

Iranian Women Life Style: A Cross Sectional Study the West of Iran based on Findings of SABA Project (Iranian Women Health Project)

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Abstract: Life style as one of the most influential factors on health; in addition people who manage a healthy life style show fewer risky behaviors. The present study aims to investigate life style of middle age women in Ravansar city, in the Kermanshah county in West of Iran. In this cross-sectional study, conducted in Kermanshah county, the West of Iran, a total of 500 profiles of documenting Iranian women health were randomly selected to participate in the study. Data were analyzed by SPSS Version 21. Participants' ages ranged from 30-60. Their average age was 44.94 years old, SD = 8.28. Smoking, alcohol drinking and drug abuse were reported 0.6, 0.2, 0.2 and 0.2%, respectively. About 34.6% of women had appropriate physical activity. The findings indicated, majority of participants suffered from abdominal obesity, over weight and obesity (74.6%) about 65.2% of them lived an inactive life style. On the other hand, 47.6, 53.2 and 22.6% of participants did not consume enough dairy products, vegetables and fruits, respectively. Also, 20.4, 29.2, 59.2 and 53% of participants reported eating fast food every week, drinking carbonated drinks every week and using semi-solid and solid oils and using salt with food, respectively.

Key words: Life style, women health, obesity, physical inactivity, eating habits

INTRODUCTION

World Health Organization (WHO) defined life style according to certain patterns resulting from interaction of personal features, social interactions, environmental situations and socio-economic conditions (Dilley and Scraton, 2010). Now a days, experts introduce life style as one of the most influential factors on health; in addition, WHO announced that changes in life style could reduce risk factors to life (Meillier *et al.*, 1997). Several studies reported that people who manage a healthy life style show fewer risky behaviors. Wide studies on life style also showed that smoking, inadequate physical activities, improper nutrition and obesity directly increase the risk of various chronic diseases (Ford *et al.*, 2010). Curtis and coauthors estimated that over 50% untimely deaths in western countries result from people life styles (Taylor, 2012). Exercising and normal nutrition have been known to cause mental-physical health. Healthy life style, including

having breakfast, regular exercise, etc., directly affects mental health. Unhealthy diet, on the other hand, results in a wide range of chronic diseases such as cardiovascular diseases, cancer, diabetes and illnesses relative to obesity; furthermore, a healthy diet includes having more fruits, vegetables, beans, nuts, cereals and avoiding salt, sugar, solid and semi-solid oils (Chen *et al.*, 2005). Also, lack of physical activities is known as the fourth reason to death around the world. Regular exercising, such as jogging and cycling, has been proved to positively affect health conditions. Such regular exercising may reduce the risk of cardiovascular problems, diabetes, cancer, colon cancer and depression (Anderson *et al.*, 2010). On the other hand, several studies suggested negative effects of drinking alcohol, smoking, drug abuse and psychotropic drug abuse on various illnesses and physical, mental and social problems (Jalilian *et al.*, 2015; Jouibari *et al.*, 2014; Ataee *et al.*, 2014). Ford *et al.* (2010) studied factors such as eating vegetables and fruits, physical activities, smoking and

Mass Body Index (MBI) among American citizens and reported the decrease of healthy life style among adults during the last decade (Ford *et al.*, 2010). Also, Pisinger *et al.* (2009) reported a direct relationship between physical activity and physical health, improved mental condition and healthy diet in Denmark. They further suggested that an unhealthy life style caused less mental and physical health. A study in Australia reported middle age as a proper time to for women to improve their health behaviors. Results from a study suggested that 34% of the population under study increased their regular physical activities and almost 60% of them improved their diet at the age of 40 (Anderson *et al.*, 2010). On the other hand, more recent studies on life style reported that influential factors on healthy life style have changed during recent years, so that physical activity scale decreased from 53-43% and eating 5 portions of fruits and vegetables per day decreased from 42-26; as the result, people mass body index increased from 28-36% and drinking alcohol increased to 51% (King *et al.*, 2009). Considering the facts above, it seems essential to design and plan interventions to reform life style. Though, it is necessary to identify the conditions before planning interventions. In this regard, experts believe that the first step to plan intervention plans should be the study on epidemiology (Mirzaei *et al.*, 2011; Matin *et al.*, 2014; Alavijeh *et al.*, 2015). The present study aims to investigate life style of middle age women in Ravansar, West of Iran.

