of a limb by surgery).
Cocaine smoking damages lungs, snorting damages nasal membrane. Long use of Cocaine may alter personality of the user- mostly making the person unusually paranoid. Every year hundred and thousands of people around the world die from disease caused by smoking.

**Health effect of Alcohol**

The national Council on Alcohol and Drug Dependence (NCADD), (2008) reported that heavy drinking overtaxes the liver resulting in serious consequences including:
- Arthritis.
- Cancer
- Fetal alcohol syndrome
- Heart disease e.g. stroke
- Kidney disease- enlargement of kidney
- Liver disease e.g. alcohol hepatitis.

Alcohols depressive effects, depending on the level of substance in circulatory systems range from minor to gross impairment of perceptual cognitive, verbal (for example slurred ) and motor functions. One very crucial aspect of cognitive and perceptual impairment produced by alcohol can be referred to as disinhibition. The diminution of activity in the reticulate activating system, the neural system responsible for attention. Very high doses of the substance produce sedation or general anesthesia, at extreme. Death can occur through gross suppression of respiratory activity assuming that an consciousness did not occur to prevent further consumption (Eze & Omeje, 1999).

Alcohol produces other effects, which are very undesirable for instance, it inhibits the secretion of antidiuretic hormone by the posterior pituitary gland and thereby increased the production of urine by the kidneys. Dehydration forms of fluid are not taken to compensate for fluid loss alcohol’s dilation of the blood vessels in the skin can increase the loss of heat from the body leading to hypothermia (very low temperature) thus, can be fatal in already cold weather especially for a heavily intoxicated individual who may sleep outside. Alcohol dependent persons are significantly prove to motor accidents as drivers or machine operations (in work place) because perception and cognitive functions as well as motor coordination are impaired by alcohol. Compulsory roadside breath test on divers for detection alcohol is enforced in such countries as Britain, USA and Australia (Eze & Omeje, 1999).

**Health Effects of Diet**

In a review of the Nigerian economy by the Nigerian Agriculture and food security in 2007 close to 40% of the Nigerian populace residing in the urban cities are overweight or obese. Being overweight or obese substantially increase the risk of morbidity from several conditions including:
- Heart disease
- Hypertension
- Type 2 diabetes
- Stroke
- Osteoarthritis

Several studies have linked diet drinks to increased risk or metabolic syndrome and diabetes. Metabolic syndrome is a group of risk factors diseases and other health problem like diabetes and stroke, in addition to increased belly fat and high cholesterol. Dieting is bad for one’s mental and physical health weight fluctuation brings a host of related side effects that can harm your physical health. Not surprisingly it has been linked to an increased risk of cardio vascular disease. Type 2 diabetes and high blood pressure. The psychological impact of is equally alarming. According to research from the karaolinska institute in Sweden, men who drank two or more serving of die coke had a 23% higher risk of developing heart failure.

Researchers found that women drank two no more diet sodas a day had as much as a 30% decrease in kidney function (Center for disease control and Prevention, 2010).

Researchers found that eating too much or too little of certain foods and nutrients can raise the risk of dying of heart diseases, stroke and type 2 diabetes. These results suggest ways to change eating habits that may help improve health. A healthy eating plan lowers one’s risk for heart disease and other health conditions. Having diet can raise one’s risk for certain diseases. A healthy eating plan emphasizes vegetables,
fat-free or low-fat dairy products, includes, lean meats, poultry, fish, beans, eggs, and nuts, limits saturated and trans fats, sodium and added sugars.

**Health Effects of Physical Exercise**

An empirical review published by the Oxford University Press, on behalf of the European Public Health Association (2009) revealed that jogging exercise may be effective in reducing the risk of depressive states, hormonal response to stress and physiological fitness.

Regular physical activity can help protect one from the following health problems namely heart disease and stroke, high blood pressure, noninsulin-dependent diabetes, obesity, back pain, osteoporosis, self esteem and stress management, disability. Research shows that regular physical activity can help reduce your risk for several disease and health conditions and improve your overall quality of life. There are many types of physical activity including summing, running etc. Being active one should have many health benefits both physically and mentally. Brain like muscle can be improved by such as press up juggling can recharge the brain cells. It increase oxygen supply to brain and improves memory. Walking exercise is one of the best exercises for brain.

Gillman (2006) has discovered that all the rhythmic nature of walk tends to put the brain in very conducive state form clear thinking and that 20 minutes walk can be a great way to improve brain power.

Gage (1998) demonstrated that new nerve cells grow in the adult human dentate gyrus during exercise which activate the neurogenesis.

