Clinical Cancer Investigation Journal-ISSN: 2278-0513

Damaged lifestyle of military personnel: descriptive analytical study

Abstract

Introduction: People with a proper lifestyle have more health, and this is more important for the military forces. This study aimed to investigate the lifestyle of military personnel.
methods: This is a descriptive-analytical study that was performed on 330 military personnel in 2020. The samples were selected according to available methods. Data were collected using demographic form and LSQ questionnaire. Parametric and non-parametric statistical tests were performed. SPSS 24 software was used for data analysis.

Results: The total lifestyle score had a mean and standard deviation of 148.59 ±26.25. Most people (80%) have a lifestyle score of more than 126 (good).The examination of the subscales showed that the average and standard deviation of accident prevention was 17.54±4.33, the highest amount and Weight control and nutrition 12.47 ± 3.82 ، Exercise and health had the lowest values of 12.50±4.69 respectively.
The findings of prioritizing lifestyle subscales revealed that accident prevention is the top priority, followed by social health and illness prevention, with exercise and health coming in ninth and weight management and nutrition coming in last. The mean and standard deviation of the body mass index of research units was 26.47(3.47).
Conclusion: Considering the overweight of staff and the low average and assigning the last priority to the dimensions of exercise and health and weight control and nutrition which can be the source of many diseases, including cardiovascular disease, intervention to promote physical activity, weight control and nutritional modification is recommended in these employees.

Keywords: *Lifestyle, military personnel, Damaged, health.*

Motahedian Tabrizi Elaheh[1], Nehrir Batool[2], Sepandi Mojtaba[3], Azad Esfandiar[4], Mokhtari Nouri Jamileh[5*]

1 Motahedian Tabrizi Elaheh, Instructor , Baqiyatallah University of Medical Sciences, Behavioral Sciences Research Center, Nursing Faculty, Tehran, Iran.(phd student)
2 Nehrir Batool, Assistant Professor , Baqiyatallah University of Medical Science, Health Management Research Center, Nursing Faculty, Tehran, Iran.(Advisor)
3Sepandi Mojtaba, Associate professor of epidemiology, Baqiyatallah University of Medical Science ,Health Research Center, Life Style Institute, Tehran, Iran .(Advisor)
4 Azad Esfandiar ,associate professor, Baqiyatallah University of Medical Sciences, Behavioral Sciences Research Center, Lifestyle Institute, Tehran, Iran.(Advisor)
5 Mokhtari Nouri Jamileh , professor of nursing , Baqiyatallah University of Medical Sciences, Medicine Quran and Hadith Research Center, Nursing Faculty, Tehran, Iran.(Supervisor)*

Introduction

Lifestyle is the way of life of individuals, families, and communities in the face of physical, psychological, social, and economic environments. It is a combination of motivation, needs, and wants and is influenced by factors such as culture, family, reference groups, and social class (1, 2). Lifestyle includes various aspects such as nutrition, physical activity, stress, smoking, and quality of sleep, which is one of the important factors affecting human health. Lifestyle changes lead to the changes in disease patterns and health threats. Nowadays, most health problems, such as obesity, various cancers, hypertension, disease, and mortality are related to lifestyle (3-5).

The World Health Organization's mission is to promote a healthy lifestyle characterized by behavioral patterns and influenced by individual interactions, personal traits, social interactions, and economic and environmental situations (4).

It is critical to maintain a healthy diet, limit alcohol consumption, avoid smoking, and engage in regular exercise. It is also critical to respond to health programs, such as participating in diagnosis and treatment recommendations, avoiding known health risks, such as smoking, taking time to rest and relax, and managing stress. Lack of adherence to a healthy lifestyle has contributed to the increasing prevalence of obesity and smoking-related diseases(6, 7).

It is physically and mentally important (5). The importance of this issue is doubled when a military organization is considered with its military forces and special sensitivities (8).

Strengthening protective factors and minimizing the impact of risk factors help improve physical and mental health (9). Because military personnel's physical and mental health is directly related to the country's security, and maintaining the country's security necessitates military personnel's health and efficiency, focusing on personnel empowers and motivates the military, increasing their mobility and effectiveness. Healthy and active human resources can defend the country, religion and values of society at the highest level of capability, efficiency and vitality (8).