MATERIALS AND METHODS

It is a descriptive study and the required data was collected from SABA recordings in 2015 in Ravansar, West of Iran. In this study, 500 profiles were selected randomly and the needed data was gathered. The first form of Documenting Iranian Women Health, developed

by in two parts by Health Care Ministry of Iran was used to get the data. This study which has been approved by the Institutional Review Board at the Kermanshah University of Medical Sciences (KUMS.REC.1394.449).

Part 1; includes background and demographic information. It includes 5 items and checks for participant’s age, (year), education (elementary school, guidance school, high school, college degrees), marital status (single, married, widow, divorced), occupation, having health care insurance (yes, no).

Part 2; this study includes the items on life style such as normal diet (dairy products, vegetables and fruits consumption with average 2 or 3 portion per day), inappropriate eating habits (having fast foods, drinking soda, using solid and semi-solid oils, using salt with food (checked by yes/no choices), checking BMI (normal, thin, overweight, obese, abdominal obesity), physical activities (checked as appropriate/inappropriate), regular exercising at average rates (e.g., 30 min jogging 5 days a week) and drinking alcohol, smoking, drug abuse and sleeping medicines (yes/no). The information gathered was analyzed using SPSS Software Version 21.

RESULTS AND DISCUSSION

Participants’ ages ranged from 30-60. Their average age was 44.94 years old, SD = 8.28. Considering education, 42.6% were illiterate, 36.8% finished elementary school, 11.2% finished guidance school, 6.2% finished high school and 3% had college degree. Only 1 participant (2%) was employed. 98% of participants was married and 2% was single. All participants used health insurances. Figure 1 and 2 show participants’ BMI and physical activity rates. Furthermore, smoking, alcohol drinking, drug abuse and taking tranquilizers were reported 0.6, 0.2, 0.2 and 0.2%, respectively.

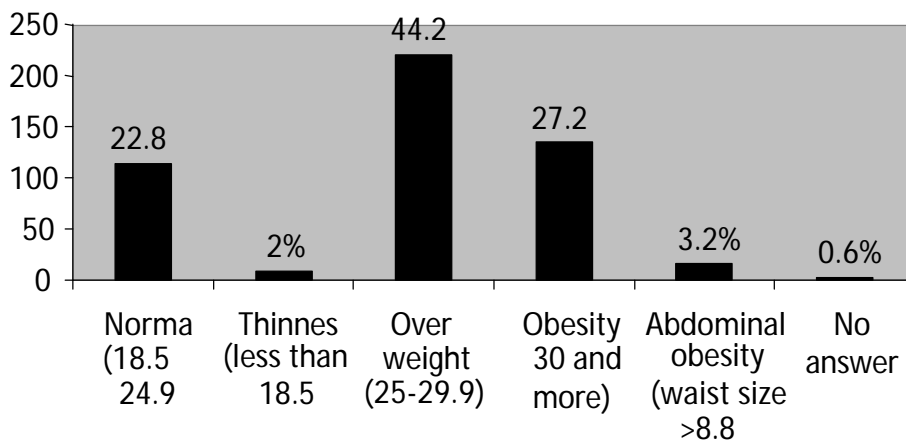


Fig. 1: Body mass index status among participants

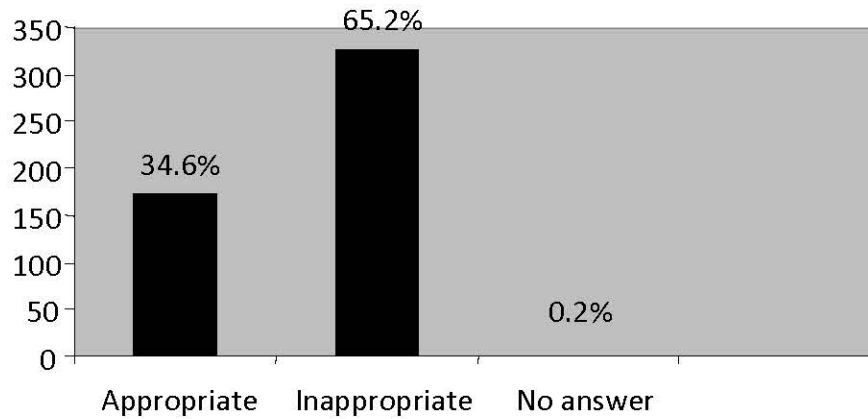


Fig. 2: Physical activity status among participants

Table 1: Diet and food groups' consumption among participants

Diet and food groups	Appropriate (%)	Inappropriate (%)	Missing
Daily dairy product use	259 (51.8)	238 (47.6)	2 (0.4)
Daily vegetables use	232 (46.4)	264 (53.2)	4 (0.8)
Daily fruits use	385 (77.0)	113 (22.6)	2 (0.4)

