

# Lifestyles Based on Health Components in Iran

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## Abstract

**Context:** Lifestyle is a way employed by people, groups and nations and is formed in specific geographical, economic, political, cultural and religious texts. Health depends on lifestyle and is essential to preserve and promote health and improve lifestyle.

**Objectives:** The present study aimed to investigate lifestyle based on health-oriented components in Iran.

**Data Sources:** The research was conducted through E-banks including scientific information database (SID), Iran medical science databank (Iran Medex), Iran journal databank (Magiran) and other databases such as Elsevier, PubMed and google scholar meta search engine regarding the subject from 2000 to 2014. Moreover, Official Iranian statistics and information were applied. The search terms used included lifestyle, health, health promoting behaviors, health-oriented lifestyle and lifestyle in Iran.

**Study Selection:** In the primary research, many papers were observed out of which 157 (120 in Farsi and 37 in English) were selected.

**Data Extraction:** Following the careful study of these papers and excluding the unqualified papers, 19 papers with thorough information and higher relevance with the research purpose were selected.

**Results:** After examining articles based on the selected keywords and search strategies, 215 articles (134 in Farsi and 81 in English) were obtained. Components of lifestyle and health are increasing in recent years; therefore, 8 (42%) and 11 (58%) articles were published during 2005 - 2010 and 2011 - 2014, respectively. Among them, there were 3 (16%), 8 (42%), 2 (10.5%), 2 (10.5%) and 0 articles on the review of literature, descriptive-analytic, qualitative, analytic and descriptive articles, respectively.

**Conclusions:** Due to positive effect of healthy lifestyle on health promotion of individuals, it would be better for the government to provide comprehensive programs and policies in the society to enhance awareness of people about positive effects of health-oriented lifestyle on life and also provide required conditions to have a healthy lifestyle. Islamic Republic of Iran considers all aspects of health. Therefore, by paying attention to physical, psychological, social and spiritual health and wisdom, it can provide social and individual healthy lifestyles.

**Keywords:** Lifestyle, Health, Health Promoting

## 1. Context

Health promotion is increasingly considered due to its axial role in healthcare. Previously, scholars of healthcare filed focused on treatment of diseases; but today they emphasize on disease prevention more than disease treatment because of high costs of healthcare. In this regard, world health organization (WHO) has also emphasized on the importance of health promotion, which includes encouraging healthy lifestyles, creating protective environment for health, empowering social activities, reorientation of healthcare services and also determining public health policies (1, 2). Hence, preventing diseases and providing health through promoting lifestyle and also omit-

ting negative effective factors in human health is significantly emphasized nowadays. In addition, scholars of healthcare field focus on preventing diseases and providing health through promotion of lifestyle (1, 2).

Health needs promotion of health in the lifestyle. Importance of lifestyle is mostly because of its effect on life quality of people and also prevention of diseases. To protect and promote health, it is important to improve lifestyle. Promotion of health and providing health of society are the most important elements of the development of societies.

Scientific evidence and different studies indicate that choices and lifestyle of people can affect their lifetime and

health. Since the main reason for mortality and disease rate in the current societies are related to inadequate application of lifestyle such as smoking, lack of exercises and inefficient nutritional habits and also physical activities and insufficient consumption of vegetables and fruits are risk factors of many cardiovascular diseases and different types of cancer (3), and since Iran is a developing country in healthcare, education, economics and communication issues, careful evaluation of lifestyle and healthcare behaviors is essential to determine and design health promotion plans. Moreover, since Iran still focus on the process of developing national health plans, it is vital to emphasize the diseases such as overweight, diabetes, cardiovascular diseases and cancer to have a proper perception about the lifestyle of Iranians to design health plans (4).

### 1.1. Lifestyle

Lifestyle refers to ordinary and daily activities of life, accepted by people desirably; therefore, these activities can affect the health of individuals. People choose their lifestyle to preserve and promote their health and prevent diseases and also conduct different kinds of activities such as following a suitable diet, sleep, activity, exercise, controlling body weight and stopping smoking and drinking and also protecting body against diseases. All of the mentioned activities and measures can generally form the lifestyle of people (5).

Many relevant studies have indicated that using positive behavioral patterns in life can affect health promotion of individuals. In addition, it is found that 53% of mortality rate of people directly depends on their lifestyle. On the other hand, many healthcare problems such as overweight, cardiovascular diseases, addiction and different types of cancer are currently associated with the lifestyle of society members. Additionally, inadequate lifestyle is one of the main factors causing chronic diseases such as colon cancer, hypertension, pulmonary obstructive chronic diseases, liver cirrhosis, and gastric ulcer, HIV positive and cardiovascular diseases. Hence, it could be mentioned that lifestyle is one of the main effective factors in health. Therefore, it is clear that if lifestyle is not modified, individuals would face irreversible outputs in future.

