



Public Awareness Toward Healthy Life: Sample from Iraqi Community 2020

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وعي الجمهور إتجاه نمط الحياة الصحية: عينة من المجتمع العراقي 2022

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ABSTRACT

Background: People must develop a healthy lifestyle to have a longer and healthier life.

Objective: to study the Public awareness toward healthy life of Iraqi community, and it relation with some of demographic variables.

Method & persons: A cross-sectional study conducted from 20th June – 20th September 2022, through online questionnaire (google form) distributed through any available channels (e-mails, Viber, Chat, Messenger, WhatsApp, Telegram, Facebook groups)

Results: Nine hundred and fifty-six Iraqi persons enrolled in this study, with age mean and standard deviation 32.67 ± 11.954 ; the highest percentage of participants 589(51.2%) aged ≤ 29 years, females 577(60.4%), currently married 480(50.2%), medical & health field worker 458(47.9%), while all the non-medical persons 498, (52.1%), {students 212(22.2%), government non-medical worker 146(15.3%). most of the participants 812(84.9%) had once to twice brushing their teeth, and 408(42.7%) had sometimes using Dental floss, while 376(39.3%) of them never using dental floss, and only 39(41.1%)of the participant had regular teeth examination also good overall teeth health only in 387(40.5%). Acceptant-lifestyle 767(80.2%), and only 15(1.6%) had food & water intake poor lifestyle, while in overall-checkup the majority had poor overall-checkup 561(58.7%), then acceptable overall checkup 290(30.3%).

Conclusion: Most of the participant had acceptance lifestyle in concerned food and water but had poor Overall checkup for vision, teeth, blood pressure, sugar, lipid and Regular doctor checkup in general.

Keywords: lifestyle, checkup, teeth, Baghdad.



INTRODUCTION:

Introduction: A group of people's behavior in specific time and place is referred to as their "life style," which includes their daily routine at and outside of their homes.^[1] Despite all efforts to encourage individuals to lead healthy lifestyles, quite a few of them remain opposed to it, suffering several illnesses such as hypertension, diabetes mellitus, and other illnesses, therefore we attempt to instill in them the value of leading healthy lives.^[2] In European communities who follow western lifestyles, a healthy weight, lots of physical exercise, quitting smoking, moderate alcohol consumption, and a good diet are all linked to a lower incidence of Colorectal cancer^[3]. The risk of coronary artery disease was highest in individuals who reported job stress and an unhealthy lifestyle; the risk was almost half as high in those who reported job stress but maintained good lifestyles. Most families were trapped in throughout the pandemic and lockdown, unable to leave their houses for work or engage in routine daily activities like exercising, which could have had an impact on their health and wellness.^[4] The majority of people have experienced unpleasant life events as a result of these constraints and lifestyle adjustments, which have had an impact on the entire system and society.^[5] After the pandemic, maintaining a healthy lifestyle is of utmost importance; but, because of our busy daily schedules, we often neglect to take care of ourselves in terms of our eating, drinking, daily exercise, and sleeping habits. Regular doctor visits are crucial to the delivery of healthcare. According to the definition given by the American Medical Association (AMA), a routine medical checkup is "a routine health-care process commonly done by health-care institutions for both genders and for all age groups at different periods according to the patient risk factors".^[6] Adults who underestimate the need of preventive measures suffer from illnesses that are only discovered later, increased mortality and disability.^[7] Therefore it is essential to identify healthy behaviors, such as good eating, in order to reduce the burden of chronic disease and risk factors with financial implications.^[8] Depending on social support, lifestyle interventions for middle-aged and older persons may be difficult and have different results. Therefore, it is crucial to look at the factors that may contribute to a healthy lifestyle.^[8] Populations from Finland, the Scandinavian nations, and Russia have been found to consume healthful foods in different ways depending on their socioeconomic and socio demographic backgrounds in the studies, better education and female sex were linked to more frequent consumption of fruits and vegetables. Additionally, socio demographic elements including higher wealth, education, and age have been linked to healthy eating habits in a number of different nations.^[9] Cardiovascular disease (CVD) has a greater impact on the development of younger people in Arabian countries than it does in western nations. Due to a lack of commitment to a healthy lifestyle, two of the five patients with (CVD) came back within a year and one of the five patients with (CVD) came back within three months. By incorporating recent findings into ongoing research and practice to promote a healthy lifestyle, we could increase the prognosis for patients with cardiovascular disease (CVD).^[10] Study done by bayad in February 2021 on Iraqi Sample According to the study, Kurdish consumers place a high value on the freshness of food products and their organic status. They also worry about their eating habits and the accompanying health benefits. Additionally, it was discovered that Kurdish consumers had a high level of understanding regarding the effects of food on health, which caused the most crucial element in their decision to buy to be the quality of the goods.^[11]



Objective: to study the Public awareness toward healthy life: sample from Iraqi community, and study it with some of demographic variables.