In terms of special professional missions, the military has more job problems and, consequently, more problems than the staff of other jobs. The stress of the type of job, and complex missions, strict rules, the possibility of injury and disability, the fear of failure, captivity, and even death are among the issues that are much more likely in military jobs than in civilian jobs (10). Health is one of the most important and effective factors to promote and develop human beings and desirable

interaction with the environment and others. On the other hand, job is considered one of the social determinants affecting overall health (11). Preventing lifestyle-related illnesses and promoting physical and mental health requires knowing how life situations endanger people's health. World Health Organization believes that many risk factors for mortality can be addressed by lifestyle modification (4).

Therefore, promoting the health of military personnel is an important task for managers, commanders, and those involved in the field of health in the Armed Forces, and achieving these goals requires a healthy lifestyle (12).

The concept of lifestyle in military personnel is very important because of their sensitive duties and jobs, because military organizations; on the one hand, provide the main areas of development, namely stability, peace, security, and public order; on the other hand, with production, the accumulation and application of sophisticated and advanced knowledge, skills, information and equipment drive the development process. It is necessary to understand the concept of lifestyle in the military and to know the dimensions, elements and factors affecting it. Armed Forces, regarding the nature of their job and missions, should pay more attention to the readiness and health of their employees than other organizations and identify areas that promote health and put them on their agenda (13).

A healthy lifestyle has a great impact on the physical and mental health of the individual, society and ultimately improves the quality of life. Studies in this field indicate that up to half of the causes of death are related to lifestyle (14). According to statistics, 53% of the causes of death are related to lifestyle. When a military organization is examined, the relevance of this issue is doubled since it has its own armed forces and specific sensitivities (8). Physical and mental elements of a healthy lifestyle include eating, exercise, and sleep, while the psychological dimension includes social interactions, stress management, and spirituality(14). Lifestyle is associated with various aspects of employee health and quality of life. Improper and damaged lifestyle is one of the causes of chronic diseases such as hypertension, cancer, AIDS, and gastric ulcer (15) Lifestyle changes, such as smoking, physical activity, alcohol consumption, body weight and diet quality affect the incidence of chronic diseases and life expectancy (16). Inadequate health status of employees and the prevalence of chronic diseases among them can reduce productivity, absence from work and early retirement, which is rooted in their lifestyle (14). On the other hand, lifestyle is affected by various factors and the acceleration of change in the social, cultural, economic, health and medical fields is influential in life style. As a result, ongoing study is required in various communities, vocations, and eras. In addition, given the organizational objective and the country's urgent need for healthy and effective military troops, it appeared important to research lifestyle and its effects on health. Since lifestyle can be used as an indicator of the effectiveness of treatments, a review of the military's lifestyle can determine planning, service and treatment strategies in this group. Therefore, this study was designed to determine the lifestyle of military personnel.

Methods:

This descriptive cross-sectional study was performed in 1398 on military personnel in Iran. 330 personnel were determined using Cochran's formula and were examined by available sampling method from male and female personnel from all administrative, military, and staff departments.

A lifestyle questionnaire (LSQ) was used to collect information. Questionnaires with more than five unanswered questions were excluded from the study. Prior to the questionnaire being sent, all participants agreed to respond to the questionnaire questions. Questionnaires were issued with the understanding that the information would be kept confidential. The demographic part of the questionnaire included 27 demographic questions related to age, sex, work experience, educational level, marital status, height, and weight, etc.

The Lifestyle Questionnaire (LSQ) consisted of seventy questions in the Likert scale, which were scored regularly (3), usually (2), sometimes (1) and never (0). The score range of the questionnaire was from zero to 210 points. The total lifestyle score was divided into a five-choice category. By dividing the maximum and minimum difference by five, at 42-unit intervals, the lifestyle score was categorized. Scores less than 42 were considered very poor, 42 to 84 were considered weak, 84 to 126 were moderate, 126 to 168 were good, 168 and above were very good. This questionnaire consists of ten factors or components including 1. physical health (eight questions (, 2. exercise and health), seven questions), 3. Weight and nutrition control (seven questions), 4. Disease prevention (seven questions), 5. Unacceptable health (seven questions), 6. Spiritual health (six questions (, 7. Social health) Seven questions), 8. Avoidance Arbitrary use of drugs, narcotics, etc. (six questions), 9. accident prevention), eight questions (and 10. environmental health) seven questions (consisting of a high score in each of the components and in the whole questionnaire indicating lifestyle) It was convenient. The questionnaire was completed anonymously and under the questioner's supervision. The validity of the questionnaire used in the investigations of Lali et al. (2012) was validated by experts using three approaches (content validity, factor analysis, and convergent validity). The reliability of the questionnaire was confirmed by internal consistency method with Cronbach's alpha coefficient of 0.87 and the reliability of its dimensions ranged from 0.76 to 0.89. Reliability coefficients were examined by retest method and ranged from 0.84 to 0.94 (17)

