

## Health-Related Lifestyle of Senior Citizens in Samar

## Jonas P. Fabillarl<sup>1</sup>, & Rheajane A. Rosales<sup>2</sup>

Samar State University, Catbalogan City, Samar, Philippines

## **ARTICLE INFORMATION**

#### History:

Received 23MAY2019 Final Revision 26NOV2019 Accepted 07DEC2019

## Keywords:

Elderly care Healthcare needs Family caregiving Life expectancy Social welfare

## ABSTRACT

Philippines at present has minimal wellness program for baby boomers, this is likewise similar to Samar, the third largest island in the Philippines with more than 30,000 senior citizens. The aim of this study is to provide an overview of health-related lifestyle of Senior Citizens of 60-80 years in the said locale. With the use of descriptive research design to assess the said variables, 39 senior citizens were surveyed utilizing World Health Organization (2015) questionnaire for the standardized health-related lifestyle specifically on the smoking, drinking, and dietary components. Findings shows that there are very few of the senior citizens who smokes, and intakes beer and hard drinks, mostly into light drinks; they are also not fond of eating processed/junk food. There is a high percentage of them who are into healthy diet through eating fruits and vegetables. Data shows that the lifestyle of senior citizens in Samar are not at stake. However, it is eminent that these group of people seldom engage to indoor and outdoor activities, they must be provided with enough knowledge on importance of engagement to indoor and outdoor activities as it enriches healthy living in many ways. It is necessary that the municipality of Samar come up with educational campaign on this to improve physical well-being, emotional health, and cognitive functioning.

## **I. INTRODUCTION**

The aging population in the Philippines have been steadily increasing the past ten years (Cruz et al., 2019). On this note, the task of taking care of an elder becomes dependent on family members because the government lacks program that supports the health and wellness of senior citizens. This aging of the baby boomer population is accompanied with disability and is expected to further increase in the future (Knickman & Snell, 2002).

Five percent (5%) of Philippine population is at 65 years and older. Though there is a large number of younger Filipinos, 60 years and older population of the Philippines is expected to increase by 4.2%, whereas the 80 years and older population is expected to increase by 0.4% from 2010 to 2030 (Philippine Statistics Authority, 2017). In comparison to other country like Japan, the highest life expectancy at birth (77 years for males and 83.6 years for females in 1995) in the world, and can live 3 to 6 years longer than Americans (72.7 years for males and 79.4 years for females in 1995; OECD 1998). In terms of the leading causes of death, Japan has significantly lower rates of death from cancer and circulatory system disease than the United States. What makes it remarkable is that the high life expectancy in Japan was only accomplished during the last 4 decades (Liang, 2002). The reason behind is that. Japan has high-end medical and health care facilities.

As Philippines increases the number of baby boomers cross into old age, it requires higher demands for chronic health care and meets the needs of posed by aging (Kahana & Kahana, 2014). It also requires improvement in life expectancy that could attribute to advances in public health in the Philippines, which have eradicated many of the diseases that once caused earlier mortality in Filipinos (Badana & Andel, 2018).



From the above facts, it is the main reason of conducting the study, to assess the health-related lifestyle of senior citizens aging 60-80 years old that could serve as an input for a well-implemented health and wellness program since as of this time there is still scarcity of healthcare facilities. The current state of health in terms of lifestyle for aging persons need intervention programs that could at least, maintain their healthy well-being, increase their quality of life and therefore, also increasing their life expectancy.

## **II. METHODOLOGY**

This section presents the research design, research samples, data collection method, and data analysis used in the study.

## **Research Design**

This study utilized a descriptive research design to accurately and systematically describe the data gathered in the assessment of lifestyle such as eating (diet), alcohol consumption, smoking and health conditions of the respondents of Senior citizens in Paranas, Samar, Philippines in the year 2019-2020. Through self-assessment, the study describes the current health-related lifestyle of senior and identify significant findings of the study to strengthen local and national policies and initiatives.

#### **Research Samples**

There were thirty-nine (39) identified respondents of the study. Before the commencement of the study, the letter of consent to the conduct the study was sent office of the municipal mayor and afterwards, a letter asking for the list of respondents was sent to the Senior Citizen's Organization in Paranas, Samar then respondents were selected. The researcher utilized the Yamane formula in identifying the research sample of the study.

## **Data Collection Method**

This research assessed the quality of life of senior citizens aging 60-80 years old in terms of their health-related lifestyle such as eating (diet), alcohol consumption, smoking and health conditions. The main instrument used in this study was a surveyquestionnaire with two parts, part one is the profile of the respondents and part two is survey containing the lifestyle questionnaire was adapted from World Health Organizations (2015) recommended activities for elders, was modified and undergone expert validation. Standardized tools for assessing the profile and health-related lifestyle of the respondents were used.

### Data Analysis

Data were collected, sorted and interpreted using descriptive analyses such as frequency counts and percentages.

## Ethical Consideration

This study conformed to the national and institutional guidelines of the research conduct for human samples. Ethical approval was obtained before the commencement of this study. All participants had received written and oral information about the aim of the study and the possibility of withdrawing their participation at any time without need to give reasons for doing so. Confidentiality was assured according to ethical research guidelines. Moreover, informed consent was obtained from all participants.

