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Health problems and life style practices among geriatric population

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Abstract

Introduction: Human longevity and the geriatric population have increased significantly as a result of medical and health advancements. Using a healthy lifestyle, one may fend against many ailments that affect the elderly. Designing specific intervention programs for the elderly requires determining their existing state to better their lives and health. This study was conducted to determine the health problems and life style practices among geriatric populationat selected area of Derabassi, District Mohali,Punjab. **Material and Methods**: A descriptive – analytical study conducted among 100 elderly people who were 55 years of age or older, selected by convenience sampling technique. Data was collected through at two- part questionnaire including sociodemographic and health- Profile and a self-structured rating scale on lifestyle practices. **Result:** Study findings revealed that maximum 74 (74%) subjects had no any health issue while 26 (26%) subjects had health issues in past and in present 56 (56%) subjects had no any health issue and 44 (44%) had health issues.

For physical health 34(34%) reported good, 58 (58%) average, 2(2%) very good,6(6%) poor and.

For psychological health 46(46%) reported good, 44(44%) average, 6(6%) very good, 4(4%) poor.Out of 100 subjects 42(42%) reported good, 38(38%) average, 20(20%) very good for their social health status.For communication 50(50%) reported good, 32(32%) average, 14(14%) very good, and equal number 4(4%) of subjects reported poor and very poor for their communication

Among 100subjects, 6 (6%) subjects had desirable healthy life style practice, 48(48%) subjects had moderate level and46 (46%) had undesirable life style practice.Mean score of healthy life style practice was 84 with $\pm$ 30.5 SD, which indicates that geriatric population had moderate level of healthy life style practice. There was statistical significant association was found between healthy life style practice among geriatric population and their educational status and dietary habits. **Discussion:** Status of healthy life style practice among geriatric population are moderate.However, more studies are needed for further information to confirm study results.Study results posed the necessity of tailoring specific interventional programs to achieve desirable healthy lifestyle

Key words: Geriatric population, Healthy life style , Health problems ,Healthy life style practice

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Introduction

People worldwide are living longer. Today most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population. By 2030, 1 in 6 people in the world will be aged 60 years or over. At this time the share of the population aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of people aged 60 years and older will double (2.1 billion) (WHO, 2022)

Older adults are the fastest growing segment of society, experience the highest rate of chronic diseases and conditions, and require the highest long-term care costs of all age groups (World Health Organization, 2015). Healthy lifestyle is considered an important tool to prevent chronic conditions and institutionalization in older adults (Visser et al., 2019). A healthy lifestyle is a way of life that provides, maintains, and promotes the health and well-being of the people(Ahmad et al., 2014). Brojeni et al. (2019) did a study was to determine the lifestyle and its related factors in elderly in Babol health centers The findings of this study showed that among 500 subjects the mean ± standard deviation score of healthy lifestyle in the elderly was 155.73 ± 16.28. Of included population, 243 (48.6%) indicated moderate lifestyle and 257 persons (51.4%) had a desirable lifestyle.

D'mello and Devraj S. (2019)reported that India is going through a phase of demographic transition progressing to population aging. Poor health-related QOL among the elderly is often associated with physical deterioration, psychological trauma, and mental weakness. The increase in life expectancy among the elderly is because of demographic transition in developing countries. In 2011, India had an 8.6% elderly population and was estimated to be 11.6% by 2026.As the elderly population increases, heath demands, along with other social requirements, are also set to increase. It is evident from the studies that physical deterioration, psychological trauma, and mental weakness are associated with aging. In India, the social security system for the elderly is not as well equipped as in developed countries.

Over the last 50 years, improvements in standards of living (income, nutrition and education) and health care (curative and preventive medicine) have resulted in a significant

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increase in life expectancy for adults of all ages, including those of advanced age. Evidence from several studies indicates that longevity results from the combined effect of a variety of underlying factors, including genetic, environmental and medical factors, and that there is also a stochastic component. Of these elements, modifiable risk factors (such as lifestyle factors) are especially relevant as they are amenable to intervention. Lifestyle factors contribute substantially to chronic diseases and mortality even in old age, with unhealthy behaviors tending to occur together and exert a synergistic effect on health (Liao et al., 2018).

