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Dimensions That Integrate The Health Variable "Lifestyles"

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Abstract
This essay explores the integration of health-related lifestyles within the framework of the salutogenic and health promotion models, emphasizing the need to move beyond the biomedical approach traditionally centered on disease. It analyzes the conceptual foundations and dimensions that constitute healthy lifestyles according to the Colombian Ministry of Health and Social Protection, including physical activity, food and nutritional security, healthy work environment, handwashing, healthy weight, tobacco prevention, and sensory health (oral, visual, and auditory). Furthermore, it relates these dimensions to Nola Pender's Health Promotion Model, highlighting the importance of health responsibility, interpersonal relationships, spiritual growth, and stress management as determinants of individual and collective well-being. The study concludes that promoting healthy lifestyles requires integrating physical, emotional, social, and spiritual dimensions through coordinated and intersectoral actions. This integration enables the construction of equitable, resilient, and health-conscious societies, fostering autonomy and informed decision-making regarding health.

Keywords: Health promotion; Lifestyles; Well-being; Salutogenic model; Nola Pender; Colombia.

INTRODUCTION

Public health, among its main functions, presents the need to work on changing people's lifestyles, promoting the salutogenic model as the main axis for health promotion, seeking to achieve well-being and quality of life for individuals at any stage of the life cycle (1).

Several studies have focused their attention on lifestyles from various settings, community, family, work, and education, on a generalized level (2). This highlights the felt need to focus interventions individually on the dimensions that make up the holism of the human being, such as the importance of fostering interpersonal relationships, health responsibility, physical activity, nutrition, spirituality, and stress management, as presented in the health promotion model proposed by nurse Nola Pender (3).

However, the literature has shown that health interventions have been approached from the biomedical model centered on disease and not from a preventive standpoint, as established by the primary health care strategy (4). In fact, some studies reveal conceptual and fragmentary weaknesses in understanding the meaning and ways of intervening from the perspective of promoting healthy lifestyles (5,6).

Therefore, this essay proposes a conceptual integration of the variable lifestyles and the dimensions that comprise it under the Colombian regulatory framework and the health promotion model, along with the characteristics and topics that will serve as a starting point to understand health realities but, above all, to focus on ways to evaluate and guide behavioral changes.

Lifestyles Related to Health

The concept of lifestyle has been studied by various disciplines such as sociology, anthropology, and epidemiology.

Epidemiology has largely used the concept of lifestyle and its connection with health, but with a more limited interpretation, associating it particularly with consciously adopted behaviors by individuals that may pose risks to their well-being (7).

It is defined as the mode of behavior or conduct of the human being, recognized as an abstract and complex concept that has been the object of study since before 1860 (8). Dr. Ambacher, an Adlerian therapist, has made contributions to the concept, explaining that lifestyles implicitly include cognitive, affective, interpersonal, and motor dimensions present in individuals (9).

Authors such as De La Torre and Fernández (10), in 2007, presented dimensions related to the concept of lifestyles, among which the following stand out: the approach to achieving emotions; the communicative-social dimension, which includes the need for relationships and support in decision-making; and the educational dimension, referring to the ability of individuals to relate information and reflect in order to achieve behavioral change.

Consequently, the term lifestyle is linked to concepts of individual behavior and conduct patterns, elements influenced by socio-educational systems, customs, living conditions, the urban environment in which one resides, material possessions, relationship with the environment, and interpersonal interactions (11).

Therefore, the analysis of how lifestyles influence health has been the subject of study in various social science disciplines. Its purpose is to expand understanding and deepen this topic in order to establish intervention strategies, such as promoting freedom of choice in behaviors. From this perspective, the importance of avoiding unhealthy practices is emphasized, attributing full responsibility to the individual. Likewise, it is recognized that health is influenced by a set of general conditions and behaviors that result from the interaction between socio-educational and personal factors (12).

