

ORIGINAL ARTICLE

Association of Health Behavior, Social Cohesion, and Spiritual Well-being with Quality of Life among Farmers with Chronic Diseases

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ABSTRACT

Introduction: Unhealthy lifestyle choices that interfere with everyday activities and lower quality of life might lead to chronic diseases. The purpose of this study is to examine how the quality of life of farmers with chronic illnesses is influenced by health behaviors, social cohesiveness, and spiritual well-being. **Methods:** 264 farmers participated in this observational analytical study. From May to October 2024, the study was carried out in the Jati Agung District. Quality of life, social cohesiveness, spiritual well-being, and health behavior were the variables that were used. A questionnaire sheet was employed as the data gathering tool. Multiple linear regression and the chi-square test were used to test the data. **Results:** Age ($p = 0.020$) and social cohesion ($p < 0.001$) are associated variables in the physical health area. Social cohesiveness is one of the variables in the psychological health domain ($p < 0.001$). Age ($p < 0.001$), body mass index ($p = 0.026$), and social cohesiveness ($p < 0.001$) are the variables in the social connection domain. Social cohesiveness ($p < 0.001$) and age ($p = 0.001$) are linked variables in the environmental health domain. Social cohesiveness is one of the characteristics that is associated to overall quality of life ($p < 0.001$). **Conclusion:** Eating habits are the most important component in the relationship between quality of life and health behavior, spiritual well-being, and social cohesion.

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INTRODUCTION

Chronic diseases are long-term, slowly progressing conditions caused by a combination of behavioral, physiological, environmental, and genetic factors (1). Riskesdas found that 34.11% of people had hypertension, 8.5% had diabetes mellitus, 1.45% had gout, and 8.6% had hypercholesterolemia. Unhealthy lifestyle changes can lead to chronic diseases (2). Due to the abnormalities that arise, chronic diseases can also lower the quality of life for those who suffer from them (3). Unhealthy health habits or lifestyle choices, such as inactivity (4), poor diet (5), alcohol use (6), active smoking (7) and inadequate stress management (8), can also negatively impact quality of life.

Social cohesiveness, or the ties that hold society together based on common values, beliefs, and objectives, can have an impact on quality of life in addition to healthy behavior or lifestyle. Social cohesiveness influences

mental health. Good social cohesion will correlate with a good quality of life in terms of health (9). A person's spiritual well-being, which is a deep understanding of themselves, society, the environment, and the creator, can influence their quality of life. Someone with a harmonious relationship with God, others, the environment, and themselves is considered to have good spiritual well-being. Prior research indicates that spiritual well-being contributes to quality of life (10). The ability to recognize life's opportunities through interaction with the environment and to achieve inner peace is a good measure of one's capability. One aspect of this is the need to strengthen spirituality, which involves harmoniously believing in a creator (11).

In Indonesia, chronic diseases remain prevalent. While incurable, these diseases can be managed with regular checkups. People with chronic illnesses may experience a reduced quality of life. Prevention strategies include regular health examinations, smoking cessation, regular exercise, a balanced diet, sufficient sleep, and effective stress management (12). This research is crucial because farmers continue to have a high prevalence of chronic diseases. The researcher's findings indicate that farmers continue to experience a high prevalence of chronic

illnesses such as gout, diabetes, hypertension, and cholesterol, and their physical, mental, social, and environmental quality of life is declining. This study aims to examine the connection between the quality of life of farmers with chronic illnesses and their health behavior, social cohesiveness, and spiritual well-being.

MATERIALS AND METHODS

This study employs a cross-sectional, observational analytical quantitative methodology (13). Approved under number 3466/UN26.18/PP.05.02.00/2024, this study was submitted to the Medical Research Ethics Committee of the University of Lampung. The study will examine the quality of life of agricultural communities dealing with chronic illnesses in relation to health behavior, social cohesiveness, and spiritual well-being. The study will be conducted in Marga Agung Village, Jati Agung District, South Lampung, for six months, from April to September 2024. The study population consists of 4,395 households in Marga Agung Village. Simple random sampling will be used as the sampling strategy. The study's inclusion criteria for participants are the ability to read and write, being between 25 and 65 years of age, having a chronic illness, and willingness to participate. Exclusion criteria include households with a history of disease problems. The variables include quality of life, social cohesiveness, spiritual well-being, and health behavior.

