
RELATIONS BETWEEN HEALTH OF POPULATION, LIFE STYLE AND SOCIO-ECONOMIC FACTORS

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Objective: To describe the relation between socio-economic factors, life style factors and the health of middle-age urban population in the Czech Republic.

Methods: During 2004 and 2005, a questionnaire survey was made in 25 Czech towns to investigate the health of population called Study HELEN - Health, Life Style and Environment. The study was conducted within the framework of the System of Monitoring the Health of Population in Relation to Environment. 800 persons (400 males and 400 females) at the age from 45 to 54 years were selected in each town by a systematic random selection to ensure the adequate sample. Both the distribution and collection of questionnaires was conducted by surveyors, and each respondent filled out the questionnaire independently without any influence by surveyors. Analysis of the relation between selected markers and the health of population was made by the method of multiple logistic regression, and it reflected the gender, age, town and all investigated risk factors. Results of regression analysis were presented as odds ratio. Testing was made at the significance level of $p = 0,05$. Selected diseases and two overall markers (negative self-evaluation of own health and the presence of long-term health problems) were used as health markers. Factors tested in their relation to health included socio-economic markers (education, family status, economic activity and financial situation), life style factors (smoking, physical activity, nutrition), obesity and family medical history.

Results: The questionnaire was filled out by 9,230 persons, the total response-rate was 49.9%. The probability of negative self-evaluation of own health and long-term problems increased with the age of respondents. The probability of negative self-evaluation of health was higher in males, while the probability of long-term health problems was higher in females, but this relation was at the margin level of statistic significance. Three times higher probability of negative self-evaluation of own health was found in respondents with only

elementary education (compared to university educated respondents), in respondents with poor financial situation and unemployed respondents. Higher probability of long-term health problems was found in unemployed respondents, obese respondents, respondents with elementary education, respondents with poor financial situation and also in ex-smokers. Higher probability of most of diseases was found in respondents with poor financial situation and in obese respondents, and the closest relation was found to be the one between obesity to life-long prevalence of hypertension, diabetes and ischemic heart disease. Respondents with only elementary education had a higher probability of development of ischemic heart disease, diabetes, spine and joint diseases, but they had a lower probability of chronic anxiety and depression.

Conclusion: Our results correspond to findings in other European countries on relation between socio-economic factors and health. Socio-economic factors had the closest relation to negative self-evaluation of own health and to depressions. The most significant life style factor was obesity.