### 1.2. Iranian Islamic lifestyle

Religion as a kind of divine guidance can deeply affect and divert human's thoughts and soul. In the light of such deviation, which encompasses the system of beliefs and recognitions, values and attitudes and ethics and behaviors, natural talents of people would be appeared and a specific direction would be formed.

The most important innovation in Islamic lifestyle is that Islamic trainings and principles are considered. Islamic lifestyle is associated with the whole life of individuals and all aspects of their lives. Islamic lifestyle, in one hand, is different from other lifestyles and on the other hand, considers emotions and recognitions because of its Islamic nature. Accordingly, every Islamic behavior should follow at least some recognitions and Islamic emotions (6). In Iran, governing system is based on Islam; hence, Islamic and religious trainings can affect lifestyle of people and lifestyle of Iranian people is Islamic lifestyle. This lifestyle considers two basic principles of Islamic attitude and Islamic behavior. Islamic attitudes and beliefs, that form lifestyle and behaviors, include two aspects of ethical basis and legal values. These two aspects can make behaviors and actions meaningful and can also affect their lifestyle (7).

### 1.3. Health

Health is a quality that is relatively hard to define and its measurement is almost impossible. Scholars have presented different definitions of the concept; although all of them have relatively a common subject that is being responsible for one's own activities and choosing a healthy lifestyle. Definition of health is the focus of attitude on health promotion behavior. At this stage, health can be defined using positive qualities proposed by WHO. Health refers to realization of human potential and also maintenance of balance and systematic orientation in the environment. In this regard, lifestyle is defined as health promoter by Walker as a multidimensional pattern of actions and perceptions, started with motivation of individuals, which can help empowerment and stability of health level and self-actualization (8).

### 1.4. Health Promoting Behaviors

Health promotion includes facilitation of using potential energy of individuals, improved life quality, being creative and using abilities of individuals regarding health. In this regard, health promoting behaviors are recognized as the main criteria to determine health and as a main factor to prevent diseases. Also, health promotion and disease prevention are in a direct relationship with such behaviors (9). Health promoting behaviors can present intention of people for sublimity, which can result in optimal well-being, personal evolution and creative life. These behaviors include activities that can improve well-being level and potential power of individuals, families and community. According to Walker, Sacherist and Pander, these behaviors affect preserving and promoting well-being level, self-actualization and personal evolution (10).

### 1.5. Health-Oriented Lifestyle

Important components of health-oriented lifestyles include interpersonal relations, health responsibility, mental growth, stress management, nutrition and physical activity (11). Hence, health promoting behaviors include components such as interpersonal relations, health responsibility, spiritual growth, stress management, nutrition and physical activity, which can result in enhancement of well-being, self-actualization and personal evolution.

It can be distinctly observed that the so-called “civilization diseases” (chronic and degenerative disorders) start to fulfill the top places among human death factors. These diseases increasingly depend on the lifestyle that one chooses, and on the quality of one’s life as well as on one’s ability to use the available resources of own body strategically and demonstrate self-reliable orientation toward health during personal lifestyle (12). In general, healthy lifestyle criteria are quite simple and exhaustive: The list of indicators to assess the level of personal deduction for everyday health care includes dietary inclinations, physical activity and unhealthy habits (13). In addition, workplace conditions, public and domestic violence, reproductive behavior can be taken into account. These are the basic healthy lifestyle principles which can be found throughout the whole space of social interactions from school and university textbooks (in balneology, principles of personal and social safety, etc.) to political programs (13).

The effects of different types of exercises on health are studied and characterized. Clinicians should refer to these studies to choose appropriate exercise interventions for their patients; it is not acceptable any more that physicians prescribe walking or swimming or calisthenics to their osteoporotic patients as the only exercise intervention (14, 15). Instead, based on the scientific evidence available, resistance and vibration exercise should have the highest priority. Moreover, prescribing exercise for balance, coordination, endurance and stretching may allow exploiting the whole range of beneficial effects of exercise on bone and general health (16).

The effect of nutrition and diet as another component of healthy lifestyle on health of individuals and diseases are depicted. For example, the relationship between lifestyle and body mass index (BMI) (17) and also significance of considering nutrition of patients with rheumatoid arthritis are reported to reduce pain, inflammation, prevent progress of joint damages, help to enhance personal performance and promote the health of the patients (18).

Spirituality is also considered as another component of lifestyle that affects the health of individuals. In this regard, it is found that spiritual beliefs in medical fields may

affect health habits and behaviors of individuals (19). In another study, it was depicted that spirituality had a major role in reducing depression (20).