Table 2: Bad eating habits among participants

Bad eating habits	No (desired)	Yes (not desired)	Missing
Weekly fast food eating	397 (79.4)	102 (20.4)	1 (0.2)
Weekly carbonated drinking use	354 (70.8)	146 (29.2)	-
Using solid and semi-solid oils	203 (40.6)	296 (59.2)	1 (0.2)
Using salt with food	234 (46.8)	265 (53.0)	1 (0.2)

Furthermore, Table 1 and 2 shows status of diet and inappropriate eating habits among the participants. Results from the present study showed 0.2-0.6% of drug abuse. In this regards, on their study on students, Takakura *et al.* (2001) reported smoking and alcohol drinking among 17.4 and 38.4% of the population under study, respectively. Simantov *et al.* (2000) reported alcohol drink 19.3%. Studies suggested lower rates of drug abuse and alcohol drinking among Iranian women. The reason could be that in Iran such behaviors are considered immoral however, participants might avoid answering due to legal reasons. Notice that the present study investigated middle age women in Iran while the recent epidemiologic studies reported that drug abuse age reduced to teen ages. Therefore, it seems essential to study the effective factors to prevent drug abuse at young ages to plan influential interventions.

Based on the results from MBI, only 22.8% of participants had normal MBI. Ramezani *et al.* (2011) reported 4.5% thin, 45.4% normal MBI, 38%. About 8 overweight and 11.3% obese. Increasing rates of obesity has turned it to one of the biggest health challenges around the world which results from a complicated interaction between environmental factors, genetics and life style. In addition to increase in number of diabetes type 2, cardiovascular diseases and cancer cases, obesity

may cause several other negative consequences to social health due to high economical expenses, increasing death rates and lower life quality (Tabatabaei *et al.*, 2015). Results from the present study also reported the necessity to pay attention to obesity in Iran. Results showed that 65.2% of participants had inappropriate physical activity conditions. Along with that, results from national study in Iran by WHO showed 76.3% of prevalence of inactivity in urban and rural areas focusing on having leisure time physical activity among women from 15-64 (Hazavehei *et al.*, 2008). Inactive life style has been known as a risk factor to various diseases and low rates of physical activities in society could warn health care policy makers in Iran.

Results from the present study suggested 51.8, 46.4 and 77% of participants consuming normal amounts of dairy products, vegetables and fruits, respectively. Furthermore, findings from our study reported 20.4% participants using fast foods, 29.2% drinking carbonated drinks, 59.2% using solid oils and 53% using salt with food. In this regards, Fazelpour *et al.* (2011) showed 97% participants using fried foods and 67% using fatty foods. Knowing that solid oils has been known as a threaten to cardiovascular health, which causes the highest cases of death in Iran and considering the results of studies showing prevalence of unhealthy diets in Iran, it seems essential to consider the importance of developing interventions to improve life style in regard to nutrition.

Considering the importance of life style, Tamakoshi *et al.* (2009) suggested a reverse relationship between six factors relative to healthy life style (including avoid smoking, avoid drinking alcohol and using vegetables almost every day, MBI 18.5-24.9, regular physical activity and enough sleeping) and death due to every possible reasons among men and women and these

factors have been known to reduce death toll up to 49%. Therefore, it is essential to consider the issue in Iranian communities to reduce chronic disease and improve communities' health.

CONCLUSION

Majority of participants suffered from abdominal obesity, over weight and obesity (74.6%) about 65.2% of them lived an inactive life style. On the other hand, 47.6, 53.2 and 22.6% of participants did not consume enough dairy products, vegetables and fruits, respectively. Also, 20.4, 29.2, 59.2 and 53% of participants reported eating fast food every week, drinking carbonated drinks every week and using semi-solid and solid oils and using salt with food, respectively.

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REFERENCES

Alavijeh, M.M, M. Mahboubi, F. Jalilian, A. Aghaei and T.A. Jouybari, 2015. Factors related to self-breast examination based on health belief model among Iranian women. *Res. J. Med. Sci.*, 9: 105-108.

Anderson, R., D. Anderson and C. Hurst, 2010. Modeling factors that influence exercise and dietary change among midlife Australian women: Results from the healthy aging of women study. *Maturitas*, 67: 151-158.

