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Research Paper

Relationship between Lifestyle Factors and Sleep Quality among Indian College Students

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ABSTRACT

Background: Lifestyle, the everyday pattern of behaviours related to physical activity, psychological health, nutrition, substance use and social engagement, is closely linked to health and well-being, and sleep quality may be particularly sensitive to it. Although the association between lifestyle and sleep has been studied among university students in several countries, few studies have examined it among Indian college students using a multidimensional lifestyle measure. **Objectives:** To examine the relationship between lifestyle factors and sleep quality among Indian college students, to assess whether lifestyle factors predict sleep quality, and to explore the relationship between lifestyle and the seven components of sleep quality. **Methods:** A cross-sectional correlational design was used. Of 120 college students aged 18 to 26 years recruited through convenience sampling from several locations across India, 13 with incomplete forms were excluded, leaving a final sample of 107. Participants completed an online survey comprising the Lifestyle and Habits Questionnaire–Brief Version (LHQ-B) and the Pittsburgh Sleep Quality Index (PSQI), on which higher scores indicate poorer sleep quality. Data were analysed using descriptive statistics, Pearson's product-moment correlation and simple linear regression. **Results:** The mean global PSQI score was 7.31 (SD = 3.43). Lifestyle scores showed a significant moderate negative correlation with global PSQI scores ($r = -.366$, $p < .001$), indicating that students with healthier lifestyles reported better sleep quality. Lifestyle significantly predicted sleep quality, $F(1, 105) = 16.23$, $p < .001$, $\beta = -.366$, explaining 13.4% of the variance. Among the seven PSQI components, lifestyle was significantly associated with subjective sleep quality ($r = -.364$; 13.2% of variance explained) and daytime dysfunction ($r = -.446$; 19.9% of variance explained), but not with sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances or use of sleep medication at the adopted significance level of .01. **Conclusion:** Healthier lifestyle habits were associated with better perceived sleep quality and daytime functioning among Indian college students. Because the design was cross-sectional and relied on self-report, causal conclusions cannot be drawn. Campus health-promotion programmes that address lifestyle habits together with sleep are recommended, alongside longitudinal research on specific lifestyle domains.

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Keywords: *Lifestyle, Sleep Quality, College Students, Health Behaviours, Pittsburgh Sleep Quality Index, India*

Lifestyle has been described as the pattern of behavioural choices people make from the alternatives available to them, shaped by their socio-economic circumstances and by the ease with which they can choose certain options over others (World Health Organization Regional Office for Europe, 1986). In health research, lifestyle is commonly assessed across several domains, including physical health and exercise, psychological health, substance use, nutrition, environmental concern, social concern, accident prevention and sense of purpose (Dinzeo et al., 2014). These everyday habits influence physical, psychological and social well-being. A young adult who exercises regularly, eats a balanced diet, maintains supportive relationships, balances academic demands with personal life and avoids substance use is, for example, more likely to enjoy good overall health.

Sleep is a naturally recurring, reversible state of reduced responsiveness to the environment that is regulated by neural processes and is thought to serve several restorative functions, including the maintenance of brain function and the consolidation of memory (Krueger et al., 2016). Sleep supports learning, concentration, judgement and problem solving, and its loss has measurable costs: a meta-analysis showed that sleep deprivation impairs cognitive and motor performance as well as mood (Pilcher & Huffcutt, 1996), and adequate, good-quality sleep is considered vital for normal neurocognitive performance (Durmer & Dinges, 2005). Sleep is therefore particularly important for students, whose academic work depends on learning, memory and sustained attention. Among undergraduates, self-reported sleep quality and the frequency of sufficient sleep have been identified as independent predictors of end-of-semester academic performance (Gomes et al., 2011), and students who habitually sleep nine hours or more have reported higher grade point averages than those who sleep six hours or less (Kelly et al., 2001).