## 2. Objectives

The current study aimed to investigate lifestyle based on components of health in Iran. For this purpose, some basic concepts of this issue were investigated first.

## 3. Data Sources

The current systematic review searched Elsevier, SID, Pub Med, Magiran, IranMedex and Google Scholar databases for articles published from 2000 to 2014. Various keywords such as, health, health promoting lifestyle and Iran were used and ultimately 19 articles were identified.

### 3.1. Inclusion and Exclusion Criteria

- 1) The research being set in Iran.
- 2) The article being published in credible scientific and research journals.
- 3) The researches focused on healthy lifestyle practices in Iran were included in the study.
- 4) Examining the researches regarding the existing gaps in lifestyle.
- 5) Examining the existing approaches of lifestyle in Iran.

### 3.2. Search Strategy

The search strategy for the subject of area included all the associated studies. Electronic searches included information databases including PubMed, Scopus, science direct, web of science, google scholar, Medline, SID, Iran Medex, Magiran and Irandoc during 2000 - 2014. The terms used for search included lifestyle, health, health promoting behaviors, health-oriented lifestyle and lifestyle in Iran. The search was made only in the Farsi and English languages. The title, abstract and text of all the articles were examined by two members of the research team, and the data were extracted from recent reports, and various variables reported in the articles were written down. After removal of the articles with no inclusion criteria, the articles with more comprehensive information and relevancy with the aims of research were selected, and the texts of qualified articles were examined. References of the selected articles were examined to observe whether they were associated with the subject area or not. This method was considered based on the study by Hawton et al. (21).

#### 4. Study Selection

Research through data resources was conducted based on keywords such as: lifestyle and health. Research strategies were implemented on the articles from 2000 to 2014 and the results are presented in [Figure 1](#). In the primary search, many papers were observed out of which 157 (120 in Farsi and 37 in English) were selected. The title and abstract of all papers in the profiles were examined systematically by the authors based on relevance with the subject and inclusion and exclusion criteria. At this stage, 85 papers were included in the study and 15 relevant papers published twice without access to the full text were excluded, leaving only 70 papers. Following the careful study of these papers and excluding the unqualified papers, 19 papers with thorough information and higher relevance with the research purpose were selected.

#### 5. Data Extraction

Data were extracted from the reports by two members of the research team. Further variables were added to the checklist, if necessary. To examine articles, the data extraction form designed based on the aims of research was used. This form encompasses sections for characteristics of each article including author, year of publication, purpose of the study, methodology and data associated with dimension.

#### 6. Results

The current study was a systematic review on published articles about health-oriented lifestyle components in Iran. First, the library documents and resources were studied by accessing the databases. The research was conducted through E-banks including scientific information database (SID), Iran medical science databank (IranMedex), Iran journal databank (Magiran) and other databases such as Elsevier, PubMed, and google scholar meta search engines. Moreover, official Iranian statistics and information were applied. After examining articles based on the selected keywords and search strategies, 215 articles (134 in Farsi and 81 in English) were obtained. After examining the title and abstract, all the articles were examined by two members of the research team based on the relevancy with the subject area. The relevant articles were selected based on titles and abstracts. Then, texts of all articles were examined, and a number of articles with little relevancy to the subject area were removed. Therefore, two articles which had the most relevance with the subject area were entered into the study, and then one of them was selected. Finally, 19 articles (11 Farsi and 8 English)