Physical and social environments can affect health directly or through barriers or incentives that affect opportunities, decisions and health behavior. Maintaining healthy behaviors throughout life, particularly eating a balanced diet, engaging in regular physical activity and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity and delaying care dependency (WHO, 2022).

As life expectancy is increasing one of the most important issues in todays is how to maintain healthy aging and the health of the elderly. Aging is an inevitable phenomenon in physiological terms. In order to stay healthy and feel good it is needed to maintain a healthy lifestyle (adequate and balanced nutrition, active lifestyle, establishing social relations, etc.), and to take the necessary measures in time. The World Health Organization reports that the unhealthy lifestyle (smoking and alcohol use, malnutrition, sedentary living, etc.) is responsible for one third of the burden of chronic illness. Protecting the health of the elderly is one of the most important goals of public health (Şahinoz&Sahinoz, 2020).

Objectives

1. identifythe health problems of the geriatric population.
2. Determine the health status of geriatric population
3. Assess the life style practices among geriatric population
4. Find out the association between life style practices among the geriatric population and their selected demographic variables.

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Methods and material

A descriptive research design was used in this study to accomplish the objectives.100 subjects were selected by using convenience sampling technique from village Dera Jagadhari, derabassi, Mohali, Punjab. Self-structured questionnaire used for socio demographic variables and for health profile. Self- structured rating scale was prepared on the bases of available literature to collect data on life style practice among geriatric population. Respondent were selected on the basis of inclusive and exclusive criteria. Written l permission was obtained before data collection from the municipal corporation of Derabassi. A brief self-introduction and purpose of the study were explained to the study subjects prior to data collection and keeping in mind the ethical aspect of research. Data was collected after obtaining the informed consent of the sample with their willingness to participate in the study. The samples were also assured that anonymity and confidentiality of information provided by them will be maintained.

Statistical Analysis

The collected data were analyzed in terms of objectives of the study using descriptive and inferential statistics on the basis of the study objectives and data was organized in the master sheet and tabulated for statistical analysis. Demographic data, health Profile data were represented in terms of frequency and percentage. Pattern of life style practices was represented as desirable healthy life style, moderate life style and undesirable life style.

Description of tool

Tool to assess the health problems and life style practices among geriatric population. Tool is divided into three sections:

Section A: Socio-demographic profile consists of age in year, gender, marital status, family type, Dietary Habits, education, religion, work status, main income source.

Section B: Health Profile includes health issues in past and present, subjective health complaints. Also include self-rated health status as very good, good, average, bad and very bad.

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Section C: Self-structured rating scale to assess life style practice among geriatric population consists of total 45 items. 19 items related to physical aspect, 10 items in social aspect, 9 items in psychosocial aspect, 4 items were related to financial and 3 items from spiritual aspect

SCORING: score 0 for unhealthy practice and 5 for best health practice.

Items 5,10,11,12,13,27,34,35,36 will be scored as

Never= 4,rarely =3, sometime= 2,very often= 1,always= 0

And remaining items will be scored as

Never= 0,rarely =1, sometime= 2,very often= 3,always= 4

Minimum score: 0

Maximum score: 180

This instrument categorized healthy life style practice into three categories

Healthy life style practice	Score
Desirable	122- 180
Moderate	61-121
Undesirable	≥ 60

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Results

Section A: Sample characteristics

Table I: Frequency and percentage distribution of Sample characteristics.

N=100

S.No.	Socio-demographic variable	n	Percentage
1	Age in years		
	55-60	52	52%
	60-65	26	26%
	65-70	8	8%
	>70	14	14%
2	Gender		
	Male	26	26%
	Female	74	74%
3	Mariatal Status		
	Unmarried	4	4%
	Married	68	68%
	Separate	0	0%
	widow f	26	26%
	widow m	2	2%
	Divorced	0	0%
4	Family Type		
	Nuclear	32	32%
	Joint	68	68%
	Extended	0	0%
5	Dietary Habits		
	Vegetarian	84	84%
	Non-vegetarian	14	14%
	Eggterian	2	2%