Inclusion criteria included official membership, at least five years of service, employment, complete familiarity with the Persian language. Finally, the data were analyzed using SPSS 24 software and descriptive statistics, due to the normal distribution of data, statistical tests of two independent samples (Independent Sample T-Test), and one-way analysis of variance (One-Way ANOVA Test) with post hoc test. Tukey Post-Hoc, Friedman, and Pearson correlation coefficient were analyzed.

Results:

Males, married with two children, with a bachelor's degree, an administrative post, and a service unit in the army, with personal housing and a moderate economic level comprised the majority of the samples. The majority of participants worked and lived in Tehran. The mean age of employees was 38.36 10± 10.50 years, and their mean body mass index was 26.47± 3.47، Most of the employees (84.5%) were male, (88.5%) were married, most of them (33.6%) had two children (84.3%) had a bachelor's degree or higher. Other demographic characteristics of the subjects are presented in Table 1.

Table (1): Mean distribution and standard deviation of research units by height, body mass, weight and age

Max	min	**SD**	MEAN	number	variables
190	150	7.84	173.42	330	Height (cm)
38.28	18.99	3.47	26.47	330	Body Mass Index (Kg per square meter)
116	52	10.68	79.51	330	Weight (kg)
67	22	10.50	38.36	330	Age (year)

In line with the objectives of the study to determine lifestyle scores, determine the priority of subscales, and the relationship between demographic characteristics and lifestyle, Tables 2 to 4 are given.

The lifestyle score of most samples was reported to be good (above 126). Other lifestyle scores are presented in Table 2. The results of Table 2 are reported in chart 1.

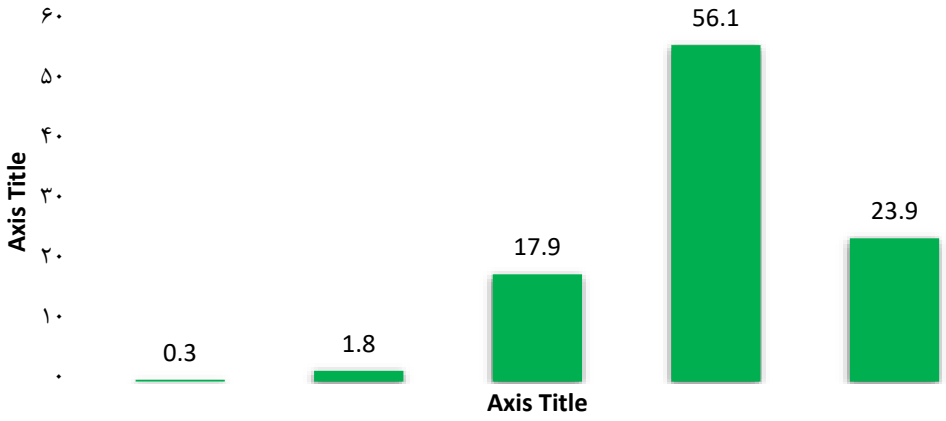
The highest mean and standard deviation of 17.54 ± 4.33 were related to the dimension of accident prevention and the lowest were related to the dimension of weight control and nutrition 12.47 ± 3.82 and exercise and health were 12.50. 4.69, respectively. The averages of the other Dimensions are presented in Table 3.

According to Friedman's prioritization, accident prevention, social health, and illness prevention were ranked first, second, and third, respectively, while exercise and health were ranked ninth and weight management and nutrition were ranked last. Table 4 shows the relative importance of the other dimensions.