The International Physical Activity Questionnaire (IPAQ) was used to measure physical activity, the Food Frequency Questionnaire (FFQ) was used to measure dietary patterns, and the Perceived Stress Scale (PSS) was used to measure stress levels, alcohol consumption (14), smoking habits, and physical activity (15). The Perceived Neighbourhood Social Cohesion (PNSC) questionnaire (16) and the Spiritual Well-Being Scale (SWBS) (17) were used. The WHOQOL-BREF questionnaire, which measures quality of life across four domains—physical health, psychological health, social relationships, and environment—was used (18). The collected data was then cleaned, analyzed, coded, and modified. The Chi-Square test was used to analyze the data (19).

RESULTS

According to the demographic data for the 264 participants, 90.9% had hypertension and 9.1% had diabetes. Regarding socioeconomic status, 36.4% had a high household income while 63.6% had a low household income, and 36.4% had a high level of education while 40.9% had a low level. In terms of health behaviors, 59.1% had a good diet and 40.9% had a bad diet, 72.7% did not smoke while 27.3% did, and 50.0% took herbal medicine while 50.0% did not (Table i).

The study participants had an average age of 54.86

Table I: Characteristics of participants

Variable	Category	n (%) / Mean $\pm$ SD	Minimum–Maximum
Chronic illness	Hypertension	240 (90.90)	—
	Hypertension and diabetes	24 (9.10)	—
Gender	Male	83 (31.40)	—
	Female	181 (68.60)	—
Household income	High	96 (36.40)	—
	Low	168 (63.60)	—
Education	High	156 (59.10)	—
	Low	108 (40.90)	—
Eating pattern	Good	156 (59.10)	—
	Bad	108 (40.90)	—
Smoking	No	192 (72.70)	—
	Yes	72 (27.30)	—
Consumption of herbal medicine	Yes	132 (50.00)	—
	No	132 (50.00)	—
Age (years)	—	54.86 $\pm$ 10.96	37–75
Body mass index	—	23.24 $\pm$ 2.57	18–29
Physical activity score	—	6004.58 $\pm$ 4046.54	1287–23256
Social cohesion	—	46.77 $\pm$ 10.38	25–56
Spiritual well-being	—	53.59 $\pm$ 6.56	40–60
Physical health	—	77.55 $\pm$ 16.50	21–100
Psychological health	—	69.86 $\pm$ 20.13	21–100
Social relationship	—	93.18 $\pm$ 15.49	33–100
Environmental health	—	70.59 $\pm$ 16.68	44–94
General QoL	—	77.59 $\pm$ 14.81	30–97

Notes: Categorical variables are presented as n (%), while numerical variables are presented as mean $\pm$ standard deviation. QoL, quality of life; SD, standard deviation.

years (SD 10.96; minimum 37; maximum 75), a body mass index of 23.24 (SD 2.57; minimum 18; maximum 29), a physical activity score of 6004.58 (SD 4046.54; minimum 1287; maximum 23256), a social cohesion score of 46.77 (SD 10.38; minimum 25; maximum 56), a spiritual well-being score of 53.59 (SD 6.56; minimum 40; maximum 60), a physical health score of 77.55 (SD 16.50; minimum 21; maximum 100), a psychological health score of 69.86 (SD 20.13; minimum 21; maximum 100), a social relationships score of 93.18 (SD 15.49; minimum 33; maximum 100), an environmental health score of 70.59 (SD 16.68; minimum 44; maximum 94), and an overall quality of life score of 77.59 (SD 14.81; minimum 30; maximum 97).