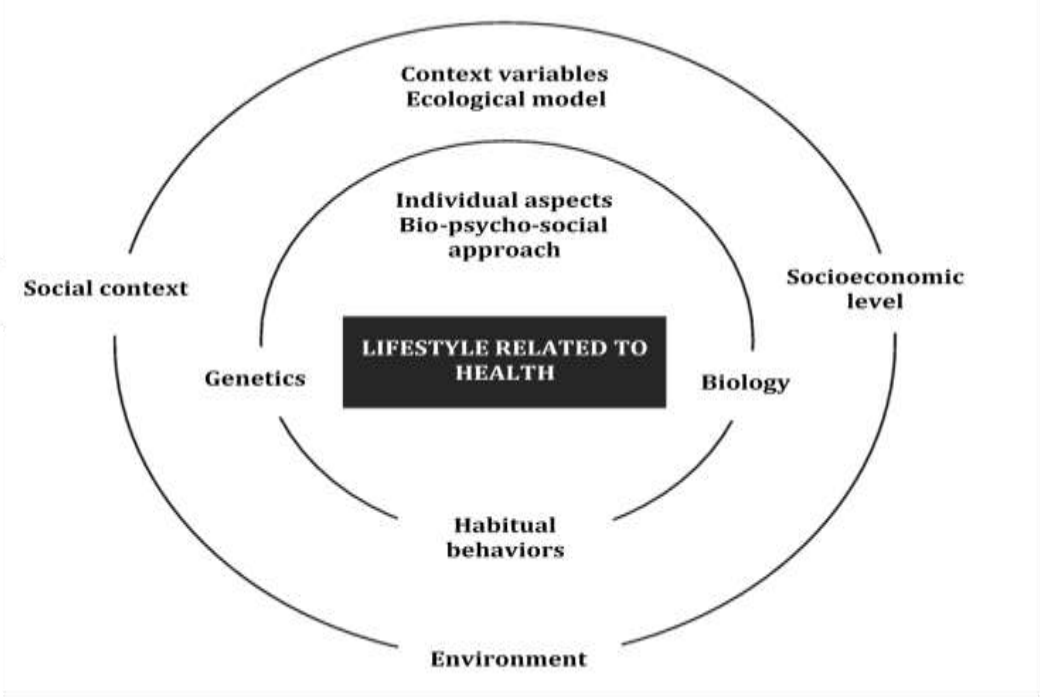
Western countries exhibit various behaviors that pose health risks. Among them are tobacco and alcohol consumption, high-fat and copious diets, lack of physical activity, and reckless driving. These behaviors are closely linked to the three main causes of mortality today: cardiovascular diseases, cancer, and traffic accidents (13), which consequently confirm the influence of lifestyles on people's health.

During the transition to adulthood, individual behaviors, lifestyle, and well-being can provide an enlightening view of how to promote health throughout the life cycle. This broad approach to healthy lifestyles can show that people generally adopt a variety of behaviors, some favorable and others unfavorable (14).

The determinants of lifestyle in relation to health can be examined from two different perspectives. One focuses on individual aspects such as biology, genetics, behavior, and the psychological aspects of each individual; the second perspective focuses on sociodemographic and cultural factors, considering the influence of the social, economic, and environmental context on life habits.

As people develop, interactions occur between these two contexts, and adaptive behavioral patterns are established, previously known as life habits (15) (See Figure 1).

Figure 1 Lifestyle related to health (15)



Lifestyles Proposed by the Ministry of Health and Social Protection of Colombia

The Ministry of Health and Social Protection, in its effort to promote health interventions based on comprehensive promotion and not only on curative or biomedical aspects, proposes a conceptual framework to guide health professionals in developing timely interventions that respond to individual characteristics within each of the dimensions that make up healthy lifestyles (16). Among the main dimensions are physical activity, food and nutritional security, a healthy work environment, hand washing, healthy weight, tobacco prevention, and visual, oral, and auditory health.

Physical Activity

Physical activity is one of the main dimensions that contribute to people's well-being. In fact, recent studies have documented how changes in habits related to it affect adherence to treatments, reduction of physical symptoms, and prevention of diseases (17)(18).

The practice of physical activity stands out as an effective intervention to improve well-being and prevent disease. Consequently, "Physical inactivity is one of the main risk factors for mortality from non-communicable diseases. People with insufficient levels of physical activity have a 20% to 30% higher risk of death compared to those who achieve sufficient levels of physical activity" (19).

It is recommended that every person over 18 years of age should engage in at least 150 minutes per week of moderate physical activities such as brisk walking, cycling, continuous swimming, skating, dancing, pushing a wheelchair, practicing low-impact aerobics, Tai Chi, doing home exercises, gardening, standing fishing, rowing, performing household chores, or playing ping pong or doubles tennis. These are activities that can provide health benefits with a high level of safety, reducing the likelihood of pain or injury.

