

UCT JOURNAL OF SOCIAL SCIENCE AND HUMANITIES RESEARCH 2016(02)

Available online at http://journals.researchub.org



Effect of Healthy Lifestyle Training on Physical, Psychological and Social Health

Mojtaba Ebrahimi¹*, Ataallah Amin², Seyed Mostafa Salari³, Fatemeh Danaiefard⁴

- 1 MA in Psychology and Instruction of Exceptional Children, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.
- ²MA in Clinical Psychology Azad University, Garmsar, Iran
- ³MA in General Psychology Tehran University, Tehran, Iran

ARTICLE INFO

Article history: Received 18 Apr 2016 Received in revised form 21 May 2016 Accepted 10 Jun 2016

Keywords: Lifestyle, Physical Health, Mental Health, Social Health

ABSTRACT

Objective: Lifestyle and Health is established in the first years of life, but the lifestyle behaviors that are experienced in attending college can have large effects on students' health. So, purpose of this study was to evaluate Effect of healthy lifestyle training on the physical, psychological and social health of students of Islamic Azad University of Arak. Methodology: This is an applied study. Based on the nature and methods, this is an experimental design with pre-test and post-test with a control group. The population of this study are students at Arak Islamic Azad University who were chosen using voluntary - randomly sampling. Thus, in this study, 37 students were placed in the experimental group and 39 students were placed in the control group (based on age and sex criteria.). Participants also completed three researchermade questionnaires including demographics, quality of life and Keynesian social health. Multivariate analysis of variance was used to analyze the data. Results: The results showed a significant difference between two groups in physical functions, body pain, general health, vitality, social functions, emotional role and mental health, but no significant difference was observed between two in the physical and social health. Conclusion: Considering that students are a large volume of young population in the country and age and their status as educated class of society can give them as a model for others, so choosing any lifestyle by them, in their own lives and others are effective, it is recommended to train students about lifestyle and other topics in psychology from the beginning of the universities..

1. Introduction

In Lifestyle is pattern of voluntary activities of daily living which influences on individual's health status and stems by demographic, environmental and social factors. (Peyman et al., 2004) The World Health Organization defined Health as complete Welfare physical, mental and social state not merely the absence of disease and disability; therefore, the traditional view of health was changed to the multi-dimensional concept. Currently, lifestyle is concerned by specialists as one of the main indicators of health to promote health. (Shahbazi, 2015) Healthy lifestyle includes behaviors that guarantee human physical and mental health. In other words, healthy lifestyle includes physical and mental aspects. Physical aspect includes nutrition, exercise and sleep. Psychological aspect includes social communication, coping with stress and spirituality. (La'li, 2012) Lifestyle is how a man lives and includes factors such as personality traits, nutrition, exercise, sleep, coping with stress, social support, and medication use. Individual and social success can be analyzed and evaluated through evaluation of their lifestyle. (Cockerham, 2005) A study in Japan showed that a large proportion of cardiovascular diseases can be prevented through changes in lifestyle. A study in the UK showed that lifestyle can affect cancers (Parkin et al., 2011). Harrison et al. (2006) research results in North West England on people over 18 years showed that there is a relationship between nutrition and smoking and physical activity; so that

⁴Special Education, Ministry of Education of Semnan Province, Semnan, Iran

^{*} Corresponding author: Mojtaba_ebi@webmail.com DOI: https://doi.org/10.24200/jsshr.vol4iss02pp86-89

smokers and those who use less of fruits and vegetables and less physical activity, compared with others, are at higher risk for chronic diseases and their health level is lower.

A research conducted healthy lifestyle program for three years in high school students as experiment. This program has two main goals including influence the behaviors and increasing knowledge about health issues. As part of the program includes training on nutrition, physical activity, fitness, alcohol, tobacco and drugs. Results showed significant improvement in three years in behavior, knowledge, health and nutrition of participants. In addition, cultural poverty and lack of knowledge could underlie many of complex and costly problems, one way to combat it is to raise awareness through training and teaching the correct way of life (Hassed et al., 2009).

Given that lifestyle is one of the most important determinants of health, students must have a program for training to follow lifestyle-related factors. Therefore, this study tries to develop and deliver training programs to improve lifestyle at Arak Islamic Azad University to discuss its impact on students' health from different physical, psychological and social aspects.

1.1 Hypothesis or research questions

- Is healthy lifestyle training affects improving students' physical health?
- Is healthy lifestyle training affects improving students' psychological health?
- Is healthy lifestyle training affects improving social health of students?

2. Materials and methods

The In this study, 37 students (12 males and 25 females) with a mean age of 12.7 and standard deviation of 2.74 in the experimental group and 39 students (15 males and 24 females) with a mean age of 12.1 and a standard deviation of 2.4 in the control group were participated. A total sample were 76 students chosen using voluntary - randomly sampling. For sampling in the first stage with lifestyle training sessions were announced and applicants were registered, then applicants randomly divided into two experimental and control groups.

