Supplementary file 1. Characteristics of Various Related Studies

Main author, Location ,Year	Aim of study	Study design	Sample size	Results and scores
Mahmoodi, Iran, 2015	Study of health behaviors in pregnant women	Cross section	181	Total HPLPII:137.93± 20.45 Self-actualization:27.05 ± 5.8 Health responsibility: 23.29 ±4.91 exercise:15.34 ± 4.17 Nutrition: 25.86±4.26 Interpersonal support:25.45 ±4.79 Stress management:20.91 ±4.16 There was significant relationship between Job and HPLPII ($P<0.032$)
Basharpoor, Iran,2015	The correlation between health behaviors and anxiety in pregnancy	Cross section	101	Total HPLPII:127.93± 34.01 Self-actualization:21.57 ± 5.89 Health responsibility: 22 ±7.05 exercise:22.18 ± 9.23 Nutrition: 23.26±9.46 Interpersonal support:21.12 ±7.9 Stress management:19.09 ±6.28 50% of Varian's pregnancy anxiety was explained by health behaviors Pregnancy anxiety had negative relationship with HPLPII (r= -0.67; $P < 0.001$)
Cyphers, USA,2015	The association between health behaviors and religion	Cross section	86	Total HPLPII:2.73 Self-actualization:3.1 Health responsibility: 2.78 exercise:2.64 Nutrition: 2.64 Interpersonal support:2.98 Stress management:2.63 Hispanic women reported fewer health-promoting behaviors than non-Hispanic women There was a significant relationship between demographic variable, religiosity and HPLPII($P<0.05$)
Gharaibeh, Jordan,2005	Comparison of health behaviors in nulliparous and multiparous pregnant women	Cross section	400	Total HPLPII:2.78± 0.38 Self-actualization:3.10 ± 0.58 Health responsibility: 3.39 ±0.66 exercise:2.56 ± 0.47 Nutrition: 2.69±0.54 Interpersonal support:2.77 ±0.54 Stress management:2.54 ±0.54 HPLP total score and subscales in nulliparous and multiparous: no significant difference, but there were significant differences between the 2 groups in self-actualization.
Gokyildiz, Turkey,2014	Study of health behaviors and factors influencing these behaviors in pregnant women	Cross section	230	Total HPLPII:126± 21.58 Self-actualization:25.14 ± 5.03 Health responsibility: 22.15 ±5.23 exercise:14.39 ± 4.55 Nutrition: 21.05±4.05 Interpersonal support:24.95 ±4.79 Stress management:18.77 ±4.05 Significant differences in total score were detected with regard to age, stress management, spiritual growth and interpersonal relationships ($P < 0.05$), whereas the other dimensions were not associated with a significant difference in score ($P > 0.05$). HPLP II scores of the women aged 31 and above (133.84 ± 23.34) tended to be higher, and there was a statistically significant difference between the age groups ($P < 0.05$).
Kavlac, Turkey,2013	Study of the relationship between anxiety levels, health behaviors and HPLP related factors	Cross section	195	Total HPLPII:2.57± 0.42 Self-actualization:2.76 ± 0.51 Health responsibility: 2.33 ±0.57 exercise:1.66 ± 0.6 Nutrition: 2.96±0.54 Interpersonal support:2.95 ±0.53 Stress management:2.51 ±0.55 There was a significant relationship between anxiety, perceived social support, and health promoting behaviors.($P<0.05$)