Method :

Study design and settings:

A cross-sectional study conducted from 20th June – 20th September 2022, through online questionnaire distributed through any available channels (e-mails, Viber, Chat, Messenger, WhatsApp, Telegram, Facebook groups)

Subjects: Any adult can be involving in this online survey with any age over 18 years, both genders, all educational levels, any economic level.

Excluded criteria: incomplete sheet will be excluded

Tools: the questionnaire developed after reading many published researches and after taken opinion of six experts (three consultants community medicine, and three consultant family physicians) additionally pilot study done with 20 participants excluded from the study and all consideration taken.

The questionnaire consists of five parts: **the first part** consists of eight questions of demographic variable (age, gender, marital status, job, residence, monthly income, percent chronic disease, regular doctor checkup in general). **The second part** consists of nine question about medical condition and health checkups (percent chronic disease, regular doctor checkup in general, Regular vision examination, Regular teeth checkup, Regular blood pressure, Regular blood sugar test, & Lipid profile regular checkup). **The third part** food style (food services, main food services, place food, types of food, fast food weekly, vegetables daily, daily fruit, snickers daily, water drinking water types, water amount daily, adding salt to food sugar intake overall. **Fourth part** consists of four questions (dental floss usage, regular teeth examination, teeth brushing, overall teeth health style).

Ethical consideration: Approval was obtained from the Resafa directorate. Also, there is a statement in the beginning of the online questionnaire.

Data collection and Data analysis:

Data collected through google form as excel sheets file, scored and coded and change to SPSS ver. 26, then analyzed, frequencies and percentage calculated and association calculated by chi square test, yate correction and p value considered significant if its less than 0.05.

**Coding:****Overall food water** (Food Q=8, water Q=5)

poor lifestyle (13-24)

acceptable lifestyle (25- 36)

good lifestyle (37-48)

Overall checkup 5 Q with (yes=2, no=1)

poor overall checkup (5-6)

acceptable overall checkup (7-8)

good overall checkup (9-10)

Overall teeth health 2 Q with 3 option, 2Q with 2 option

poor teeth overall health (3-5)

good health teeth (6-8)

Results:

Nine hundred and fifty-six Iraqi persons enrolled in this study, with age mean and standard deviation 32.67 ± 11.954 ; the highest percentage of participants 589(51.2%) aged ≤ 29 years, females 577(60.4%), currently married 480(50.2%), medical & health field worker 458(47.9%), while all the non- medical persons 498, (52.1%), {students 212(22.2%), government non-medical worker 146(15.3%)}. Most of the participant's live in urban 912(95.4%), with monthly income 251000-500000 Iraqi dinar in 366(38.3%) of them. In spite that chronic disease present in 489(51.2%) participants, only 111(11.6%) had regular doctor checkup in general and 421(44.0%) answered with Some times do doctor checkup. [table 1]

In concern teeth health, most of the participants 812(84.9%) had once to twice brushing their teeth, and 408(42.7%) had sometimes using Dental floss, while 376(39.3%) of them never using dental floss, and only 39(41.1%) of the participant had regular teeth examination also good overall teeth health only practice in 387(40.5%), as appeared in table (2)

Most of participants did not have regular vision examination 658(68.8%), not have regular teeth checkup 564(59.0%), not have regular blood pressure checkup 602(63.0%), not have regular blood sugar examination 764(79.9%), and not have lipid profile checkup 802(83.9%), as shown in figure (1)

Current study shows in figure (2) that overall food & water intake; the participants had acceptant lifestyle 767(80.2%), and only 15(1.6%) had food & water intake poor lifestyle, while in overall checkup the majority had poor overall checkup 561(58.7%), then acceptable overall checkup 290(30.3%), and only 105(11%) had good overall checkup for their health

The study found a statistical significant relationship between the overall food & water intake with participant's age, gender, marital status, monthly income, but no significant finding with their residence, and job. As listed in the table (3)

