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Comparing the Lifestyle of Veteran and Non-Veteran Families

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ABSTRACT

Background: Considering the role of lifestyle in promoting, maintaining, continuity health and the importance of paying attention to the veterans and their families who have suffered a lot in order to sacrifice for the homeland, the present study intends to compare the lifestyle among veterans and non-veterans in Mashhad city.

Methods: This study was conducted using a survey method. The statistical population included the veteran and non-veteran families of Mashhad. A total of 360 questionnaires were filled out in this city. The research instruments were Lifestyle Questionnaire (LSQ) and All Aspects of Health Literacy Scale. The data were analyzed by SPSS v.24.

Results: There is not a significant difference between the mean scores of lifestyle in the two groups of veteran and non-veteran in Mashhad ($p > 0.05$). The comparison of mean lifestyle scores also showed that there was no significant difference between the lifestyle scores of men and women in the non-veteran group and the mean scores of the single and married lifestyle in the veteran and non-veteran group ($p > 0.05$). There is a significant relationship between education level and health literacy of veteran and non-veteran families with their lifestyle, age, and employment status. They are also related to the lifestyle of their life because of the status they provide for the sacrifices.

Conclusion: Comparison of the two groups in terms of lifestyle indicates that the veterans are in a less favorable position than non-veterans in terms of some aspects of lifestyle such as physical health, exercise and health, disease prevention and mental health.

Keywords: Lifestyle, Veterans, Health, Family, health literacy

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Introduction

The concept of lifestyle in Iranian society refers to recent years. The reason for this action is the constant changes in people's objective lifestyles. These changes in individuals' lifestyles in society have aroused the curiosity and sometimes concern of socio-cultural experts and policymakers. Kliotakis et al. define lifestyle as a collective pattern of recognizable living styles with a range of distinctive characteristics that refer to individual attitudes, beliefs, activities, and behaviors (quoted in Mohan et al., 2008). Lifestyle reflects the full range of social values, attitudes and activities, and is a combination of behavioral patterns and individual habits throughout life duration, which the processes of socialization have emerged (Imani and Sabzian, 2015).

Among the well-known characteristics of a good lifestyle, factors such as physical activities, leisure, sleep and wakefulness, social relationships, family relationships, spirituality, safety, relaxation, and nutrition are considered a way of life. One way for better understanding the concept of lifestyle is to examine the elements and components that are intended to understand the concept of lifestyle better. The components refer to things that are objective examples of lifestyle (Horwitz, 2002). Lifestyle is one of the concepts studied by specialists in psychology, sociology, cultural studies, economics, marketing and health sciences. Adler (1964) in Psychology Weber (1968) and Simmel (1978) in Sociology and Economics were pioneers of theorizing in this field. Lifestyle is discussed in the early texts mainly in the general sense of "the style of living," and it is in conceptual sharing with culture, structure, class, and group. Although later theorists such as Bourdieu (1984), Chaney (1996), Hendricks and Hatch (2009) have provided more specialized analysis on this subject, due to the breadth of conceptual lifestyle space. Even within each discipline, there is no common definition of this concept. Lifestyle styles are a cumulative pattern of health-related behaviors based on selecting choices available to people based on their life (gender, age, ethnicity, ethnicity, pluralism, and life conditions) (Cockerham, 2000, 2005, 2017). Chaney (1996) also introduces lifestyles as features of the modern world. In his opinion, people living in modern societies use the concept of lifestyle to describe their actions and those of others; In fact, lifestyles are patterns of action that distinguish individuals from one another.

Lifestyle is the basis of understanding the cultural context in the emerging transformations of this field, and it indicates what is going on at the basis of the values in cultural exchanges (Falah, 1395). In this regard, many cases cause variation and orientation of a certain type of lifestyle for individuals at different times. Found that involvement in lifestyles can lead to higher health and mental health. Klinker et al. (2020) studied the relationship between health literacy levels with unhealthy behaviors such as alcohol consumption, smoking, and low breakfast consumption in the studied population and believe that there is a significant relationship between health literacy and a person's health behavior. For example, Pisinger et al. (2016), in their study, after examining 9322 Danes between 2010 and 2015, concluded that lifestyle interventions have an effective role in increasing or decreasing the mental and physical health of the individuals; Macovei et al. (2017) found that exercising and having an active lifestyle leads to a better healthy condition. People with more than 5 hours of exercise per week have a more satisfying and healthier lifestyle.