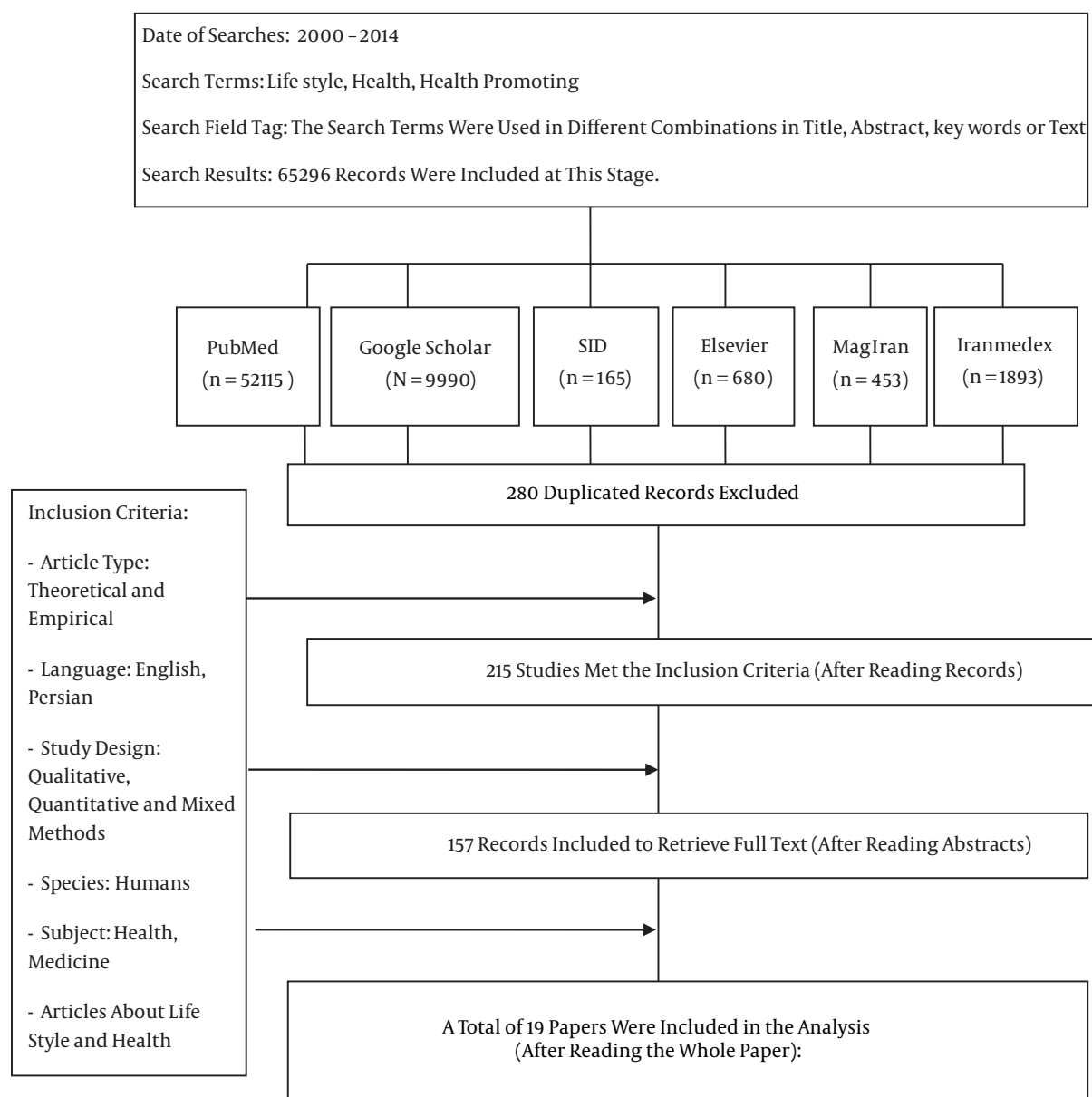
from the articles under study were confirmed. Based on the results of an investigation of the variables, publication of the articles associated with the components of lifestyle and health had kept increasing in recent years; therefore 8 (42%) and 11 (58%) articles had been published during 2005-2010 and 2011-2014, respectively. Among them, there were 3 (16%), 8 (42%), 2 (10.5%), 2 (10.5%) and 0 articles about review of the literature, descriptive-analytic, qualitative, analytic, and descriptive articles, respectively. The search domain was limited to all Farsi published research projects in domestic scientific-research journals and English published literatures on the subject in authentic websites from the beginning of 2000 to the end of 2014.

#### 7. Discussion

The most suitable method to reduce health problems is taking a healthy lifestyle. Concept of lifestyle is based on the recognizable patterns of displayed behaviors by people and the term of healthy lifestyle is originally based on the idea that daily activities of individuals can be divided into two groups of healthy and unhealthy activities. Healthy lifestyle is considered as a characteristic of balanced life, which can result in conscious choices. Individuals are responsible for selecting behavioral patterns of lifestyle and healthcare through which they attempt to improve their health and prevent diseases. Obtained results from different studies also indicated positive relationship between taking a healthy lifestyle and its outputs. Variables of lifestyle that influence the health include: Diet and BMI, exercise, sleep, substance abuse, medication abuse, application of modern technologies, recreation and study.

Cockerham, contemporary medical sociologist, believes that a healthy lifestyle is a set of selections the person prefers; considering his social position these selections are considered based on his personal status and structural position. Indeed, a person's life opportunities are determined by means of his social status and features. According to the Cockerham definition for a healthy lifestyle, the combination of two concepts of selection and status could be witnessed. In his opinion, healthy lifestyles refer to collective patterns of the behaviors associated with health based on the selections available to people based on their biological and social conditions. The behaviors acquired from these selections can have positive or negative outcomes on body and thought, but they can form a comprehensive pattern of health which forms lifestyle (22).