Physical activity involves regular participation in light, moderate, and/or vigorous activities. It may occur within a planned and monitored program for fitness and health purposes or incidentally as part of daily life or leisure activities (20)(21).

The Food and Nutritional Security Dimension

This involves ensuring that all people have access to and consume food in adequate quantities, with the quality and safety necessary to promote a healthy and active life (16).

The National Observatory of Food and Nutritional Security (OSAN) stands as a crucial tool in this context. By providing comprehensive and updated information on the country's food and nutritional situation, OSAN facilitates informed decision-making and promotes dialogue and collaboration among different actors (22).

Indeed, food and nutritional security is both a moral imperative and an urgent necessity in the contemporary world. Ensuring that all people have access to adequate food is not only essential to promote health and well-being but also to build fairer and more equitable societies (16,23).

Healthy eating is fundamental for general well-being and disease prevention. This implies consuming a variety of nutritious foods daily, including fruits, vegetables, legumes, whole grains, nuts, low-fat dairy products, lean meat, fish, and eggs. However, it is important to consider some guidelines to ensure that the diet is truly healthy, such as maintaining a low-fat intake, increasing fruit and vegetable consumption five times a day (16), avoiding sugary drinks (24), and reducing salt intake in the diet.

Furthermore, micronutrients, understood as essential vitamins and minerals, play a critical role in the human body, required in minimal doses but vital for various physiological systems at different life stages. The deficiency of these nutrients can trigger a series of adverse health effects such as growth delay, impaired cognitive development, and reduced learning capacity, among others, depending on the specific micronutrient. The most common deficiencies in adults, particularly among women of childbearing age, highlight the importance of iron and folic acid to counteract menstrual losses and prevent neural tube defects in newborns (16)(25)(26).

Within the framework of the Ten-Year Public Health Plan (PDSP), food and nutritional security is established as a primary dimension, addressing vital aspects such as food safety and quality as essential components. This comprehensive approach materializes through a series of concrete strategies and actions that encompass regulation, monitoring, education, and the promotion of safe practices in food handling and consumption (27)(28).

Following this premise, it is evident that nutrition involves making informed decisions about the selection and consumption of foods essential to maintaining health and well-being. This implies choosing a healthy daily diet that aligns with the recommendations provided by nutritional guideline frameworks (20).

Research on educational interventions in the nutritional field has shown that the workshops offered have produced positive results, enabling participants to significantly improve their understanding and dietary practices, progressing from a regular state to a mostly good one (29).

Healthy Work Environment

This is a fundamental dimension for individuals to lead a full life both socially and economically. It involves addressing health promotion, which includes aspects such as quality of life in the work environment, not limited solely to the physical space of a specific economic activity, but considering all the repercussions that working conditions may have on various aspects of workers' lives, whether in their family, social, political, or economic spheres.

The positive concept of health adopted by Colombia within the framework of the Ten-Year Public Health Plan (PDSP) 2022–2031 (30) and the Comprehensive Health Care Policy (PAIS) aims to guarantee the effective enjoyment of the right to health and the development of favorable social conditions that enable individuals, families, and communities to take care of their health. To address diseases and their risk factors, it is essential to consider the existing health inequalities between different social groups and regions of the country, which are explained, among other reasons, by difficulties in accessing goods and services, as well as by the living conditions of these groups (31).

The National Plan for Occupational Health and Safety 2013–2021 of the Ministry of Labor provides responses to the real needs of the Colombian working population in terms of safety, health, and risk prevention through a renewed General System of Occupational Risks that seeks to foster a preventive culture at all levels, which impacts workers' well-being and quality of life (32).

Regarding background, in the last decade, the Pan American Health Organization (PAHO) has indicated that in Latin America, work- and health-related problems are frequent and diverse. For instance, it is estimated that economic losses caused by occupational injuries and diseases may reach up to 11% of the

Gross Domestic Product (GDP), disproportionately affecting poorer and more vulnerable population groups who often perform jobs with higher risks to their health and safety, in addition to receiving low remuneration. The female population, in particular, faces greater vulnerability due to precarious working conditions and the additional responsibility of domestic tasks (16). In fact, the literature reveals serious health consequences such as physical exhaustion, musculoskeletal injuries, and chronic stress, anxiety, and depression due to constant social, economic, and work-related pressures (31)(34).