Wars are one of the factors that cause change and orientation of a certain type of lifestyle in people. For example, the imposed war in Iran has left many economic, social, and cultural consequences, and then a group called The Witness and the Martyr emerged. There are three groups: witness, veteran, and free. Witness and self-sacrificing families are a social group who has values and norms within the group and specific interactions. These are groups whose parents, mothers, brothers, and sisters have been martyred, disabled, or taken prisoner to preserve their religious values and defend their homeland. Therefore, these issues have a significant impact on their type and lifestyle, and it is important

to address them, and examine their lifestyle status. Therefore, the present study seeks to answer the question: What is the difference between the lifestyle of self-sacrificing families and non-self-sacrificing families in Mashhad?

Methods

The research method is a cross-sectional survey that was performed on the self-sacrificing and non-self-sacrificing population in Mashhad. The purpose of this survey was to assess the lifestyle of veterans and non-veterans to determine the status of various components of lifestyle, including (1) physical health, (2) exercise and health, (3) weight control and nutrition, (4) prevention of diseases, (5) mental health, (6) spiritual health, (7) social health, (8) avoiding drugs, (9) drugs and alcohol, (10) accident prevention and environmental health, was performed. The statistical population of the study consists of two groups of self-sacrificing and non-self-sacrificing in Mashhad. SPSS Sample Power software was used to estimate the sample size, and the sample size was 360 people, and a total of 120 self-sacrificing and 240 non-self-sacrificing people were selected. To do the sampling, first, the list of martyrs and the exact address of the place of residence was obtained from the Martyr Foundation. Then, systematically, 120 addresses were randomly selected as self-sacrificing samples, and the questioner went to their door and completed the questionnaire. In case of not being at home, he was referred two more times, and if, after three visits, he failed to be interviewed or, for some reason, refused to be interviewed, another address was replaced from the list of martyrs. After completing the questionnaire related to self-sacrifice, two adjacent houses of each self-sacrificing sample were selected as non-self-sacrificing samples. (The reason for choosing adjacent houses was to eliminate the effect of variables such as residence and social class that can affect lifestyle). In the case of non-sacrificial specimens, the adjacent house was replaced in the absence of non-cooperation. Inclusion criteria were: Iranian, age over 15 years, no severe mental disorders such as acute psychosis, severe cognitive problems such as dementia, delirium, or problems such as deafness.

The instrument used in this study is a questionnaire. The questionnaire consisted of two parts: lifestyle questionnaire (Lali, Abedi, and Kajbaf, 2012) and the questionnaire "All aspects of health literacy" (AAHLS) (Chinn and McCarthy, 2013).

The Lifestyle Scale (LSQ) has been validated by Lali, Abedi, and Kajbaf (2012). To determine the validity, three content validity calculation methods, factor analysis, and convergent validity (calculating the correlation between lifestyle questionnaire and psychological well-being questionnaire) were used (Lali et al., 2012). To determine the reliability, two methods of Cronbach's Alpha and retesting were used at 6 weeks intervals on a group of 60 people. This tool has also been used in numerous other studies (Including Hadidi, 2017; Navidi & Mohammadi, 2017; Kordestani & Ghamari, 2018; Hoseinai et al., 2018). The reliability of this scale was demonstrated in previous studies. In this study, Cronbach's Alpha Coefficient indicates the desirability of internal correlation of items in different dimensions, thus confirming the tool's reliability. Cronbach's Alpha coefficient for physical health (0.74), exercise and fitness (0.75), weight control and nutrition (0.73), disease prevention (0.71), psychological health (0.79), spiritual health (0.72), social health (0.74), avoidance of drugs, drugs, and alcohol (0.73), accident prevention (0.83) and environmental health (0.77) indicate the reliability of the applied tools.

All aspects of the health literacy questionnaire (AAHLS) have three subscales; Functional health literacy is critical health literacy and communication health literacy with 13 items or questions, and a higher score means higher health literacy. Data were analyzed by using SPSS software version 24. This study has an ethics code number IR.ISAAR.REC.1398.002

Results

Although in some cases the average score of non-veterans is higher than non-veterans, in some

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dimensions, the average score of non-veterans is higher, but this difference is small. In general, it can be said that there is no significant difference between the average lifestyle and its dimensions in the two groups of self-sacrificing and non-self-sacrificing ($P < 0.05$). The findings are presented in Table 1.

