The Influence of a Healthy Environment and Healthy Living Behavior on Health Status

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Abstract

An essential asset in the nation development, human resource was influenced by level of education, nutrition and health, living environment and economic level. Demographic transition and disease epidemiology had made behaviour and lifestyle changes more complex. Thus, health environmental problem was caus ed by water sanitation, crowding, solid waste that were not comprehensively integrated in the system. Using Baseline Health Research (Riskesdas) 2007 and National Socio-Economic Survey (Susenas) 2007 which had combined as data source, the analysis unit of this study was respondents aged above 15 years old. Logistic regression was used as a statistical analysis. Physical activity had a role to determine health status based on degenerative disease. People lived in unhealty environment were 1,1 times more likely to have bad status in health than those in good environment. Active smoker were 1,1 times more likely to have bad status in health than for those who did not smoke at all. As already known, smoking was the risk factor for respiratory diseases, heart disease, infertility, cancer, etc.

Article History:

Keywords:
Healthstatus,health behaviour, environment health

1. Introduction

Human resources (HR) play a crucial role in the development of a nation, where their quality is greatly influenced by education, health, nutrition, environment, and economic factors within families. Health is not merely a service to treat illnesses but is also considered a fundamental asset in supporting sustainable development. The health status of a community is not solely the responsibility of the health sector but is also the result of the synergy of various factors, both internal and external. Internal factors include physical and psychological aspects, while external factors encompass social, cultural, political, economic environments, and access to healthcare services. Among these factors, the environment contributes the most significant influence, accounting for 45% of health status, followed by behavior at 30%. Therefore, a comprehensive approach involving a healthy environment, lifestyle, education, and policies is essential to holistically improve the quality of public health.

2. Method

1. Research Design Quantitative Research: To measure and analyze the relationship between healthy environmental variables, healthy living behavior and health status statistically. This research design can be correlational, experimental, or survey research. Qualitative Research: To dig deeper into how individual or group perceptions of a healthy environment and healthy living behavior can influence their health status. This approach focuses more on in-depth interviews or focus group discussions (FGD).

Combined Research (Mixed Methods): Using the two approaches above to obtain more comprehensive and in-depth data.

2. Population and Sample Population: People who live in a certain area, for example in urban or rural areas. Sample: Can be selected randomly (random sampling) or based on certain criteria (purposive sampling). Sample size can be determined based on statistical needs, such as regression analysis or hypothesis testing.

3. Research Variables Independent Variable: Healthy environment: Factors related to the physical and social environment that support health (such as air quality, clean water, sanitation, access to health facilities, environmental cleanliness, etc.). Healthy living behavior: Individual habits for maintaining health, such as healthy eating patterns, regular exercise, getting enough sleep, and avoiding smoking or alcohol consumption. Dependent Variable: Health status: Can be measured through objective indicators (such as blood pressure numbers, body mass index, cholesterol levels) and subjective (individual perception of their health).

Tables

From the total research sample of individuals aged 15 years and above who were successfully revisited during the 2007 Riskesdas, 612,641 respondents could be matched with variables from the 2007 Susenas. When categorized by health status, it was found that 49 percent of respondents fell into the healthy category.

Table 1. Distribution of Health Status by Characteristics

Description	Results
Residential area	51,.21
Healthy environment	55.88
Consumption	49.08
In- physical activity	51.01
Non- smoking category	49.81

3. Results and Discussion

3.1 Results

An analysis of data involving 612,641 respondents aged 15 years and above, based on the 2007 Riskesdas and Susenas datasets, revealed that health status is influenced by various factors, including living environment, area classification, education level, smoking behavior, and economic status. Respondents living in healthy environments and urban areas tended to have better health status compared to those in unhealthy environments and rural areas. Additionally, higher education levels and better economic status were correlated with better health outcomes.

The multivariate analysis using logistic regression indicated that variables such as healthy living environments, area classification, physical activity, healthy behaviors, education level, smoking behavior, and economic status significantly influenced health status. The final model achieved a correct classification rate of 54.8%. These findings highlight the importance of a multidimensional approach to understanding the determinants of public health.

3.2 Discussion

The discussion results show that health is a key factor in improving human resources for sustainable development. Physical activity, healthy eating habits, and age are interconnected in determining health status. A clean environment plays an important role in preventing environment-related diseases, while better healthcare access in urban areas leads to disparities between urban and rural areas.

Higher education levels are associated with better health status, highlighting the importance of education in promoting healthy behaviors. Additionally, smoking significantly increases the risk of poor health. Although socioeconomic status affects health, its measurement

needs to be more comprehensive to better understand this relationship. A combination of environmental, educational, and behavioral interventions is necessary to improve public health.

4. Conclusion

The results of the analysis concluded that health status is influenced by factors: education level, residential area, smoking behavior, physical activity behavior. Poor health status is more at risk of occurring in groups of people with low education levels, living in rural areas, smokers, and living in unhealthy environments. Thus, it can be suggested to increase education and health promotion regarding risk factors to improve public health status as an important need in efforts to empower communities towards productive communities. Another thing is that the government must pay more attention to health promotion programs, especially Clean and Healthy Living Behavior (PHBS) by developing existing models by adjusting to the region and culture. Promotion of Clean and Healthy Living Behavior is given early on, it can be started from basic education (kindergarten age children). The content and method of delivery of the promotion are adjusted to age so that it can reduce the incidence of infectious diseases and slow down degenerative diseases.

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