The Ministry of Health and Social Protection implemented in 2012 the Healthy Work Environment initiative as part of the program Toward a "Healthy Ministry." This initiative seeks to promote healthy lifestyles among workers within a framework of rights, human development, health promotion, and quality of life. Initially inspired by the Healthy Workplaces model proposed by the WHO in 2010, it was later strengthened by the strategies for health promotion defined in the Ten-Year Public Health Plan (PDSP) 2022–2031, particularly in the component of Modes, Conditions, and Lifestyles within the dimension Healthy Life and Noncommunicable Conditions, in alignment with the Comprehensive Health Care Model (MIAS) and the Integrated Health Care Pathways (RIAS) (35).

In this context, the Ministry of Labor has carried out health promotion and occupational risk prevention actions targeting informal workers, considered a priority due to their high vulnerability and the risks inherent to their economic activities (36).

In the Colombian context, informal workers who lack the financial capacity to access private health services have the option to register in the subsidized regime through the Beneficiary Selection System for Social Programs (SISBEN). This measure guarantees their right to receive basic health care in their place of residence, providing them with a minimum level of protection in terms of health (37)(38).

Handwashing

A dimension that has historically been a topic of study across various health disciplines and has gained greater importance after the pandemic has emerged as an economical and highly effective strategy for disease prevention. This simple act of keeping hands clean plays a crucial role in interrupting the spread of various diseases, from acute diarrhea to respiratory conditions such as pneumonia, as well as skin, eye, and intestinal parasitic problems (39,40).

Handwashing, considered the simplest and most cost-effective health intervention, should be performed at key moments, such as after using the restroom, handling food, or coming into contact with contaminated objects. By following simple steps—wetting the hands, applying soap, and scrubbing for at least 20 seconds, adequate hygiene can be ensured, thereby reducing the risk of disease transmission (16). To achieve effective handwashing, it is recommended to wet the hands with water, apply sufficient soap, rub vigorously for at least 20 seconds, and rinse with clean water before drying them completely (41).

Healthy Weight

The concept of a healthy weight is framed within the promotion of health and quality of life, avoiding health risks. This determination is made using the Body Mass Index (BMI), which relates weight to height. Weight assessment involves calculating the BMI through a specific formula, thus providing a guide to evaluate a person's weight status. This index categorizes weight into different classifications, such as "thinness or underweight," "normal" or healthy weight, "overweight," and "obesity," each with its own health implications (16).

In addition to BMI, waist circumference emerges as a crucial indicator of health risks associated with weight, particularly in cases of abdominal obesity, which is linked to a higher risk of chronic diseases such as type 2 diabetes and cardiovascular diseases.

To maintain a healthy weight, it is essential to balance caloric intake with caloric expenditure through physical activity. This caloric balance can be understood as a scale, where the calories consumed must be compensated by the calories expended in bodily functions and physical activity. Various strategies can be employed to achieve this balance, such as keeping a record of caloric intake and physical activity, diversifying the diet, and choosing foods low in calories and fats (42).

Promoting healthy habits within the family plays a decisive role in preventing overweight and obesity in both children and adults. Education on the importance of maintaining a healthy weight and mutual support in adopting healthy habits can contribute significantly to this goal.

It is important to recognize that overweight and obesity not only affect physical appearance but also increase the risk of chronic diseases such as cardiovascular disease, diabetes, and certain types of cancer. Adopting a healthy lifestyle that promotes the maintenance of an adequate weight is essential to prevent these diseases and improve long-term quality of life (43).

The Ministry of Health and Social Protection of Colombia emphasizes the importance of maintaining a healthy weight through a balanced diet and regular physical exercise, supported by scientific research. Experts suggest that weight control involves achieving a balance between the calories consumed and the calories burned by the body, which is essential for maintaining body weight in the long term. Maintaining a healthy weight is a crucial aspect of promoting health and individual well-being, especially among informal caregivers.

In this context, dietary diversity plays a significant role, as no single food can provide all the nutrients required by the body. Likewise, consideration of daily caloric intake is essential, since each food contributes to this energy balance. In this regard, foods high in fats and sugars tend to be the most caloric, and larger portions can influence a higher caloric intake (16)(44).

Within the family environment, awareness of the importance of maintaining a healthy weight and the promotion of healthy habits can positively impact the adoption of health-promoting behaviors by family members. In this context, establishing eating routines and encouraging physical activity can be relevant aspects to consider (16)(45).

