Evaluation of lifestyle and effective factors on public health in the students of Islamic Azad University of Bandar Abbas Province

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Abstract

Introduction: Certainly, personal health or social health issues are the most important aspects of human life. Health is an essential condition for social roles and activities and is an essential condition for social roles and activities in people. Lifestyle is a combination of individual behavioral patterns and habits that is created throughout socialization processes, by personal interaction with parents, siblings, friend, adult's peers and the media .The definition of lifestyle is becoming more and more important. This study was carried out to evaluate the associations between lifestyle and general health of students.

Materials and methods: This study was a descriptive –analytic-cross sectional study which was conducted in 2012 at Islamic Azad University of Bandar ABBAS, Iran. 764 Randomized Nursing students were selected. Three questionnaires were used to collect information. After three months, all the information was collected and data was analyzed by independent sample t test, one way ANOVA and Pearson correlation using Statistical Package for Social Sciences version 19 (SPSS v.19).

Results: Most of the participants of the study were single, native of the province and economically dependent on their families. Between gender and general anxiety were significantly related (P<0.001) There were a significant relationship between economic, nutritional status, and implementing safety principles with general health (P<0.001).

Conclusion: This study demonstrates that more attention should be paid to improve the knowledge and attitudes of students and to teach them healthy lifestyles and habits in order to decrease the risk factors of diseases.

Keywords: Lifestyle, Public health, Students, Health

Introduction

Certainly, personal health or social health issues are the most important aspects of human life. Health is an essential condition for social roles and activities in people (1). According to the World Health Organization(WHO) definition , health is a multidimensional problem, These aspects(physical, mental, social and spiritual) interact with each other and are influenced by each other. Physical health of the body is due to functioning the correct of organs (2,1). Genetic, environment and lifestyle are well known factors influencing on health. Interaction set of the factors can increase or decrease the health risks (2). Individual or plural health is one of the most important dimensions of life and also a crucial condition in playing social roles. Humans can do social activities only when they feel healthy and when society accepts them as healthy individuals(1). Nowadays, health

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experts recognize lifestyle as one of the most important factors that affect health. WHO believes that altering lifestyle can change the underlying risk factors of conditions that cause mortality (2). Use of positive behavioral patterns are effective of individual health promotion in life. lifestyle behavior patterns selection in person and your health Is important and Trying for their Health Maintenance and disease prevention (3). Today the main emphasis is on promoting health and self-care That is affected of healthy lifestyle (1,3). The term lifestyle is a fairly common word that refers to a way of life, reflecting the complete range of social values, attitudes and activities (4). Lifestyle is a combination of individual behavioral patterns and habits that is created throughout socialization processes, by personal interaction with parents, siblings, friend, adults peers and the media (2). The definition of lifestyle is becoming more and more important. Recognizable behavioral pattern of an individual (daily routines, social life and leisure) is one of the definitions of lifestyle (1). Some experts believe that lifestyle is determinant of health and illness. Lalonde defines lifestyle as series of controllable decisions that affects their general health (3). The concept of lifestyle is based on the idea that people normally external pattern of behavior (for example, routine matters of business, leisure and social life) That exhibits their daily lives. Recently, this concept has special importance (4). Bad health habits cause lifestyle make risk to their life. These risk can lead to diseases and death, lifestyle can be recognized as their cause of morbidity or mortality (1, 3). Initial discussions are focused on nutrition, rest, physical activity, tobacco and alcohol consumption, immunization, coping with stress and familial and social support(3). According to the studies conducted in the United States, 53% of the mortalities are related to lifestyle, 21% are related to environmental factors, 16% are due to genetics and 10% are due to the delivery of health services (4). Many of the health problems such as obesity, cardiovascular diseases, types of cancer and addiction are related to the lifestyles of people (5). Changing the lifestyle can prevent these conditions it (6). Students are a part of the society that are preparing for social life. Efforts made to increase their health should focus on empowering them to change their lifestyle, to change individual and social conditions (6, 7). Students are selected classes of the community and they build the future. Their health and lifestyle will impact on the level of learning, knowledge and academic success. Several studies indicate the incidence of unfavorable behaviors and psychological states such as anxiety and depression in a university environment (7). As students have a range of academic, financial, personality and social problems (8). In every community the state of physical, mental, social, cultural and spiritual interests provides the necessary fields to achieving a safe and healthy living that Guarantees health of the community for the coming years (9). Entering university is a major change in the individual and social life of a person and thus counts as an important part of one's life. Also, new roles and expectations arise at this time which lead to a pressure and anxiety that affects the quality of life (7). Besides these changes, should be noted with new roles and expectations that are formed in university, Exposure to such conditions will influence lifestyle (9). Due to the importance of these issues, and since no similar studies have been conducted, this study was carried out to evaluate the associations between lifestyle and general health of students.

Materials and methods

This study was a descriptive-analytic, cross sectional study which was conducted in 2012 at Islamic Azad University of Bandar Abbas, Iran. In the randomized study 764 nursing students were selected. Three questionnaires were used to collect

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information. Demographic (6 demographic questions), lifestyle in 5 dimensions (35 questions about nutrition, physical activity, rest, stress control and implementing principles of safety), Goldberg's general health (8) with four sub exams (physical symptoms, anxiety, social function, and depression symptoms) are included in these questionnaires that use The LIKERT scale. These questionnaires contain 28 questions and the maximum score is 84. Physical symptoms (questions 1-7): general health status and physical symptoms that the person experienced in the past month were studied. Anxiety (questions 8-14) signs and symptoms of severe anxiety, insomnia, nervousness and pressure were studied. Social functioning (questions 15-21) one's ability to perform everyday tasks, perceived usefulness, learning and enjoyment were studied. Symptoms of depression questions (22-28) Specific symptoms of depression such as feelings of worthlessness, hopelessness, inability to get things done were studied. The LIKERT scale is used to score(0, 1, 2, 3).The maximum score is 84 with the scoring method. Students who had a history of mental illness, chronic diseases or had any disability were excluded from the study. After sample selection, explaining the aims of the study and taking informed consent, the questionnaires were distributed and the participants were asked to fill the questionnaires in 30 minutes. After three months, all the information was collected and data was analyzed by independent sample t test, one way ANOVA and Pearson correlation using Statistical Package for Social Sciences version 19 (SPSS v.19).

