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An Analysis of the Lifestyle of Married Women Admitted to Zahedan* Health Care Centers

Hassan Robabi¹, Azizollah Arbabisarjou^{1*} and Iraj Zareban²

¹Pregnancy Health Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

²Iranshahr University of Medical Sciences, Iranshahr, Iran

ABSTRACT

Married women are one of the most vulnerable strata directly exposed to the impact of changes in various aspects of lifestyle. This study has been conducted with the objective to investigate the lifestyle of pregnant women admitted to health care centers. This descriptive cross-sectional study has been conducted on 500 pregnant women admitted to Zahedan health care centers from November 2014 to March 2015. For data collection, the researcher employed convenience sampling and a questionnaire with confirmed validity and reliability. The questionnaires were completed by the researcher through interview. Collected data were fed into the SPSS version 21 (IBM Corp, USA) and then were analyzed using descriptive statistical tests (frequency). The mean age of women was 29.49 ± 8.5 . In terms of education, the majority of women had high school education (=33%). Collected data showed that 79.2% of the population under study consumed normal amounts of salt, 18.6% drank milk daily, 28.2% consumed vegetables daily, 14.8% used fruits daily, and 96% were non-smokers. The most popular form of exercise in the sample population consisted of hiking (=88.77%) and the majority of the participants (=59.18%) had less than three days of activity per week. In addition, 94.6% of the participants brushed their teeth one to three times a day and the majority of them (=43.8%) brushed once a day. The findings generally indicate the presence of inappropriate behavioral habits in women especially in the field of personal hygiene, reproductive health, and health control. This shows the importance of the role of health education in familiarizing women with appropriate lifestyles and correct behavioral habits as a preventive measure.

Keywords: lifestyle, Married women, health care centers

INTRODUCTION

Problem Statement

Lifestyle, or the mode of life that a person chooses for herself or himself, is rooted before anything else in the family and is affected by culture, race, religion, economic status and social beliefs [1]. What makes up an individual's choice of her or his lifestyle includes actions and activities such as appropriate diet, sleep, work, exercise, weight control, avoiding smoking and alcohol, immunization against diseases and so on to improve health and prevent diseases [2]. Promoting a healthy lifestyle requires good health care [3]. Research results show that the benefit of a healthy lifestyle decreases cardiovascular disease risk by 62-80% [4,5]. Despite the many benefits of a healthy lifestyle, including increased physical activity, appropriate weight, diets rich in fruits and vegetables, moderate intake of alcohol, and avoiding smoking, only 3% of the American people have a healthy lifestyle [6]. Paying attention to physical, mental, social, and cultural health in any society and preparing the conditions for the

realization of a dynamic and healthy life guarantee communal health for the future of that society. To achieve this worthy goal, the prevention of emotional disorders, anxiety and depression is essential. These disorders have an adverse impact on the lives of young people and can lead to a variety of social problems in societies. Therefore, their diagnosis, treatment and prevention are important [7]. Pregnant women are one of the most vulnerable social strata. Extensive studies on lifestyle have shown that smoking, insufficient physical activity, poor nutrition and weight gain increase the risk of various chronic diseases[8]. In general, lack of exercise, inappropriate diets, smoking and alcohol consumption are associated with mortality. A combination of these risk factors not only affects crude mortality but also is associated with cause-specific mortality [9]. Many of the health problems in today's world, including obesity, cardiovascular disease, cancer, and addiction, especially in developing countries, are associated with changes in lifestyle [10]. Inappropriate lifestyle is also one of the causes of such chronic diseases as colon cancer, high blood pressure, chronic obstructive pulmonary disease, cirrhosis, stomach ulcers, AIDS and cardiovascular disease [11]. Poor dietary habits can lead to excessive obesity and weight loss, which are associated with high mortality [12], insulin resistance [13], diabetes[14] and high blood pressure [15]. Women in the childbearing age (15-44) are exposed to various risks due to biological factors and lack of access to health information and services [16].(Monk et al.,2003). Since a healthy lifestyle is an important factor in determining the status of public health and lack thereof is a key factor in increasing the costs of healthcare imposed on society, this study was conducted to analyze the lifestyle of pregnant women admitted to health care centers of Zahedan.

MATERIALS AND METHODS

This is a descriptive-analytic study. The 500 married women's lifestyle were investigated who referred to health care centers of northern Zahedan, Iran. The data has collected in cross-sectional method from November 2014 to March 2015. The sampling method was convenience. A researcher-made questionnaire was developed to assess lifestyle by recourse to studies with objectives more similar to those of this study with 60 statements[17, 18, 19]. The questionnaire consisted of two parts: The first part included demographic variables such as age, education, number of children and the second part consisted of various aspects of lifestyle, including: nutrition, smoking habits, physical activity and exercise, personal hygiene, sleep. To determine the scientific validity of the study, the researcher assessed the content validity of the questionnaire by delivering it to several experts and by modifying the items based on their views to achieve a final version. The questionnaire yielded a Cronbach's alpha reliability of 0.94. The researchers conducted direct interviews with the participants to complete the questionnaires. Before the launching of the study, project objectives and interview procedures were explained to the participants. Verbal consent was obtained from all the participants. Participation was voluntary and the responses were kept unidentified. Mean and standard deviations of the scores were calculated. All analysis were performed using SPSS for Windows (version 21, IBM Corp, USA) by one of the authors. A significance level of 0.05 was adopted.

