

Healthy or Unhealthy Lifestyle: A Thematic Analysis of Iranian Male Adolescents' Perspectives

Abstract

Introduction: Identifying what adolescents perceive as their lifestyle and exploring the factors persuading their decisions to engage in or avoid healthy or unhealthy lifestyle behaviors could improve the ability of healthcare professionals to develop innovative preventive strategies and modify negative health behaviors in adolescents. Hence, the literature on adolescent health-related issues reported by adults showed a rarity of information from adolescents themselves. **Materials and Methods:** A qualitative study using the thematic analysis approach was conducted. Data were collected by semi-structured, digitally recorded interviews from 32 male adolescents. Interviews were transcribed verbatim, and after collecting the data, the thematic analysis process was started and conducted in six phases. **Results:** After data collection, the interview texts were transcribed, and approximately 800 initial codes were extracted. The initial codes were reevaluated to yield 48 main themes. Hence, the final thematic map was created as having 5 overarching themes and 12 subthemes, showing that interviewees emphasized unhealthy lifestyle. **Conclusions:** The components of unhealthy lifestyle seem important to them because they consider that they could lead a healthy lifestyle through elimination of negative behaviors.

Keywords: Adolescent, Iran, lifestyle, qualitative research

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Introduction

Adolescence is a period when many healthy and unhealthy habits are imbibed, which may last throughout a person's life. The increasing number of adolescents who engage in risky behaviors has become a matter of significant concern. Many studies have highlighted the prevalence of risky behaviors such as, smoking, drug abuse, alcohol consumption, and physical inactivity, among adolescents in Iran and other countries.^[1-3]

It has been reported that 91% of adult smokers start smoking in adolescence.^[4] A study found that 20% of Iranian adolescents have unsafe sexual behaviors, 9% smoke, 8% consume alcohol, 15% have unhealthy nutritional habits, and 3% have drug abuse experiences.^[5]

Current researchers in the field argue that our descriptive knowledge base is not conceptually robust and is inadequate to sufficiently describe and provide a comprehensive assessment of the lifestyle of adolescents.^[6] Many researchers and community activists argue that instead

of focusing on youth problems, attention must be paid to the reasons for such behaviors.^[7] Identifying the point of view of adolescents, based on their lifestyle choices, can improve the ability of healthcare professionals to develop innovative preventive strategies, support the inherent strengths, and ultimately modify the unhealthy behaviors.^[8] There are significant cultural differences regarding "lifestyle choices," and further research is needed to determine the related perspectives. These studies should consider the importance of the social milieu and community norms on adolescents' health preferences.^[8,9] The life experience, understanding, and belief that form young people's lifestyle are difficult to quantify yet, and should be assessed by adolescent health-care providers. Given the importance of adolescent lifestyles, and the impact of risk behaviors on their health, adolescent health is full of potential applications for qualitative research.^[6]

Iran, with 12 million adolescents, is one of the youngest countries in the world.^[10] There are few studies on Iranian adolescent lifestyle,^[11] and even fewer studies on

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adolescent perspective on lifestyle by using qualitative methodology. Health-promoting behaviors are an essential part of an individual's lifestyle and elements of their health status.^[12,13] Lifestyle, that includes healthy behavior, has been associated with many health benefits, including a reduced risk of many chronic diseases;^[13,14] health risk behaviors, such as, drugs and alcohol abuse, unhealthy nutritional patterns, physical inactivity, and violent behaviors were found to have an important influence on morbidity and mortality.^[15]

There are few studies on the culture focussing on the causes and nature of male adolescent lifestyle in-depth.^[16] Hence, the literature on adolescent health-related issues wrote by adults showed that a rarity of information from adolescents themselves exists. It is possible to study adolescents' problems and educational needs by exploring their own ideas and experiences.^[17] Therefore, to improve adolescent health, a better understanding of adolescent's lifestyle is necessary.

The main reasons for selecting male adolescents are differences in lifestyle choices and the different factors that influence their decision to select a lifestyle in comparison to females. Gender difference among adolescents has an important role in lifestyle.^[18]

Hence, this study aims to identify what the adolescents' perspectives are of their lifestyle and also attempts to explore the factors that they feel persuade their decisions to select healthy or unhealthy lifestyle behaviors.