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6	Education		
	Uneducated	48	48%
	Primary	12	12%
	Middle	20	20%
	Secondary	6	6%
	Diploma	12	12%
	Graduate	0	0%
	Postgraduate	2	2%
7	Religion		
	Hindu	78	78%
	Muslim	2	2%
	Sikh	16	16%
	Christian	2	2%
	Others	2	2%
8	Work status		
	Retired	8	8%
	Pensioner	42	42%
	Daily wager	10	10%
	Govt. job	2	2%
	Private job	4	4%
	free from job	32	32%
	Business	2	2%
9.	Main Income Source		
	Daily work	22	22%
	Rental	2	2%
	Pensioner	38	38%
	Saving scheme investment	2	2%
	Dependent on children/financial support from children	36	36%

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Table 1 describes that, the study samples according to the demographic variables. Distribution of sample according to age,52 (52%) subjects fall under the age group of 50-60 years, 26(26%) of elderly were under the age group of 60-65 years, 8(8%) of elderly fall under the age group of 65-70 years, 14(14%) were above 70 years of age.

Distribution of sample according to sex 26(26%) of sample were male and 74(74%) of samples were female. Among them 4(4%) were unmarried, 68(68%) were married, 24(24%) females were widow and 2(2%) male were widower, only 2(2%) subject was divorced.

According to type of family 32(32%) subjects had nuclear family and 68 (68%) subjects had joint family.

Distribution of sample according to their dietary habits revealed that 84(84%) were vegetarian, 14(14%) were non-vegetarian; only 2(2%) sample was eggterian.

Distribution of sample according to educational status revealed that 48(48%) sample was uneducated,12(12%) had primary education,20(20%) were educated up to middle class,6(6%)had secondary education followed by 12(12%) had diploma, none of them were graduate and only 2(2%) subject was post graduate.

According to religion out of 100 majority 78(78%) were Hindu,16(16%) were Sikh, 2(2%) were Christian and Muslim.

Distribution of samples according to their work status 8(8%) were retired, 42(42%) were pensioner, 10(10%) were daily wager followed by 32(32%) subjects who were free from job and very least 2(2%) were doing govt. job and own business, only 4(4%) were doing private job.

Distribution of sample according to source of income, 22(22%) subjects were daily wager followed by 38(38%) and 36(36%)samples source of income was old age pension and through support from children, and equal number of subjects 2(2%) was rent and saving scheme.

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Section B: Health profile

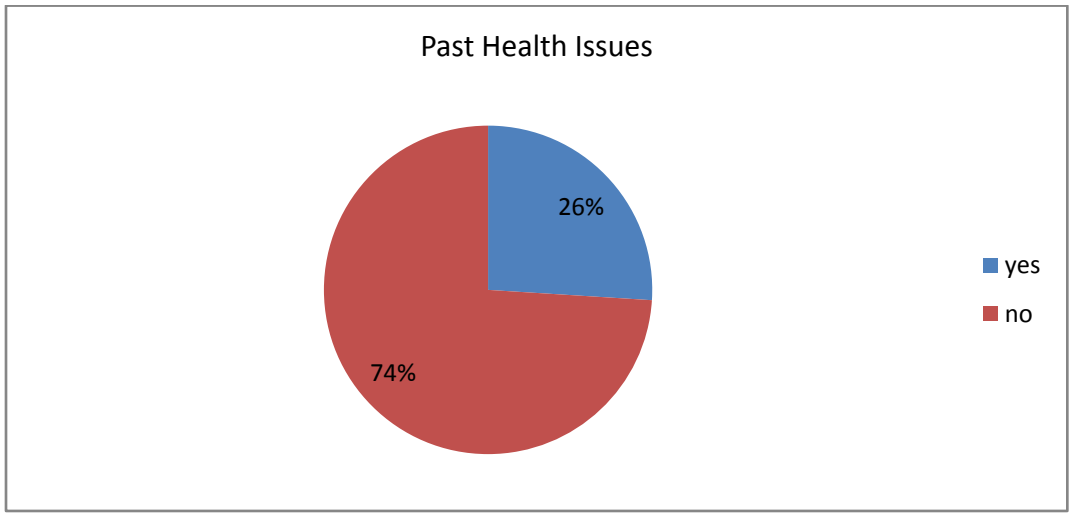

Figure No.1. – Pie diagram showing percentage distribution of subjects accordingto their past health issues

Pie chart depicts that out of 100 subjects maximum 74 (74%) subjects had no any health issue in the past and 26 (26%) had health issues in past