Findings

The women under study aged from 16 to 59 with a mean and standard deviation of 29.49 ± 8.5 . The mean and standard deviation of the number of children were 2.05 ± 1.57 . In terms of education, the highest frequency related to high school education (=33%) and the lowest frequency related to the master's degree and above (=6.9%). In terms of occupation, the participants were mostly composed of housewives (=76.6%). In terms of the BMI, the results showed that 23.8% of the participants were overweight and 9% were obese. 9.2% of the participants reported having high blood pressure, 9.4% reported having high blood sugar, and 8% reported having high blood cholesterol according to physician diagnosis. 17.2% of the participants stated that they had never, up to that point in time, checked their blood pressure. In addition, up to that point in time, 23.2% of the participants had never checked their blood sugar and 29.4% had never tested their blood lipids. 22.2% of the participants stated that they had a family history of heart disease, 20.4% reported a family history of diabetes, 4.2% reported a family history of stroke, and 10.6% reported a family history of cancer. The findings of the study in relation to nutrition patterns showed that 79.2% of the participants consumed normal amounts of salt and 6.21% had the habit of sprinkling salt on food before tasting it. 49.8% used homogenized oil. The mean and standard deviation of eating fried foods were 2.52 ± 1.35 times a week and the mean and standard deviation of eating fast food or eating at the restaurant were 0.52 ± 0.85 times a week. 18.6% of the participants drank milk daily, 28.2% consumed vegetables daily, 14.8% used fruits daily, and 3.2% used legumes daily. The mean and standard deviation of consuming legumes were 2.02 ± 1.30 times a week. 40% of the participants used carbonated beverages less than once a week. The mean and standard deviation of drinking carbonated beverages were 2.28 ± 2.18 times a week. Other findings are presented in Table 1. The findings in relation to smoking habits, showed that 96% of the participants were non-smokers – but only 4% were smokers. The data on the patterns of physical activity showed that 39.2% of the participants exercised. The

most popular exercise was hiking (=88.77%) and the majority of the participants (59.18%) had less than three days a week of physical activity. 58% of the participants had regular sleep patterns. The mean and standard deviation of daily hours of sleep were 7.34 ± 1.91 . 94.56% of the participants brushed their teeth between 1 and 3 times a day and the majority of them (=43.8%) brushed once a day. However, only 27.4% of them used dental floss. In addition, only 14.2% of the women over 18 had undergone a Pap smear test every year.

Table (1): Frequency of food use weekly

Type of food	Less than once a week	Once a week	Twice a week	3 times a week	Daily	Mean \pm SD
Bread					251 (50.2%)	12.46 \pm 6.43
Rice and pasta			139 (27.8%)		71 (14.2%)	3.76 \pm 3.01
Sugar				124 (24.8)	183 (36.6%)	11.36 \pm 7.5
Milk	140 (28%)				93 (18.6%)	2.72 \pm 2.86
Beef and veal	164 (32.9%)		105 (21%)			1.72 \pm 1.67
Lamb meat	147 (29.5%)	154 (30.8%)				1.72 \pm 1.86
Chicken	34 (6.9%)			114 (22.8%)		3.31 \pm 2.04
Fish	254 (51.1%)	161 (32.2%)				0.89 \pm 0.88
Eggs	29 (5.8%)			130 (26.2%)		3.55 \pm 2.25
Legumes (peas, beans, lentils)			174 (34.8%)		16 (3.2%)	2.02 \pm 1.30
Vegetables	63 (12.6%)				126 (25.2%)	3.42 \pm 2.69
Fruitage			136 (27.2%)		74 (14.8%)	3.26 \pm 1.97
Nuts (pistachios, hazelnuts, almonds)	277 (55.4%)	81 (16.2%)				1.51 \pm 2.04
Fizzy drinks	200 (40%)		72 (14.4%)			2.28 \pm 2.18
Dough	143 (28.9%)		111 (22.2%)			1.88 \pm 1.69
Sausages, burgers and bologna	338 (67.8%)	71 (14.2%)				079. \pm 1.23