Ataee, M., T.A. Jouybari, M.M. Alavijeh, A. Aghaei, M. Mahboubi and F.Z. Motlagh, 2014. Images of methamphetamine users among iranian adolescents: An application of prototype willingness model. *Life Sci. J.*, 11: 224-227.

Chen, X., M. Sekine, S. Hamanishi, H. Wang and A. Gaina *et al.*, 2005. Lifestyles and health-related quality of life in Japanese school children: A cross-sectional study. *Preventive Med.*, 40: 668-678.

Dilley, R.E. and S.J. Scraton, 2010. Women, climbing and serious leisure. *Leisure Stud.*, 29: 125-141.

Fazelpour, S.H., M.H. Baghianimoghadam, A. Nagharzadeh, H. Fallahzadeh and F. Shamsi *et al.*, 2011. Assessment of fast food consumption among people of Yazd city. *Toloo E Behdasht*, 10: 25-34.

Ford, E.S., C. Li, G. Zhao, W.S. Pearson and J. Tsai *et al.*, 2010. Trends in low-risk lifestyle factors among adults in the United States: findings from the behavioral risk factor surveillance system 1996-2007. *Preventive Med.*, 51: 403-407.

Hazavehei, S.M.M., Z. Asadi, A. Hassanzadeh and P. Shekarchizadeh, 2008. Comparing the effect of two methods of presenting physical education II course on the attitudes and practices of female students towards regular physical activity in Isfahan University of medical sciences. *Iran. J. Med. Educ.*, 8: 121-131.

Jalilian, F., M. Ataee, M.B. Karami, M. Ahmadpanah and T.A. Jouybari *et al.*, 2015. Cognitive factors related to drug abuse among a sample of iranian male medical college students. *Global J. Health Sci.*, 7: 143-151.

Jouybari, A.T., N. Fattahi and M. Shamsipur, 2014. Rapid extraction and determination of amphetamines In human urine samples using dispersive liquid-liquid microextraction and solidification of floating organic drop followed by high performance liquid chromatography. *J. Pharm. Biomed. Anal.*, 94: 145-151.

King, D.E., A.G. Mainous, M. Carnemolla and C.J. Everett, 2009. Adherence to healthy lifestyle habits in US adults, 1988-2006. *Am. J. Med.*, 122: 528-534.

Matin, B.K., F. Jalilian, M.M. Alavijeh, H. Ashtarian and M. Mahboubi *et al.*, 2014. Using the PRECEDE model in understanding determinants of quality of life among Iranian male addicts. *Global J. Health Sci.*, 6: 19-27.

Meillier, L.K., A.B. Lund and G. Kok, 1997. Cues to action in the process of changing lifestyle. *Patient Educ. Counsel.*, 30: 37-51.

Mirzaei A.M., Z.M. Nasir, M. Mostafei, S. Khodarahmi and F. Jalilian *et al.*, 2011. Anxiety prevalence survey of 144 students from payam-e-nour boiene mieandasht university (Isfahan) and its relationship with irritable bowel syndrome in 2011. *Govaresh*, 16: 83-90.

Pisinger, C., U. Toft, M. Aadahl, C. Glumer and T. Jorgensen, 2009. The relationship between lifestyle and self-reported health in a general population: The Inter 99 study. *Preventive Med.*, 49: 418-423.

Ramezani, Y., M. Mobasher, S.G. Moosavi, A. Bahrami and F. Rayegan *et al.*, 2011. Exposure rate of cardiovascular risk factors among clients of health-care clinics in Kashan, Autumn 2010. *J. Shahrekord Univ. Med. Sci.*, 13: 76-82.

- Simantov, E., C. Schoen and J.D. Klein, 2000. Health-compromising behaviors: Why do adolescents smoke or drink? Identifying underlying risk and protective factors. *Arch. Pediatr. Adolesc. Med.*, 154: 1025-1033.
- Tabatabaei, M.O., M. Khodaeian and M.M. Amoli, 2015. Association between genetic variants and obesity in Iranian population: Review article. *Iran. J. Public Health*, 43: 71-82.
- Takakura, M., T. Nagayama and S. Sakihara, 2001. Patterns of health-risk behavior among Japanese high school students. *J. Adolescent Health School Health*, 71: 23-29.
- Tamakoshi, A., K. Tamakoshi, Y. Lin, K. Yagyu and S. Kikuchi *et al.*, 2009. Healthy lifestyle and preventable death: Findings from the Japan Collaborative Cohort (JACC) study. *Preventive Med.*, 48: 486-492.
- Taylor, S.E., 2006. *Health Psychology. International Edn.*, McGraw-Hill, New York, USA.