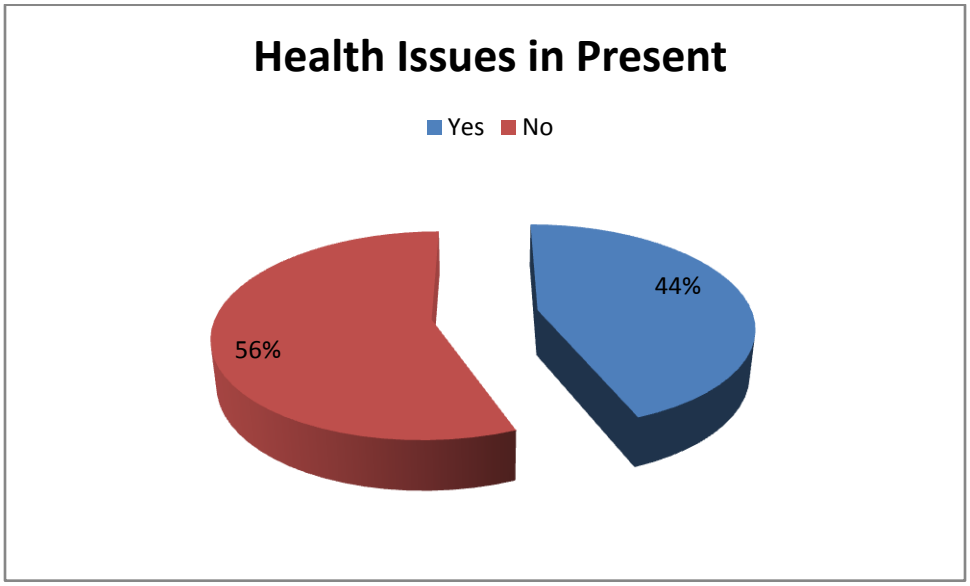

Figure No.2 – Pie diagram showing percentage distribution of subjects according to their present health issues

Pie chart depicts that out of 100subjects maximum (56%) subjects had no any health issue and 44 (44%) had health issues in present.

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Table 2: Frequency and percentage distribution of health complaints among geriatric population

N=100

Subjective health complains	f	%
Headache	16	16.00%
Dryness of throat	4	4.00%
Difficulty in speaking	0	0.00%
High blood pressure	20	20.00%
Low blood pressure	0	0.00%
Joint pain	66	66.00%
Lack of hot and cold sensations in limbs	4	4%
Back pain	10	10.00%
Dryness of skin	6	6.00%
excessive hair loss	0	0.00%
no any problem	14	14.00%
Eye problem		
Diminished vision	70	70.00%
Eye pain	4	4.00%
Eye Discharge	0	0.00%
Itching	0	0.00%
no any problem	18	18.00%
Ear		
Hearing impairment	14	14.00%
Ear Discharge	2	2.00%
Itching	6	6.00%
no any problem	78	78.00%
Digestive system		
Gastrointestinal upset	10	10.00%
changes in appetite	40	40.00%
no any problem	50	50.00%

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Bowel and bladder		
Incontinence	16	16.00%
Micturition	2	2.00%
bladder fullness	2	2.00%
Constipation	30	30.00%
no any problem	50	50.00%
Sleep problems		
Insomnia	44	44.00%
no any problem	56	56.00%
Behavioral problems		
Fatigue	48	48.00%
lack of concentration	4	4.00%
diminished memory	14	14.00%
Frustration	0	0.00%
loose temper	4	4.00%
Nervousness/anxiety	20	20.00%
hot flashes	0	0.00%
no any problem	18	18.00%

Table No.2 depicts that out of 100 subjects majority 66(66%) subjects had joint pain,14(14%) had high blood pressure,16(16%) subjects had headache, 10 (10%) subjects had back pain,4(4%) had lack of hot and cold sensations in limbs and none of them was suffering from Difficulty in speaking, excessive hair loss and Low blood pressure and 14 (14 %) subjects had no any health issues.

70(70%) subjects were suffering from diminished vision, 4(4%) experiences eye pain none of them had eye discharge and itching. Out of 100 subjects no one had any eye related problem.