The information in Table 2 shows the prioritization of lifestyle dimensions in the two studied groups in Mashhad. Priorities related to dimensions (avoidance of drugs and narcotics, spiritual health, physical health, weight control and nutrition and exercise and health) are the same in both groups and the priorities related to dimensions (environmental health, social health, social, accident prevention, disease prevention, and mental health) have shifted. While these findings show that avoidance of drugs and narcotics as well as spiritual health, the situation is better among the members of both groups, and on the other hand, weight control and nutrition, as well as exercise and health, are more unfavorable compared to other aspects of life. There is a statistically significant difference between the status of lifestyle dimensions in both groups ($p < 0.001$).

There is no significant difference between the mean scores of the lifestyle of selfless and non-selfless men and women in Mashhad ($P < 0.05$). Also, the result of the t-test shows that there is no significant difference between the mean scores of the lifestyle of veterans and non-veterans in terms of marital status ($P < 0.05$). The findings are presented in Table 3.

The data in Table 4 show that there is a significant relationship between the age and lifestyle of veterans ($P < 0.01$), but this relationship between the age and lifestyle of non-veterans was not significant ($P < 0.05$). The test results indicate that there is a direct and significant relationship between the education and lifestyle of the two groups of self-sacrificing and non-self-sacrificing. In other words, there is also a direct and significant relationship between health literacy and the lifestyle of veterans and non-veterans ($P < 0.001$), which means as the health literacy of individuals increases; the quality of their lifestyle also improves.

The results of this test shows that there is a significant difference between the mean lifestyle scores of self-sacrificing respondents in terms of employment status ($P < 0.05$), but there is no significant difference between the mean of lifestyle scores of non-self-sacrificing respondents in terms of employment status ($P < 0.05$).). The results are presented in Table 5.

Table 1. Mean scores of different aspects of lifestyle in the two groups of selfless and non-selfless

Lifestyle Dimensions	veteran	non-veteran	p-value
Physical Health	1.82	1.86	0.449
Exercise and Fitness	1.32	1.58	0.001
Weight Control and Nutrition	1.79	1.79	0.940
Illness Prevention	2.19	2.24	0.394
Psychological Health	2.08	2.14	0.348
Spiritual Health	2.43	2.34	0.117
Social Health	2.25	2.26	0.955
Drug and Alcohol Avoidance	2.43	2.25	0.088
Accident Prevention	2.18	2.02	0.041
Environmental Health	2.28	2.14	0.006
Lifestyle	2.06	2.06	0.992

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Table 2. Friedman test output for comparison and prioritization of the mean of different aspects of lifestyle gathered from two groups of self-sacrificing and non-self-sacrificing

Ranks	Veteran Lifestyle Dimensions	Mean Ranks	Non-Veteran Lifestyle Dimensions	Mean Ranks
1	Drug and Alcohol Avoidance	6.64	Drug and Alcohol Avoidance	7.32
2	Spiritual Health	6.32	Spiritual Health	5.86
3	Environmental Health	5.49	Social Health	5.60
4	Social Health	5.37	Illness Prevention	5.58
5	Accident Prevention	4.87	Psychological Health	4.74
6	Illness Prevention	4.81	Environmental Health	4.21
7	Psychological Health	4.43	Accident Prevention	4.21
8	Physical Health	3.02	Physical Health	3.15
9	Weight Control and Nutrition	2.70	Weight Control and Nutrition	2.85
10	Exercise and Fitness	1.34	Exercise and Fitness	2.27
	Chi-Square= 274.833		Chi-Square= 382.577	
	P < 0.001		P < 0.001	

Table 3. Independent t-test output for comparing lifestyle in self-sacrificing groups and non-self-sacrificing groups

Variable	Group	Male Mean ± Std. deviation	Female Mean ± Std. deviation	t	p-value
Sex	Veteran	2.0 ±9.37	2.0±03.43	0.671	0.504
	Non-Veteran	2.0 ±09.40	2.0±03.32	1.211	0.277
Variable	Group	Single Mean ± Std. deviation	Married Mean ± Std. deviation	t	Sig
Marital status	Veteran	2.0 ±13.33	2.0±07.41	0.658	0.513
	Non-Veteran	2.0± 08.37	2.0±07.37	0.197	0.844

Table 4. Applying correlation test output to investigate the relationship between respondents' characteristics and lifestyle in self-sacrificing group and non-self-sacrificing group

Variable	Group	Correlation Coefficient	p-value
Age	Veteran	-0.261	0.010
	Non-Veteran	-0.029	0.680
Health Literacy	Veteran	0.607	0.001
	Non-Veteran	0.321	0.001
Education	Veteran	0.234	0.020
	Non-Veteran	0.161	0.023

Table 5. The outcome of analysis of variance test to compare the lifestyle of two groups of self-sacrificing and non-self-sacrificing according to employment status

