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Relationship Between Healthy Lifestyle Behaviour and Quality of Life Among Active Adults



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Abstract | Healthy lifestyle behaviours, such as a healthy diet, regular physical activity, adequate sleep, and the avoidance of dangerous substances, are crucial for preventing chronic diseases and improving overall health. The purpose of this study is to evaluate healthy living behaviors and quality of life among active adults in Selangor, Malaysia, as well as to investigate the relationships between these factors. Four hundred sixty-one (461) people were interviewed using demographic profiles, the Health Promoting Lifestyle Profile II (HPLP II), and World Health Organisation Quality of Life (WHOQOL) tools. The findings show that active people are committed to health-promoting behaviours, albeit there is room for improvement, particularly in physical activity and nutrition. Quality of life scores indicate that, while physical health and environmental elements are regarded positively, psychological well-being and social interactions may be improved. Negative associations between healthy lifestyle behaviours and overall quality of life show that, while necessary for health, these behaviours may also be seen as stressful, potentially decreasing overall life satisfaction. Furthermore, interactions with others, despite their poor correlation, are significantly associated with health satisfaction. This study emphasize the need to take a balanced approach to health, incorporating varied lifestyle behaviours to improve several parameters of quality of life for active individuals.

Keywords: *Healthy lifestyle behaviour, quality of life, active adults.*

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I. INTRODUCTION

Healthy behaviours, such as a nutritious diet, regular physical activity, appropriate sleep, and abstaining from harmful substances, are critical for preventing chronic diseases and general health [1]. According to [2] and [3], the Health-Promoting Lifestyle Profile (HPLP) enables individuals to self-regulate their health-related behaviours while managing daily activities. Understanding health-related behaviours therefore becomes critical for determining the current level of society's health. Everyone should make it a goal to cultivate and adopt healthy lifestyles during their youth and early adulthood [4].

Quality of life is a wide assessment of personal responses to medical illnesses that influence satisfaction levels and include the everyday physical, psychological, and social consequences of these conditions. [5] identifies various aspects that impact an individual's quality of life, including personal qualities, social and economic circumstances, psychological issues, health-related elements, and environmental conditions. The fundamental idea is that adopting healthy lifestyle behaviours will increase one's quality of life [6].

However, there has been insufficient research associating physical fitness with psychosocial advantages in adults. Physical activity is widely acknowledged to play an important role in minimising the detrimental impacts of sedentary lifestyles on quality of life and enhancing overall well-being [7]. [8] emphasised the significance of certain components, such as dietary choices, regular exercise, and substance abstinence, in developing a healthy lifestyle. These scholarly contributions emphasise the link between healthy lifestyle behaviours and an active way of life, setting the framework for future research into how such behaviours operate.

Therefore, this study aims to investigate the relationship between healthy lifestyle behaviours and quality of life among active individuals in Selangor. We addressed the following research questions: (i) What are the healthy living behaviour of active adults? (ii) What is the quality of life for active adults? (ii) Is there a link between healthy lifestyle choices and quality of life among active adults?

II. METHODS

By using a cross-sectional research design, 461 people were interviewed using demographic profiles, the Health Promoting Lifestyle Profile II (HPLP II), and World Health Organization Quality of Life (WHOQOL) instruments. Demographic data will include a variety of independent variables, such as age, gender, BMI, marital status, socioeconomic status, and occupational status. The 52-item Healthy Behaviour-Promoting Lifestyle Profile (HPLP II) includes a total scale and six subscales that evaluate behaviours in the theorised components of a healthy lifestyle, such as spiritual growth, interpersonal relationships, nutrition, physical activity, health responsibility, and stress management. The WHOQOL-BREF is a 26-item questionnaire that assesses physical health (7 items), psychological health (6 items), social relationships (3 items), environmental health (8 items), and QOL and overall health. A cross-sectional research design was utilised to provide a picture of these parameters within the specified age range (20-39 years old).