Among 100 subjects 14(14%) were having hearing impairement,6(6%) were having itching in ear and very few 2(2%)had ear discharge and 78(78%) had no any ear related problem

40(40%) sample experiences changes in appetite and very few 10(10%) sample had gastrointestinal upset, 50(50%) subjects didn't have any problem related to digestive system.

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Out of 100 subjects 30(30%) reported constipation, 16(16%) reported incontinence, equal number of subjects 2(2%)reported micturition and bladder fullness. 50(50%) subjects didn't reported any bowel and bladder complaints

44(44%) subjects reported insomnia and 56(56%) had no any sleep related complaint.

Majority of subjects 48 (48%) had fatigue followed by 20(20%) subjects had Nervousness/anxiety ,14(14%) subjects had diminished memory, equal number of subjects 4(4%) reported lack of concentration and loose temper, none of sample reported frustration and hot flashes, 18(18%)subjects had no any behavior problem.

Table No.3: Frequency and percentage of self-rated health status among geriatric population

N=100

Self-rated health status	Good		Average		Very good		Poor		Very poor	
	f	%	f	%	f	%	f	%	f	%
How would you rate your physical health	34	34%	58	58%	1	2%	3	6%	0	0%
How would you rate your psychological health?	46	46%	44	44%	3	6%	2	4%	0	0%
How would you rate your social health/ interaction	42	42%	38	38%	20	20%	0	0%	0	0%
How would you rate your communication	50	50%	32	32%	14	14%	2	2%	2	2%

Table no.3 depicts that

For physical health 34(34%) reported good, 58 (58%) average, 2(2%) very good,6(6%) poor and. For psychological health 46(46%) reported good, 44(44%) average, 6(6%) very good, 4(4%) poor.Out of 100 subjects 42(42%) reported good, 38(38%) average, 20(20%) very good for their social health status. For communication 50(50%) reported good, 32(32%) average, 14(14%) very good, and equal number 4(4%) of subjects reported poor and very poor for their communication

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Section C: life style practices

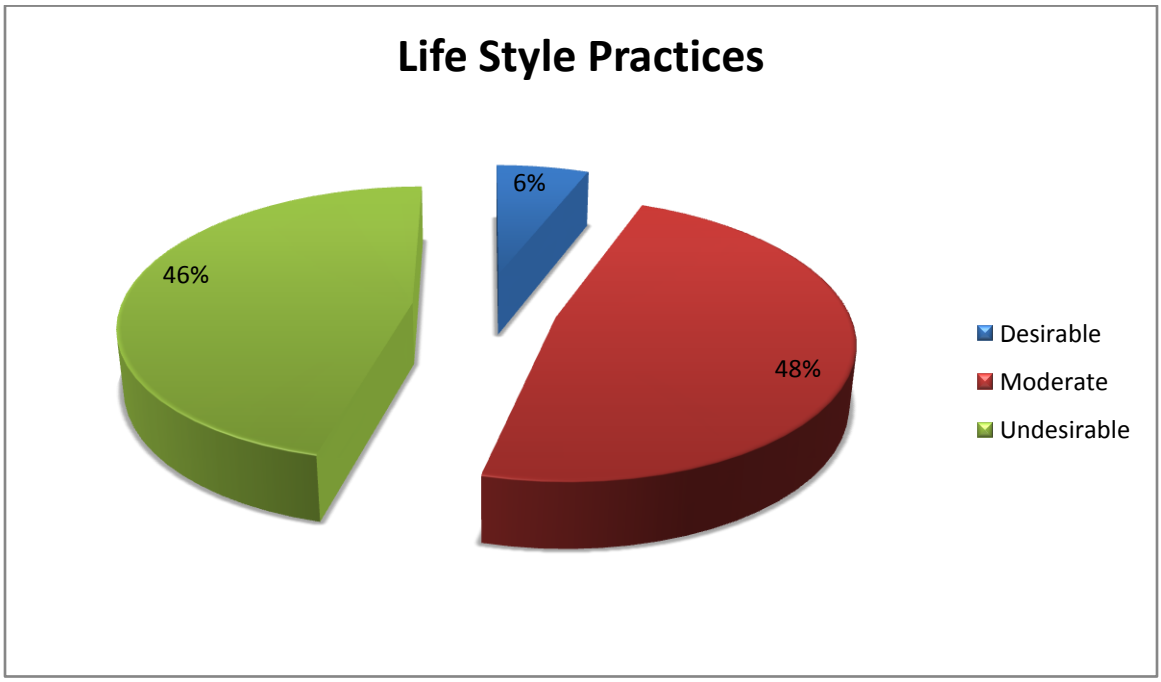

Figure No.4 – Pie diagram showing percentage distributionof life style practice among geriatric population.