Materials and Methods

Design

A thematic study design was used to provide a greater understanding of how adolescents explain their lifestyle. It was chosen because a thematic analysis as an independent qualitative descriptive approach, and is mainly described as a method for identifying, analyzing, and reporting patterns (themes) within data.^[19]

Participants

The participants consisted of 32 male adolescents aged 11–18 years, who were in public middle school (grades 6–8) or public high school (grades 9–12). Purposive sampling was used to recruit participants. Sampling was facilitated through the school's staff using their knowledge about their students. The schools were located in different areas of Tehran, either uptown or downtown. The sampling was based on the maximum variant approach in terms of health-related behaviors in adolescents. This method enabled the researchers to capture range of experiences and views.^[20] The participants initially completed demographic questionnaire and then selected their responses based on the families' socioeconomic status, academic performance, and parenteral educational level. Thus, participants with different characteristics were selected purposefully. To

ensure a diversity of views, in addition to the school's views, interviews were conducted in parks or other places where the participants were present. Table 1 shows the participants individual characteristics. The gender difference in participants has an important role to play regarding lifestyle.^[21] The study was limited to males.

Data collection

In-depth interviews were conducted with the participants in sessions lasting 45 minutes on an average. The first interview was conducted in February 2014 and this process lasted two months. At the beginning of the interview, participants were asked questions such as what is the meaning of lifestyle and which factors do you think affect your lifestyle? Data collection ended when a saturation of themes occurred, that is, when new data were not uncovered and additional data did not contribute to the existing data or the findings.^[20]

Data analysis

Interviews were audio recorded and transcribed verbatim for use in thematic analysis. After collecting data, the thematic analysis process was started in six phases. Analysis involved a constant moving back and forward between the entire dataset.^[22]

In the first phase (familiarizing with data), the researcher immersed in data and became thoroughly familiar with the content. The initial ideas were recorded. During the second phase (generating initial codes), the data were coded by writing notes on the reverse of the transcripts. These notes were used in the third phase (searching for themes) where the researcher refocused the analysis on a broader level of themes rather than on codes by combining different codes into potential themes. In the fourth phase [reviewing themes], the researcher devised a set of candidate themes through a refinement of those themes. The data within the themes had to

Table 1: Adolescents' individual characteristics

Individual Characteristics	Classification	Frequency <i>n</i> (%)
Age	11-14	16 (50)
	15-18	16 (50)
Academic Performance	Good	8 (25)
	Moderate	9 (28.12)
	Weak	15 (46.87)
Family Income	High	7 (21.87)
	Middle	17 (53.12)
	Low	8 (25)
Father's literacy level	Some School	13 (40.26)
	High School graduate	12 (37.5)
	College graduate	7 (21.87)
Mother's literacy level	Some School	11 (34.37)
	High School graduate	14 (43.75)
	College graduate	7 (21.87)

cohere together meaningfully, while there had to be clear and identifiable distinctions between the themes. In the fifth phase (defining and numbering themes), the themes were defined and further refined, and hence, the essence of what each theme dealt with was captured and a satisfactory final thematic map was developed. The last phase (producing the report), consisted of making a set of fully worked-out themes and writing the report.^[22]

Rigor

A rigorous procedure was followed during the development of this report. The following were performed to ensure rigor and trustworthiness in this qualitative inquiry. First, a member check procedure was used, and primary codes were considered for the participants' responses. The interviews, codes, and derived categories to assess the accuracy of the coding process and to determine whether they applied similar codes were discussed continuously with expert colleagues (internal check). Methods such as prolonging engagement, devoting enough time, and developing a good relationship were used. In addition, confirmation of results was done. In this step, the experts' comparison of the study analysis with correlated studies and receipt of their feedback increased the quality and precision of the analysis. A peer debriefing method (external check) was used in which the extended codes, themes, thematic map, and designed relationships were given to experts for their comments, noncorrelated occasions were omitted, and comments were added to confirm the results obtained. In this step, the experts' comparison of the study analysis with correlated studies and receipt of their feedback increased the quality and precision of the analysis. To ensure that the researcher's views affected the perception of themes as little as possible, quotations were used to illustrate the participant's key point. It should be noted that prolonged engagement with participants helped the investigators to gain the participants' trust and obtain intimate data.^[20]

