



Factors Associated 鷺霧宠瘍繞里獐洩 尺鷃虫塚 耳 q cs q _ 膝s 罍繞怖鯨

and showed how measures used to compute health expectancy. In 2002, Mathers and others have exposed the patterns of HALE globally. Islam and others (2018) has tried to find out the correlates of HALE in low- and lower-middle-income countries, and they showed that mean years of schooling, TFR, freedom of the press, and achieving a level of health-related MDGs are the most influential factors in those country. In 1999 a study has conducted to explore the HALE situation in 191 WHO member countries. The authors have found that HALE increases in every country at a faster rate than the L [3]. A huge number of studies are carried out on HALE e.g. Association between HALE at birth and consanguineous marriages in 63 countries. HALE and the correlates of self-rated health in Bangladesh in 1996 and 2002. HALE and the correlates of self-rated health in an ageing population in Rajshahi district of Bangladesh. A comparison of self-rated health, health status, and health promotion behaviors between low and non-low-income elderly women. HALE in Hong Kong Special Administrative Region of China 2003 HALE - an important indicator for health policy development in Lithuania 2004; HALE in Brazil: applying the Sullivan method 2005 ;Inequalities in HALE by Brazilian geographic regions: findings from the National Health Survey; Estimating the HALE from the Health State Function of a Population in Connection to the LE at Birth; The Influence of universal health coverage on LE at birth and HALE: A multi- country cross- sectional study. Regional differences in HALE in the Netherlands; Compression or expansion of morbidity? Trends in HALE in the elderly Austrian population between 1978 and 1998. Trends in healthy life expectancy in Japan: 1986–2004; HALE: comparison of OECD countries in 2001. Past, present, and future of healthy life expectancy. Therefore, research on HALE has been carried all around the world but none of it has inspected to find out the associated factors of HALE at birth around the whole world in past decades. Hence the aim of this present study is to find out the most associated factors of HALE at birth in the world.

Materials and methods

Data of 212 countries were extracted from several sources, like- WHO, World meter, World Bank, and United Nations. The dependent variable was the HALE at birth, and the death rate due to COVID

19, recovery rate from COVID 19, TB incidence, UHC service index, prevalence rate of tobacco smoking, alcohol consumption rate, HIV prevalence rate, average household size, GDP, and current health expenditure were considered as the independent variables. All the variables, their descriptions and sources are included.

Descriptive measurements were used to enunciate the overall situations of the study variables in the world. Pearson's correlation analysis was executed to explore the relationships among the study variables. Before examining the effects of the independent variables on HALE at birth, the multicollinearity problem was checked by using the variance inflation factor (VIF) values. If the VIF value is less than five then it is assumed that there is no multicollinearity and there is no multicollinearity among the independent variables of this study. And finally, a linear regression analysis was performed to identify the effects of the independent variables on HALE at birth.

The whole analysis of this study is completed with the statistical software Stata/MP version 13.1 and Statistical Package for Social Sciences (SPSS) to reach our objectives. Microsoft Excel is also used to complete this study. Additionally, the reference is added by using the software named 'EndNote X7.4 (Bld 8818).

Results

It represents the descriptive statistics of HALE at birth and other related factors globally. HALE at birth was found lower in Central African Republic and higher in Singapore (Figure 1). On the other

countries [4]. HIV prevalence rate is one of the most dangerous public health and developmental threats. People living with HIV face the rapid loss of immunity and, 9-11 years living without treating the infection results shortness of lifespan. In 2017, the WHO reported that approximately 36.90 million individuals were living with HIV and 1.80 million individuals becoming newly infected globally. Among that 25.70 million people were living in the WHO African Region

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