Tobacco Prevention

The habit of smoking is deeply rooted in society, but its motivation and persistence are anchored in a complex set of factors. Tobacco addiction, driven by the presence of nicotine, shares similarities with other highly addictive substances such as cocaine and heroin. This connection to nicotine creates a cycle of compulsive use, tolerance, dependence, and withdrawal syndrome. Although some individuals may manage to control their consumption, most require external help to quit due to the numerous diseases and disabilities associated with smoking (46).

Dependence, in its various forms, physical, psychological, and social, is a central aspect in understanding the smoking habit. Physical dependence develops when the body becomes accustomed to nicotine and requires it to maintain proper functioning, manifesting withdrawal symptoms when one attempts to quit smoking. On the other hand, psychological and social dependence reflect the perceived need to smoke in various everyday and social situations, respectively (16).

Oral, Visual, and Auditory Health This area represents an effort aimed at providing optimal living conditions that enable people, from birth to old age, to fully enjoy the sensory experiences offered by the mouth, eyes, and ears, thereby facilitating their integration into the environment. Although conditions affecting these senses do not usually pose a direct threat to life, they are an integral part of overall health and, therefore, influence personal integrity and quality of life. Many of these conditions can be prevented through appropriate actions, while others require early interventions to avoid complications that could generate a significant economic burden both individually and socially (16).

Oral health plays a fundamental role in nutrition, communication, and social interaction. The mouth is not only the entry point for food and nutrients but also a means of expression and interpersonal connection, where emotions are manifested, and flavors are enjoyed. Moreover, it contributes to self-image and how we perceive ourselves, as well as how we relate to others (47).

Regarding visual health, the eyes are indispensable for perceiving and understanding the world around us, from its shapes and colors to people's facial expressions and gestures. They are a vital component of our identity and enable us to explore, learn, and work, being essential in childhood for discovering new experiences and in adulthood for recalling past ones. Despite their limitations, the eyes serve as a window to our inner selves and reflect our emotional states (48).

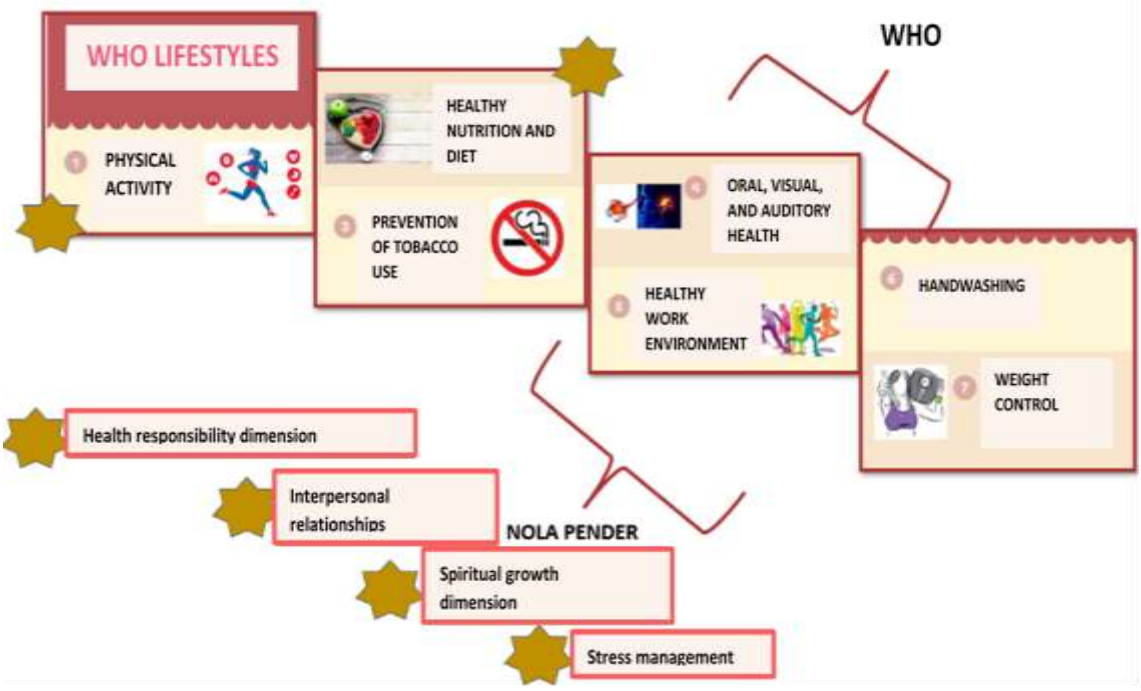
On the other hand, auditory health plays a crucial role in understanding the environment and interpersonal communication. Everyday sounds help us interpret the world around us, enriching our sensory experience and contributing to the development of language and cognitive skills. The ears, like the mouth, are a fundamental channel for interacting with the world and are essential to our ability to adapt and maintain balance in various situations (16).