Ethical considerations

This study was approved by the ethical review board of the author's institution. The participants were informed about the purpose and design of the study. The participants were assured that everything they said in the interview would be kept confidential and anonymous. Further, they were told that if at any point during the interview they wanted to say something off the record, they could turn off the recorder. All participants provided a written consent.

Results

Forty-eight themes were derived and the final thematic map was devised as having five overarching themes and twelve subthemes. Table 2 shows the overarching themes and subthemes in the summary. The findings of the study are presented below.

Table 2: Overarching theme and subtheme categories

No.	Theme	Subtheme
1	Personal characteristics – facilitating unhealthy lifestyle	The inability to saying “No” to improper suggestions Curiosity; antecedent to unhealthy lifestyle Seeking pleasure; perilous instinct
2	Inaccurate knowledge and beliefs – moving toward a risky lifestyle	Continuity of unhealthy behaviors Fact and reality paradox
3	Inadequate family support	Incorrect structure of hierarchy in the family Emotional neglect of parents
4	Sociocultural texture – effective or ineffective	Social customs and traditions Religious beliefs
5	Peers and friends maintain unhealthy behaviors	Friends more effective than family Forming groups to defend peers Unhealthy friends more effective than healthy friends

Personal characteristics – facilitating an unhealthy lifestyle

This theme reflects the individual characteristics that affect adolescents adopting to unhealthy behaviors. These features can be inherent or acquired.

The inability to say “No” to improper suggestions

Many unhealthy behaviors of adolescents follow suggestions proposed by their friends. The participants believed that the lack of ability to refuse facilitates the formation of unhealthy lifestyles: “*Right now nobody can reject a friend [Interviewer: Can you explain more please?] If somebody tells him let's go and get a smoke, he wouldn't say no. I was once offered an alcoholic drink; I couldn't say no, but I poured it out when they didn't look.*” (P 7-14y/o).

Some participants mentioned that, if they rejected an offer, they may be expelled or ridiculed by their peers: “*One day at school, my friends suggested me to smoking, I refused. From that day I was mocked. If you resist your friends and say no, they will keep mocking until you do as they wish.*” (P12-16y/o).

Curiosity: Antecedent to unhealthy lifestyle

The participants believed that curiosity is particularly effective when it comes to dangerous behaviors. Their quotations reflect their vulnerability to this theme: “*I want to try everything. We just want to know what's going to happen, if we smoke or take a pill. I myself have had a smoke out of curiosity.*” (P4-15y/o).

Seeking pleasure: Perilous instinct

The participants mentioned that some unhealthy behaviors are undertaken just to satisfy their need for pleasure: *“It’s fun to take a pill. I like to get stoned in parties. I just care about what’s fun, no matter where it leads.”* (P16-17y/o).

Inaccurate knowledge and beliefs – moving toward a risky lifestyle

In this theme, knowledge of a lifestyle and believing in and valuing this knowledge as well as its effectiveness in the lifestyle were considered.

Continuity of unhealthy behaviors

The participants repeatedly mentioned that one unhealthy behavior facilitates committing another one. One of them said: *“All addicts were cigarette smokers at the beginning. The guy who drinks gets caught in quarrels more often”* (P24-12y/o). In other words, violating a healthy lifestyle takes place in a serial fashion and committing one unhealthy behavior makes other such behaviors less repugnant.

Fact and reality paradox

An adolescent’s attitudes and points of view affect his behavior and lifestyle. The attitudes in turn are affected by the realities in the society. This becomes paradoxical sometimes: *“It says on the cigarette pack that smoking causes cancer; if it does, then why do they produce it? If not, why do they say so?”* (P5-18y/o).

“My father says, it’s unhealthy to drink, but I’ve seen him drink so often.” (P11-12y/o).