Variable	Group	F	P-value
Employment Status	Veteran	4.233	0.002
	Non-Veteran	1.855	0.091

Discussion

Considering the importance of lifestyle and its role in maintaining and promoting people's health, the purpose of this study is to determine the difference between the whole scale of the lifestyle of the selfless group and the non-selfless group in

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Mashhad. The study of the mean scores of different dimensions of lifestyle in the two groups of self-sacrificing and non-self-sacrificing indicates no significant difference between the average of lifestyle and its dimensions in the two groups of self-sacrificing and non-self-sacrificing. It also shows the prioritization of lifestyle dimensions in the two groups of the study in Mashhad. Based on this information, it can be said that the priorities related to dimensions (avoidance of drugs and narcotics, spiritual health, physical health, weight control, and nutrition and exercise and health) are the same in both groups and the priorities related to dimensions (environmental health, health), social, accident prevention, disease prevention, and mental health) have shifted. There is no significant difference between the mean scores of the lifestyle of the two groups of self-sacrifice and non-self-sacrifice in terms of gender. The results obtained are not consistent with the finding of Solhi et al. (2016). Also, there is no significant difference between the mean scores of the lifestyle of veterans and non-veterans in terms of marital status, and the results are inconsistent with the findings of Haghgoo et al. (2015). In explaining these findings, it can be acknowledged that the situation creates contextual variables such as gender and marital status for married and non-self-sacrificing married men and women (providing moral and emotional support) and single (sense of independence and no problem-making for others. Both groups will be effective.

There is a relationship between the age and lifestyle of the martyrs, and the obtained result is consistent with the findings of Mirzaei & Kordzanganeh (2012) and Solhi et al. (2015). However, there is no significant relationship between age and lifestyle of non-martyrs, which is not in line with Solhi research results et al. (2016). In fact, due to the sensitivity of the martyrs' conditions, by changing the main factor such as age, their lifestyle is affected, and we will see a decrease in the quality of life of this group with increasing age.

There is a direct and significant relationship between the education and lifestyle of the two groups of self-sacrificing and non-self-sacrificing. There is also a direct and significant relationship between health literacy and the lifestyle of veterans and non-veterans ($P < 0.001$). In other words, as the health literacy of individual's increases, the quality of their lifestyle also improves. The results are also in line with the findings of Rakhshani et al. (2017), Haghgoo et al. (2015), and Jahanieftekhari et al. (2015), who believe that there is a relationship between education and health literacy with nutrition, spirituality, health responsibility, physical activity, interpersonal relationships, and stress management is positively correlated, and there is a significant correlation.

There is a significant difference between the mean lifestyle scores of self-sacrificing respondents in terms of employment status ($P < 0.05$), but there is no significant difference between the mean lifestyle scores of non-self-sacrificing respondents in terms of employment status ($0.05 < P$). This test results are consistent with the finding of Movahed et al. (2010).

Theoretically, the study results of variables such as employment status, education level, and health literacy can be explained by Weber and Cockerham (2000) theory. Weber and Cockerham believe that lifestyle is a type of behavior and life opportunities are based on them. They provide a health-oriented behavioral style. These life opportunities include physical conditions, social conditions, employment status (Hedry, 2002). It is life opportunities that play a decisive role in choosing a health-oriented lifestyle. The group of veterans also has different opportunities or chances of life from the group of non-veterans on the basis of their different physical, social, occupational, and other conditions. Therefore, with the passage of time and changing living conditions of each veteran, their life opportunities and lifestyle are affected.

Conclusion

In general, it can be concluded that lifestyle is a type of behavior, and life opportunities provide the basis for a healthy behavioral style; these life opportunities include physical condition, age, employment status, level of education, and health literacy. It is life opportunities that play a decisive role in choosing a healthy lifestyle, so it is suggested that interventional research focuses on the influential and predictive factors of lifestyle and ultimately measuring its effects and consequences on martyrs' lifestyle. Besides, it should be noted that there is a need for a comprehensive care and support program for veterans and their families to improve the quality of life.

Conflict of interest

Authors declare no conflict of interest during the study period.

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Author contribution

Conceptualization, A.A. and S.M.H.; Methodology, A.A. and S.M.H.; Investigation, A.A., S.M.H. and H.SH.M; Formal analysis, A.A. and H.SH.M; Data Curation, A.A. and H.SH.M; Writing – Original Draft, A.A. and H.SH.M; Writing – Review & Editing, A.A. and H.SHM.

All authors read and approved the final manuscript and are responsible about any question related to article

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