

A STUDY OF LIFE STYLE AMONG FOUR BLOOD TYPES PEOPLE OF RANCHI TOWN

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Abstract: The purpose of the present study is to find out the level of Life Style among four blood types persons of Ranchi town in Jharkhand. A total sample of 240 with the general population of Ranchi town. Tool used was Life Style Inventory developed by Alam (2008). Data were treated by Skewness, Kurtosis, Mean, SD, One-way ANOVA and Least Significant Difference. The results showed that the data on lifestyle is normally distributed, and the F-ratio for lifestyle and different positive blood types was significant at the P 0.01 level. Person with positive blood type A were healthy life style in comparison to other blood types. Persons with positive blood types B were unhealthy life style in comparison to other blood types. The study's findings revealed that blood types AB and O live an average life style.

Keywords: Life style, Blood types - A, B, AB, O.

Introduction

Lifestyle is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. The term was originally used by Austrian psychologist Alfred Adler (1870-1937). The term was introduced in the 1950s as a derivative of that of style in art. The term refers to a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks.

Everyone has their own distinct lifestyle that covers their typical actions and surroundings on a daily basis. A rural environment has different lifestyles compared to an urban metropolis. Location is important even within an urban scope. The nature of the neighbourhood in which a person resides affects the set of lifestyles available

to that person due to differences between various neighbourhoods' degrees of affluence and proximity to natural and cultural environments. For example, in areas within a close proximity to the sea, a surf culture or lifestyle can often be present.

A positive lifestyle means a positive attitude and taking positive action. It means focusing on solutions, not on problems. It means constantly improving yourself and your life. It means learning from failure and then moving on and trying again. It means living in the present, making the most of it, and not dwelling on the past or worrying about the future. It means focusing and noticing the good traits of people, not just their negative ones. This requires that you stop criticizing and judging people and being more kind and helpful.

Review of related literature

A recent study found that older people's plans and wishes for successful aging related to activities, engagement with life, and health Huijg et al.(2016). It is apparent that successful ageing is a multicomponent concept; Rowe and Kahn's three-component model contains three elements: absence of disease and disability, high cognitive and physical functioning, and engagement with life Rowe and Kahn (1998),

The objective for the Rowe and Kahn model of successful ageing has been to identify early and midlife predictors of later usual or successful aging for prevention purposes. The lifestyle risk factors smoking, physical inactivity, alcohol consumption, obesity, and poor diet have been consistently linked with single negative health outcomes like chronic disease, disability or premature mortality (Krokstad et al., 2017), World Health Organization (2014). These findings indicate that age-related chronic diseases and mortality are highly associated with several modifiable factors present earlier in the life course Lafortune et al., (2016), Kuh (2007) Social support has also been linked with mortality Holt-Lunstad et al., (2010), population health (Krokstad et al., 2017), and cognitive and physical performance (Seeman et al., 2001, Strawbridge et al., 1996). These findings indicate that age-related chronic diseases and mortality are highly associated with several modifiable factors present earlier in the life course Lafortune et al., (2016), Kuh (2007). According to D'Adamo, and Whitney (2001) the blood type AB is the rarest. It is a composite of kinds A and B and is the newest or most "modern" blood type. People with AB blood have low stomach acid, avoid red meats and starchy legumes like lima beans. If you have AB blood, you may need to spend time alone every day and combine relaxing meditation with rigorous activity. Alternate yoga and aerobics for a more energizing workout.

Objectives

- To test the normality of life style among four blood types people of Ranchi town.
- To study the main impact of blood types on life style people of Ranchi town.

Hypotheses

- The Level of life style no vary in total sample as well as sample sub-groups based on four blood types.
- There is no significant difference in four different blood types on life style among general people of Ranchi town.

Method

Sample

The snow ball sampling was used to select the sample from different region of Ranchi town. There were four groups. Form each groups 60 cases were selected thus, altogether 240 cases were selected. The groups was based on: A, B, AB, and O blood types.

Tools

This test was developed by Alam (2008). Life style inventory consists of 24 items in yes, no form. Scoring is done in direction of unhealthy life style and vice versa. Higher scores indicate unhealthy life style and vice versa. The internal consistency reliability has been reported 0.86. Components of life style are motivation, personality traits, interest and values. The totality of these components are called life style, faulty life style refers to smoking, and consumption of alcohol, inadequate emotional experience and lack of physical activity. Level of life style has been evaluated by using standard scoring procedure. There are as follows: -

Table 1: Levels of Scale

Scores	Interpretation
1-8	Low level
9-16	Average level
17-24	High level

The items in this inventory were primarily clinically derived. This procedure is designed to assess whether variation in response to a particular category is associated with variation in total score on the inventory. For each category the distribution of total inventory scores for individuals selecting a particular alternative response was determined.

