

## The Mothers' Lifestyle Status in Zanjan Province

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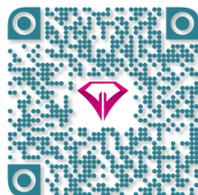
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### ABSTRACT

**Background & Objective:** Lifestyle is an important factor in determining family and community health. Therefore, the current study aimed to determine the status of mothers' lifestyle in Zanjan province, Iran.

**Materials & Methods:** The study is part of a national cross-sectional project implemented by the National Institute for Medical Research Development (NIMAD) in Iran. This study used multi-stage cluster sampling and included 1039 mothers from Zanjan province in 2015-2016. The data gathering tools were the lifestyle questionnaire (LSQ) and a demographic questionnaire. Data were analyzed by SPSS 20.

**Results:** The results showed that the lifestyle status of 4.6% of the mothers was lower than the normal level, 89.3% at the normal level, and 6.1% was good. Mean and standard deviation of the total lifestyle of mothers was  $2.01 \pm 0.31$ . Evaluating the mean of lifestyle components showed that the highest mean of lifestyle status in mothers in Zanjan province was related to drugs avoidance ( $M=2.65$ ) and the lowest mean was related to sport and health components ( $M=1.44$ ).

**Conclusion:** The lifestyle status of the studied samples was predominantly at normal level. However, their status in such components as exercise and health, environmental health, weight control, nutrition, and physical health was not very favorable, which makes it necessary to plan more precisely in this area. Results showed that mothers living in the city had a significantly better lifestyle than those living in rural areas. Findings also indicated that mothers with a higher level of education had a better lifestyle than those with a lower level.

**Keywords:** Lifestyle, Mothers, Nutrition, Physical health, Weight control, Zanjan province



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## Introduction

The health of a community depends on the lifestyle of its members. Lifestyle is a unique pattern of behavioral characteristics and habits that each individual shows (1) and includes activities such as sleeping hours, nutrition patterns, physical activity, work hours, and the way of communicating with others, which are repeated daily.

Lifestyle patterns are rooted in old habits and affect the health of a person in long term (2,3). If this style is unhealthy and inefficient, the person is at risk of diseases, or even disasters (4). Evidence suggests that a large percentage of people have unhealthy lifestyles. According to the World Health Organization (WHO), lifestyle-related diseases accounted for 68% of world mortality in 2012 (5). In Iran, diseases caused by an unhealthy lifestyle are among the most common causes of illness and mortality (4).

The results of some previous studies show that unhealthy lifestyle is effective in the development of

chronic diseases, including cardiovascular diseases, cancer, AIDS, stomach ulcers, and high blood pressure (6-9). In addition, many health problems, such as obesity and addiction, are related to lifestyle (10). On the other hand, an unhealthy lifestyle is associated with psychological problems (11). For example, the results of Ahmadi *et al.* showed that an unhealthy lifestyle and obesity are directly related to depression in women (12). Also, Tierra *et al.* showed that people who had regular sleep hours, exercise, and nutritional habits had a higher emotional compromise and suffered from fewer physical and psychological disorders (13). Also, Furihata *et al.* studied the relationship between lifestyle and depression symptoms. Their results showed that an unhealthy lifestyle is associated with depression symptoms (14).

Given the fact that healthy lifestyles are formed at early ages, identification of the factors affecting the development of children's behavioral habits is important.

Moreover, family can play an important role in expanding the healthy or unhealthy lifestyle of children and create conditions that can lead to unhealthy behavioral habits. According to Adler, children's lifestyle is shaped based on their interactions with the environment, especially with his or her caregivers; therefore, the lifestyle and the way of communication between the important individuals of the children's life play a significant role in their habits and behaviors. Behavioral habits and child's lifestyle can be examined through the official assessment of his or her family system. Evidence suggests that recognizing and improving parents' lifestyle can help to improve the lifestyle and behavioral patterns of children (15,16). Onayli and Baker stated that the essence of the relationship between mother and child plays a deterministic role in their mental and social health (17). The results of Suleymani *et al.* showed that mothers' unhealthy lifestyle has a decisive role in obesity and affliction of children with eating disorders (18). Also, the results of another study showed that mothers' lifestyle is related to sleep habits and the body mass index (BMI) of children (19).