In the second stage, after the division of members into two groups, physical and mental and social health test was taken and lifestyle training program for experimental group was conducted. After completion of training course, both groups were tested. The content of the course includes physical health (exercise, sleep, nutrition and substance abuse), social (interpersonal relationship management), psychological (emotional management and negative thoughts) were taught for 30 hours to students (experimental group).

The research instrument used in this study included the following:

1. Quality of Life Questionnaire: (36-SF) SF-36 questionnaire is a validated questionnaire is widely applied to assess quality of life. In Iran, this questionnaire was translated by Montazeri and colleagues and was validated by 4163 subjects aged 15 years (median age 35.1 years) which 52% were female.

Reliability for the subtests were 0.77 to 0.90, except the vitality subscale for that was 0.65. A total finding showed that the Iranian version of the questionnaire tool is suitable for measuring quality of life. The 36- SF questionnaire contains 36 questions and 35 questions are summarized in 8 multi-item scales: Physical functions, physical role, bodily pain, general health, vitality, social functions, emotional role and mental health.

These eight subscales are summarized in the physical health and mental health aspects. Therefore, each aspect contains 3 fixed scales and 2 common scales. Test scores in this range is between zero (lowest score indicates poor quality of life) and score 100 (the highest score indicates poor quality of life).

2. The Keynesian social health questionnaire contains 33 questions and 5 involvement sub-scale including, social cohesion, social acceptance, self-actualization, social participation and social adaptation. Questions is measured using options of completely agree, somewhat agree, neutral, somewhat disagree, and completely disagree. The resulting alpha for the total scale is 0.78 and for each of the subscales, are 0.77 cohesion, 0.74 reception, 0.70 self-actualization, participation 0.74 and social adaptation 0.71.

3. Discussion and results

To view the results, statistical data of dependent variable are in pre-test - post-test experimental and control groups (Table 1).

Table 1. Statistical description of the dependent variable in pre-test - post-test experimental and control groups

Post-test		Pre-test				
Standard deviance	Average	Standard deviance	Average	Groups	Scales	
1.796	87.600 ^a	2.266	67.597 ^a	Training group	Physical Functioning	
1.872	86.087 ^a	2.284	71.500 ^a	Control group	Filysical Fullcuolling	
4.178	44.943 ^a	3.766	26.410 ^a	Training group	Role-Physical	
4.355	42.263 ^a	3.796	24.800 ^a	Control group	Kole-Pilysical	
2.423	70.922	2.444	60.621	Training group	Bodily Pain	
2.525	67.778	2.463	57.294	Control group		
1.901	66.460	1.799	63.601	Training group	General Health	
1.981	64.671	1.814	62.548	Control group		
2.123	55.208	2.153	45.103	Training group	Vitality	

2.213	52.675	2.171	44.528	Control group		
1.958	64.394	2.280	57.396	Training group	Social Functioning	
2.041	62.706	2.298	56.315	Control group		
4.343	56.356	3.459	21.564	Training group	Role-Emotional	
4.527	53.501	3.487	23.177	Control group		
2.219	58.554	2.040	46.415	Training group	Mental Health	
2.313	56.123	2.057	45.198	Control group		
2.941	90.409	2.892	86.430	Training group	Social Health	
3.065	88.428	2.915	86.198	Control group		

To study the effect of lifestyle training on physical, psychological, social health, multivariate analysis of covariance was used. In fact, health component of this method to compare scores of two groups in post-test was used to test the effects. Assumption of homogeneity of variances was evaluated by Levene test. (Table 2).

Table 2. Test results Levenefor homogeneity of variances					
	F	df1	df2	Sig.	
Physical Functioning	0.561	1	74	0.456	
Role-Physical	0.038	1	74	0.846	
Bodily Pain	0.270	1	74	0.605	
General Health	4.158	1	74	0.075	
Vitality	0.400	1	74	0.529	
Social Functioning	1.739	1	74	0.191	
Role-Emotional	1.058	1	74	0.307	
Mental Health	2.271	1	74	0.136	
Social Health	0.143	1	74	0.707	

As results showed, Levine test has no significant difference in any of the health component, and this means that variances are homogeneous. Another assumption is multivariate covariance analysis and homogeny of regression coefficients. It should be noted that the homogeneity test of Regression coefficient was studied by the interaction of the subscales of physical, psychological, social and independent variables. The intersection of the pre-test was not significant to independent variable and demonstrate homogeny of regression coefficients. Wilks Lambda Multivariate analysis indicators, Hoteling effect, largest root and Pillaieffects showed a significant difference between two groups. (Table 3).

Table 3. Multivariate Tests

	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Pillai's trace	0.229	2.145	9.000	65.000	0.038	0.229
Wilks' lambda	0.771	2.145	9.000	65.000	0.038	0.229
Hotelling's trace	0.297	2.145	9.000	65.000	0.038	0.229
Roy's largest root	0.297	2.145	9.000	65.000	0.038	0.229

Thus, in accordance with the assumptions, analysis of variance was performed, which results are in Table 4.