In the physical health domain, social cohesiveness ($p < 0.001$) and age ($p = 0.020$) are associated variables. Social cohesiveness ($p < 0.001$) is also a variable in the psychological health domain. The social connection

domain includes social cohesiveness ($p < 0.001$), body mass index ($p = 0.026$), and age ($p < 0.001$). Age ($p = 0.001$) and social cohesiveness ($p < 0.001$) are associated variables in the environmental health domain. Social cohesiveness is a relevant variable for overall quality of life ($p < 0.001$) (Table II). Variables related to social cohesiveness have a positive and significant relationship with physical, psychological, social, and environmental health. Age has a weak negative correlation with both mental and physical health. Characteristics of social relationships have a weak negative correlation with body mass index.

The characteristics that are associated with physical health are education ($p < 0.001$) and household income ($p = 0.002$). Gender ($p < 0.001$), household income

($p = 0.046$), education ($p = 0.038$), eating habits ($p < 0.001$), and smoking habits ($p < 0.001$) are the variables in the psychological health domain. Family wealth ($p = 0.003$), education ($p = 0.038$), and eating habits ($p = 0.006$) are the factors in the social relationship domain. Household income ($p < 0.001$), education ($p = 0.041$), eating habits ($p < 0.001$), and usage of herbal medication ($p < 0.001$) are the variables in the environmental health domain. Gender ($p = 0.040$), household income ($p < 0.001$), education ($p < 0.001$), and smoking behaviors ($p < 0.001$) are the characteristics that affect overall quality of life (Table III). With a Cohen's d effect size of 0.50-0.65, the analysis revealed a substantial difference between the two groups. This difference was deemed moderate and practical, indicating significant practical significance.

Table II: Quality of life and the relationship between numerical variables

Variable	Physical Health		Psychological Health		Social Relationships		Environmental Health		General QoL	
	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value
Age (years)	-0.144	0.020	0.118	0.056	-0.295	<0.001	0.211	0.001	-0.026	0.668
Body mass index	-0.068	0.271	0.044	0.478	-0.137	0.026	0.052	0.404	-0.029	0.640
Physical activity	0.081	0.188	0.086	0.165	-0.030	0.626	0.037	0.546	0.052	0.403
Social cohesion	0.611	<0.001	0.377	<0.001	0.688	<0.001	0.272	<0.001	0.550	<0.001
Spiritual well-being	0.041	0.509	0.059	0.337	-0.088	0.153	0.074	0.232	0.036	0.557

Table III: Quality of life and categorical variables in relation to each other

Variable	n	Physical Health		Psychological Health		Social Relationships		Environmental Health		General QoL	
		Mean (SD)	p-value	Mean (SD)	p-value	Mean (SD)	p-value	Mean (SD)	p-value	Mean (SD)	p-value
Gender											
Male	83	76.66 (14.34)	0.557	62.34 (17.14)	<0.001*	93.17 (11.88)	0.993	68.29 (17.62)	0.107	74.83 (13.177)	0.040*
Female	181	77.95 (17.42)		73.31 (20.49)		93.19 (16.92)		71.65 (14.64)		78.86 (15.371)	
Household income											
High	96	81.63 (11.83)	0.002*	73.13 (19.62)	0.046*	96.88 (5.82)	0.003*	76.75 (13.33)	<0.001*	81.88 (11.086)	<0.001*
Low	168	75.21 (18.28)		68.00 (20.23)		91.07 (18.60)		67.07 (15.87)		75.14 (16.092)	
Education											
Low	156	82.92 (10.64)	<0.001*	72.00 (18.10)	0.038*	98.69 (4.54)	<0.001*	72.23 (15.22)	0.041*	81.31 (10.20)	<0.001*
High	108	69.78 (20.05)		66.78 (22.47)		85.22 (21.25)		68.22 (16.11)		72.22 (18.41)	
Eating pattern											
Good	156	77.46 (19.54)	0.921	73.54 (23.18)	<0.001*	91.00 (17.91)	0.006*	75.69 (16.51)	<0.001*	79.31 (17.31)	0.023*
Bad	108	77.67 (11.01)		64.56 (13.01)		96.33 (10.42)		63.22 (10.84)		75.11 (9.73)	
Smoking											
No	192	78.31 (16.87)	0.218	73.06 (19.86)	<0.001*	93.75 (16.40)	0.331	71.63 (14.09)	0.080	79.00 (14.81)	0.011*
Yes	72	75.50 (15.39)		61.33 (18.41)		91.67 (12.75)		67.83 (19.14)		73.83 (14.25)	
Consumption of herbal medicine											
No	132	77.18 (11.05)	0.721	67.64 (18.54)	0.072	94.00 (10.08)	0.392	66.00 (13.99)	<0.001*	76.09 (11.61)	0.100
Yes	132	77.91 (20.59)		72.09 (21.44)		92.36 (19.46)		75.18 (15.99)		79.09 (17.34)	
Cohen's d			0.50		0.56		0.65		0.57		0.54