Awareness of the effects of lifestyle shows us that the responsibility of the parents and, in general, the family environment is more important than what is usually considered. In such a situation, given that children are the future-makers of a society and can determine the physical and psychological health of that society, it is necessary to examine the behavior of caregivers, and especially to identify their lifestyle. Nevertheless, this issue has been traditionally neglected in Iranian society. Taking what was mentioned into account, the aim of this study was to investigate the status of mothers' lifestyle in Zanjan province.

## Materials and Methods

### Participants and Procedure

The present study is part of a national cross-sectional project implemented in all provinces of Iran (20). The statistical population of the study consisted of all mothers of Zanjan province in 2015-2016. Given that in the national project, for each province a sample of 1000 individuals were estimated (20), using multi-stage cluster sampling (classified cluster and random sampling), we included 1039 mothers in the present study (divorced mothers and widows were also included). The inclusion criteria were Zanjan resident for at least one year and consent to participate in this research. The only exclusion criteria were not willingness to participate in the study. In the first stage, 170 blocks (each block included 6 people) were selected from the capital of Zanjan province as well as other cities and villages. The blocks were randomly selected according to the postal code. In the next stage, the interviewers were referred to the houses, completed the lifestyle questionnaire (LSQ), and gathered the demographic information. The questionnaires were filled by interviewers themselves. The

interviewers were six MSc graduates of clinical psychology, who were trained for the purpose of the study.

### Research Measures

#### Researcher-made Demographic Information Questionnaire

The questionnaire included demographic information of mothers including age, place of residence (urban or rural), level of education, and mother's occupation.

#### Lifestyle Questionnaire (LSQ)

The LSQ had 70 items and 10 subscales and had already been validated by Lali *et al.* in Iran. (21). Items in the Likert scale were scored from 0 (never) to 3 (always). The subscales of this questionnaire included physical health, sports and fitness, weight management and nutrition, disease prevention, mental health, spiritual health, social health, avoidance of drugs, alcohol and opiates, accident prevention, and environmental health. The total score was obtained from the sum of all subscale scores. A higher score in each subscale indicated a more favorable situation. The validity of this questionnaire was confirmed by factor analysis and its reliability using the internal reliability method. Cronbach's Alpha of the questionnaire in various subscales was reported ranging from 0.79 to 0.89 (22).

#### Statistical Analysis

The lifestyle status of mothers in Zanjan province was evaluated using descriptive statistics such as the mean, standard deviation, frequency, percentage, table and chart drawing. Chi-square test was used to compare mothers' lifestyle based on demographic variables. Data were analyzed by SPSS 20 (SPSS Inc., Chicago, IL., USA).

## Results

The demographic characteristics of 1039 mothers were studied. Among the sample, 777 (74.8%) were urban residents and 262 (25.2%) were rural residents. The mean and standard deviation of age was  $37.69 \pm 6.46$  years. In terms of the level of education, 89 (8.6%) mothers were illiterate, 352 (34.1%) had a primary school certificate, 209 (20.2%) had a secondary and high school certificate, 249 (24%) had a diploma, 119 (11.5%) held an associate's or bachelor's degree, and 15 (4.1%) had a master's degree or above. In 6 (0.6%) cases, the mother's education was not reported. In terms of employment status, 941 (90.9%) were housewives, 62 (6%) were public sector employees, 32 (1.3%) were private-sector employees, and 14 (1.4%) were unemployed. Employment status was not reported in 4 (0.4%) cases.

The descriptive indices of the status of mothers' lifestyle are reported in Table 1. As illustrated, the lifestyle status of 4.6% of the mothers was below the normal level, 89.3% was at the normal level, and 6.1% was at a good level. In addition, the lifestyle status was normal in all components with the following percentages: physical health (72.3%), weight control

and nutrition (61.8%), prevention of diseases (74.2%), psychological health (65%), spiritual health (54.4%), social health (67.8%), accident prevention (72.9%), and environmental health (48.8%). But the lifestyle status was less than normal in sport and health components (50%) and was at a good level in the component of drugs avoidance (77.8%).

The total mean and standard deviation of the lifestyle status was 2.01 (0.31). Evaluation of the mean of lifestyle components showed that the highest mean was related to drugs avoidance ( $M=2.65$ ) and the lowest

mean was related to sport and health component ( $M=1.44$ ) (Figure 1).

