Egypt. J. of Nutrition and Health Vol.20 No.2 July (2025)

Gender Differences inHealth Behavior, Dietary Habits, and Safety among Medical Students in Egypt

Ola A. Mostafa, Alaa Abou Zeid, Marwa Rashad Salem Rasha Aziz Salama

Department of Public Health and Community Medicine, Cairo University

Abstract

Non-communicable diseases (NCDs) remain the leading causes of morbidity and mortality worldwide, with modifiable lifestyle factors playing a central role in their prevention. University students, particularly medical students, represent a key population for health promotion as their behaviors influence both their own long-term health and their future roles as health advocates. Gender differences in health behaviors are well-documented yet understudied in the Egyptian context. This study aimed to assess health behaviors including safety practices, smoking, nutrition, and physical activity among medical students in Cairo University, with a focus on gender-specific differences.

A cross-sectional survey was conducted on 807 consented students at Kasr-elaini School of Medicine, Cairo University. Data were collected using a validated, self-administered questionnaire covering multiple health behavior domains, including the International Physical Activity Questionnaire (IPAQ-S7S). Anthropometric measurements were obtained, and BMI was calculated. Statistical analyses were performed using SPSS version 20, with significance set at $p < 0.05$.The results revealed that the mean age of participants was 20.5 ± 1.31 years; 54.3% were female. Males had significantly higher tobacco smoking (16% vs. 2.1%, $p < 0.001$) and internet usage. Dietary habits differed; where females eat breakfast regularly and consume more fruits, while males consume more meat. Obesity was higher among females (65.1%), whereas overweight status was higher among males (33.1%). Females practiced better dental hygiene and road safety behaviors. The study concluded that significant gender disparities exist in health behaviors among participating medical students. These findings highlight the need for gender-sensitive health promotion strategies within medical education to foster healthier lifestyles and improve future healthcare outcomes.

Keywords:medical students, health behavior, gender differences, , dietary habits, road safety.

Introduction

Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, and chronic respiratory conditions are major global causes of death. Adopting a healthy lifestyle can significantly reduce the morbidity and mortality associated with these conditions by addressing modifiable risk factors ***(WHO, 2023).***Healthy behaviors including physical activity, proper diet, sleep hygiene, stress management, and avoiding smoking play a key role in preventing NCDs**(wang et al, 2023).**Since behaviors formed early in life influence long-term health, it is vital to examine health-related habits among young populations ***(Tafireyi et al., 2022).***

The transition to university life is a critical period marked by increased vulnerability to unhealthy behaviors, such as poor dietary habits and reduced physical activity ***(Heller, 2024)*.** University students face numerous challenges, including adapting to independent living, academic pressure, and lifestyle changes, which may increase their exposure to health risks ***(Almutairi et al, 2018),(Tafireyi et al., 2022)*.**Medical students, as future health professionals, are uniquely positioned to promote healthy lifestyles through education and peer influence. Their evolving training enables them to advocate for preventive health measures and influence community health outcomes ***(Ghanim et al., 2021).***

Gender plays a significant role in shaping health behaviors due to cultural and social norms. Studies have shown that female medical students often engage in healthier behaviors than males, highlighting the need for gender-sensitive interventions ***(Ghanim et al., 2021)*.** Gender-based differences in risk-taking and lifestyle choices must be considered to design effective health promotion strategies. Evidence suggests that targeted interventions can successfully improve students' health behaviors***(Gore et al., 2023).***

This study aimed to assess medical students' health behaviors such as safety practices, smoking, nutrition, and physical activity with an emphasis on gender differences. Identifying these variations is essential to inform gender-sensitive strategies in medical education and health promotion programs.

Participants and Methods

Study Design and Sample Size

This study utilized a cross-sectional design. It included a convenient sample of 807 medical students from Cario University Medical school.

Data Collection tool

Data was collected using a self-administered questionnaire in a classroom setting after obtaining a written informed consent.