Pie diagram shows that among 100 subjects 6 (6%) subjects had desirable healthy life style practices, 48(48%) subjects had moderate level of healthy life style practice and 46 (46%) had undesirable life style practices.

Table 3: Mean and Standard deviation of healthy life style practice among geriatric population

variable	Mean	SD
healthy Life Style practices	84	±30.5

Minimum Score: 0

Maximum Score: 180

Table No.3 shows that Mean score of healthy life style practice was84with± 30.5 SD, which indicates that geriatric population had moderate level of healthy life style practice.

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Section D: Association

Table no. 4: Association between life style practice score among geriatric population and their selected demographic variables.

N=100

S.no.	Variable	n	Life Style Practices			df	Chi square value	p
			undesirable	moderate	desirable			
1.	Age in years							
	55-60	26	14	11	1			
	60-65	13	6	6	1	6	5.2	0.5
	65-70	4	1	2	1			
	>70	7	2	5	0			
2.	Gender							
	Male	13	7	6	0	2	1.30	0.5
	Female	37	16	18	3			
	Marital Status							
	Unmarried	2	1	1	0			
	Married	34	19	14	1	6	6.68	0.35
	widow f	13	3	8	2			
	widow m	1	0	1	0			
3.	Family Type							
	Nuclear	16	5	9	2	2	1.59	0.45
	Joint	34	18	15	3			
	Extended							
4.	Dietary Habits							
	Vegetarian	42	21	20	1	4	18*	0.001
	Non-vegetarian	7	2	4	1			
	Eggterian	1	0	0	1			
5.	Education							

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	Uneducated	24	6	15	3			
	Primary	6	3	3	0	10	15.3	0.12
	Middle	10	6	4	0			
	Secondary	3	2	1	0			
	Diploma	6	6	0	0			
	Postgraduate	1	0	1	0			
6.	Religion							
	Hindu	39	18	18	3			
	Muslim	1	0	1	0	8	4.06	0.85
	Sikh	8	4	4	0			
	Christian	1	0	1	0			
	Others	1	1	0	0			
7.	Work status							
	Retired	4	2	2	0			
	Pensioner	21	7	12	2			
	Daily wager	5	4	1	0	8	8.16	0.41
	#Govt. job	1	1	0	0			
	#Private job	2	2	0	0			
	#Business	1	1	0	0			
	free from job	16	6	9	1			
8.	Main Income Source							
	Daily work	11	9	2	0			
	Rental	1	0	1	0	8	9.4	0.30
	Pensioner	19	7	10	2			
	Saving scheme investment	1	0	1	0			
	Dependent on children/financial support from children	18	7	10	1			

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-categories merged for analysis purpose

*- significant at p level $\leq$ 0.05

Table no.4 depicts that computed χ^2 value for age, gender, marital status, family type, education, religion, work status and main income source at p level$\leq$0.05 was not statistically associated with healthy life practice score practice except for dietary habits with calculated chi square value 18 at df=4,p value=0.001 which was statistically associated with healthy life score practice.

Discussion

In the present descriptive – analytical study,healthy life style practiceamong 100 elderly people (who were 55 years of age or older) who were residing at DeraJagaghari village of Derabassi were assessed through two- part questionnaire including sociodemographic and health- Profile and a self-structured rating scale on healthy lifestyle. Results revealed that among 100 subjects, 46 (46%) subjects had undesirable life style practice, 48(48%) subjects had moderate and 6 (6%) had desirable life style practices.There was statistical significant association between healthy life style practice among geriatric population and their dietary habits at p level$\leq$ 0.05.Study results posed the necessity to develop specific interventional programs for geriatric population to achieve desirable healthy lifestyle for their health promotion and disease prevention.

Conclusion: Study concluded that geriatric population has moderate level of healthy life style practice.However, there is scarcity of information about life style practice of elderly population. So further studies are recommended to generalize the study findings.

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