Also, the current study revealed of a statistical significant finding between the Overall checkup with participant's age, marital status, monthly income, and their job but no significant relation with their gender, and residence. As listed in the table (4)



Table (1):(SPSS) Distribution of participants according to their demographic variable:

(N= 956)		Frequency	Percent
Age Mean=32.67 Std. D=11.954	≤ 29 years	589	51.2
	30-39 years	223	23.3
	40-49 years	135	14.1
	50-59 years	72	7.5
	≥ 60 years	37	3.9
Gender	male	379	39.6
	female	577	60.4
Marital status	currently married	480	50.2
	never married	453	47.4
	previous married	23	2.4
Job	medical & health field worker	458	47.9
	government non-medical worker	146	15.3
	non-government non- medical worker	49	5.1
	work-owner / merchant	23	2.4
	student	212	22.2
	housewife	34	3.6
	unemployed	23	2.4
	retired	11	1.2
		498,	(52.1%)
Residence	urban	912	95.4
	rural	44	4.6
Monthly income	≤ 250 000	226	23.6
	251000-500000	366	38.3
	Million & 1 - 2 million	261	27.3
	More than 2 million	103	10.8
Percent chronic disease	Present	489	51.2
	Not present	467	48.8
Regular doctor checkup in general	No	424	44.4
	Some times	421	44.0
	Yes	111	11.6

Table (2): (SPSS) Distribution of participants according to their practicing teeth brushing, dental floss usage, regular teeth examination, overall teeth health:

		Frequency	Percent
Teeth Brushing	never	42	4.4
	1-2 /d	812	84.9
	three times & more/d	102	10.7
Dental floss usage	never	376	39.3
	sometimes	408	42.7
	always	172	18.0
Regular teeth examination	No	563	58.9
	Yes	393	41.1
Overall teeth health	poor teeth overall health	569	59.5
	good health teeth	387	40.5

جامعة بابل للعلوم الطبية والعلوم الصحية بالتعاون مع جامعة بابل للعلوم الطبية والعلوم الصحية

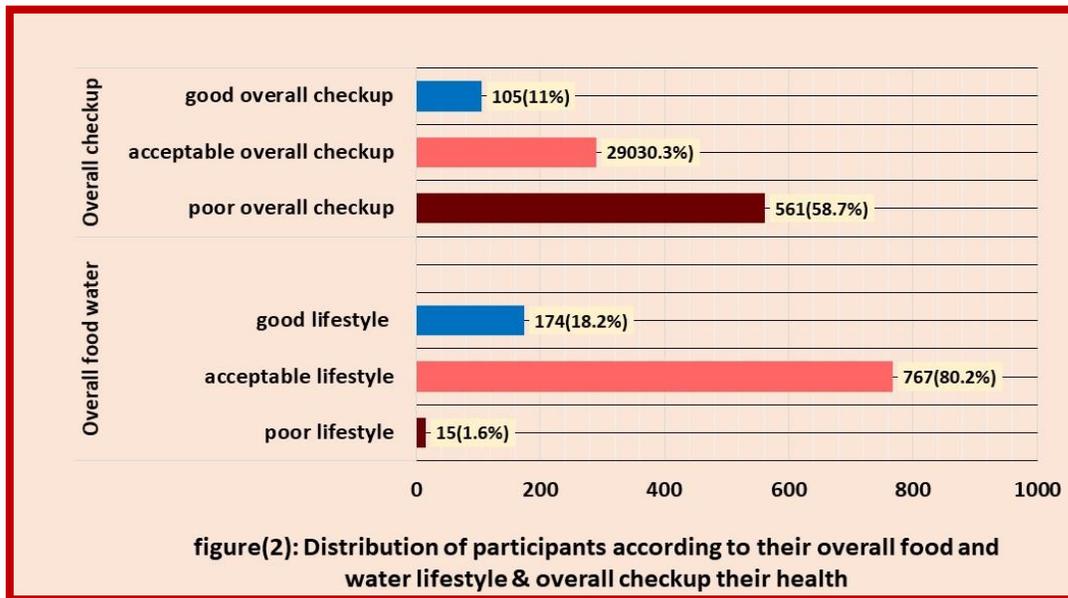
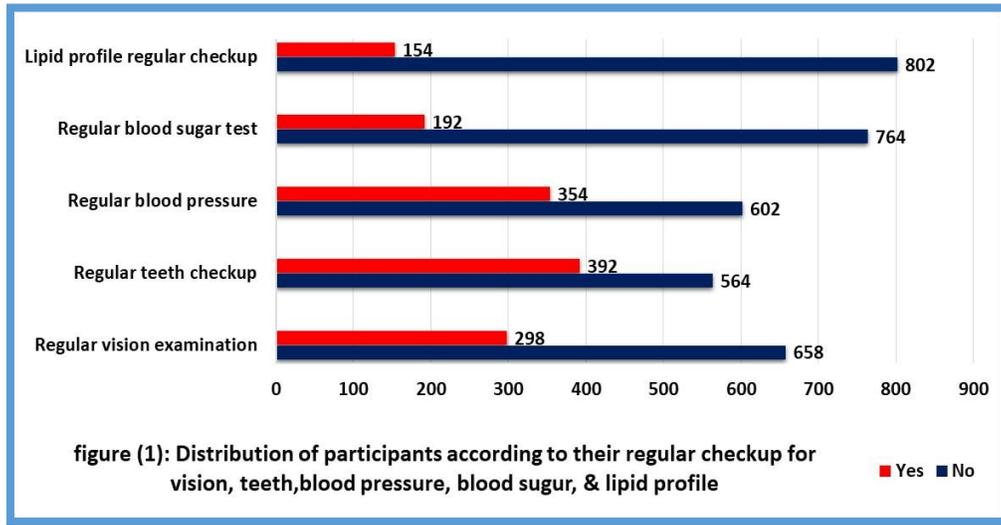