Table (2) Distribution of absolute and relative frequencies of research units based on lifestyle classification

percentage	Number		
0.3	1	(Very weak (0 to 42)	life style (0 to 210)
1.8	6	Weak (42 to 84)	
17.9	59	Medium (84 to 126)	
56.1	185	Good (126 to 168)	
23.9	79	Very good (168 to 210)	

The results of Table 2 are reported in chart 1:



the chart: Summary of total lifestyle score ranking information

Table (3) :Mean distribution and standard deviation of lifestyle and its dimensions in research units

Max	Min	Median	SD	Mean	
24	0	15.00	4.21	14.90	Health Physical
21	0	13.00	4.69	12.50	sport and Health
21	2	12.00	3.82	12.47	Weight control and nutrition
21	2	16.00	3.50	15.73	Disease Prevention
21	3	15.00	3.41	14.95	Psychological Health
18	1	15.00	3.16	14.64	Spiritual Health
21	1	16.00	3.54	15.91	Social health
18	0	16.00	4.22	14.97	Avoid drugs and narcotics
24	2	18.00	4.33	17.54	Prevention of events
21	0	15.00	3.76	14.77	Health Environmental
210	22	15.50	26.25	148.59	life style

Table (4): Prioritization of lifestyle subscales (in all research units)

Priority	Mean Rank	Subscales
1	7.9	Prevention of Events
2	6.6	Social health
3	6.4	Disease prevention
4	5.8	Avoidance of drugs and narcotics
5	5.5	Physical health
6	5.5	Psychological Health
7	5.3	Environmental health
8	5.0	Spiritual health
9	3.8	Exercise and health
10	3.3	Weight control and nutrition

Discussion:

Most of the samples were male, married, had two children, had a bachelor's degree, an administrative position, and a ground service unit, had personal housing, and a moderate economic status. The place of work and residence of most of the participants was in Tehran. Mir Zamani's study was in line with the present study and the majority of participants were male and married (18).

The average lifestyle of the majority of employees was assessed as good and very good.

The study of Karimi et al. (2017) and Ahmadi et al. (2015) is in line with the present study(14, 19).

In the study of Solhi et al. (2016), the lifestyle of the majority of employees is reported to be moderate and is not in line with our study (20) which may be related to the difference in society in terms of occupation and time difference as well as the difference in the tools used to examine lifestyle at 6 levels, while in the present study, lifestyle was examined in 10 dimensions. Regarding the importance of health and efficiency of the military, it is obvious that the lifestyle of military personnel has received more attention. It has led to an improvement in the lifestyle of the military.

Among the various aspects of lifestyle, the highest mean and standard deviation were related to the dimension of "accident prevention" and then the dimension of "social health". While in the study of Karimi et al. (2017) the highest score belonged to the field of disease prevention (14)which may be related to the training given on crisis and accidents and spiritual health in the military environment. Disease prevention emphasizes a premium on military personnel's lifestyles, meaning that behavioral patterns evolve regularly in response to changing social and environmental situations. Thus, it is feasible to enhance health by enabling individuals to adopt lifestyle adjustments in response to individual, social, and environmental changes (4). The component of sports and health had the lowest score which can be in terms of lack of motivation, facilities, equipment and sufficient time. Studies of Fathi et al. (2011), Karimi et al. (2017) are consistent with the present study(21, 22). The component of sports and health had the lowest score, which can be due to lack of motivation, facilities, equipment and sufficient time. Studies of Fathi et al. (2011), Karimi et al. (2017) are consistent with the present study (14, 23).Therefore, considering the importance of physical fitness in the military forces, it seems that this category needs special attention and proper bedding. Reduced physical activity leads to disease and reduced quality of life, while proper exercise strengthens organs, increases physical strength, improves digestion, increases sweating and improves waste disposal and promotes health (24). Regular physical activity plays an essential role in weight control and reducing the risks associated with obesity (25).Exercise and health are important components of lifestyle and it plays an important role to promote the health and preventing chronic diseases(14) .

The lowest score after exercise and health was related to weight control and nutrition, which was consistent with the study of Vahdaninia (2020), Refahi et al. (2012), and Fallahi et al. (2012)(8, 26, 27). Diet is one of the most important lifestyle factors which is directly related to health.

To control blood sugar, blood pressure, and lipids, healthy eating patterns, An appropriate amount of nutritious foods is recommended (28).The status of body mass index and dietary habits of military personnel as the main components of lifestyle, need to provide a solution and implement a training program(8). The high prevalence of inactivity, hypertension, weight gain and high cholesterol in the military necessitates attention to the health of the armed forces (8).