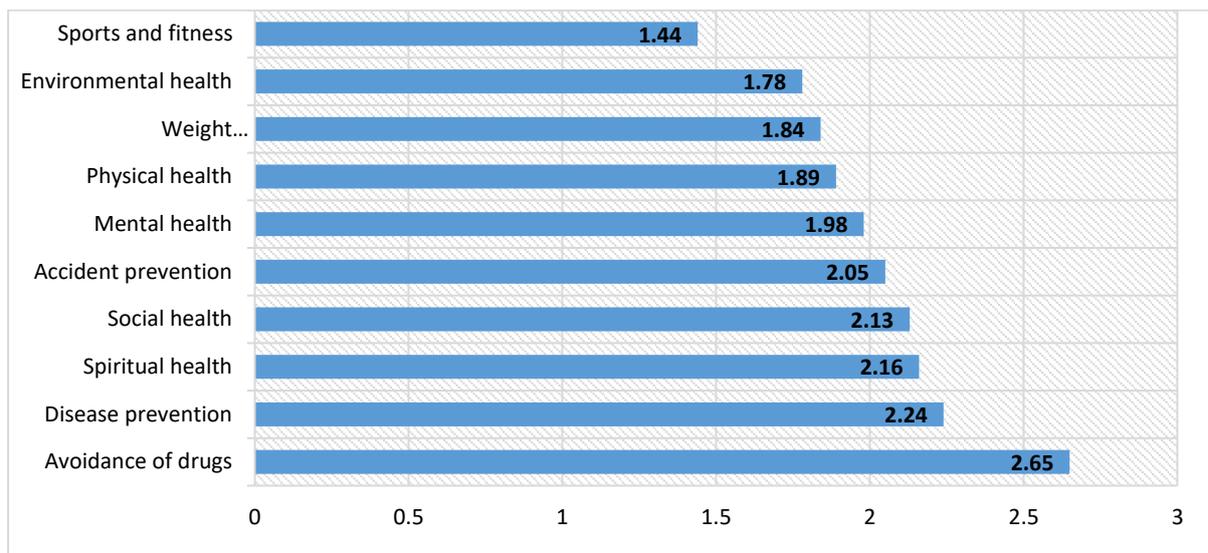
Frequency distribution of mothers' lifestyle in Zanjan province based on demographic variables is reported in Table 2. Chi-square exact test results showed that mothers living in the city had a significantly better lifestyle than mothers living in rural areas ( $P<0.001$ ). Also, mothers with higher education had a better lifestyle than other mothers with lower education ( $P<0.001$ ). There was no significant relationship between mothers' lifestyle and their employment status ( $P=0.474$ ).

**Table 1. Descriptive statistics on the status of mothers' life in Zanjan province**

Variables	Mean $\pm$ SD	Bad	Below the usual limit	Usual	Good
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Physical health	1.89 $\pm$ 0.41	2 (0.2)	177 (17)	751 (72.3)	97 (9.3)
Sports and fitness	1.44 $\pm$ 0.63	53 (5.1)	520 (50)	393 (37.8)	61 (5.9)
Weight management and nutrition	1.84 $\pm$ 0.55	18 (1.7)	244 (23.5)	642 (61.8)	123 (11.8)
Disease prevention	2.24 $\pm$ 0.37	0 (0)	38 (3.7)	771 (74.2)	218 (21)
Mental health	1.98 $\pm$ 0.51	5 (0.5)	172 (16.6)	675 (65)	175 (16.8)
Spiritual health	2.16 $\pm$ 0.52	3 (0.3)	123 (11.8)	565 (54.4)	336 (32.3)
Social health	2.13 $\pm$ 0.48	2 (0.2)	92 (8.9)	704 (67.8)	229 (22)
Drugs avoidance	2.65 $\pm$ 0.55	23 (2.2)	23 (2.2)	173 (16.7)	808 (77.8)
Accident prevention	2.05 $\pm$ 0.63	7 (0.7)	239 (23)	446 (42.9)	335 (32.2)
Environmental health	1.78 $\pm$ 0.60	3 (0.3)	364 (35)	507 (48.8)	153 (14.7)
Total	2.01 $\pm$ 0.31	0 (0)	47 (4.6)	912 (89.3)	62 (6.1)

**Table 2. Frequency distribution of mothers' lifestyle in Zanjan province based on demographic variables**

Variables	Below the usual limit	Usual	Good	P.value
	Frequency (%)	Frequency (%)	Frequency (%)	
Total Life Style	47 (4.6)	912 (89.3)	62 (6.1)	
Place				
Urban	25 (3.3)	684 (90)	51 (6.7)	0.001
Rural	22 (8.4)	228 (87.4)	11 (4.2)	
Mother education				
Illiterate	17 (19.3)	68 (77.3)	3 (3.4)	0.001
Primary school	22 (6.4)	317 (91.6)	7 (2)	
High school	5 (2.4)	183 (88.8)	18 (8.7)	
Diploma	3 (1.2)	219 (89.8)	22 (9)	
Bachelor	0 (0)	106 (91.4)	10 (8.6)	0.474
MSc or higher	0 (0)	13 (86.7)	2 (13.3)	
Mother job				
Public sector	1 (3.1)	29 (90.6)	2 (6.2)	0.474
Private sector	0 (0)	55 (90.2)	6 (9.8)	
Unemployed (Housewife)	47 (4.6)	824 (89.2)	54 (5.8)	