The questionnaire was adapted from the Health and Behavior Survey ***(Steptoe & Wardle, 1996)*** and the National College Health Risk Behavior Survey,and the Global School Health Survey***(CDC, 2010).***Physical activity was assessed using the International Physical Activity Questionnaire short version (IPAQ-S7S)***(Craig et al, 2003).***

Anthropometric Measurements

Trained research team members measured students' weight and height. Height was measured without footwear using a stadiometer, and weight was measured without footwear or heavy accessories using a calibrated scale. Body mass index (BMI) was calculated as weight (kg) divided by height squared (m^2).

Data Analysis

The data was coded and entered using the statistical package SPSS for Windows, Version 20. Chicago, SPSS Inc. The data was summarized using mean and standard deviation for quantitative normally distributed variables, while median and interquartile range (IQR) were used for quantitative variables, which were not normally distributed. Numbers and percentages were used for qualitative

values. Statistical differences between groups were tested Chi-square or t -tests. P- Values less than or equal to 0.05 were considered statistically significant.

Ethical Considerations

Ethical clearance for the study was obtained from the Al Azhar University Research Ethics Committee (IRB 0001237). Prior to participation, written informed consent was obtained from all participants after explaining the objectives of the study. Participation was entirely voluntary, and participants were informed of their right to withdraw at any time without penalty.

Results

The mean age of the participants was 20.5 ± 1.31 years, with ages ranging from 18 to 27 years. More than half of the participants were female (54.3%). About three fifths (57%) were in their clinical years, and 98.1% were unmarried. Over half of the students (52.5%) lived with their parents. Academically, 36.6% achieved very good grades (Table 1)

Table 2 shows gender-specific differences in physical activity practices, including walking (6.5% males vs. 7.3% females, *P = 0.60*), vigorous exercise (13.3% males vs. 14.6% females, *P = 0.60*), and moderate exercise (18.4% males vs. 17.4% females, *P = 0.30*). No significant differences were observed.

Table (3) demonstrates that tobacco smoking was significantly higher among males (16%) compared to females (2.1%) (*P = <0.001*), while alcohol consumption was slightly more prevalent among males (4.1% vs. 1.8%, *P = 0.08*).

Table (1)

Sociodemographic Characteristics of the Studied Participants (N = 807)

Variable	No.	%
Gender		
Male	369	45.7
Female	438	54.3
Study Year		
Year 1	65	8.1
Year 2	202	25.0
Year 3	81	10.0
Year 4	274	34.0
Year 5	116	14.4
Year 6	69	8.6
Marital Status		
Married	15	1.9
Single	792	98.1
Place of Residence		
Alone	201	24.9
Hostel	182	22.6
With parents	424	52.5
Academic Performance		
Excellent	123	15.3
Very good	295	36.8
Good	212	26.4
Acceptable	96	12.0
Satisfactory	76	9.5
Age (years)		
Mean ± SD	20.5 ± 1.3	
Minimum – Maximum	18 – 27	

Table (2)

Physical activity practice among participating medical students (N=807)

Practice of Physical Activity	Male (n = 369)	Female (n = 438)	P value*
Walking			
No	344 (93.2)	406 (92.7)	0.60
Yes	25 (6.8)	32 (7.3)	
Vigorous Exercise			
No	320 (86.7)	369 (84.3)	0.60
Yes	49 (13.3)	69 (15.7)	
Moderate Exercise			
No	303 (82.1)	362 (82.6)	0.30
Yes	66 (17.9)	76 (17.4)	

Table (3)

Frequency of Tobacco Smoking, Drug Use, and Alcohol Drinking Among Medical Students (N = 807)

Health Behavior	Male (n = 369)	Female (n = 438)	P value*
Tobacco Smoking			<0.001
No	310 (84.0%)	429 (97.9%)	
Yes	59 (16.0%)	9 (2.1%)	
Drug Use			0.09
No	346 (93.8%)	399 (91.1%)	
Yes	23 (6.2%)	39 (8.9%)	
Alcohol Drinking			0.08
No	354 (95.9%)	430 (98.2%)	
Yes	15 (4.1%)	8 (1.8%)	

As seen in table (4), a significant gender difference in internet usage was observed, with males spending more time on the internet (4.2 ± 0.9 hours per day) compared to females (3.2 ± 0.7 hours per day, *P<0.001*). However, there is no significant difference in sleep duration, since males reported an average of 7.6 ± 1.9 hours per day compared to 7.8 ± 1.9 hours for females (*P = 0.08*).