Cockerham argues that research on health-oriented lifestyle is required, he mentioned that measurement and analysis should not be focused on personal level, but they should include the formulation of health-related collective patterns of behavior which form health-oriented lifestyle.



**Figure 1.** Article Selection Process

Cockerham used the George Herbert Mead concept of the ‘Generalized Other’ regarding health-oriented lifestyle. According to George Herbert Mead, ‘Generalized Other’ reflects organized attitudes of a group or community as a whole, which as a social process controls the behavior of members of the group or community (19). Under such circumstances, people might act based on collective trends to accept or reject some of their actions. Ideology and religion are examples of collectivism ideas to affect selections of health-oriented lifestyle. Anyhow, according to Cock-

erham, there is a significant relationship between health-oriented lifestyle and the governing political ideology (23). Studies on lifestyle are almost of descriptive-normative studies. Yet, in Islamic communities such as Iran, it is asked whether individuals’ health-oriented lifestyle adapts with Islamic instructions or not; whether the theory of lifestyle in these countries which associates with the important issues such as a complete man, a healthy man, adaptive and maladaptive criterion, prevention and treatment is identified and analyzed or not (24). In this regard, Maddah et al.



studied the health-oriented lifestyle in Islamic culture; the purpose of this study was to explain the health-oriented lifestyle in the Islamic culture based on opinions, experiences and perceptions of clergies, teachers and students. This study's central variable was deviation from moderation of thought, belief and behavior. Seven main categories were gained by analysis of data as follows: policy in the health system, Islamic education, Islamic movement in family centered lives, occupation, effort and money, ethics and law abiding citizens, mobility and leisure, relationships, interaction and participation. Lifestyle modification, in the process of acquiring healthy communities and social capital, based on religious teachings could be the perfect solution for the problems of a healthy life in the present day. In a structural approach, the government should pay attention to issues such as authority of the family, and supporting parents and spouses facilitate family functions by systematic problem solving, and empower and strengthen institutions such as the education system and media (25). Therefore, according to the existing studies, it can be said that: lifestyle has a significant influence on physical and mental health of human beings. There are different forms of such influences. Consanguinity in some ethnic groups is a dominant form of lifestyle that leads to the genetic disorders. Reformation of this unhealthy lifestyle is a preventing factor to decrease the rate of genetic diseases. Ghorbanalipour et al. concluded that providing group training on lifestyle changes was effective to increase marital satisfaction (26).

The phenomena of modernization, technological advances, increased urban density, lifestyle changes and the tendency toward bad habits lead to an unprecedented increase in the prevalence of non-communicable diseases, including cardiovascular diseases as the most common cause of mortality and disability throughout the world. In a study, the implementation of a family-oriented empowerment model was deemed practical for patients with myocardial infarction which led to lifestyle improvements or changes for both the patients and their families (27). Ghasemi et al. studied health-oriented lifestyle factors and capital structure. The findings of this study showed that health-oriented lifestyle had significant relationship with age, gender and marital status (28). Tol studied the evaluation of health-promoting lifestyle and its relationship with the quality of life of undergraduate university students in the school of public health, it showed a significant relationship between nutrition, inter-personal relationships and age of students. According to the importance of inter-personal relationships in improving health and developing social capital which is an absolute indicator of health status, interventions such as training life skills especially relationship skills such as active listening, effective com-

munication, sympathy, etc., were the preferred interventions in the group under study. The lifestyle which improves health predicts quality of life (29). Morbidity and mortality were associated with the lifestyle that reduced (30). According to previous studies on relevant behaviors of health in Taiwan, Chen et al. found that in order to establish a healthy lifestyle in youth, some scopes should be significantly considered including nutritional habits, physical activities, social support, stress management, life perception and responsibility. For this purpose, these scopes were designed in the form of a healthy lifestyle scale (31).

Arbabisarjou et al. conducted a study to investigate the relationship among health promotion, lifestyle and life quality in nursery students. Their study results indicated a significant relationship among health promotion, lifestyle and life quality (32). In a study by Sakane et al. on the effect of hemoglobin A1c (HbA1c) level on diabetes with the interference of lifestyle in primary regulations of health, it was found that severe interference of lifestyle in primary regulations is effective to prevent type 2 diabetes in the subjects with impaired glucose tolerance (IGT) with HbA1c level above 5.7% (33). The study by Gerstel et al. investigated the effect of interference of lifestyle in body weight and metabolic syndrome in caregivers in home. They indicated that change in lifestyle among health care providers (HCPs) is possible using behavioral trainings in short-term. They also claimed that academic strategies and workshops are significantly effective and can be also implemented easily. They should be applied in HCPs, to modify the lifestyle of patients by improving their health (34). Mirghafourvand et al. investigated the effect of health promoting lifestyle and its demographic predictions in infertile couples referred to Infertility Clinic of Al-Zahra Hospital in Tabriz, Iran. The study results indicated that participants did not have all behaviors of health promotion at the desirable level, specifically regarding physical activities. Such behaviors have a key role in improving life quality, preserving health and fertility. Hence, provisions of these strategies are significant for health promotion of infertile couples (35).