**Figure 1.** Status of Mothers' lifestyle in Zanjan Province

## Discussion

The aim of this study was to evaluate the status of mothers' lifestyle in Zanjan province, Iran. The results indicated that the lifestyle status was generally at the normal level. In other words, their lifestyle was proportional to the standards of a healthy lifestyle. Also, the lifestyle status was at the normal level in the components of physical health, weight control and nutrition, prevention of diseases, psychological health, spiritual health, social health, accident prevention, and environmental health. In addition, the lifestyle status was above the normal level in the component of drugs avoidance and it was lower than the normal level in the components of sports and health.

The comparison of the mean scores of mothers in each component of lifestyle status showed that the highest mean was related to the component of drugs avoidance and the lowest mean was related to the components of sports and health, environmental health, weight control, nutrition, and physical health. A review of the previous literature in this area revealed that there is no study which examined the lifestyle and its components among mothers in Iran. However, this finding is similar to the results of some other studies. For example, studies have shown that a small percentage of adults do physical activities (23). In addition, some results indicate that other demographic groups, such as teachers, employees, and workers are also at a relatively weak level in the components of physical health, weight and nutrition, and sports and health (14,24,25). Amani and Mostafavi in the study of nutritional components of lifestyle in Ahwaz showed that the nutritional status of type II diabetic patients was at a weak level (25). In addition, the results of a

study by Solhi *et al.* showed that physical activity in half of the pregnant women was at a low level (26).

The average level of physical health and nutrition control along with the weakness in the component of sports and health can probably be attributed to the lack of health-promoting programs related to the benefits of exercise, as well as the lack of training on attention to physical health and nutrition. While there are lots of health-promoting programs about smoking, educations about encouraging mothers to improve their well-being and physical health have significantly been neglected. Time and spatial constraints could be another reason for the low level of exercise among individuals (27). In addition, the mean scores of mothers' lifestyles status in the two areas of spiritual and social health were relatively high, which, along with the component of drugs avoidance, indicate that mothers are well aware of these areas. Considering that children and adolescents are generally exposed to various types of social hazards, this finding seems to be promising and can be considered as a potential protector of the physical and mental health of children in Zanjan province. Future research is suggested to examine whether the lower drug usage in mothers can predict the lower use of narcotic drugs in their children.

In addition, physical and mental health is a subject influenced by the living environment of people. Education is also one of the most important determinants of lifestyle (28). The results of this study showed that mothers living in the city had a better lifestyle than those living in the countryside and villages. Also, mothers with higher education had a better lifestyle than those with lower education. To best

of our knowledge no study has examined the link between lifestyle, education level, and place of residence in Iran yet. Nevertheless, the results of the studies support the relationship between the level of education and lifestyle in people with different health or socioeconomic status (29,30). Baker *et al.* also stated that education has a significant impact on behaviors related to healthy lifestyles (31).

It seems that living in cities as well as a higher level of education through raising awareness of existing conditions and risks can lead to an improved lifestyle status in mothers. Various studies have shown that the education level of mothers plays an important role in improving their lifestyle (32-34). In this regard, according to the findings of this research, it can be stated that raising the level of knowledge and awareness of mothers can improve their lifestyle status and help their children and families as well.

One of the limitations of this study is the cross-sectional nature of the analyses. Future studies are needed to examine the role of mothers' lifestyle in predicting their and their children's health.

## Conclusion

The results of this study showed that the status of mothers' lifestyle in some of the components such as physical health, weight control and nutrition, exercise and well-being was lower than the normal level. Hence, more culture-making and detailed planning is needed to provide educational interventions and health promotion. Modifying individuals' lifestyle status can largely prevent the occurrence or exacerbation of physical and mental health problems. In addition, efforts to improve the lifestyle of parents can help to improve the lifestyle of children, and ultimately the entire community during a long-term process.

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## Conflict of Interest

The authors declared no conflicts of interest.

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