Inadequate family support

Families who pay attention to their adolescents and provide a family atmosphere with reasonable freedom reduce their tendency to unhealthy friends.

Hierarchal family structure

The findings of this study corroborate that the traditional patriarchal structure of Iranian families can indirectly influence an adolescent’s lifestyle. These quotations showed that: *“Our essential problem is that our parents think we’re too young, and they can force us.”* (P8-15y/o). *“I feel I’ll have a healthy lifestyle only when I have freedom at home.”* (P 30-17y/o).

Emotional neglect of parents

The participants mentioned their parents’ ignorance of their emotional needs as another reason for pushing them toward unhealthy lifestyle: *“My parents take care of my emotional needs, so I’ve got a healthy lifestyle. [Interviewer: What do you mean?] For example, if a guy is looking for girls and participates in unsafe sexual behavior, it’s because he can’t find love with his parents.”* (P17-16y/o).

Sociocultural texture – effective or ineffective?

Social customs and traditions

Traditions and beliefs existing from a long time have a great impact on the lifestyle of Iranian adolescents: *“The society’s culture affects health. I have to behave like how they did in the past. I have to eat or dress like them.”* (P12-16y/o).

Religious beliefs

The participants under the influence of the Iranian cultural state considered religion and spirituality as factors contributing to rejection of unhealthy behaviors: *“I don’t drink alcohol, because it’s forbidden in Islam.” “If you forget God, you’ll easily fall for crimes.”* (P 31-17y/o).

Peers and friends maintain unhealthy behaviors

Friends and peer groups play an important role in the lifestyle of adolescents. In this study, adolescents often point out that, unfortunately, the role of peer groups are negative in their lifestyle.

Friends more effective than family

The interviewees believed that friends have a much more prominent effect on their lifestyle than their families do, even though they spend most of their time with their families: *“A friend is closer to you. You can talk about your family troubles to a friend, but you can’t tell your family about the problems with friends. If your friends treat you well, even though they are not healthy people, they can attract you away from your family.”* (P 26-14y/o).

Forming group for self-defense

The participants believe that sometimes they choose an unhealthy way of life to be accepted in a group: *“If I’m not in a gang at school, I’m going to get hurt. So I need to do as they tell me, so that I can be in the gang, even if what they want is unhealthy.”* (P 7-14y/o).

Unhealthy friends more effective than healthy friends

Iranian adolescents believe that friends are more effective than families, and unhealthy friends tend to be more influential than healthy ones: *“Among friends, those who have more power over you are mostly the ones who are not good.”* (P29-13y/o).

Discussion

This study aims to identify Iranian male adolescent’s perspectives of their lifestyle and to explore the factors that they feel persuade their decisions to engage in, or avoid, healthy or unhealthy lifestyle behaviors.

The results of this study present many factors influencing the lifestyle from the perspective of Iranian adolescents. It should be noted that the participants exemplified unhealthy

behaviors, which indicate that they view a healthy lifestyle as one free from unhealthy behaviors.

The findings show that part of adolescents' behavior is connected to their personal characteristics, which becomes prominent during this period of life. For example, the inability to say "No" is considered a personal characteristic probably because this is a common behavior in Iranian culture as many people consider saying "No" to be impolite. Furthermore, the findings corresponded with other studies and showed that having the ability to say "No" decreases risky behaviors, such as smoking.^[23-25]

Most people seek to satisfy their curiosity, if the opportunity is presented, and those who are curious about a behavior are likely to test it, if they perceive that the trial is of low cost and low risk.^[26] It appears that Iranian adolescents do not consider behaviors, such as smoking, substance abuse, and alcohol consumption to be risky, and try them easily to satisfy their curiosity. The findings consistent with the Pierce *et al.*, study show that curiosity was related to an increase in future smoking in all nonsmokers.^[27]

The other subtheme that emerged from this study was pleasure. The need to satisfy the urge for enjoyment and fun are the other factors affecting the lifestyle of adolescents. When an adolescent considers taste to be the sole criterion for nutrition, or takes up smoking and alcohol consumption for relaxation, he can easily be led toward an unhealthy lifestyle. The results, consistent with those of Ebrahimi *et al.*, showed that the most frequently reported reasons for getting involved in unhealthy behavior include fun, conformity, experimentation, social enhancement, boredom, and relaxation.^[28,29]

