This study examined the association between behavioral risk factors and self-rated health (SRH) among Korean and Thai adult populations. The data came from the 2009 Korea National Health and Nutritional Examination Survey and the 2009 Thai National Health Examination Survey. These surveys were based on representative samples of the Korean and Thai populations aged between 18 and 59 years, a total of 5,649 and 7,753 respondents, respectively. Multiple logistic regression analysis showed that behavioral risk factors, including lack of physical activity and smoking, were homogenously associated with SRH in both countries. However, physical activity was more strongly associated with SRH in Korea (odds ratio [OR]: 1.46; 95% confident interval [CI]: 1.23-1.74) and Thailand (OR: 1.21; 95% CI: 1.04-1.41). Findings from this study suggest that disease prevention and promotion interventions regarding behavioral risk factors should be strengthened in both countries by taking demographic, socioeconomic, and psychosocial differences into considerations.

Keywords: Self-Rated Health, Health Behavior, Risk Factors, South Korea, Thailand
I. Introduction

Globally, a large body of evidence has established that health status is highly associated with behavioral risk factors that can lead to chronic diseases and mortality (Frasure-Smith et al., 1993) as well as posing a public health burden. Four main behavioral factors linked to chronic diseases are tobacco use, unhealthy diet, insufficient physical activity, and harmful alcohol use (Alwan, 2011), and understanding the magnitude of these risks to health is a key to preventing chronic diseases and mortality. Identifying risk factors is also important for health policy planning and evaluation, particularly for disease prevention and promotion (World Health Organization, 2009).

Health status can be measured with self-rated health (SRH) scale, which has been recognized as a simple and relatively inexpensive general health measurement tool that is easy to administer a survey (Bombak, 2013). Furthermore, SRH is a widely used health indicator in survey research on general health assessments in countries around the world (Bardage et al., 2005; Kaleta, Makowiec-Dabrowska, & Jegier, 2008; Zarini et al., 2014); it was found to be a valid measure of health status and mortality prediction in populations without cardiovascular diseases and functional disability (Bardage et al., 2005; DeSalvo,Bloser, Reynolds, He, & Muntner, 2006; Idler & Benyamini, 1997; Wu et al., 2013).

However, the relationship between SRH and behavioral risks appeared to be a complex association (Bombak, 2013); a number of studies have shown that behavioral risk factors are associated with SRH (Boddle, Seo, & Frey, 2009; Fylkesnes & Forde, 1991; Schulz et al., 1994; Zarini et al., 2014), but there are conflicting findings concerning the relationship between the two variables (Bombak, 2013; Manderbacka, Lundberg, & Martikainen, 1999). Some have argued that SRH varies by socioeconomic status (SES) (Delpierre, Lauwers-Cances, Datta, Berkman, & Lang, 2009; Kaleta, Makowiec-Dabrowska, & Jegier, 2008).

Consequently, it remains unclear from the literature whether behavioral risk factors