As Table 4 shows, the difference between the two groups in physical functioning, bodily pain, general health, vitality, social function, emotional role and mental health is significant between the two groups of roles in physical and social health was not significant.

4. Conclusion

The main objective of this study was to investigate the effect of healthy lifestyle training on the physical, psychological and social health of students. Findings showed a significant correlation between two groups in physical functioning, bodily pain, general health, vitality, social function, emotional role and mental health. World Health Organization study on health behaviors of 35 countries showed that nearly 60 percent of the quality of life and health depends on lifestyle and personal behavior. (Ayyoubi et al., 2012) Other similar studies in this area showed that lifestyle is correlated with various mental, social and physical aspects of individual's life. Mahaghani (2014) showed that Islamic lifestyle variables have positive and significant relationship to self-identification. Pouladfar and Ahmadi (2006) have also shown significant inverse relationship between lifestyle and psychological disorders. It may be argued that one of the most sensitive periods of the formation and health promoting behaviors and its influence on later in life is adolescence and early adulthood, ages 15 to 25 years. But health patterns in recent years, particularly among young people have had a significant positive or negative change. It is necessary to pay attention to issues such as health promotion and change behaviors. Because of mortality and morbidity in this age group of infectious agents to the behavioral factors have changed. So that, unhealthy patterns such as irregular meals and poor eating habits, incorrect pattern of sleep, physical inactivity, tobacco among young people is increasing. Other results of the present study showed no significant difference between two groups on physical role and social health. According to the study, lifestyle of most students was in moderate level and the desire to do physical activity was lower in students. Mansourian et al (2009) in a study as lifestyle and its factors among students in Gorgan founded the correlation between lifestyle and sex,

educational level, income, education, occupation and mother's father, indigenous, university and smoking. Poorsattar and Hekmati (2008) in a study titled "prediction of social health based on religious beliefs among female students concluded that social acceptance and involvement are significantly associated with all aspects of religious commitment and cohesion and social adaptation with some aspects of religious commitment, but there is no significant relationship between the blossoming of social and religious commitment. In general, based on the results obtained, despite the belief in the life and health is established in first years of life, but the lifestyle behaviors that are experienced in attending college can have large effects on students' health. Thus, given that lifestyle is one of the most important determinants of health, students must follow a training program in the field of lifestyle-related factors. Since the students also include a large volume of young population and age requirements and their status as educated class of society can give them as a model for others, therefore choose any lifestyle, thereby, not only in their own personal lives have been affected, but also affects the behavior and lifestyle of other people. Thus, lifestyle and health promotion behaviors in them is very important, this group of people as a channel can promote health issues, family and consequently society.

REFERENCES

Ayyoubi, E., Shadnoush, M., NazarZadeh, M. & Bidel, Z. 2012. Translation and measure the validity and reliability of health-promoting lifestyle questionnaire to the analysis method. ShahidBeheshti University of Medical Sciences Research Journal, 17(3)

Cockerham, W. C. 2005. Health lifestyle theory and the convergence of agency and structure. Journal of health and social behavior, 46(1), 51-67.

Harrison, R. A., McElduff, P., & Edwards, R. 2006. Planning to win: Health and lifestyles associated with physical activity amongst 15,423 adults. Public Health, 120(3), 206-212.

Hassed, C., De Lisle, S., Sullivan, G., & Pier, C. 2009. Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program. Advances in health sciences education, 14(3), 387-398.

La'li, M., 2012. To construct and validate a questionnaire lifestyle, psychological research, 15(1)

Mahaghani, E. 2014. Correlation between lifestyle and self-identification of the Shahid Chamran Tehran University dormitory students: Thesis Master of Counseling and Guidance, Islamic Azad University

Mansourian, M. 2009. Lifestyle and its influencing factors in college students in Gorgan. Pars University of Medical Sciences, 7, 1.

Parkin, D. M., Boyd, L., & Walker, L. C. 2011. 16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. British journal of cancer, 105(S2), S77.

Peyman, N., Mahdizadeh, M., & Mahdizadeh, M. 2014. Evaluation of education in promoting healthy lifestyle behaviors among adolescent girls, according to the Health Belief Model.

Poorsattar, M., & Hekmati, I. 2008. Predicted social well-being based on religious beliefs among students, women and family studies, Q 2, 7(1), 17-29.

Pouladfar, R., & Ahmadi. 2006. The relationship between lifestyle and psychological disorders teachers of the school of Isfahan. Psychological Studies, 2, 1 and 2

Shahbazi, M. 2015. Effectiveness of a healthy lifestyle based on the World Health Model on death anxiety among elderly people of Ilam.

How to Cite this Article:

Ebrahimi M., Ataallah Amin A., Salari SM., Danaiefard F., Effect of Healthy Lifestyle Training on Physical, Psychological and Social Health, UCT Journal of Social Sciences and Humanities Research 4(2) (2016) 86–89.