*T-test

Social cohesion is correlated with environmental, psychological, social, and physical health characteristics ($p < 0.05$). The independent variable has a 58.6% influence on the physical dimension. In the physical dimension, physical activity, dietary habits, smoking, herbal medicine use, social cohesiveness, and spiritual well-being are the variables that affect quality of life; other factors account for 41.4%. Other characteristics account for 51.3% of the psychological dimension, with physical activity, eating habits, smoking, herbal medicine use, social cohesiveness, and spiritual well-being accounting for 48.7% (Table IV).

Eating habits, social cohesiveness, and spiritual well-being account for 69.8% of the social component, with other factors accounting for 30.2%. The variables of physical activity, dietary habits, smoking, herbal medicine use, social cohesiveness, and spiritual well-being account for 55.9% of the environmental component, whereas other factors account for 44.1%.

The normality test showed that all numerical variables were normally distributed, as indicated by p-values greater than 0.05. Therefore, the data met the assumption of normality for subsequent parametric analysis.

The multicollinearity test indicated that multicollinearity was not present among the independent variables. All variance inflation factor (VIF) values were below 10, and the tolerance values were within the acceptable

range. These findings suggest that the independent variables were not highly correlated with one another, allowing the individual contribution of each predictor to the dependent variable to be interpreted more clearly.

DISCUSSION

Of the 264 participants, 90.9% had hypertension, 63.6% had low household income, 40.9% had poor education, 59.1% ate a healthy diet, 72.7% did not smoke, and 50.0% used herbal medicine, according to demographic data. The average age of the research participants was 54.86 years (SD 10.96). The demographic features of this study are consistent with the findings of the Riskesdas report, which indicates that the age group of ≥ 75 years old has the highest prevalence of hypertension patients in Lampung Province according to a doctor's diagnosis. The pre-elderly stage, which occurs between the ages of 45 and 59, is when a person's body function starts to deteriorate and they are more susceptible to degenerative diseases and other health issues. One degenerative condition that frequently affects people in their senior years is hypertension (20).

The findings are consistent with earlier research (21), which examined the connection between senior exercise and hypertension patients' quality of life in a private clinic. The Riskesdas report, which showed that more women in Lampung Province had hypertension, supported the finding that women (76%) had higher