Davies conducted a study to investigate personal lifestyles, health promotion and patient interactions. He indicated that to promote healthcare services, high quality healthcare centers can be designed to involve behavioral models and apply long-term behavioral evolutions in lifestyle, behaviors and choices (36). The relationship between health indicators and quality of life has a very important role in clinical decisions and hygienic policies; therefore, the perspective of life quality is a strong stimulus for personal decisions and preferences. If there is a significant difference between health condition and quality of life and this would not be under consideration

of hygienic policy-makers, the clinical decisions and hygienic policies and individual preferences might not be consistent; hence, the desired goal would not be achieved. The healthy-oriented lifestyle as a multi-causal and multi-dimensional phenomenon is related to social behavior patterns that could ensure health and prevent health-related problems. It is composed of various dimensions such as sports, proper and improper nutrition, self-control, preventive behaviors, not using drugs and alcohol, mental, environmental and personal health, traffic behavior, body weight control, nutritional habits, daily activities and exposure to sunlight. Thus, health researches mostly emphasize on personal health behaviors despite of their social field. In some societies such as Iran whose people have less control on their nutritional diet and ecologic pollutions and also type of social environment in which smoking is accepted as a behavioral norm, the possibility of unhealthy lifestyle is much higher. In Iran, smoking rate is high, nutritional diet is full of fat and cigarette is easily accessible; thus, citizens have few options about the type of foods they consume. This problem is related to weakness in management and planning that focuses less on risks of smoking and unhealthy diets. Despite the increasing number of publications on lifestyle over the past years, there are no scientific publications presenting concentrated policies and measures that can help address and resolve the existing health inequities. The results of studies conducted in Iran showed that the significance of this issue is well understood. However, only a few of the reviewed articles dealt with lifestyle and health components. Despite the large number of studies conducted on this subject, they have not discussed the issue from the perspective of sociologists and social scholars; since most have been conducted by researchers in health and medical sciences, there is a lack of discussion on all the lifestyle indicators that only sociological studies can fully cover (37). Future studies should focus on the knowledge of lifestyle and the lifestyle changes, and also identify and utilize the findings of cultural and psychological studies, and more particularly, social psychology studies. Most studies conducted in Iran have focused on lifestyle, and only a few have examined the health components that affect lifestyle. The review of articles showed that each researcher had dealt with the subject of lifestyle from her or his own specialized perspective and that no organization or institution had addressed lifestyle as a multi-dimensional and multi-causal term in a multi-sect oral manner, which necessitates conducting further studies. This subject should be discussed and analyzed as a national and social problem. Given the highlighted role of underlying factors in the development of social inequalities and the differences between countries, there is a gap of knowledge and evidence on the matter in

Iran. For instance, religion and ethnicity are factors that are considered important in some countries, such as Iran, but not in others (38).

The current study indicated that most of the evaluated studies were concerned with lifestyle and physical health, some of which will be further examined in this section. The phenomena of modernization, technological advances, increased urban density, lifestyle changes and the tendency toward bad habits have led to an unprecedented increase in the prevalence of non-communicable diseases, including cardiovascular diseases as the most common cause of mortality and disability throughout the world; studies were dispersed about on healthy lifestyle. Although medical sciences have good progress, it is not able to be responsive to all human problems since it only focuses on the physical health, whereas should be given to the all aspects of health such as: physical, psychological, social and spiritual health and wisdom. In the Islamic lifestyle there are guidelines for all human dimensions since to have a healthy lifestyle, the Islamic lifestyle should be followed.

Today, wide changes have occurred in the life of all people. Malnutrition, unhealthy diet, smoking, alcohol consumption, drug abuse, stress, etc., are the presentations of unhealthy lifestyle that they are used as dominant form of lifestyle. Besides, the lives of citizens face new challenges. Since lifestyle affects the quality of life and prevents diseases, choosing a specific lifestyle is necessary for health care and promotion. It is clear that in case of following an inappropriate lifestyle, irretrievable consequences should be expected. Modification of lifestyle needs making some changes in daily routine. For excellence in life and changing lifestyle, practical applicable directions are needed; since the cause of many social and physical issues are still unknown, and no information regarding the way of dealing with them is in hand, an advisor and guider are needed. Islamic lifestyle, by relying on Quranic medical verses, and traditions and narratives of infallible Imams is a rich source of practical directions to treat these misbehaviors. Therefore, due to positive effect of healthy lifestyle on health promotion of individuals, it would be better for the government to provide comprehensive programs and policies in the society to enhance awareness of people about positive effects of health-oriented lifestyle on life and also to provide required conditions to have a healthy lifestyle. The Islamic Republic of Iran considers all aspects of health and accordingly pays attention to physical, psychological, social and spiritual health and wisdom. Hence, with the systematic planning at micro and macro levels, a social and individual healthy lifestyle can be obtained.