Malakoti, Iran,2015	The relationship between health behaviors and perceived stress in women with preeclampsia	Cross section	182	Total HPLPII:2.4± 0.4 Self-actualization:2.76 ± 0.51 Health responsibility: 2.33 ±0.57 exercise:1.66 ± 0.6 Nutrition: 2.96±0.54 Interpersonal support: 2. 5 ±0.5 Stress management:2.4 ±0.5 There was an inverse relationship between perceived stress, health behaviors and subscales ($P<0.001$)
Onat, Turkey,2014	The Lifestyle Promoting health and associated factors in pregnant women	Cross section	255	Total HPLPII:130.07± 20 Self-actualization:26.1 ± 4.2 Health responsibility: 22. 9 ±4.6 exercise:14.4 ± 5 Nutrition: 21.9±9.46 Interpersonal support:25.4 ±4.2 Stress management:20.91 ±4.16 There was a statistically significant relationship between the total HPLP II and the level of education; economic status, employment status and family type ($P<0.05$)
Lin, Taiwan,2009	Determination of factors predicting health behaviors and their relationship with the individual, family and self-awareness of healthy behavior	Cross section	172	Total HPLPII:66.88 (80-192) Understanding family health promoting behaviors, self-efficacy, perceived health status and chronic conditions were 4 significant predictors of health behaviors. There were significant differences among HPLPII and length of sleep time ($P < .05$), regular exercise ($P < .01$), and perceived health status ($P < .01$).
Esperat, USA,2007	Factors affecting health promotion behaviors in vulnerable groups	Cross section		HPLPI total score of African women and Mexican women were 2.7 ± 0.93 and 2.3 ± 0.88, respectively, which were significantly different. There was also a negative correlation between health behaviors and social support. In Mexican women, demographic variables, source control, and social support did not predict health behaviors, but in African women, social support and health locus of control included 29% of variants of behaviors. African American women got a score significantly higher than Mexican American women on HPLP (t= 5.2, $P < .001$),
Saydan, Turkey,2007	Study of the effect of health promoting self-care behaviors on high risk pregnant women	Cross section	119	Total HPLPII:121.31± 21.02 Self-actualization:35.49 ± 7.17 Health responsibility: 23.10 ±5.80 exercise:8.32 ± 3.21 Nutrition: 17.44±3.40 Interpersonal support:20.38 ±3.44 Stress management:16.54 ±3.9 A significant relationship was between self-care score and total score of health promoting behaviors and self-actualization. There was not any relationship between Risks before pregnancy and fetal risks with promoting behaviors. But , there was a significant relationship between health behaviors and medical risks during pregnancy (P=0.036).
Thaewpia, Thailand,2013	The relationship between health behaviors and maternal and neonatal outcomes in elderly pregnant women	Prospective correlations	142	Total HPLPII:137.93± 20.45 Self-actualization:27.05 ± 5.8 Health responsibility: 23.29 ±4.91 exercise:15.34 ± 4.17 Nutrition: 25.86±4.26 Interpersonal support:25.45 ±4.79 Stress management:20.91 ±4.16 A significant negative correlation was found between total score and postpartum hemorrhage (r = -.185; P <0.05). There was not any relationship between health behaviors and neonatal outcomes.
Stark, USA, 2007	The relationship between perceived stress and health behaviors and self-	Cross section	69	Total HPLPII:2.61± 0.39 Self-actualization:3.09 ± 0.54 Health responsibility: 2.77 ±0.53 exercise:1.67 ± 0.54 Nutrition: 2. 6±0.46

	care in high-risk pregnant women			Interpersonal support:3.06 ±0.6 Stress management:2.36 ±0.46 Negative correlation was between perceived stress and total score of health behaviors, self-actualization, stress management and social support (P<0.009).
Bond USA,2002	Relationships between health promoting behaviors and acculturation level	Cross section	230	HPLP Total score: 2/2- 2/61 in difference acculturates. HPLP total score of three cultural groups were significantly different. There was a direct relationship between total score and level of education, but there was no relationship between nutrition and education areas, however, there was a direct relationship between nutrition and age (P >0.05).
Kemp, USA,1993	Comparison of health and anxiety in pregnant women with low-risk, high-risk, and low-income	Cross section	65	HPLP total score in Low-risk and high-risk groups were 2.66 and 2.33 which were significantly different (P = ,016). The lowest score in both groups was physical activity score (1.9 and 1.63), then Self Care (2.47 and 2.15). The highest score was for self-actualization (3.01 and 2.7) and social support (2.95 and 2.67).