Table (4)

Comparison internet use and sleep hours between males and females' medical students

Health Behavior	Male (n = 369)	Female (n = 438)	P value*
Mean hours of using the internet	4.2 ± 0.9	3.2 ± 0.7	<0.001
Sleep hours/day	7.6 ± 1.9	7.8 ± 1.9	0.08

Table (5) presents significant gender differences in dietary habits and BMI. Regarding breakfast intake, more females eat breakfast "almost every day" compared to males (47.9% vs. 39.5% of males), while males report higher rates of "sometimes" (36.2% vs. 31.2%) and "rarely or never" (24.3% vs. 20.9%) eating breakfast (*P = 0.03*). For meat intake, more males eat meat "at least once a day" compared to females (60.6% vs. 51.2%), whereas more females eat meat "about 2–3 times per week" than males (46.2% vs. 36.9%, *P = 0.02*). Fruit consumption by females is statistically significantly higher than males: Median(Q1:Q3) is 2(1:2) vs1(1:2), p<0.001respectively. The median number of meals per day is similar among males and females: Median(Q1:Q3) is 2(2:3). Additionally, vegetable consumption is comparable between genders with median values of 1(1:2) versus 1(1:2) (*P = 0.3*). Salt usage is significantly higher among females, with 63.4% reporting "usual" salt use compared to 53.1 % of males (*P = 0.01*). Additionally, females consume more snacks and fruits with a median (Q1:Q3) =2(1:2) compared to 1(1:2) among males(p=0.06).

In terms of BMI, obesity is significantly higher in females (65.1%) than males (48.5%).Overweight is significantly higher in males compared to females (33.1% vs. 21.5%, *P = 0.001*). Normal weight and underweight categories show minimal differences between genders.

Table (5)

Comparison of dietary habits and Body mass index between male and female medical students

Dietary Habit	Male (n = 369)	Female (n = 438)	P value
Eating breakfast			0.03
Almost every day	147 (39.5)	209 (47.9)	
Sometimes	133 (36.2)	136 (31.2)	
Rarely or never	89 (24.3)	93 (20.9)	
Eat meals including meat			0.02
At least once a day	223 (60.6)	224 (51.1)	
About 2–3 times per week	136 (36.9)	202 (46.3)	
Never	10 (2.6)	11 (2.6)	
Adding extra salt to meals			0.01
Usually	196 (53.1)	276 (63.4)	
Sometimes	99 (26.8)	93 (20.7)	
Very occasionally / Never	74 (20.1)	69 (15.9)	
Number of meals/day (Median [Q1:Q3])	2 [2:3]	2 [2:3]	0.55
Number of snacks/day (Median [Q1:Q3])	1 [1:2]	2 [1:2]	0.06
Number of fruits/day (Median [Q1:Q3])	1 [1:2]	2 [1:2]	<0.001
Number of vegetables/day (Median [Q1:Q3])	1 [1:2]	1 [1:2]	0.30
Body Mass Index (BMI)			0.001
Obese	179 (48.5)	285 (65.1)	
Overweight	122 (33.1)	94 (21.5)	
Normal	27 (7.3)	27 (6.2)	
Underweight	41 (11.1)	32 (7.3)	

Tables (6) compares practicing some healthy habits between students of different sex. Dental hygiene practices were better among females: 92.3% of females use toothbrush versus 79.7% of males (*P <0.001*). Additionally, females reported more frequent dental check-ups (17.6% visiting "twice a year" compared to 8.8% among males, (*P <0.001*).