REVIEW OF LITERATURE

A growing body of research has linked lifestyle and daily habits to sleep quality among university students. In a study of 405 Lithuanian students, more than half scored in the poor-sleep range of the Pittsburgh Sleep Quality Index, and students who studied before going to sleep, spent more time studying and had less leisure time reported worse sleep quality (Preišegolavičiūtė et al., 2010). Among Lebanese university students, an evening chronotype was associated with smoking, later study times and poorer sleep quality (Kabrita et al., 2014). In a sample of 414 Colombian undergraduates, poor sleep quality was associated with smoking and eating in bed, whereas going to sleep at the same time each night and eating breakfast on five or more days a week appeared protective (Gómez-Chiappe et al., 2020). Using the same lifestyle measure as the present study, Hashim et al. (2022) found that poor sleep quality among 338 Malaysian dental students was associated with unhealthy lifestyle habits in the psychological health and nutrition domains.

Studies of specific lifestyle behaviours point in the same direction. Among 222 Iranian university students, substance use and alcohol consumption, both in the past three months and over the lifetime, were significantly associated with poorer sleep quality (Zavar Mousavi et al., 2024), and sleep disturbances have been found to be highly prevalent among people with active substance use (Mahfoud et al., 2009). Eating habits also matter: in a study of 498 university students, skipping breakfast, eating late-night snacks and replacing meals with snacks were each associated with a higher likelihood of poor sleep quality (Faris et al., 2022). Psychological factors contribute as well. Among 400 Malaysian public university

students, internet addiction, loneliness and cognitive workload were all positively correlated with sleep quality problems, with cognitive workload and loneliness emerging as significant predictors in a multiple regression analysis (Anandavelu et al., 2022). Poor sleep, in turn, has been linked to lower well-being and greater psychological distress among college freshmen (Dagani et al., 2024).

Together, these studies suggest that lifestyle factors such as dietary habits, substance use, psychological health, study routines and social activity are related to students' sleep quality. However, most of this research has been conducted outside India, and many studies have examined individual behaviours separately rather than lifestyle as a multidimensional pattern. Indian college students face distinctive academic, family and social pressures that may shape both their daily habits and their sleep, yet evidence on how overall lifestyle relates to sleep quality in this population remains limited. The present study therefore examined the relationship between lifestyle factors, assessed with a multidimensional measure, and sleep quality among Indian college students, and explored how lifestyle relates to the individual components of sleep quality.

Objectives and Hypotheses

Objectives

1. To examine the relationship between lifestyle factors and sleep quality among Indian college students.
2. To assess whether lifestyle factors significantly predict sleep quality among Indian college students.
3. To explore the relationship between lifestyle factors and the seven components of sleep quality.

Hypotheses

- **H1:** There will be a significant relationship between lifestyle factors and sleep quality among Indian college students.
- **H2:** Lifestyle factors will significantly predict sleep quality among Indian college students.

METHODOLOGY

Research Design

A quantitative, cross-sectional, correlational design was used to examine the association between lifestyle factors and sleep quality without manipulating either variable.

Participants

A total of 120 college students aged 18 to 26 years responded to the survey. They were recruited through convenience sampling from locations across India, including Punjab, Agartala, Bengaluru, Kolkata, Hyderabad and Delhi. Participants were eligible if they were aged between 18 and 26 years and could read and write both Hindi and English. Respondents who reported a serious medical condition, such as cancer or kidney disease, were excluded. Thirteen responses were excluded because the forms had not been completed, leaving a final sample of 107 participants for analysis.

Tools and Measures

- **Lifestyle and Habits Questionnaire–Brief Version (LHQ-B).** Lifestyle factors were assessed using the LHQ-B developed by Dinzeo et al. (2014) for college-age adults. The LHQ-B is a 42-item self-report measure covering eight lifestyle domains: physical health and exercise, psychological health, substance use, nutrition, environmental concern, social concern, accident prevention and sense of purpose. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), giving a possible total score of 42 to 210, with higher scores indicating a healthier lifestyle. In the development sample of college students aged 18 to 25 years, the internal consistency of the eight domains ranged from fair to excellent (Cronbach's α = .65 to .91; Dinzeo et al., 2014). The total score was used in the present study.
- **Pittsburgh Sleep Quality Index (PSQI).** Sleep quality over the previous month was assessed using the PSQI (Buysse et al., 1989). The PSQI comprises 19 self-rated items that generate seven component scores: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication and daytime dysfunction. Each component is scored from 0 to 3, and the components are summed to yield a global score ranging from 0 to 21, with higher scores indicating poorer sleep quality. A global score greater than 5 distinguishes poor from good sleepers. In its original validation, the PSQI showed good internal consistency (Cronbach's α = .83), and a cut-off of 5 correctly identified poor sleepers with a sensitivity of 89.6% and a specificity of 86.5% (Buysse et al., 1989).