In conclusion, oral, visual, and auditory health impact not only physical aspects but also the emotional, social, and cognitive well-being of individuals. Promoting the integral care of these senses involves not only preventing diseases but also fostering habits and lifestyles that allow individuals to make the most of sensory experiences and facilitate full participation in society.

Referring back to the dimensions presented by the Colombian Ministry of Health and Social Protection, it can be interpreted that they are directly and indirectly related to what was proposed by nurse Nola Pender, who, through her Health Promotion Model, asserted that behavior is driven by the desire to enhance well-being and human potential. The focus lies in explaining how people make decisions about their health care. It highlights the connection between individual characteristics and experiences, knowledge, beliefs, and situational circumstances that influence desired health behaviors (49).

Under this premise, the author proposes the Health-Promoting Lifestyle Profile-II instrument, which evaluates people's lifestyles and contains 52 questions divided into six dimensions: nutrition, physical activity, stress management, interpersonal relations, spiritual growth, and health responsibility (see Figure 2).

Figure 2 Lifestyles issued by the Ministry of Health vs. Health Promotion Model



The previous graph illustrates the relationship between the dimensions proposed by the Health Organization and those presented by Nola Pender in her Health Promotion Model. It identifies that physical activity and nutrition, including weight control, are related, while those that differ include the prevention of tobacco use, oral, visual, and auditory health, handwashing, and a healthy work environment. However, indirectly and implicitly, they are linked to the dimension of health responsibility.

Therefore, it is necessary to theoretically address the remaining dimensions: health responsibility, interpersonal relationships, spiritual growth, and stress management.

Health Responsibility

Primary Health Care (PHC) is defined as essential health care provided to all individuals and families within a community. This type of care is based on practical methods and technologies supported by science and socially accepted. It is offered with the active participation of the community and at a cost affordable to all, regardless of life stage, with the goal of fostering self-responsibility and self-determination among individuals (50).

Although efforts have been made, limitations persist in the availability of health services, leading to the spread and worsening of diseases, increased mortality risk, and deterioration of public health. In response to this situation, the population often resorts to self-medication and seeks urgent medical attention as an inadequate reaction (51).

Individual lifestyle habits are not the only determinants of health responsibilities. This concept assumes that all people have equal capacities to act in their own interest and are equally responsible for any harm they cause themselves. However, there are social, educational, and psychological influences that affect decisions, development, and health risk prevention, referred to as the "psychosocial determinants of health." Therefore, it is essential to consider both structural factors (such as income level, education, gender, occupation, ethnicity, and social position) and intermediate factors (such as material conditions, social cohesion, psychosocial factors, behaviors, and biological aspects) that impact health (52).

A study on personal responsibility for health, knowledge and perceptions among different social actors, found the following participant definitions:

"(…) I believe that personal responsibility for health refers to everything I do myself to take care of my health." (Citizen actor, male, 71 years old).

"(…) I'm not sure, but I think personal responsibility means following my doctor's instructions to protect my health. That is, complying with medical treatment and everything he tells me. Personal responsibility for health, I think, is the same." (NGO actor, male, 34 years old).

"(…) it's about taking care of oneself and being accountable for the actions we take to maintain our health." (Health actor, academic, female, 52 years old).

"Being responsible for health means behaving well—exercising, eating properly, following medical treatments. In short, doing all the right things to stay healthy and avoid illness." (Government actor, female, 42 years old) (53).

The comments above align with the definition provided by Nola Pender, who suggests that the health responsibility dimension involves an active sense of accountability toward one's own well-being. This includes attention to personal health, the pursuit of knowledge about health topics, and the practice of an informed approach when seeking professional help (49).

Interpersonal Relationships

Interpersonal relationships involve the use of communication to establish a sense of intimacy and closeness within meaningful relationships, as opposed to more superficial interactions with others. In fact, it is defined as the ability to maintain clearly identified friendships, family relationships, positive and rewarding social contacts, as well as partnerships and sexuality (54).