Procedure

As stated earlier, the samples of the study include different areas of Ranchi town. A personal data questionnaire through information on such variables as name, gender, age, educational qualification, blood group, etc., and sixty cases were selected for each of the four sub-groups. The test of lifestyle was administered to the subjects. A suitable statistical technique was used to analyses the obtained score.

Results & Discussion

To study the association between life style strategy and four different blood types first check the normality of data among the four blood types namely A, B, AB and O through SPSS-26. For normality the numerical and visual outputs of skewness and kurtosis z-values should be in the span of -1.96 to +1.96 and the Shapiro-Wilk test p-value should be above 0.05. normal Q-Q Plot should visually indicate that our data are approximately normally distributed. The results shown in Table no. 2.

Table 2 Descriptive analysis of life style mean, SD, Skewness, Kurtosis and z value among four blood types (A, B, AB and O)

Blood types	Mean	SD	Skewness (z-value)	Kurtosis (z-value)
A	10.56	4.44	.281 (0.93)	161 (-0.28)
В	12.25	3.17	.018 (0.07)	.612 (1.02)
AB	11.25	3.22	.583 (1.88)	.443 (0.73)
0	10.65	3.87	.142 (0.46)	.496 (0.81)

Note. Low mean score leads healthy life style. SD= Standard deviation, standard error of Skewness= .309, standard error of Kurtosis = .608, span of z-values = -1.96 to +1.96.

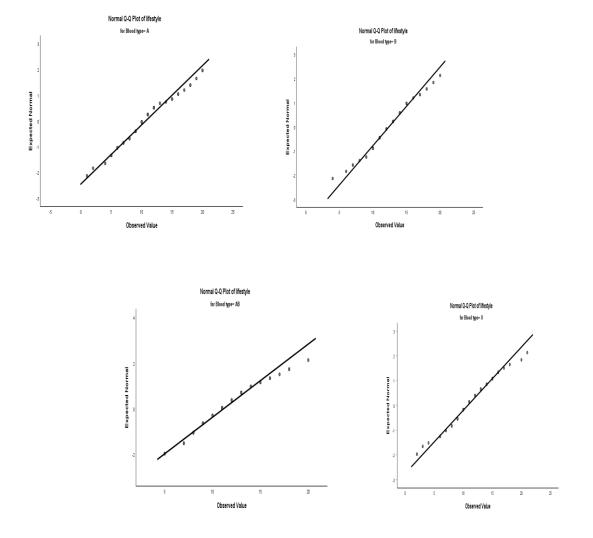


Figure 1: Normal Q-Q plot of Life style scores according to four different blood types

According to Table 2, and Figure 1 data of Life style strategy approximately fall in normality and data is interval scale among four different blood types (A, B, AB and). Hence for testing the objective one statistical technique One-way ANOVA (Analysis of Variance) should be used and data can be analyzed using Statistical Package for the Social Science (SPSS-26). The outputs of SPSS are as given in the Tables 3, 4 and 5 and Figure 2.

Table 3

The descriptive analysis of life style strategy among for different blood types

Blood types	n	Mean	Std. Deviation	Std. Error	95% Confide Interval Mean	nce for	Minimum	Maximum
					Lower	Upper		
					Bond	Bond		
A	60	10.56	4.44	.57	9.53	11.77	1.00	20.00
В	60	12.25	3.13	.40	11.57	13.16	4.00	20.00
AB	60	11.25	3.22	.41	10.34	11.96	5.00	20.00
O	60	10.65	3.87	.51	9.74	11.76	2.00	21.00
Total	240	11.32	3.70	.25	10.76	11.70	1.00	21.00

Note. High mean scores indicate unhealthy life style and vice versa.

The objective was to compare mean scores of Life style of different four different blood types A, B, AB and O. Since, people belongs to four different types of blood A, B, AB and O. thus, the data were analyzed with the help of One-way ANOVA and the results are given in Table 4.

Table 4

The One-way ANOVA of life style strategy among four different blood types

	Sum of Square	df	Mean Square	F	Sig
Between Groups	112.913	3	37.36	2.806*	.038
Within Groups	3144.483	236	13.37		
Total	3256.396	239			

Note. *= Significant at 0.05, df= Degree of freedom,

From Table 50, it is evident that the F-Value is 2.806 which is significant at 0.05 level with df = /236. It shows that the mean scores of Life style of four different blood types A, B, AB and O differ significantly. Thus, there is no significant difference among mean scores of life style strategy among four different blood types of general people of Ranchi town is rejected.