Procedure

Data were collected through an online survey. After reading information about the purpose and procedures of the study, participants completed the LHQ-B and the PSQI. Participants were asked to complete both questionnaires in full.

Ethical Considerations

Ethical approval for the study was obtained from [TO CONFIRM: name of Institutional Ethics Committee], approval number [TO CONFIRM]. Each participant was provided with detailed information about the study and its procedures before taking part, and informed consent was obtained from all participants [TO CONFIRM: mode of consent, e.g., online consent form]. Strict confidentiality and anonymity were maintained throughout data collection and analysis, and results are reported only in aggregate form.

Statistical Analysis

Data were analysed using IBM SPSS Statistics version 21. Descriptive statistics (means, standard deviations, skewness and kurtosis) were computed for the LHQ-B total score, the PSQI global score and the seven PSQI component scores. Pearson's product-moment correlation was used to examine the relationship between lifestyle factors and sleep quality (H1) and between lifestyle factors and the PSQI components. Simple linear regression, with the PSQI global score as the criterion and the LHQ-B total score as the predictor, was used to test whether lifestyle factors predicted sleep quality (H2); separate simple linear regressions were also conducted with each PSQI component as the criterion. Missing values were handled by listwise deletion. All tests were two-tailed, and statistical significance was set at $p < .01$.

RESULTS

Table 1 presents the descriptive statistics for the study variables. One participant had a missing sleep duration score, so analyses involving that component were based on 106 participants. The mean LHQ-B score was 157.16 (SD = 20.82), and the mean PSQI global score was 7.31 (SD = 3.43), which lies above the cut-off of 5 used to identify poor sleepers. The LHQ-B distribution was moderately negatively skewed (skewness = −0.795, kurtosis = 0.927), and the PSQI global distribution was positively skewed (skewness = 0.861, kurtosis = 0.449); both values fell within the range of ±2 generally regarded as acceptable for parametric analysis. Mean PSQI component scores ranged from 0.28 (use of sleep medication) to 1.28 (sleep disturbances). The use of sleep medication component was markedly skewed (skewness = 2.294, kurtosis = 4.273), reflecting that most participants reported little or no use of sleep medication.

Table 1: Descriptive Statistics of Lifestyle Factors, Global Sleep Quality and Sleep Quality Components (N = 107)

Variable	*M*	*SD*	Skewness	Kurtosis
Lifestyle factors (LHQ-B total)	157.16	20.82	−0.795	0.927
Sleep quality (PSQI global)	7.31	3.43	0.861	0.449
C1 Subjective sleep quality	1.22	0.86	0.540	−0.187
C2 Sleep latency	1.25	0.87	0.184	−0.658
C3 Sleep duration[a]	1.25	1.05	0.347	−1.064
C4 Habitual sleep efficiency	0.77	0.94	0.976	−0.109
C5 Sleep disturbances	1.28	0.70	0.403	0.244
C6 Use of sleep medication	0.28	0.66	2.294	4.273
C7 Daytime dysfunction	1.27	0.94	0.270	−0.781

Note. LHQ-B = Lifestyle and Habits Questionnaire–Brief Version (higher scores indicate a healthier lifestyle); PSQI = Pittsburgh Sleep Quality Index (higher scores indicate poorer sleep quality); C1–C7 = PSQI component scores (range 0–3). [a]n = 106 because of one missing value.

As shown in Table 2, LHQ-B scores showed a significant negative correlation with PSQI global scores, $r(105) = -.366$, $p < .001$. Because higher PSQI scores indicate poorer sleep, students with healthier lifestyles reported better sleep quality. According to Cohen's guidelines, the strength of this relationship was moderate. H1 was therefore supported.

At the component level, LHQ-B scores were significantly and negatively correlated with subjective sleep quality ($r = -.364$, $p < .001$) and daytime dysfunction ($r = -.446$, $p < .001$). The correlation with sleep duration ($r = -.218$, $p = .024$, $n = 106$) did not reach the significance level of .01 adopted in this study, and the correlations with sleep latency, habitual sleep efficiency, sleep disturbances and use of sleep medication were small and non-significant (Table 2).