An adolescent committing one unhealthy behavior is more likely to commit others. Unfortunately, harboring such beliefs has a domino-like effect on the unhealthy behaviors, and causes the lifestyle to be extensively unhealthy, and also helps in the perpetuation of these behaviors into adulthood. Findings of prior studies signify that smoking is associated with both alcohol use and low physical activity, and therefore, has a central role among unhealthy behaviors.^[30]

The fact–reality paradox is one of the factors that confuses an adolescent in his choice of lifestyle. Iranian adolescents are confused when they receive health messages; the border separating the fact and reality is not clear to them. Naturally, questions will be posed, for instance, "If my behavior is unhealthy, why does my father do it?" This paradoxical situation may be unique in Iranian populations, as other relevant studies have not reported it in other study populations.

Iranian adolescents described family and parents in different aspects based on the Iranian sociocultural background. The vertical structure of the family does not provide an

appropriate environment for the adolescent, and facilitates separation of children from the family. Inappropriate relations between the parents, and the adolescent were also mentioned in other relevant studies; for example, another study showed that adolescents with difficulties in communication with their mothers were more likely to become sexually active.^[31]

Adolescents require attendance to their rational needs, and they want their parents to care about them. Furthermore, parental neglect, not offering love to them, and underestimating their abilities are major parent–child challenges in the Iranian society. Zaborskis *et al.* showed that joint activities of parents and children are considered to be an important factor in the healthy lifestyle development throughout adolescence.^[32]

Respecting social customs and traditions is a major paradigm of the Iranian society. However, adolescents live in a transitional period, who may not accept all past traditions. They try to start a lifestyle different in all aspects, including health. However, as they do not have an appropriate alternative to replace the traditional one, they may end up losing their cultural connections. The acculturation process in Iran is accelerated by media, such as, internet and western satellite programs, which due to the differences in oriental and western beliefs, cause an immense gap in the views regarding healthy and unhealthy lifestyles.

Similar findings on the effect of modernity changes on adolescent lifestyle; Tsai and Wong reported that a fast-raising society, widening gap between generations, insufficient communication, and cultural changes were among the known causes for teenage pregnancies in Taiwan.^[33]

The results show that religion was highly valued by many participants. They argued that religion, spirituality, and morality could guarantee a healthy lifestyle. The results support previous evidence that religiosity is protective against a number of adolescent health-related outcomes.^[34,35]

Adolescents tend to spend more time with their friends, and find them to be closer than their families. Unhealthy and risky friends, who are usually more influential, are more popular in groups and gangs. Adolescents feel a need to be protected by such groups, and therefore, are attracted to these risky personalities. The effect of friends and peers on adolescent lifestyles have been mentioned in many studies conducted at different cultures, however, the Iranian participants in this study have pointed out interesting aspects of this issue. A prior study also showed that the behavior of peers and peer groups may be better predictors of adolescent health risk behaviors than the social influences of parents among adolescents.^[36]

The main limitation of this study was that the teachers and parents of the interviewees could not be interviewed mainly because of their closed schedule and lack of interest in the matter.

Conclusion

The results of this study show the views of male adolescents with healthy or unhealthy lifestyle choices. In this study, the adolescents mostly emphasized on the negative behavioral aspects. Further, the components of an unhealthy lifestyle seemed so important to them that they believed they could lead a healthy lifestyle by eliminating negative behaviors. Factors named by the participants were often exclusively significant in the Iranian culture; an understanding of these factors could be obtained by taking their personal, familial, social, and cultural background into consideration. Obviously, there were some other factors that also influenced the lifestyle, however, the results of this study were essential as they described factors that were less studied previously. It is suggested that such as qualitative study should also be conducted in female adolescents. In addition, it is recommended that biopsychosocial processes be investigated in an in-depth qualitative study.

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Conflicts of interest

There are no conflicts of interest

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