Road safety behaviors showed that 20.4% of females always use seat belts, compared to 12.4% of males (*P <0.001*), and 85.7% of females reported driving within speed limits compared to 66.9% of males (*P = 0.00*). Injury prevalence was high among males, and they experienced more serious injuries. However, the difference is not significant.

Table (6)

Comparison of healthy habits practice among male and female medical students

Health Behavior	Male (n = 369)	Female (n = 438)	P value
Dental hygiene (toothbrush)			<0.001
No	75 (20.3)	34 (7.7%)	
Yes	294 (79.7)	404 (92.3%)	
Frequency of dental checkup			<0.001
Twice a year	32 (8.8)	77 (17.6)	
Once a year	39 (10.7)	41 (9.4)	
Rarely	146 (40.1)	202 (46.1)	
Never	147 (40.4)	118 (26.9)	
Use of seat belt			<0.001
All of the time	45 (12.4)	89 (20.4)	
Some of the time	115 (31.8)	111 (25.3)	
Never	133 (36.7)	124 (28.3)	
I don't ride cars	69 (19.1)	114 (26.0)	
Travel within the speed limit			<0.001
All of the time	240 (66.9)	367 (85.7)	
Most of the time	58 (16.2)	36 (8.4)	
Some of the time	33 (9.2)	20 (4.7)	
Rarely	28 (7.8)	5 (1.2)	
Had injuries in the last year			0.10
No	279 (75.6)	347 (79.2)	
Yes	90 (24.4)	91 (20.8)	
Most serious injury in last 12 months			0.20
Not seriously injured	299 (83.3)	381 (86.9)	
Broken bone / dislocation	23 (6.4)	15 (3.4)	
Cut / stab wound	24 (6.7)	19 (4.1)	
Head/neck injury or breathing issue	4 (1.1)	1 (0.2)	
Burn	9 (2.5)	2 (0.4)	

Discussion

This study assessed health behaviors, dietary habits, and safety practices among medical students at Kasr-elaini School of Medicine, Cairo University, revealing several important gender-specific differences. The findings provide valuable insights into the health profiles of future physicians in Egypt.

Physical activity is vital for physical and mental health, helping prevent chronic diseases and improve cognitive function***(WHO, 2023).*** Despite these well-documented benefits, the current study reveals alarmingly low levels of physical activity among medical students, with no significant gender differences in walking, vigorous exercise, or moderate exercise. These findings are consistent with other recent studies reporting that over 60% inactivity in similar groups***(Pramod et al, 2024). (Uppu et al, 2016)***. In contrast, other studies indicated a higher percentage of physical activity among medical students, with lower levels among females ***(Mohamed et al, 2021)***. The high inactivity level in the current study is concerning because medical students' own health behaviors affect their future patient counseling and risk of obesity and mental health issues***(Stratakis et al, 2024).*** This might be attributed to demanding academic workload, high screen time, and limited access to exercise facilities.

Smoking was reported by almost one tenth of students with a significantly higher prevalence among male students. A higher prevalence of smoking especially among males was reported by other studies in Saudi Arabia ***(Abudasser et al, 2024), (Alkhalaf , et al, 2021)*** and Thailand ***(Chinwong, et al, 2018).*** The significantly higher prevalence of tobacco use especially among male medical students compared to females is a major concern. This aligns with global patterns of tobacco use, where males generally have higher rates of tobacco use. Given the role of medical professionals as health advocates and role models, this finding underscores the urgent need for targeted smoking cessation programs for male students. Although alcohol consumption was relatively low in the current study, the

slightly higher prevalence among males compared to female counterparts mirrors findings from other studies. For example, a study of Chinese medical undergraduates found that more males exhibited alcohol abuse or dependence compared to females[2]. Similarly, other studies have identified male gender as a significant risk factor for hazardous drinking among medical students ***(Gajda et al, 2021).*** The significant gender difference in internet usage, with males spending more time online, has implications for both mental and physical health. Excessive internet use has been linked to sleep disturbances, eye strain, sedentary behavior, and mental health issues like anxiety and depression. While the study didn't assess the specific purposes of internet use, it's important to promote awareness of responsible technology use and encourage students to engage in alternative activities***(Shadzi et al, 2020).***