Table 2: Pearson Correlations Between Lifestyle Factors and Sleep Quality: Global Score and Components (N = 107)

Sleep quality variable	*r* with LHQ-B	*p*
PSQI global score	−.366**	< .001
C1 Subjective sleep quality	−.364**	< .001
C2 Sleep latency	−.111	.257
C3 Sleep duration[a]	−.218	.024
C4 Habitual sleep efficiency	−.068	.485

Sleep quality variable	*r* with LHQ-B	*p*
C5 Sleep disturbances	−.121	.213
C6 Use of sleep medication	−.061	.530
C7 Daytime dysfunction	−.446**	< .001

Note. LHQ-B = Lifestyle and Habits Questionnaire–Brief Version; PSQI = Pittsburgh Sleep Quality Index. **p < .01 (two-tailed). [a]n = 106.

A simple linear regression was conducted with the PSQI global score as the criterion and the LHQ-B total score as the predictor (Table 3). The model was statistically significant, F(1, 105) = 16.23, p < .001, and lifestyle factors explained 13.4% of the variance in sleep quality scores (R^2 = .134). The standardised coefficient (β = −.366, t = −4.03, p < .001) indicated that higher lifestyle scores were associated with lower PSQI scores, that is, better sleep quality. H2 was therefore supported.

Table 3: Simple Linear Regression Predicting Sleep Quality (PSQI Global Score) From Lifestyle Factors (N = 107)

Predictor	β	*t*	*p*
Lifestyle factors (LHQ-B total)	−.366	−4.03	< .001
Model summary: R = .366, R^2 = .134, F(1, 105) = 16.23, p < .001			

Note. Criterion = PSQI global score (higher scores indicate poorer sleep quality). β = standardised regression coefficient; LHQ-B = Lifestyle and Habits Questionnaire–Brief Version; PSQI = Pittsburgh Sleep Quality Index.

Separate simple linear regressions with each PSQI component as the criterion (Table 4) showed that LHQ-B scores significantly predicted subjective sleep quality, F(1, 105) = 16.03, p < .001, R^2 = .132, B = −0.015, SE B = 0.004, β = −.364, and daytime dysfunction, F(1, 105) = 26.13, p < .001, R^2 = .199, B = −0.020, SE B = 0.004, β = −.446. Lifestyle explained 4.8% of the variance in sleep duration (p = .024), which did not meet the adopted significance level of .01, and 1.5% or less of the variance in each of the remaining components.

Table 4: Simple Linear Regressions Predicting Each Sleep Quality Component from Lifestyle Factors (LHQ-B Total)

Criterion	R^2	Adj. R^2	F	B	$SE\ B$	β	t	p
C1 Subjective sleep quality	.132	.124	16.03	−0.015	0.004	−.364	−4.00	< .001
C2 Sleep latency	.012	.003	1.30	−0.005	0.004	−.111	−1.14	.257
C3 Sleep duration	.048	.039	5.21	−0.011	0.005	−.218	−2.28	.024
C4 Habitual sleep efficiency	.005	−.005	0.49	−0.003	0.004	−.068	−0.70	.485
C5 Sleep disturbances	.015	.005	1.57	−0.004	0.003	−.121	−1.25	.213
C6 Use of sleep medication	.004	−.006	0.40	−0.002	0.003	−.061	−0.63	.530
C7 Daytime dysfunction	.199	.192	26.13	−0.020	0.004	−.446	−5.11	< .001

Note. Each row is a separate simple linear regression with the LHQ-B total score as the predictor. B = unstandardised coefficient; SE B = standard error of B; β = standardised coefficient; Adj. = adjusted. F has df = (1, 105), except for sleep duration, df = (1, 104). Significance level set at p < .01.

DISCUSSION

The present study examined the relationship between lifestyle factors and sleep quality among Indian college students. Both hypotheses were supported: students with healthier lifestyles reported better sleep quality, and lifestyle factors significantly predicted global sleep quality scores, explaining 13.4% of their variance. The mean PSQI score of 7.31 lies above the conventional cut-off for poor sleep, suggesting that poor sleep quality was common in this sample, consistent with the high prevalence of poor sleep reported among university students in other countries (Gómez-Chiappe et al., 2020; Hashim et al., 2022; Preišegolavičiūtė et al., 2010).