Table IV: The main determinants of life quality

Dependent variables	Independent variables (predictors)	Standardized Beta	T-value	p-value	R Square
General QoL	Physical activity	0.164	3.636	<0.001	0.586 (58,6%)
	Eating pattern	-0.426	-9.290	<0.001	
	Smoking habit	-0.215	-4.889	<0.001	
	Consumption of herbal medicine	0.184	4.251	<0.001	
	Social cohesion	0.786	16.331	<0.001	
	Spiritual well-being	-0.217	-4.745	<0.001	
Physical Health	Physical activity	0.186	3.943	<0.001	0.532 (53,2%)
	Eating pattern	-0.262	-5.465	<0.001	
	Smoking habit	-0.126	-2.724	0.007	
	Consumption of herbal medicine	0.088	1.938	0.044	
	Social cohesion	0.791	15.704	<0.001	
	Spiritual well-being	-0.197	-4.110	<0.001	
Psychological Health	Physical activity	0.213	4.283	<0.001	0,487 (48,7%)
	Eating pattern	-0.446	-8.790	<0.001	
	Smoking habit	-0.341	-6.996	<0.001	
	Consumption of herbal medicine	0.187	3.909	<0.001	
	Social cohesion	0.594	11.156	<0.001	
	Spiritual well-being	-0.129	-2.555	0.011	
Social Relationships	Eating pattern	-0.119	-2.795	0.006	0,698 (69,8%)
	Social cohesion	0.845	18.827	<0.001	
	Spiritual well-being	-0.356	-8.493	<0.001	
Environmental Health	Physical activity	0.102	2.178	0.030	0.559 (55,9%)
	Eating pattern	-0.616	-12.962	<0.001	
	Smoking habit	-0.176	-3.850	<0.001	
	Consumption of herbal medicine	0.376	8.399	<0.001	
	Social cohesion	0.539	10.804	<0.001	
	Spiritual well-being	-0.134	-2.822	0.005	

rates of hypertension. According to the hypothesis derived from the Third National Health and Nutrition Examination Survey III, males (63%) experienced higher rates of hypertension than women in the younger population (age ≤ 50 years), but in the older population (age > 50 years), it was discovered that women experienced higher rates of hypertension than males (58%) did. This is due to the fact that menopausal hormonal changes in women may increase the risk of hypertension (22).

The results of this study are consistent with those of a prior study that revealed that the risk of hypertension is 2.9 times higher for those with low and middle levels of education than for those with higher levels. This is due to the fact that one of the main elements influencing a person's learning process is their level of education; the more educated a person is, the easier it is for them to absorb information and expand their knowledge (23).

An average a physical activity scores of 6004.58 (SD 4046.54), social cohesion of 46.77 (SD 10.38), spiritual well-being of 53.59 (SD 6.56), physical health of 77.55 (SD 16.50), psychological health of 69.86 (SD 20.13), social relationships of 93.18 (SD 15.49), and body mass index of 23.24 (SD 2.57), 77.59 (SD 14.81) for overall quality of life and 70.59 (SD 16.68) for environmental health.

According to this survey, the respondents' chronic conditions were diabetes and hypertension. Chronic disease is a condition that weakens a person's health over time and has long-lasting effects. Diabetes, high blood pressure, cancer, heart failure, chronic renal failure, stroke, and chronic respiratory disorders are examples of chronic diseases. Cigarette smoke, pollution, poor diet, inactivity, and excessive alcohol use are some of the variables that contribute to the development of chronic diseases (24). According to the study's findings, participants with chronic illnesses smoked and led unhealthy lives.

A lifestyle can be broadly defined as a way of life that is characterized by how individuals spend their time, their interests and social activities, and their opinions about themselves, other people, businesses, and products. A person's lifestyle encompasses more than just their personality or social standing. A person's spending habits and choices about how to spend their time and money are reflected in their lifestyle. A person's lifestyle is the way they spend their time, money, and way of living. The quality of life can be influenced by lifestyle (25).

Maintaining a nutritious diet, exercising frequently, getting adequate sleep, and abstaining from unhealthy behaviors like smoking and drinking alcohol are all components of a healthy lifestyle. According to this survey, the majority of participants had healthy eating

habits. Early adoption of a healthy lifestyle is crucial for preventing a number of chronic illnesses, including diabetes, high blood pressure, cancer, and heart disease. Along with enhancing life quality, leading a healthy lifestyle can help prevent mental health issues like stress, depression, and other mental health issues. The quality of life can undoubtedly be enhanced by leading a healthy lifestyle. A strong and healthy body can make everyday tasks easier to complete and boost enjoyment in life (26).