Results

As shown in table 1, most of the participants of the study were single, native of the province and economically dependent on their families.

Table 1. Marital, residential and economical status of the participants.

	Marital Status		Residential Status		Economic Status	
	Single	Married	Native	Non native	Dependent	Independent
Male (394)	82.2	17.8	76.6	23.4	57.9	42.1
Female (370)	77.3	27.7	68.1	31.9	67.6	32.4
Total (764)	79.8	20.2	72.5	27.5	62.6	37.4

Also, according to table -2, gender and general anxiety were significantly related ($P < 0.001$). Among the male participants has, (54.3%) good general health, (13.2%) medium general health and (32.5%) poor general health.

Table 2. Relationship between gender, marital, economical, nutritional status and implementing safety principles with general health.

Variable		Poor general health		Medium general health		Good general health		P value
		Number	%	Number	%	Number	%	
Gender	Male	214	54.3	52	13.2	128	32.5	<0.001
	Female	188	50.8	92	24.9	90	24.3	
Marital status	Single	146	94.8	-	-	8	5.2	<0.001
	Married	256	33.5	144	23.6	210	34.4	
Residential status	Native	394	71.1	80	14.4	80	14.4	<0.001
	Non native	8	3.8	64	30.5	138	65.7	
Economical status	Dependent	116	24.3	144	30.1	218	45.6	<0.001
	Independent	286	100	-	-	-	-	
Nutritional status	Good	380	96.9	12	3.1	-	-	<0.001
	Poor	22	7.7	132	46.5	130	45.8	
Implementing	Yes	192	96	8	4	-	-	<0.001
safety principles	No	-	-	44	27.2	118	72.8	<0.001

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On the other hand, 50.8% of the females had good general health, (24.9%) medium general health and 34.3% had poor general health. According to table 2, marital status was significantly related to general health (P<0.001) and married participants had better general health than single participants. Also, native students had higher general health than the others (P<0.001). Among 554 native students, the general health status of 394 (71.1%) were good, 80 (14.4%) medium, and 80 (14.4%) poor. Also, out of 210 non-native participant had, 8 (3.8%) good general health, 64 (30.5%) had medium general health and 138 (65.7%) had poor general health. There were a significant relationship between economic, nutritional status, and implementing safety principles with general health (P<0.001) (Table 2).

Discussion

The findings of this study showed that 54.3% of the male and 50.8% of the female students were in a good condition of general health and that gender and general health are significantly related to each other. This finding was consistent with the findings of Samimi et al and Rozmus et al (9, 10). Abbasi and Livid studies indicate that there is no significant between gender and health problems difference (21,22). It differences can be attributed to gender features, emotional status, lack of security, social and cultural environment in students (23). Our study also confirmed the results of Larouche et al that showed that girls act better in alimentation. In their study (11), better general health was related to being married which was consistent with the results of Hosseini et al (7). Also, being native was significantly related to better general health. This result did not confirm the findings of Gharibi et al and Hasheminasab et al (12, 13). This difference may be due to the setting of the study, sample size and the conditions of the students' life. Our study also showed that being economically independent was related to general health condition. Jamshidi et al showed in their study that those who had lower socioeconomic status were more obese and had lower general health (14). This finding was consistent with our study. Also, Booth et al showed that there is a significant relationship between obesity and the socioeconomic status (15). Our study also showed that there is a significant relationship between nutrition and general health. This result was consistent with the findings of Omokhodin et al and Alagh et al (16). Nojomi et al showed in their study that 12.4% of the students were obese and they did not have healthy nutritional behaviors (17). In our study, 37.17% of the participants did not have healthy nutritional behaviors. Morimoto et al and Ayranciunal et al showed in their study that the relationship between nutrition and general health status is significant (18). Our study showed that there was a significant relationship between implementing safety principles and general health condition; 96% of those who employed safety standards were in a good health condition. Shahraki and colleagues have shown that there is a relationship between disease and safety principles (25) in which confirms our results. The results of our study were similar to the McCann study (26) In Stuck and colleague's study (2001) about the safety principles were not significantly different between the women and men. Women are better than men in all age groups, that Indicate the level of knowledge effects health behaviors (24). On the other hand, 27.2% and 72.8% of the other students were in medium and poor general health condition, respectively. The findings of Shahraki et al and Mckean et al were consistent with our study (19, 20).

Conclusion

Spiritual crisis, in young people entering university are most intense in cases, where students are away from their family, home and under the pressure of a new life.

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Parents And university officials should have more monitoring of mental, emotional, social problems in young people and fill Students leisure time With proper planning by sports and art classes in various disciplines. Our results have showed that students who had poor nutritional behaviors without safety principles had lower general health conditions. This study demonstrates that more attention should be paid to improve the knowledge and attitudes of students and to teach them healthy lifestyles and habits in order to decrease the risk factors of diseases. Efforts to improve health should be by empowering students through lifestyle changes including personal, social and environmental conditions .

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