III. RESULTS AND DISCUSSION

The results in Table 1 showed a negative relationship between many aspects of healthy living practices and overall quality of life. The general quality of life exhibits inverse associations with health responsibility (-0.338), physical activity (-0.353), diet (-0.117), spiritual growth (-0.359), interpersonal relations (-0.226), and stress management (-0.342). This implies that there is a stronger negative link between physical activity and spiritual growth, which suggests that these factors may have a greater influence on an individual's overall quality of life perception. This suggests that those who engage in these health-related actions more frequently might focus more on health-related problems or obstacles, which could reduce their overall quality of life perspective. The analysis of the relationship between health satisfaction and various healthy lifestyle behaviours revealed that most correlations were non-significant, except for interpersonal relationships ($r = -0.032$, $p < 0.05$), which showed a statistically significant, but weak, positive impact of social relationship on health satisfaction. The correlations with other behaviours, such as health responsibility ($r = -0.160$), physical activity ($r = -0.080$), nutrition ($r = -0.041$), spiritual growth ($r = -0.172$), and stress management ($r = -0.160$), were weak and non-significant, indicating that these factors do not play an important role in determining health satisfaction. These findings emphasise the complexities of integrating healthy living practices with overall life satisfaction, as well as the potential benefits of developing strong social networks to boost health satisfaction views.

The study found significant correlations between various healthy lifestyle behaviours and many aspects of quality of life among active adults in Selangor. Using the Healthy Behavior-Promoting Lifestyle Profile II (HPLP II) and the WHOQOL-BREF questionnaire, [1] discovered that active adults have moderately high levels of health responsibility, though there is still room for improvement in physical activity and nutrition. [9] say spiritual growth and stress management are both regarded equally, showing a holistic approach to mental and emotional well-being while [10] state that interpersonal relations also play a moderate role in promoting positive social interactions. Physical health scored quite high, indicating a favourable view of physical well-being [11], while [12] found psychological well-being scored significantly lower, indicating a need for better mental health care. The relationship between health satisfaction and healthy lifestyle behaviours was mainly non-significant, apart from interpersonal relationships, highlighting the tiny but substantial importance of social bonds [13]. [14] report mixed relationships between healthy living behaviours and other quality of life dimensions, which highlights the need for comprehensive interventions that address both physical and psychological requirements. Future treatments should prioritise making healthy activity choices more accessible and pleasurable, increasing social support, and addressing environmental variables to improve the overall quality of life for active adults.

TABLE 1
SIGNIFICANT CORRELATIONS HEALTHY LIFESTYLE BEHAVIOUR AND QUALITY OF LIFE AMONG ACTIVE ADULTS

| Quality of Life | Health Responsibility | Physical Activity | Healthy Lifestyle Behaviour Nutrition | Spiritual Growth | Interpersonal Relations | Stress Management |
|-------------------------|-----------------------|-------------------|---------------------------------------|------------------|-------------------------|-------------------|
| General Quality of Life | -0.338 | -0.353 | -0.117 | -0.359 | -0.226 | -0.342 |
| Health Satisfied | -0.160 | -0.080 | -0.041 | -0.172 | -0.032* | -0.160 |
| Physical Health | -0.164 | -0.150 | 0.077 | -0.051 | -0.063* | -0.100 |
| Psychology | -0.288 | -0.348 | -0.093 | -0.403 | -0.250 | -0.416 |
| Social Relationships | -0.281 | -0.187 | -0.074 | -0.096 | 0.044* | -0.003 |
| Environment | -0.371 | -0.387 | -0.123 | -0.446 | -0.198 | -0.418 |

Note: * $p < 0.05$

IV. CONCLUSIONS

Finally, the study found strong relationships between components of healthy living behaviours measured by the HPLP II and several areas of quality of life assessed by the WHOQOL-BREF questionnaire. Physical activity, spiritual development, and health responsibility all have a favourable impact on physical health, psychological well-being, and social relationships. Physical activity is also associated with stress management, emphasising the advantages of an active lifestyle. Nutrition, albeit showing lesser correlations, is favourably related to physical activity, highlighting its importance in a healthy lifestyle. Spiritual development and interpersonal interactions have a substantial impact on quality of life, with interpersonal relationships improving perceptions of environmental quality. Thus, a well-rounded strategy that includes health responsibility, physical exercise, nutrition, spiritual development, and stress management might improve the quality of life for active adults.

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