Consistently eating a healthy, balanced diet is essential to maintaining a healthy lifestyle. Make sure to eat nutrient-rich foods like vegetables, fruits, whole grains, and lean protein. Avoid processed and fast foods that are high in sugar, salt, and saturated fat (27). Exercising regularly is an important part of maintaining a healthy lifestyle. Exercise can help increase strength and endurance as well as improve mental health (28). Stress is one thing that can have a very negative impact on physical and mental health. To live a healthy lifestyle, you must be able to manage stress by doing enjoyable activities like playing with pets, reading books, or gardening. Relaxation techniques like meditation and yoga can also help manage stress (29). This is in accordance with the research results which found that most respondents had good eating patterns. This is consistent with the study's findings, which showed that the majority of participants had healthy eating habits.

According to this study, the majority of participants had strong social bonds. The ability of a community or organization to stay united and work together to accomplish shared objectives is known as social cohesiveness. In addition to strengthening bonds and mutual trust, social cohesiveness can have an impact on how people of society behave and interact with one another. Society may overcome a number of obstacles and divisions that occur inside the group or society with the support of strong social cohesion. Mutual collaboration, social concern, obedience, shared ideals, culture, and tolerated variety are a few examples of social cohesion in daily life (30). This claim is supported by the study's findings, which indicate that a person with strong cohesiveness has a high standard of living.

According to earlier studies, social cohesion significantly affects every aspect of quality of life (31). Self-rated happiness and health are significantly influenced by social cohesiveness and trust. Perceptions of neighborhood cohesion and mental health are strongly and moderately correlated, according to other research. Health is significantly impacted by social circumstances. If equality is implemented, social cohesiveness will increase population health and enable people to live longer (32). Increasing age, being a man, having less education, not being married or widowed, not working, having a household income below the minimum wage, and having more than two chronic illnesses are all

characteristics linked to a lower quality of life, according to research.

The ability of a community or organization to stay united and work together to accomplish shared objectives is known as social cohesiveness. In addition to strengthening bonds and mutual trust, social cohesiveness can have an impact on how people of society behave and interact with one another. Society may overcome a variety of obstacles and divisions that occur inside the group or society with the support of strong social cohesion (33).

Because social cohesion can improve people's mental health and general well-being, as well as the amount of social support they receive, it is directly linked to quality of life. High social cohesiveness communities have been linked to improved mental health and supportive interpersonal interactions, as well as a higher quality of life overall, particularly for older adults, according to research. All aspects of quality of life are significantly correlated with social cohesion, according to prior study (34).

According to the survey, those who reported having a high quality of life also had good spiritual health. A person who has inner peace, meaning and purpose in life, and a sense of connection to oneself, family, and the environment is said to be in a state of spiritual well-being. A person's life is given meaning, purpose, and direction by their beliefs, which are frequently connected to but not exclusive to religious practice (35).

Believing in spirituality provides life direction, meaning, and purpose. Although religious practice is regarded as an organized kind of spirituality, this idea transcends the concept of religiosity. A person's life pleasure increases with their level of spirituality, inner serenity, and wellbeing. Some people deepen their fundamental views about the meaning of life, purpose in life, and experiences of connection with nature, family, and themselves, demonstrating that spirituality is not just a result of religious influences (36).

In terms of health, a person's spiritual well-being can affect how they handle stress, disease, and obstacles in life. The findings of this study support the notion that spiritual well-being enhances life quality. Many people find that spiritual well-being gives them courage, solace, and serenity, all of which can improve their general mental and physical health. Additionally, it can be crucial to the process of healing and recuperation, particularly for people dealing with life-threatening illnesses like cancer (37).