Table (3):(SPSS) Association between Overall food water and the participants' age, gender, marital status, Residence, Job, & Monthly income

		Overall food water			Total	P value
		poor	acceptable	good		
Age	≤ 29	9	415	65	489	0.000
	30-39	3	190	30	223	
	40-49	2	97	36	135	
	50-59	1	44	27	72	
	≥ 60	0	21	16	37	
Gender	male	5	287	87	379	0.008
	female	10	480	87	577	
Marital status	currently married	6	365	109	480	0.004
	never married	9	380	64	453	
	previous married	0	22	1	23	
Residence	urban	15	732	165	912	0.652
	rural	0	35	9	44	
Job	medical & health worker	10	361	87	458	0.267
	non-medical & health worker	5	406	87	498	
Monthly income	≤ 250 000	1	196	29	226	0.002
	251000-500000	4	300	62	366	
	million& 1 - 2 million	6	201	54	261	
	more than 2 million	4	70	29	103	
Total		15	767	174	956	

Table (4): (SPSS)Association between Overall checkup and the participants' age, gender, marital status, Residence, Job, & Monthly income

		Overall checkup			Total	P value
		poor	acceptable	good		
Age	≤ 29	302	157	30	489	0.000
	30-39	143	60	20	223	
	40-49	83	35	17	135	
	50-59	25	24	23	72	
	≥ 60	8	14	15	37	
gender	male	215	113	51	379	0.138
	female	346	177	54	577	
Marital status	currently married	266	144	70	480	0.003
	never married	282	140	31	453	
	previous married	13	6	4	23	
residence	urban	529	281	102	912	0.152
	rural	32	9	3	44	
Job	medical & health worker	234	159	65	458	0.000
	Non-medical & health worker	327	131	40	498	
Monthly income	≤ 250 000	158	57	11	226	0.000
	251000-500000	205	127	34	366	
	million& 1 - 2 million	144	83	34	261	
	more than 2 million	54	23	26	103	
Total		561	290	105	956	

دراسة ارتباط الحالة الصحية العامة مع التلوث البيئي في محافظة بابل للعلوم التطبيقية

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DISCUSSION:

It is well known that altering lifestyle choices can lower the risk of lifestyle-related diseases, and several efforts are being made to avoid them, including health education. This study investigated the lifestyle knowledge of local inhabitants by investigating their opinions on their health and lifestyles, age, and illnesses connected to lifestyle.