Table 5

Multiple comparision among different blood types with LSD (Least Significant Different)

Blood types		Mean	Sig.	95%	Confidence	
		Difference		Interval for Mean		
Blood (I)	$\overline{\operatorname{bd}(I)} = \overline{\operatorname{Blood}(J)} $ (I-J)			Lower	Upper	
				Bound	Bound	
A	В	-1.69*	.011	-3.0304	4029	
	AB	-0.69	.454	-1.8138	.8138	
	O	09	.881	-1.4138	1.2138	
В	AB	1.00	.069	0971	2.5304	
	O	1.60*	.016	.3029	2.9304	
AB	O	.60	.549	9138	1.7138	

Note. LSD= Least Significant Difference (1.04), I &J = Two groups of blood types, *= The mean difference is significant at the 0.01 level.

In order to know multiple comparison between two types of blood had significantly differ LSD (Least ignificant Difference) was calculated. Data was shown above Table No. 5. Blood types A and B as well as blood types B and O were significant at 0.01 level. According to mean score of different blood types most of the people follow moderate level of life style strategy.

From Table 5, it can be seen that the mean difference between blood type A and B is 1.69. which is significantly higher than LSD (1.04). It may therefore, be said that A blood type people were found to believe significantly more in healthy life style strategy in their own life style in a situation than their counter part of B blood type.

The mean difference between blood type B and O is 1.60 which is significantly higher than LSD (1.04). It may therefore, be said that O blood type people were found to believe significantly more in healthy life style strategy in their own life style in a situation than their counter part of B blood type.

The mean difference between blood type A with AB and O is 0.69 and 0.09 respectively, which are ignificantly lower than LSD (1.04). It may therefore, be said that blood types A, AB and O people were found to believe their life style strategy was almost similar in their own life style in a situation.

The mean difference between blood type B with AB is 1.00, and AB with O are significantly lower than LSD (1.04). It may therefore, be said that blood types B and AB as well as O people were found to believe their life style strategy was almost similar in their own life style in a situation.

Conclusion:

According to mean scores of blood types A, B, AB, and O peoples follow average life style but blood types A and O people were found to believe their life style strategy was healthy in comparison to other blood type.

References

Alam, A. (2008). Life style inventory. Rupa Psychological Centre.

D'Adamo, P. J., & Whitney, C. (2001). Live right for your type. Viking Press.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, 7(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

Huijg, J. M., van Delden, A. L., van der Ouderaa, F. J., Westendorp, R. G., Slaets, J. P., & Lindenberg, J. (2017). Being active, engaged, and healthy: Older persons' plans and wishes to age successfully. *Journals of Gerontology*. *Series B, Psychological Sciences and Social Sciences*, 72(2), 228–236. https://doi.org/10.1093/geronb/gbw107

Kuh, D., & New Dynamics of Ageing (NDA) Preparatory Network. (2007). A life course approach to healthy aging, frailty, and capability. Journals of Gerontology. *Series A, Biological Sciences and Medical Sciences*, 62(7), 717–721. https://doi.org/10.1093/gerona/62.7.717

Krokstad, S., Ding, D., Grunseit, A. C., Sund, E. R., Holmen, T. L., Rangul, V., & Bauman, A. (2017). Multiple lifestyle behaviours and mortality, findings from a large population-based Norwegian cohort study-The HUNT Study. *BMC Public Health*, *17*(1), 58. https://doi.org/10.1186/s12889-016-3993-x

Lafortune, L., Martin, S., Kelly, S., Kuhn, I., Remes, O., Cowan, A., & Brayne, C. (2016). Behavioural risk factors in mid-life associated with successful ageing, disability, dementia and frailty in later life: A rapid systematic review. *PLOS ONE*, *11*(2), e0144405. https://doi.org/10.1371/journal.pone.0144405

Rowe, J. W., & Kahn, R. L. (1998). Successful aging. *International Journal of Aging and Human Development.*,64(3). Dell Publishing;Bowling A. (2007). Aspirations for older age in the 21st century: What issuccessful aging?, 263–277

Strawbridge, W. J., Cohen, R. D., Shema, S. J., & Kaplan, G. A. (1996). Successful aging: Predictors and associated activities. *American Journal of Epidemiology*, 144(2), 135–141. https://doi.org/10.1093/oxfo