It is confirmed that there is irrefutable evidence of the effectiveness, of regular physical activity in primary and secondary prevention of several chronic diseases and premature death. It is also revealed that the current health Canada physical activity guideline are sufficient to elicit health benefits, especially in previous secondary people. There appears to be a linear relation between physical activity and health status, such that a further increase in physical activity and fitness will lead to additional improvements in health status. (Moris & Heady, 1953).

**Hypothesis**

Hi: there will be a significant relationship between:
1. Alcohol
2. Diet
3. Physical exercise and
4. Cigarette smoking.

Ho: there will be no significant relationship between:
1. Alcohol
2. Diet
3. Physical exercise and
4. Cigarette smoking.

**METHOD**

The population from which the study sample was drawn were older adults residing in Enugu metropolis.

Participants were drawn from the population through a non probability based sampling method called purposive sample technique (Kalton 1983), a total of 110 participants with ages ranging from 55-72 were used for this study.

The instrument used for this study is a 15 item likert type questionnaire called Health Promoting lifestyle Profile (HPLP) with 5 subscales measuring; Health status, Alcohol consumption, diet physical exercise and cigarette smoking respectively.

Validation of instrument was done by older adults resident in Enugu, amongst them a Professor, Pedagogist, special Educator and a nurse.

A pilot study was carried out before the main using a sample of 14, the time internal for test-retest was 14 days, the Pearson product moment correlation statistics was applied using the SPSS analysis, and the coefficient was an r = 0.67 which is a positive and strong correlation.
The design adopted for the study was a field survey research design achieved through the use of questionnaire. The multiple regression statistics was applied to test if any relationship exists between the dependent variable (Health Status) and the independent variables lifestyles of older adults in Enugu Metropolis.

**RESULTS**

**SPSS Output For Multiple Regression Analysis**

**Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R. Square</th>
<th>Adjusted R square</th>
<th>Standard Error of the estimate</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>0.368</td>
<td>0.135</td>
<td>0.103</td>
<td>0.69434</td>
</tr>
</tbody>
</table>

a. Predictors (constant), cigarette, diet, alcohol, P.E
b. Dependent variable: Health status

**Coefficients**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized coefficients</th>
<th>Standard coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>STD error</td>
</tr>
<tr>
<td>Constant</td>
<td>2.994</td>
<td>0.269</td>
</tr>
<tr>
<td>Alcohol</td>
<td>-0.010</td>
<td>0.012</td>
</tr>
<tr>
<td>Diet</td>
<td>-0.039</td>
<td>0.023</td>
</tr>
<tr>
<td>P.E</td>
<td>-0.018</td>
<td>0.030</td>
</tr>
<tr>
<td>Cigarette</td>
<td>0.024</td>
<td>0.018</td>
</tr>
</tbody>
</table>

(1) Dependent variable: Health Status

From the model summary table, \( R=0.368, R^2=0.135 \)

From the model of coefficients, Beta for alcohol =-0.90

Diet =-0.245
P.E=-0.86
Cigarette =0.27

The beta coefficients showed alcohol, diet, P.E having negative correlation while only cigarette had a position correlation of 0.127 with health status of older adults in Enugu metropolis.

Hence Hi; a, b & c are rejected and Ho; a,b,c accepted

Hi; d is accepted and Ho; d is rejected

**IMPLICATIONS**

The implication of this study is in confirmation of the assertion by Rimmer (1990) that cigarette smokers have a higher risk of develop a poor health status in their late adult life.

**SUGGESTIONS FOR FURTHER RESEARCH**

Future researchers are hereby advised to carryout studies on the relationship of either alcohol, diet, cigarette smoking, physical exercise with particular health condition like diabetes, liver diseases, obesity etc.

**LIMITATIONS**

Because of the challenging security situation in Nigeria the researchers found it difficult to go to places like night clubs to collect data about club goers lifestyle profile.
DISCUSSION OF THE RESULT

The findings showed that alcohol diet, physical exercise had negative correlations while only cigarette had a positive correlation with health status of older adults in Enugu metropolis

Hi, a, b and c were rejected and Ho; a, b and c were accepted
Hi; d was accepted and Ho, d was rejected

RECOMMENDATIONS:

With the respect of lifestyles predicting health status, health workers should be directed to lay emphasis on the lifestyles of the people so as to live long. This research should be utilized by government to provide some health agencies whose duties involve sensitizing people on how to manage their lives well based on their lifestyles.

CONCLUSION

This study of the lifestyles as predictor of health status of older adults in Enugu metropolis, the researcher found that alcohol, diet and physical exercise had negative of older adults in Enugu metropolis while cigarette had a positive correlation with health status of older adults in Enugu metropolis

References