The negative association between lifestyle and sleep quality is consistent with international evidence. Hashim et al. (2022), using the same lifestyle measure, found that unhealthy habits in the psychological health and nutrition domains were associated with poor sleep among Malaysian dental students, and studies in Colombia and the Middle East have linked irregular sleep timing, smoking, skipping breakfast and late-night eating to poorer sleep (Faris et al., 2022; Gómez-Chiappe et al., 2020). Substance use has likewise been associated with poorer sleep quality among students (Zavar Mousavi et al., 2024), and psychological factors such as loneliness and cognitive workload have been identified as predictors of sleep problems (Anandavelu et al., 2022). The present findings extend this evidence to Indian college students using a single multidimensional lifestyle index, suggesting that overall patterns of daily behaviour, and not only isolated habits, are related to how well students sleep.

The component-level results add a useful nuance. Lifestyle was most strongly related to subjective sleep quality and daytime dysfunction (explaining 13.2% and 19.9% of their variance, respectively), the components that reflect how students perceive their sleep and how well they function during the day. Its associations with sleep latency, habitual sleep efficiency, sleep disturbances and use of sleep medication were small and non-significant, and the association with sleep duration did not reach the adopted significance level. One possible explanation is that healthier habits, such as regular physical activity, balanced nutrition, good psychological health and a sense of purpose, may be more closely tied to feeling rested and functioning well during the day than to the timing and continuity of sleep. Because both lifestyle and the subjective sleep components were measured by self-report, shared-method variance may also have strengthened these particular associations. Given the importance of sleep for academic performance (Gomes et al., 2011; Kelly et al., 2001), the link between lifestyle and daytime dysfunction is particularly relevant for students.

At the same time, lifestyle factors accounted for only 13.4% of the variance in sleep quality, indicating that most of the variation in students' sleep is explained by other factors. Sleep quality is likely to reflect a complex interplay of biological factors such as chronotype (Kabrita et al., 2014), psychological factors such as stress and loneliness (Anandavelu et al., 2022), academic demands (Preišegolavičiūtė et al., 2010) and environmental conditions. Moreover, because the design was cross-sectional, the direction of the relationship cannot be determined: healthier habits may promote better sleep, but better sleep may also make it easier to maintain healthy habits.

CONCLUSION

This study found a significant moderate negative correlation between lifestyle scores and PSQI scores among Indian college students, indicating that students with healthier lifestyles reported better sleep quality. Lifestyle factors explained 13.4% of the variance in sleep

quality and were most closely related to subjective sleep quality and daytime dysfunction, explaining 13.2% and 19.9% of their variance, respectively. Although the cross-sectional design does not permit causal conclusions, the findings support the inclusion of sleep in campus health-promotion efforts that address students' lifestyle habits as a whole.

Limitations

Several limitations should be noted. First, the cross-sectional design precludes causal inference, and "prediction" in the regression analysis denotes statistical prediction only. Second, the sample was modest in size and was recruited through online convenience sampling, which limits generalisability to the wider population of Indian college students. Third, both lifestyle and sleep quality were measured by self-report, so the results may be affected by recall bias, social desirability and shared-method variance. Fourth, only the total LHQ-B score was analysed, so the contributions of individual lifestyle domains could not be identified. Fifth, the timing of data collection relative to examination periods was not considered, and academic stress may have influenced both lifestyle and sleep.

Implications

The findings suggest that efforts to improve students' sleep may benefit from addressing lifestyle habits more broadly. Colleges and universities could integrate sleep education into health-promotion programmes that also address physical activity, nutrition, substance use and psychological well-being, and could offer workshops on time management and stress reduction. Simple self-monitoring tools, such as sleep diaries, may help students recognise links between their daily habits and their sleep. The specific association with daytime dysfunction suggests that such programmes may also support students' daytime functioning and academic engagement, although intervention studies are needed to test these possibilities.

Future Directions

Future research could use longitudinal designs and objective sleep measures such as actigraphy, examine the individual LHQ-B domains, and test potential mediators such as stress and physical activity in larger and more representative samples of Indian college students. Intervention studies are also needed to determine whether improving specific lifestyle habits leads to better sleep quality and daytime functioning.

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