DISCUSSION

The results showed that about a third of women had an abnormal BMI. This is consistent with the results of the study [19]. However, a study which was conducted in Sabzevar, Iran, reported a 50 percent abnormality in the BMI [20]. In contrast, the study which was conducted on 24,231 women in the US, showed that more than 40 percent of the women under study had an abnormal BMI (below or above the normal BMI) [21]. This difference may be due to food culture and lifestyle differences in the two countries. The present study showed that the majority of participants had a preference for sugar, vegetables and bread whereas the study by Crozier et al showed that the majority of participants had a preference for salad or vegetables, fruits, tea and coffee [22]. Evidence has shown that a high-dairy diet not only reduces the risk of osteoporosis and high blood pressure but may also contribute to the prevention and treatment of obesity. The results showed that the majority of women under study had a less-than-normal preference for dairy products. This is consistent with the results of the study by [23] Fayaz et al. but inconsistent with the results of the study by Rafiee et al. in Ahvaz, Iran [2]. They reported a high preference among women for dairy products. The results of different studies have shown that using fruits five times a day and using vegetables three times a day reduce cardiovascular disease risk by 27% and 70%, respectively. The results of the present study show that the participants used very low amounts of fruit and vegetables. This is consistent with the findings of the study by [20] Estaji et al., which was conducted in Sabzevar, Iran, but is inconsistent with the results of the study by [2] Rafiee et al. in Ahvaz, Iran. They reported a high preference among the women of Ahvaz for fruits and vegetables. Living in desert margins along with poor eating habits and poor economic conditions can reduce the consumption of fruits and vegetables. The results of a research by the European Society of Cardiology showed that homogenized oil is a threat to cardiovascular health. Very unfortunately, cardiovascular disease is the leading cause of death in Iran [22]. About half of the women participating in the present study (=49.8%) used homogenized oil. Estaji et al. reported a 64.3% use of homogenized oil in their study [20]. However, Flock et al. reported a 36% use of homogenized oil in the US [24]. In addition, Rafiee et al., in their study in Ahvaz, found that 21.4% of the participants used homogenized oil [25]. The findings of this study concerning smoking habits showed that only 4% of the women were smokers. In contrast to our study, the results of another study in Spain showed that

although the rate of smoking during pregnancy decreased from 53.6% in 1998 to 39% in 2002, Spain still has the highest rate of smoking in Europe. Physical inactivity is a common problem in our time. Adequate physical activity can improve health. In relation to physical activity, 60.8% of the participants of this study did not exercise. Also, Estaji and Rafiee reported in their studies, respectively, that 59.2% and 66.4% of the participants did not exercise [20,25,2]. The inactivity of women is most probably due to cultural stereotypes that disapprove of women's participation in sports activities in Zahedan. Another reason for physical inactivity in women is the lack of access to appropriate space and equipment. 58% of the participants had regular sleep patterns. This is consistent with the results of the study [20]. The majority of the participants (=43.8%) brushed their teeth once a day whereas only 27.4% of them used dental floss. In contrast to our study, the results of a study on pregnant women in the UK showed that 65% of the participants brushed their teeth once a day [26]. 14.2% of the women had undergone an annual Pap smear test whereas, unfortunately, 85 percent had not. However, Rafiee et al. and Hadi et al. reported, respectively, that 40% and 26.3% of the women had undergone an annual Pap smear test [2, 27]. Not undergoing an annual Pap smear test is probably due to the lack of awareness in women. The findings generally indicate the presence of inappropriate behavioral habits in women, especially in the field of personal hygiene, reproductive health and health control. This shows the importance of putting more emphasis on the role of health education in familiarizing women with appropriate lifestyles and correct behavioral habits as a preventive measure.

Ethical Considerations: The study was performed by considering moral aspects like conscious willing of participants to keep their information and identity secure.

Competing Interests

The authors declare that they have no competing interests.

Authors Contributions

Robabi H. collected the data and provided administrative technical or material support.

Arbabisarjou A. designed and suggested the study, did statistical analyses and interpreted data.

Drafting of the manuscript was done and reviewed the manuscript for important intellectual contents by Zareban I.

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Zahedan, Where is?

Zahedan (Persian: زاهدان), formerly known as Dowzdāb, Duzdāb, and Duzdāp and renamed Zahedan by Reza Shah Pahlavi in the late 1920s [1][2] is a city in and the capital of Sistan and Baluchestan Province, Iran. At the 2006 census, its population was 552,706, in 109,488 families. Zahedan is located near Pakistan and Afghanistan, only about 41 km (25 mi) south of the tripoint of the borders of the three countries, at an altitude of 1,352 m (4,436 ft) above sea level and at a distance of 1,605 km (997 mi) from the Iranian capital of Tehran.

Zahedan is the home of the Islamic Azad University, Zahedan, the Zahedan University of Medical Sciences and the University of Sistan and Baluchestan. The Demographics of Zahedan's inhabitants are largely ethnic Baluchi who speak the Baluchi language and Sistanis who speak Persian Sistani, Yazdi and Khorasani. Zahedan is a centre for Sunnism in Baluchistan. The Makki mosque and its madrasa play an important role in Baluchistan's society. Zahedan is the main economic center of the region and home to many small- and medium-scale industries. Its main products include cotton textiles, woven and hand-knotted rugs, ceramics, processed foods, livestock feed, processed hides, milled rice, brick, reed mats and baskets.

Zahedan County is a county in Sistan va Baluchestan Province in Iran. The capital of the county is Zahedan. At the 2006 census, the county's population (including the portions later split off to create Mirjaveh County) was 663,822, in 130,763 families; excluding those portions, the population (as of 2006) was 617,926, in 122,282 families.[1] The county is subdivided into three districts: the Central District, Kurin District, and Nosratabad District. The county has two cities: Zahedan and Nosratabad.

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