A profound awareness of oneself, society, environment, and creator is a prerequisite for spiritual well-being. The process of characterizing the nature of the dynamic bond

between an individual and their creator is known as spiritual well-being. This relationship is quite harmonious and depends on intentional self-development, which typically arises from the appropriateness of meaningful life experiences, having goals, and having personal life values. A person who is in harmony with God, the environment, the community, and other people is said to be in good spiritual well-being. The degree to which people live in accordance with life's meaning, purpose, and values is reflected in their level of spiritual well-being. All of these serve as indicators of quality of life; each person's quality of life varies based on how they handle their inherent issues (38).

In many ways, the majority of responders lead happy lives. A person's physical and mental well-being, degree of independence, social connections, personal views, and relationship to their surroundings are all included in the concept of quality of life. It is a multifaceted, intricate idea that is frequently used in the medical field to gauge the overall impact of a disease or treatment plan on a patient's life. The domain of quality of life often encompasses a number of important elements that represent the different facets of an individual's life, including the environmental, social, psychological, and physical domains (39).

A person's perspective of the evaluation of significant parts of his life that are connected to his capacity to maximize his physical, psychological, and occupational functions—all of which are markers of recovery or the capacity to adjust to a chronic illness—is known as his quality of life. The four domains that make up quality of life are as follows: (1) physical health, which includes an individual's ability to perform daily tasks physically, whether they have enough energy, how many complaints they have, how much pain they experience, and whether they rely on medical devices or help. (2) psychological, encompassing mental and spiritual well-being, as well as good and negative emotions, self-esteem, body image, and self-appearance. (3) Social interactions, encompassing sexual activity, interpersonal partnerships, and social support. (4) environment, which encompasses things like financial necessities, personal safety, freedom, security, and access to health care that an individual receives from their home environment (40).

The characteristics that are associated with physical health are education ($p < 0.001$) and household income ($p = 0.002$). Gender ($p < 0.001$), household income ($p = 0.046$), education ($p = 0.038$), eating habits ($p < 0.001$), and smoking habits ($p < 0.001$) are the variables in the psychological health domain. Family wealth ($p = 0.003$), education ($p = 0.038$), and eating habits ($p = 0.006$) are the factors in the social relationship domain. Household income ($p < 0.001$), education ($p = 0.041$), eating habits ($p < 0.001$), and usage of herbal medication

($p < 0.001$) are the variables in the environmental health domain. Gender ($p = 0.040$), household income ($p < 0.001$), education ($p < 0.001$), and smoking behaviors ($p < 0.001$) are the characteristics that affect overall quality of life.

The quality of life and lifestyle are significantly correlated. The World Health Organization (WHO) estimates that lifestyle influences account for 60% of the variables that impact an individual's health and quality of life. A person's activities, hobbies, and viewpoints all reflect their lifestyle. On the other hand, a person's view of their place in life is their quality of life. A fit and healthy body makes it easier to do daily tasks, boosts happiness, and preserves mental well-being, all of which can contribute to a higher quality of life. Healthy eating, consistent exercise, getting enough sleep, and managing stress are some strategies to enhance quality of life (41).

Quality of life and spiritual well-being are significantly correlated. According to research, those who are spiritually healthy typically lead better lives in terms of their physical, mental, and social well-being. For instance, a strong correlation between spiritual well-being and improved quality of life was discovered in individuals with chronic illnesses. This is especially seen in the elderly, whose spiritual health is crucial to raising their standard of living (42).

CONCLUSION

The study's findings demonstrated a correlation between quality of life and social cohesiveness, spiritual well-being, and health behavior, with eating habits having the biggest impact. With an emphasis on the impact of diet, more research is advised to examine the intricate connections among health habits, spiritual well-being, social cohesiveness, and quality of life. Prior studies have demonstrated a connection between spiritual well-being and quality of life, along with other elements like social support. A more thorough understanding might be obtained by extending research to incorporate these variables at the same time. Age, gender, and other variables that may affect quality of life should also be taken into account. To acquire more varied results, future studies could focus on various demographic groupings.

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