## References

- WHO . Ottawa charter for health promotion. Geneva: World health organization; 1986.
- WHO . The world health report 2000: health systems improving performance. Geneva: World Health Organization; 2000.
- WHO . Fruit, vegetable and NCD prevention Geneva: Wworld health organization; 2003. [cited september 2003]. Available from: [http://www.who.int/dietphysicalactivity/media/en/gsfsv\\_fv.pdf](http://www.who.int/dietphysicalactivity/media/en/gsfsv_fv.pdf).
- Mohammadi zobdi I, Pakpour Haji Agha A, Mohammadi zobdi B. Reliability and feasibility of Persian Questionnaire of Health Promoting Lifestyle [in persian]. *J Mazandaran Univ Med Sci*. 2011;**21**(1):103-13.
- Dalvandi A, Hamidreza K, Bahrami F, Tyam K. determining health-oriented lifestyle based on Islamic Culture [in Persian]. *J Qualitative Studies Health Sci*. 2011;**1**(4):332-43.
- K. Mohammad . relation between Islamic lifestyle and happiness in life satisfaction of Isfahan University students [in Persian]. *J Psychology and Religion*. 2010;**4**(4):61-74.
- Nazari M, Moghaddas R. Islamic Lifestyle in Carriage of Resistance Economics [in Persian]. *National Meeting of Islamic lifestyle of resistance economics*. 2014.
- Walker SN, Kerr MJ, Pender NJ, Sechrist KR. A Spanish language version of the Health-Promoting Lifestyle Profile. *Nurs Res*. 1990;**39**(5):268-73. [PubMed: 2399130].
- Andrews GR. Care of older people: Promoting health and function in an ageing population. *BMJ*. 2001;**322**(7288):728-9. [PubMed: 11264216].
- Walker SN, Sechrist KR, Pender NJ. The Health-Promoting Lifestyle Profile: development and psychometric characteristics. *Nurs Res*. 1987;**36**(2):76-81. [PubMed: 3644262].
- Altun I. Effect of a health promotion course on health promoting behaviours of university students. *East Mediterr Health J*. 2008;**14**(4):880-7. [PubMed: 19166171].
- Pokhak O. The Idea of Healthy Lifestyle and Its Transformation Into Health-Oriented Lifestyle in Contemporary. *SAGE Open*. 2013;**3**(3).
- Huss-Ashmore R, Schall J, Hediger M. health and lifestyle change. philadelphia: university of pennsylvania museum of archaeology; 1992.
- Monk C, Fifer WP, Myers MM, Sloan RP, Trien L, Hurtado A. Maternal stress responses and anxiety during pregnancy: Effects on fetal heart rate. *Developmental Psychobiol*. 2000;**36**(1):67. doi: 10.1002/(sici)1098-2302(200001)36:1<67::aid-dev7>3.3.co;2-3.
- Deyle GD, Allison SC, Matekel RL, Ryder MG, Stang JM, Gohdes DD, et al. Physical therapy treatment effectiveness for osteoarthritis of the knee: a randomized comparison of supervised clinical exercise and manual therapy procedures versus a home exercise program. *Phys Ther*. 2005;**85**(12):1301-17. [PubMed: 16305269].
- Roddy E, Zhang W, Doherty M, Arden NK, Barlow J, Birrell F, et al. Evidence-based recommendations for the role of exercise in the management of osteoarthritis of the hip or knee—the MOVE consensus. *Rheumatology (Oxford)*. 2005;**44**(1):67-73. doi: 10.1093/rheumatology/keh399. [PubMed: 15353613].
- Al-Kandari F, Vidal VL, Thomas D. Health-promoting lifestyle and body mass index among College of Nursing students in Kuwait: a correlational study. *Nurs Health Sci*. 2008;**10**(1):43-50. doi: 10.1111/j.1442-2018.2007.00370.x. [PubMed: 18257831].
- Brunner LS, Smeltzer SC, Bare GB, Hinkle J, Cheever KH. Brunner and Suddarth's textbook of medical-surgical nursing. 11 ed. Philadelphia: Lippincott Williams and Wilkins; 2008.
- Daaleman TP, Cobb AK, Frey BB. Spirituality and well-being: an exploratory study of the patient perspective. *Soci Sci and Med*. 2001;**53**(11):1503-11. doi: 10.1016/s0277-9536(00)00439-1.