The mean body mass index indicated overweight, which could be in terms of the lack of motivation, facilities, equipment, and sufficient time, or in other words, the reasons for the low

average in the areas of exercise and health and weight control and nutrition. The study of Ryan et al. (2020), Fallahi et al. (2012), and Salimi et al. (2019) was present in the study(8, 29, 30).Mir Zamani study was also in line with the present study and the mean body mass index in military personnel was 25.34 which in the present study has increased to 26.47(18). Body mass index between 25 -29.9 indicates overweight and lifestyle interventions are the first line of treatment for obesity(21). The majority of studies on lifestyle modification shows that it impacts not just hypertension management but also cardiovascular disease risk variables such as weight reduction, fat loss, alcohol intake, and diabetes(15).Considering the high prevalence of weight gain and obesity and increasing body mass index in the military and poor nutrition, which is the source of many diseases, including cardiovascular disease, and due to the high cost of military training, investigating the underlying factors and presenting programs Education and extension to improve nutrition and prevent weight gain in this group seems necessary (8).

According to Ibn Sina and Razi, lifestyle modification is one of the main methods of disease prevention that by controlling and eliminating risk factors can prevent the disease as much as possible and be effective in improving the affected people (31). Recent studies showed that lifestyle factors, including aerobic exercise, diet, smoking, and alcohol consumption, are associated with the occurrence and severity of some diseases (32). According to World Health Organization, with a healthy diet, increased levels of physical activity and smoking cessation can prevent almost 80% of cardiovascular diseases (33). The US Army's most well-known medical guidelines list sleep, nutrition, and exercise as three pillars which affect military performance (34). The results of prioritizing lifestyle subscales showed that accident prevention is the first priority, social health is the second priority and disease prevention is the third priority, which according to various professional trainings in the field of crisis and its prevention. And the dimensions of spiritual health are justifiable. Exercise and health, on the other hand, are ranked ninth and weight management and nutrition are ranked last, which, given the significance of these two and their placement as the final priority from the standpoint of military people, need a thorough revision. In Maslow-five theory, the levels of human needs are interdependent, and a change in one level of need affects the satisfaction of one or more needs at the same or different level. Meeting basic needs directly affects a person's mental health and ability to cope with stressors. In other words, failure to meet the needs at different stages of the pyramid model can lead to physical and mental damaged and illness (35).

Weight and nutrition control, which is a low priority in the military, has resulted in a rise in BMI and obesity, which are factors that diminish physical and mental well-being and contribute to illnesses like high blood pressure and diabetes. Its negative consequences may be evident in every element of health care. According to statistics, one-third of heart diseases originate from unhealthy and improper diet (14, 22). World Health Organization estimates that 80% of heart disease, stroke, and diabetes can be avoided (36). One of the reasons of poor decisions is a lack of understanding of optimal patterns. In order to meet high physical and cognitive requirements, military units must optimize their nutrition by enhancing the quality of their food and nutrition knowledge (37).Pay attention to this issue, investigate the causes and provide the necessary training and management planning to improve the diet of employees and change the attitude and importance of this physiological need to maintain health Employees seem essential (29).

Manpower is the most valuable treasure of the world's armies and one of the pillars of military organizations, and success or failure in missions and operations, in addition to expensive weapons and technology, depends on the physical and mental health and physical fitness of the forces. From time immemorial, the physical fitness of the military has played an important role in victory or defeat

The important goal of physical training is to gain and maintain practical fitness. Fully prepared should include physical activity and bodybuilding to be able to function under any climatic and environmental conditions (38).

Finally, in relation to the limitations of the present study, we can point to the problems of access to research environments and the difficulty of sampling in the military environment.

Conclusion:

According to the results, studying the reasons and providing suitable training and planning to improve and enhance lifestyle as much as possible in the areas of healthy diet, weight management, advocating physical activity and exercise, and obtaining health may result in better service staff.

Acknowledgements:

We hereby thank the esteemed research assistants of Baqiyatallah University of Medical Sciences for their assistance in conducting the research, as well as all the staff of Baqiyatallah University of Medical Sciences and Health Services for their cooperation with the authors.

Conflict of Interest Disclosures

The author declared no potential conflict of interest.