The current study identified clear gender differences in dietary habits among medical students. Females were more likely to eat breakfast regularly, similar to findings from another study in Minia governorate where female medical students reported higher daily breakfast consumption than males ***(Raouf et al, 2022).*** In this study, males consume more meat, a pattern associated with increased cardiovascular and colorectal cancer risks, possibly influenced by cultural norms linking meat consumption with masculinity and differences in nutritional literacy***(Feraco et al, 2024),(Hošková et al, 2024)***. Females consume more snacks and fruits, reflecting a tendency toward healthier food choices and greater health and appearance concerns similar to other studies***(Lombardo et al , 2023).*** Despite these differences, meal frequency and vegetable intake were similar between genders, paralleling findings in Indian medical students where females consumed more fruit, but vegetable intake differences were less consistent ***(Uppu et al, 2016).*** However, overall fruit and vegetable consumption remains below recommended levels, echoing previous studies showing less than two-fifths of medical students meet intake guidelines, highlighting a gap between knowledge and practice even among future healthcare professionals ***(Borlu et al, 2019).*** Notably, higher salt usage among females raises concerns given its link to hypertension and cardiovascular disease, underscoring the need for gender-sensitive nutritional interventions.

The significant gender differences in BMI observed among medical students, with obesity more prevalent in females, and a higher proportion of overweight males reflect patterns reported in recent studies examining BMI status in similar populations. A 2023 comprehensive statistical analysis highlighted distinct gender-specific BMI variations, showing females tend to cluster more in normal and obese categories, whereas males have a higher prevalence of overweight status, consistent with the current findings***(Behera et al, 2023).*** These differences may be influenced by biological factors such as hormonal regulation of fat distribution, as well as lifestyle behaviors including physical activity levels, which have been shown to differ by gender among overweight and obese medical students***(Adamczak et al, 2025).***While some studies report higher obesity rates in females due to factors like lower physical activity and metabolic differences, males often exhibit increased overweight prevalence potentially linked to greater muscle mass and lifestyle patterns***(Szemik et al, 2024).*** This finding highlights the potential influence of cultural factors on body image and dietary practices among female medical students in Egypt. Further research is needed to explore these underlying factors, including dietary choices, physical activity levels, and perceptions of body weight.

Recent studies show that female medical students generally practice better dental hygiene than males, including more frequent brushing and dental clinic visits***(Gupta et al ,2020).*** This was revealed by the current study, reflecting greater health consciousness and awareness of preventive health measures among female medical students. Educational campaigns should leverage these

positive behaviors and target male students to improve their adherence to dental hygiene and road safety guidelines.

The present study reveals pronounced gender differences in road safety behaviors among medical students, with females demonstrating significantly higher rates of seat belt use and adherence to speed limits compared to males. These findings align with recent research indicating that women generally prioritize caution and compliance with traffic regulations, while men are more likely to engage in aggressive driving behaviors, such as speeding and reduced seat belt use***(Afshari, 2024).*** Despite these safer self-reported behaviors among females, the prevalence and severity of road injuries were higher in males, although the difference did not reach statistical significance in this cohort. This pattern is consistent with large-scale cohort studies, such as the DRIVE study, which found that men have higher rates of most crash types***(Cordellieri et al, 2024).*** This suggests that gender-related behavioral differences, such as greater tolerance for speeding and violations, significantly influence injury risk, especially in young drivers. Therefore, road safety research and interventions should be gender-sensitive, addressing the specific risk factors for both men and women. A comprehensive, life-course approach targeting behavioral and structural factors is likely the most effective way to reduce crashes and injuries across genders.

