

International Conference – Environment at a Crossroads: SMART approaches for a sustainable future

## Influence of population lifestyle on local health profile. Case study: Ialomita county

Ana-Maria Taloş\*

*Faculty of Geography, University of Bucharest, Nicolae Bălcescu street, no 1, Bucharest, 010041, Romania*

---

### Abstract

Many studies focusing on health pointed out territorial inequalities and inequities. It was recognized the fact that rural areas have a precarious health status compared to urban areas. Also, there are differences in health status between the poorest and the most developed areas. The main objective of the present study is to point out the importance of lifestyle in influencing the population health status compared to other important determinants, using spatial analysis and health survey. In Ialomita county, the values of health indicators are higher than the national average, which reveals a poorer health status, and the major risks are related to circulatory system diseases. The relationship between lifestyle and health status has been analyzed using two different indicators: health services index and deprivation index. The first has resulted from the standardization of demographic indicators (coverage of physicians), and the second one from socio-economic indicators (education, employment, housing endowment). Lifestyle resulted from health survey variables: nutrition, stress level, physical activity, unhealthy behaviors, and medical behaviors. Preliminary results reveal the fact that there are several determinants that have a large share in health: lifestyle, health services, environment, socio-economic factors and age. There are inequalities in health between rural and urban areas as a result of different access to health care, medical services, medical education and lifestyles.

© 2016 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the organizing committee of ECOSMART 2015

**Keywords:** lifestyle, health status, Ialomita county, health indicators, health determinants, health inequalities

---

---

\* Corresponding author  
E-mail address: [talos.ana@gmail.com](mailto:talos.ana@gmail.com)

## 1. Introduction

Lifestyle has been defined in 1986 by the World Health Organization as the "patterns of (behavioral) choices from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain ones over others" [1]. Lifestyle components are those behaviors involved in the emergence of lifestyle diseases: poor nutrition, physical inactivity, smoking, heavy drinking and drug use [2]. In his study, Blaxter is analyzing four components (nutrition, physical activity, alcohol consumption and smoking) while Thirlaway (2009) [3] is focusing on six components (the new ones are sexual activity and drug use).

Based on these components, lifestyle can be defined by different indicators (fruit and vegetable consumption, lack of physical activity, high level of stress, heavy drinking, and smoking or chronic illnesses). There is a strong connection between lifestyle and health status, and this fact was demonstrated by many studies from the past years. For example, according to studies conducted in Romania, lifestyle has the largest influence on health status with 51%, comparing to 20% of biological factors, 19% of ambient and health services with 10% (Dumitrache, 2004) [4]. Each element has its contribution and particularity: the genetic inheritance cannot be changed, the ambient prints individual habits and customs and there are differences between men and women (life expectancy, tastes, predisposition to diseases).

An example of the existing relation between health and lifestyle are the results of the study "Lifestyle and health-related predictors of cervical cancer screening attendance in a Swiss population-based study" that showed a correlation between obesity, physical activity and unhealthy diet, and the ignorance of cervical cancer screening [5]. Curtis [6] have emphasized the regional inequalities in population health between urban and rural, between developed and undeveloped areas. Territorial inequalities in health status are closely related to socioeconomic conditions. Eberhardt and Pamuk' studies [7] have indicated high mortality rates among the rural population, also higher mortality due to cancer and suicide among the rural population. Moreover, smoking, obesity and less physical activity are more frequent in the rural areas.

Riva et al (2009) [8] have obtained variations in health status between rural and urban population, using Health Survey for England (HSE): rural residents had a precarious health status and were obese and overweight compared to urban residents. These problems (obesity, precarious health status, overweight) were associated with deprivation. According to different studies, socioeconomic factors are influencing population health status: Marmot and Bell study [9] revealed the fact that economic and social deprivation are responsible for a precarious health status, while Zimmer and Kwong [10] said that income and education are weak predictors of health and the living environment is very important in determining health status. According to Adler [11], the main determinants of health are related to social, economic and political factors, such as age, born place, living area, occupation, family, education level, income, ethnicity and mentalities.

It was set that health status is influenced by different factors like genetic inheritance, behaviors, attitudes and values, lifestyle, social position. The social determinants of health are the conditions in which people are born, grow, live, work and age [12]. Worldwide, there are considered to be relevant the following health indicators: life expectancy at birth, infant mortality, general and specific morbidity, general and specific mortality.

Previous studies have shown that Romanian people have a precarious health status compared to other European people. After calculating the health index, Romania stands out among European countries with a precarious health status (0.445 in 2000 compared to 0.368 in Poland and 0.284 in Switzerland), and the study area, Ialomița county (located in the south-east part of Romania) show up among other Romanian counties with higher values of health index (0.553 in 2000 compared to an average of 0.460) [4]. There are also territorial inequalities in health status between rural and urban population in Ialomița county [13]. Ialomița county, the study area, is located in the south-east part of Romania, in Bărăgan Plain, close to Bucharest area, with a dominant rural population (53.9% in 2011).

The aim of the present study is to reveal the importance of lifestyle in influencing population health status. The main objective are: to point out the territorial inequalities in health status in Ialomița county using spatial analysis, to analyze the main determinants of health status in Ialomița county, to analyze five lifestyle components (nutrition, physical activity, stress level, unhealthy behaviors and medical behaviors) using a health survey.

Download English Version:

<https://daneshyari.com/en/article/4401720>

Download Persian Version:

<https://daneshyari.com/article/4401720>

[Daneshyari.com](https://daneshyari.com)