Funding Sources

The authors received no financial funding or support for the research

Authors' Contributions

MJ did overall supervision and Management of the project. ME Performing and collaborating all stages including designing, adjusting, editing, sampling, analysis and

presenting the results. NB Consultant and continuous monitoring of the project and SM Supervise the method of data collection and did statistical analysis and interpretation of data, AE Supervise the stages of research and editing, and MJ did the final edit. The authors read and approved the final manuscript.

Ethical Statement

This article is the results of a doctoral dissertation approved by Baqiyatallah University of Medical Sciences under the ethics code IR.BMSU.REC.1396.392.

References

1. Spaargaren G, Van Vliet B. Lifestyles, consumption and the environment: The ecological modernization of domestic consumption. Environmental politics. 2000;9(1):50-76.
2. Webster M. Merriam-webster's Collegiate Dictionary & Thesaurus: Deluxe Audio Edition: Merriam-Webster; 2003.
3. EBADI A, SHAMSI A, TABANEJAD Z, SAEID Y. Comparison of military and civilian lifestyle. 2014.
4. Bahadori M, Sanaeinasab H, Ghanei M, Mehrabi Tavana A, Ravangard R, Karamali M. Disease Prevention with an Emphasis on the Lifestyle of Military Personnel According to the Social Determinants of Health %J International Journal of Medical Reviews. 2015;2(2):261-72.
5. HS N, HR J, HR T. Religious Lessons and Healthy Lifestyle in Military Forces %J... Islamic Lifestyle Centered on Health 2012;1:(2):9.
6. Hossein Abbasi N, Aghaamiri MJAJoMsH. Relationship Between Health-Promoting Lifestyle and Body Mass Index in Male Nurses Based on Demographic Variables. 2020;14(6):1557988320966519.
7. Heidke P, Madsen WL, Langham EM. Registered nurses as role models for healthy lifestyles. Australian Journal of Advanced Nursing, The. 2020;37:11-8.
8. Fallahi A, Fakhroddin F, Rahimi AJIJPM. Survey on body mass index and eating habits as chief variables of lifestyle in active duty military personnel in 2011-2012. 2013;2(1):61-6.
9. Ruiz-Prada M, Fernández-Salinero S, García-Ael C, Topa G. Occupational Stress and Catholic Priests: A Scoping Review of the Literature. Journal of Religion and Health. 2021;60(6):3807-70.
10. Abedi L, Mazruee H. Individual factors affecting military forces job satisfaction. Journal Mil Med. 2010;12(1):45-9.
11. Ghazinejad M, SangarySoleymani HJWiD, Politics. The relationship between jobs and social health of women. 2016;14(3):273-88.
12. S M, H K, M F. Underlying lifestyle and western life Mashreq-e Mouood 2014;8(31):57-86.
13. Anand P, Kunnumakara AB, Sundaram C, Harikumar KB, Tharakan ST, Lai OS, et al. Cancer is a preventable disease that requires major lifestyle changes. Pharmaceutical research. 2008;25(9):2097-116.
14. Karimi S, Afkhaminia F, Talebpour Amiri FJJohric. Study of different dimensions of lifestyle and some of the factors associated with it in employees of Mazandaran University of Medical Sciences in 2017. 2018;3(4):63-74.
15. Babaei-Sis M, Ranjbaran S, Mahmoodi H, Babazadeh T, Moradi F, Mirzaeian K. The effect of educational intervention of life style modification on blood pressure control in patients with hypertension. Journal of Education and Community Health. 2016;3(1):12-9.
16. Lin J, McGlynn KA, Nations JA, Shriver CD, Zhu KJCC, Control. Comorbidity and stage at diagnosis among lung cancer patients in the US military health system. 2020;31(3):255-61.
17. LALI M, ABEDI A, KAJBAF MB. Construction and validation of the lifestyle questionnaire (LSQ). 2012.
18. Mirzamani M, POURETEMAD HR. LIFESTYLE OF MILITARY PERSONEL OF THE ISLAMIC REVOLUTION OF IRAN GUARD CORPS (IRIGC). 2004.
19. Ahmadi Y, Babatabar H, Asadzandi M, Sepandi MJMCSJ. Investigating the Relationship between Demographic Characteristics and Life Style of Medical University Students in a Military Medical University. 2020;7(1):17-25.