Conclusion

The findings from this study underscore the importance of addressing genderdisparities in health behaviors among medical students at Cairo University. Interventions aimed at promoting healthier lifestyles, enhancing mental health support services, and encouraging responsible behaviors could significantly improve the overall well-being of these future healthcare professionals. Given the high prevalence of obesity and unfavorable lifestyle observed, it is imperative that medical schools implement comprehensive wellness programs tailored to the specific needs of their student populations.

Limitations

This study was conducted at a single medical school, which may limit the gener alizability of the findings. However, these limitations do not affect the internal validity of the study, as the instrument was piloted, standardized, and consistently applied to a representative sample.

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الإختلافات بين الجنسين في السلوك الصحي والعادات الغذائية والسلامة بين طلاب الطب في مصر

علا مصطفى ، الاء أبو زيد ، مروة رشاد سالم ، رشا عزيز سلامة

قسم الصحة العامة - جامعة القاهرة

الملخص العربي

الخلفية:

تظل الأمراض غير السارية (NCDs) هي الأسباب الرئيسية للمراضة والوفيات على مستوى العالم، حيث تلعب عوامل نمط الحياة القابلة للتعديل دورًا محوريًا في الوقاية منها. يمثل طلاب الجامعة، وخاصة طلاب الطب، فئة مهمة لتعزيز الصحة، إذ تؤثر سلوكياتهم على صحتهم أثرا طويل الأمد وعلى أدوارهم المستقبلية كدعاةللحفاظ على الصحة. على الرغم من توثيق الفروق بين الجنسين في السلوكيات الصحية، إلا أن هذه الفروق لم تُدرس بشكل كافٍ في السياق المصري.

الهدف:

هدفت هذه الدراسة إلى تقييم السلوكيات الصحية، بما في ذلك ممارسات السلامة، التدخين، التغذية، والنشاط البدني، بين طلاب كلية الطب بجامعة القاهرة مع التركيز على الفروق بين الجنسين.

الطرق:

أُجريت دراسة مسحية مستعرضة شملت 807 طلاب بعد أخذ موافقتهم من كلية الطب بقصر العيني، جامعة القاهرة. جُمعت البيانات باستخدام استبيان ذاتي موجه ومُعتمد يغطي مجالات متعددة للسلوك الصحي، بما في ذلك استبيان النشاط البدني الدولي-IPAQ) .(S7Sتم قياس المؤشرات الأنثروبومترية وحساب مؤشر كتلة الجسم .(BMI) أُجريت التحليلات الإحصائية باستخدام برنامج SPSSالإصدار 20، مع اعتبار الدلالة الإحصائية عند قيمة$p < 0.05$.

النتائج:

كان متوسط عمر المشاركين 20.5 ± 1.31 سنة، وبلغت نسبة الإناث 54.3%. كان استخدام التبغأعلى في الذكور (16% مقابل 2.1%في الإناث. ($p < 0.001$وكان استخدام الإنترنت أعلى بشكل ملحوظ بين الذكور. اختلفت العادات الغذائية بين الجنسين؛ حيث كانت الإناث أكثر انتظامًا في تناول وجبة الإفطار واستهلاك الفواكه، بينما استهلك الذكور كميات أكبر من اللحوم. كان السمنة أكثر شيوعًا بين الإناث (65.1%)، في حين كان الوزن الزائد أعلى بين الذكور (33.1%). مارست الإناث عادات أفضل في نظافة الأسنان وسلوكيات السلامة على الطرق.

الخلاصة:

توجد فروق كبيرة بين الجنسين في السلوكيات الصحية بين طلاب كلية الطب بجامعة القاهرة. تؤكد هذه النتائج على ضرورة تبني استراتيجيات تعزيز صحة تراعي الفروق بين الجنسين ضمن التعليم الطبي لتعزيز أنماط حياة أكثر صحة وتحسين نتائج الرعاية الصحية المستقبلية.

الكلمات المفتاحية:

طلاب الطب، السلوك الصحي، الفروق بين الجنسين، ، العادات الغذائية، سلامة الطرق