A study documented that family relationships contribute to people's quality of life, especially when affection and care are demonstrated (55). Indeed, promoting activities centered on active listening, assertive communication, emotional management and self-control, value promotion, and humanized culture has proven effective in generating behavioral changes in health.

Currently, various studies have demonstrated the impact of interventions aimed at promoting leisure, contact with nature, and the establishment of support groups to share daily life experiences (56)(57).

In fact, among sensitive and vulnerable populations with unhealthy lifestyles, favorable behavioral changes have been identified when incorporating group and social activities as part of daily habits (58).

Stress Management

Stress is defined as a process of real or perceived disruption to the physiological homeostasis or psychological well-being of an organism. When present, stress triggers physiological changes that influence the activation of the nervous and immune systems (59).

Additionally, it is established that stress is closely linked to environmental factors and genetic predispositions, giving rise to morbid processes and health complications (60).

There are multiple causes that lead to pathological stress processes, including financial difficulties, time conflicts, disability, and the presence of illnesses (61)(62). In fact, one study reported that everyday stress requires psychological adjustments centered on coping strategies (63), among them the promotion of mental health (64). Therefore, managing stress involves recognizing and utilizing both psychological and physical resources to effectively control or reduce tension.

Furthermore, other strategies contribute to alleviating symptoms caused by stress; among the most recognized are contact with the natural environment, music therapy, body movement, and mindfulness-based therapy (65)(66).

Spiritual Growth

This dimension focuses on cultivating internal resources and is achieved through transcendence, connection, and growth. Transcendence connects us with our most harmonious self, provides inner serenity, and opens the possibility of creating new opportunities to transform ourselves beyond our current identity. Connection refers to the feeling of harmony, wholeness, and unity with the universe (20).

Spirituality is presented as a tool that enables each individual to feel and respond according to their own beliefs, and it can be understood as the very essence of being. Thus, various aspects shape spiritual identity—religious beliefs, social and family interactions, cultural heritage, meditative practices, yoga, and other activities. In this way, spiritual practice encompasses everything an individual does to live fully—or at least to find support and guidance in difficult moments, decision-making, and the way one faces different situations, including the illness process, where pain is not only associated with physical discomfort but also with the patient's perception (67).

Spirituality has become a crucial part of the human experience and has gradually gained recognition and attention from healthcare and health science professionals. This recognition has been examined from two perspectives: one focused on need and the other on capability. The need-centered view has been the most prevalent. In medical and nursing literature, patient spirituality has primarily been seen as a passive aspect requiring attention to meet needs and humanize care provided by health professionals. Although this perspective is important for providing comprehensive care, it is essential to recognize that patient spirituality can also be a source of capabilities that can be developed. These capabilities can significantly influence how patients cope with illness, pain, and suffering (68).

Therefore, it is worth recognizing that this dimension stands out as the most strengthened aspect in people's lives, compared to other dimensions presented in the literature. For health professionals, it represents an opportunity to enhance it and, through it, counteract negative behaviors related to lifestyle.

FINAL REMARKS

Addressing healthy lifestyles requires moving beyond the reductionist approaches that have historically guided health interventions. The integration of physical, emotional, social, spiritual, and cultural dimensions within the framework of the salutogenic and health promotion models represents an opportunity to generate sustainable and meaningful transformations in the quality of life of individuals and communities.

This approach demands an effective articulation between theory and practice, as well as the strengthening of health professionals' competencies to critically understand the meaning and implications of lifestyles. It is not merely about meeting biomedical indicators, but about fostering favorable contexts in which people can exercise autonomy and make informed decisions regarding their well-being.

Likewise, it is essential to strengthen intersectoral coordination, given that the determinants of lifestyles transcend the health sector. Education, work, culture, urban planning, and community participation are key pillars for achieving real impact.

Significant challenges persist: social inequalities, limited access to healthy resources, fragmented interventions, and weak adoption of the salutogenic approach in everyday practice. Overcoming these challenges requires political will, sustained investment, and the generation of scientific evidence contextualized to the Colombian territory.

Finally, the consolidation of comprehensive strategies for the promotion of healthy lifestyles should be viewed as an investment in well-being and social equity, not merely as a health action. Moving toward truly humanized, person-centered, evidence-based health is the path toward building a healthier, more conscious, and resilient society.

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