20. Solhi M, NeJhaddadgar N, Masoum Alizadeh AJIJoE. Lifestyle of employees working in a Ardebil university of medical sciences. 2016;12(3):29-35.
21. Cakir H, Pinar R. Randomized controlled trial on lifestyle modification in hypertensive patients. Western Journal of Nursing Research. 2006;28(2):190-209.
22. Chatzoulis GA, Pharmakis D, Milias K, Ioannidis K, Tzikos G, Delligianidis D, et al. "Jeep Disease" and Optimal Treatment Strategy for Sacrococcygeal Pilonidal Sinus in a High Volume Tertiary Military Medical Center. Hellenic Journal of Surgery. 2019;91(1):14-21.
23. PhD FAA, . JK. Comparison of lifestyle, quality of life and mental health in two military dependent and non-military dependent university personnel Iranianranian Journal of Military Medicine 2011;13(1):17-24.
24. N J, J A, AA K, , 38. Valenti MT PA, Romanelli MG, Franzolin E, Malerba G, Zipeto D, et al. Molecular and Lifestyle Factors Modulating Obesity Disease. journal of Biomedicines 2020;8(3):46. Prevention and management of lifestyle diseases through unani system of medicine International Journal of Unani and Integrative Medicine 2020;4(2):1-4.
25. Valenti MT, Pietrobelli A, Romanelli MG, Franzolin E, Malerba G, Zipeto D, et al. Molecular and Lifestyle Factors Modulating Obesity Disease. 2020;8(3):46.
26. Refahi S, Shamsi A, Ebadi A, Saeeid Y, Moradi AJJohpm. Comparison of military and civilian life style of people with hypertension. Journal of health promotion management. 2012;1(4):43-50.
27. Vahdaninia V. Introducing a Conceptual Policymaking Model for Tackling Obesity among the Military Personnel of Islamic Republic of Iran %J Journal of Military Medicine. 2020;22(3):221-34.
28. Saeedi R, Khan MAJPI. Antenatal care: Routine care of pregnant women: An approach through Unani system of medicine. 2020;9(9):192-6.
29. Ng R, Sutradhar R, Yao Z, Wodchis WP, Rosella LCJ. Smoking, drinking, diet and physical activity—modifiable lifestyle risk factors and their associations with age to first chronic disease. International journal of epidemiology. 2020;49(1):113-30.
30. Salimi Y, Taghdir M, Sepandi M, Karimi Zarchi A-A. The prevalence of overweight and obesity among Iranian military personnel: a systematic review and meta-analysis. BMC public health. 2019;19(1):1-9.
31. Hajiheydari MR, Naseri M, Alijaniha F, Emadi F, Emaratkar E, Babaeian M, et al. The role of lifestyle in the prevention of allergic rhinitis based on Ibn Sina and Razisâ attitudes. 2017;25(3):73-80.
32. Duan X, Huang J, Zheng M, Zhao W, Lao L, Li H, et al. Association of healthy lifestyle with risk of obstructive sleep apnea: a cross-sectional study. 2022;22(1):1-12.
33. Zheng X, Yu H, Qiu X, Chair SY, Wong EM-L, Wang QJIJoNS. The effects of a nurse-led lifestyle intervention program on cardiovascular risk, self-efficacy and health promoting behaviours among patients with metabolic syndrome: Randomized controlled trial. 2020;109:103638.
34. Samadi A, Gaeini A, Bazgir BJJoMM. Sleep and combat readiness: Narrative review. 2020;22:141-53.
35. Shoib S, Amanda TW, Menon V, Ransing R, Kar SK, Ojeahere MI, et al. Is Maslow's Hierarchy of Needs Applicable During the COVID-19 Pandemic? 2022:02537176211060435.
36. SHARIFI K. Lifestyles of Iranian nurses, challenges and solutions: A systematic review. Quarterly Journal of Nursing Management. 2020;9((1):36-45.
37. Kullen C, Mitchell L, O'Connor HT, Gifford JA, Beck KL. Effectiveness of nutrition interventions on improving diet quality and

nutrition knowledge in military populations: a systematic review. Nutrition reviews. 2022.

38. Ehsanbakhsh HJMS, Tactics. The effect of physical fitness exercises on improving the shooting performance of military personnel (Case study: One of the army ranger units). 2018;13(42):169-84.