In concern of participants' age: since more than half of the study's participants 589 are under 29, this may be because the questionnaire was on Google form and most of the young people uses social media, and they liked the title of the questionnaire, according to the age structure of Iraq people most of them are below the age of 50. their youth may help to explain why they have poor overall checkups in more than half of them. The participants' age had statistical significant relationship with overall food & water intake and the Overall checkup, a study was done by Amanda D in 2009 Participants over the age of 51 were more likely than younger participants to report having undergone certain screening health tests, Older participants were more likely to undergo an annual health check^[12]

About the participants' gender: more than half of the participant are female 577, this is may be female use social media more than men since male spend more time outside the house. Also The participants' gender had statistical significant finding with overall food & water intake, but not with the Overall checkup. This is similar to a study examines 4 food choice behaviors in a large sample of young adults from 23 countries and tests 2 possible explanatory mechanisms for the gender differences—women's greater likelihood of dieting and women's greater beliefs in the importance of healthy diets.^[13] Another study done in kingdom saudia Arabia (KSA) by AL-kahil et al the result showed that there is no evidence for the impact of gender^[14]

Nearly half of the participant 458 are from medical/ health field may be groups and social media applications which we share the link of the questionnaire was contain medical and healthcare workers. The job had not statistical significant finding with the overall food & water intake, but had significant finding with the Overall checkup. And this was supported by AL-kahil study done in KSA et al in 2020

Regular doctor checkup: nearly half of the participant answer was (no) for regular doctor check this maybe due to most of the participant are young and these group rarely checkup regularly. we are unexpectedly found that more than half of the participant are with chronic illness despite of their younger age, and they already operate in settings where their health can be checked without a regular visit to the doctor. Also, the majority of participants is currently married and has multiple responsibilities, making health care their least important concern. In addition, the majority of participants are women, who in our community rarely visit the doctor by themselves and instead always go with other family members, making routine checkups more challenging. Additionally, since the majority of participants have low income, regular check-ups are challenging for them. Additionally, since the majority of primary healthcare facilities lack all of the necessary tests, private testing is more expensive as a result. These factors all contribute to the fact that the majority of participants don't undergo routine teeth examinations^[15]



Conclusion:

Most of the participant had acceptance lifestyle in concerned food and water but had poor Overall checkup for vision, teeth, blood pressure, sugar, lipid and Regular doctor checkup in general.

Recommendation:

Effective population-based strategies for health promotion and disease prevention are essential to prevent widespread growing risk factors associated with non-communicable diseases

Limitations:

Electronic survey can be used only for people had access to internet, this limited the involvement of others.

Conflict of interests.

There are non-conflicts of interest.

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الخلاصة

الخلفية: يجب على الناس تطوير نمط حياة صحي ليحظوا بحياة أطول وأكثر صحة.

الهدف: دراسة الوعي العام تجاه الحياة الصحية للمجتمع العراقي وعلاقته ببعض المتغيرات الديموغرافية.

الطريقة والأشخاص: دراسة مقطعية أجريت في الفترة من 20 كانون الثاني إلى 20 ايلول 2022 ، من خلال استبيان يتم توزيعه عبر الإنترنت على شكل (google form) من خلال القنوات المتاحة (رسائل البريد الإلكتروني، فايبر، جات، ماسنجر، واتساب، تليجرام، مجموعات فيسبوك)

النتائج: 956 عراقيا اشتركوا بهذه الدراسة ، بمتوسط عمر وانحراف معياري 11.954 ± 32.67 . أعلى نسبة للمشاركين 589 (2.51%) بمر 29 سنة، إناث 577 (60.4%) ، متزوج 480 (50.2%)، عاملين في المجال الطبي او صحي 458 (47.9%)، بينما الطلاب 212 (22.2%)، الموظفين الحكوميين غير السلك الطبي 146 (15.3%). معظم المشاركين 812 (84.9%) يقومون بغسل أسنانهم مرة أو مرتين، و 408 (42.7%) استخدموا خيط تنظيف الأسنان أحياناً، بينما 376 (39.3%) منهم لم يستخدموا خيط تنظيف الأسنان أبداً، و 39 (41.1%) فقط منهم يقوم بفحص الأسنان بشكل منتظم وكذلك صحة أسنان عامة جيدة فقط في 387 (40.5%). نمط حياة مقبول لدى 767 (80.2%)، و 15 (1.6%) فقط لديهم نمط حياة سيئ في تناول الطعام والماء، بينما في الفحص الشامل، كان لدى الغالبية فحص إجمالي ضعيف 561 (58.7%)، ثم فحص شامل مقبول 290 (30.3%).

الخلاصة: كان لدى معظم المشاركين نمط حياة مقبول في الطعام والماء المعنيين ولكنهم يعانون من ضعف الفحص العام للرؤية والأسنان وضغط الدم والسكر والدهون وفحص الطبيب المنتظم بشكل عام.

الكلمات المفتاحية: نمط-الحياة، الفحص الدوري، الاسنان، بغداد