- Daaleman TP, Kaufman JS. Spirituality and depressive symptoms in primary care outpatients. *South Med J*. 2006;**99**(12):1340-4. doi: 10.1097/01.smj.0000223948.59194.e9. [PubMed: 17240561].
- Hawton K, Casanas IC, Haw C, Saunders K. Risk factors for suicide in individuals with depression: a systematic review. *J Affect Disord*. 2013;**147**(1-3):17-28. doi: 10.1016/j.jad.2013.01.004. [PubMed: 23411024].
- Cockerham W. Social causes of health and disease. Cambridge: Polity; 2007.
- Cockerham WC, Hinote BP, Cockerham GB, Abbott P. Health lifestyles and political ideology in Belarus, Russia, and Ukraine. *Soc Sci Med*. 2006;**62**(7):1799-809. doi: 10.1016/j.socscimed.2005.08.024. [PubMed: 16162381].
- Kaaviani M. The quantification and measurement of Islamic life style [in Persian]. *Ravanshenasi Va Din*. 2011;**4**(2):27-44.
- Maddah SSB, Khankeh H, Bahrami F, Hesam Zadeh A, Dalvandi N. The Health-Oriented Lifestyle in Islamic Culture [in Persian]. *J Qualitative Res Health Sci*. 2013;**1**(2):332-43.
- Ghorbanalipour M, Farahani H, Borjali A, Leila M. Determining the effectiveness of group training for changing lifestyle. *Psychol Stud College Edu Psycho Univ Zahra*. 2008;**4**(3).
- VahedianAzim A, Alhani F, Ahmadi F, Kazemnejad A. Effect of family-centered empowerment model on the lifestyle of patients with myocardial infarction. *J Critical Care Nurs*. 2009;**2**(1):127-32.
- Ghasemi V. structural determinants of helthy-oriented life style [in Persian]. ;**63**.
- Tol A, Tavasoli E, Sharifi Rad G, Shojai Zadeh D. Evaluation of health-promoting lifestyle and its relation to the quality of life of undergraduate students University School of Public Health [in Persian]. *J health sytem res*. 2011;**4**:1-6.
- Sichert-Hellert W, Beghin L, De Henauw S, Grammatikaki E, Hallstrom L, Manios Y, et al. Nutritional knowledge in European adolescents: results from the HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) study. *Public Health Nutr*. 2011;**14**(12):2083-91. doi: 10.1017/S1368898011001352. [PubMed: 21810282].
- Chen MY, Wang EK, Yang RJ, Liou YM. Adolescent health promotion scale: development and psychometric testing. *Public Health Nurs*. 2003;**20**(2):104-10. [PubMed: 12588427].
- Arbabisarjou A, Ajdari Z, Omedi KH. Relationship between health promotion life style and life quality among nursing students. *World of Sciences J*. 2013;**2**:142-7.
- Sakane N, Sato J, Tsushita K, Tsujii S, Kotani K, Tominaga M, et al. Effect of baseline HbA1c level on the development of diabetes by lifestyle intervention in primary healthcare settings: insights from subanalysis of the Japan Diabetes Prevention Program. *BMJ Open Diabetes Res Care*. 2014;**2**(1):e000003. doi: 10.1136/bmjdr-2013-000003. [PubMed: 25452854].
- Gerstel E, Pataky Z, Busnel C, Rutschmann O, Guessous I, Zumwald C, et al. Impact of lifestyle intervention on body weight and the metabolic syndrome in home-care providers. *Diabetes Metab*. 2013;**39**(1):78-84. doi: 10.1016/j.diabet.2012.07.003. [PubMed: 23098887].
- Mirghafourvand M, Sehhati F, Rahimi M. Health-promoting Lifestyle and its Demographic Predictors in Infertile Couples Referred to Infertility Clinic of Tabriz Al-Zahra Hospital, 2013. *J Caring Sci*. 2014;**3**(3):175-84. doi: 10.5681/jcs.2014.019. [PubMed: 25276761].
- Davies R. Addressing Individual Lifestyle Choices—Education, Health Promotion, and Patient Engagement. *Scottish Univ Med J*. 2013;**2**(1).
- Ashtyaqy M, Moslemi Petrudry R. Study the relationship between lifestyle and health. Tehran: The first National Conference on Student Social factors affecting health; 2010.
- eidarian M, Ghaemiyan T, Abadi A, Montazeri A. Relationship Among Poverty and Life Quality. *Payesh Health Monit*. 2011;**14**(11):491-5.