## **III. RESULTS AND DISCUSSION**

#### Health-Related Lifestyle of Senior Citizens

Tables 1 to 3 of this section shows the assessment of the researchers in the health-related lifestyle of the senior citizens along with smoking as to the number of cigarette sticks per day, alcohol and food dietary intakes.

#### Smoking and Alcohol

In Table 1, it can be gleaned that 33 out of 39 respondents are non-smokers or 85.62 percent. While 20 out of 39 or 51.28 consume light drink, 34 out of 39 or 87.18 percent of respondents don't drink beer and only 5 out of 39 respondents or 12.82 percent consume hard drink. Most of the respondents are not highly engaged in smoking, consuming light drinks, beer and hard drinks.

Negative aging perceptions such as negative emotions and awareness of aging are associated with increased health behavior risk, while stronger perceptions of the positive consequences of ageing may reduce health behavior risk, specifically harmful drinking. The data implied that older adults generally don't smoke, consume light drink and not into beer and hard drinks (World Health, 2015).

Adoption of healthy habits are influenced by personal attributes like perceptions, beliefs, values, expectations as well as emotional and affective states. Older adults are vulnerable to engaging in risky behaviors such as harmful drinking and smoking for a variety of social and psychological reasons (Villiers-Tuthill et al., 2016). It is therefore suggested that adults aging 60 above should



have an emotional support or a companion to better maintain a healthy emotional well-being therefore increasing their health and well-being.

Table 1: Respondents' Health-related Lifestyle	
(Smoking & Drinking)	

Number of	f	%
Cigarette Sticks	1	
None	33	84.62
1-5 sticks	2	5.13
10-15 sticks	1	2.56
15 above sticks	3	7.69
Total	39	100.00
Light Drink	f	%
None	19	48.72
1-5 bottles	20	51.28
Total	39	100.00
Beer	f	%
None	34	87.17
1-5 bottles	5	12.83
Total	39	100.00
Hard Drink	f	%
None	34	87.17
1-5 bottles	5	12.83
Total	39	100.00

## Respondents' Dietary Style

In Table 2, 15 out of 39 respondents or 38.45 percent rarely eat fruits, they also consume vegetable all the time with 16 out of 39 respondents or 41.03 percent and rarely eats processed foods with a high number of 23 out of 39 respondents or 58.98 percent.

Table 2: Respondents' Diet (Fruits, Vegetables, Processed/Junk Food Intake)

Fruits	f	%
Seldom	15	38.46
Most of the time	19	48.71
All the time	5	12.83
Total	39	100.00
Vegetables	f	%
Seldom	10	25.64
Most of the time	13	33.33
All the time	16	41.03
Total	39	100.00
Processed/Junk Food	f	%
Seldom	23	58.97
Most of the Time	13	33.33
All the Time	3	7.7
Total	39	100.00

The data implied that higher levels of healthy diet is associated with higher quality of life. Although, results from large, well conducted longitudinal studies are required to better understand the relationship between dietary patterns and quality of life among older adult (Govindaraju, et al., 2018). It is suggested that older adults aging 60 above must maintain a healthy diet with high fruits and vegetable consumption and lesser processed food.

# Indoor and Outdoor Activities of Senior Citizens

#### Indoor

Table 3 showed results that majority of the respondents or 25 out 39 respondents are assisted in walking and eating that showed same result. While they can also hardly do household chores which 24 out of 39 or 61.53 percent. The data implied that majority of the respondents need assistance to help them walk, eat and do household chores. Even when services and programs are available, aging population of 60 above sometimes refuse them or they may lack experience in accessing services or have difficulty accepting that they need them.

The respondents subject themselves to unnecessary requirements like loss of control and they may feel judged or may feel services are not specific to their needs (Siegler et al., 2015). Thus, senior citizens should have a good support system or services for them to accomplish daily tasks and activities to further help them maintain mobility and lifestyle.

#### Outdoor

As gleaned in Table 4, all of the respondents do not engage much in outdoor pursuit or recreation and no respondent uses resistance bands and goes to gym. Out of 39 or 12.82 percent engages in Yoga exercises daily while 2 out of 39 respondents or 5.12 percent does meditation exercises every day. Meditation and mind-body exercises improves cognition in the elderly people. According to Chan et al. (2019) meditation and mind-body exercises are effective to improve cognition of aging population of 60 years and above.

It is suggested that senior citizens aging 60 and above should have meditation exercises such as Yoga to better improve and maintain a healthy cognition and way of thinking. With this result, it is highly recommended that communities should develop areas or places that promotes mobility in older adults such as leisure parks.



#### Table 4: Indoor Activities of Senior Citizens

Activities		Frequency (%)				Total
	0 days	1-2 days	3-4 days	5-6 days	7 days	Total
Walking	25	3		3	8	39
	(64.10)	(7.69)	-	(7.69)	(20.51)	(100.00)
Eating	25	3		3	8	39
	(64.10)	(64.10) (7.69)	-	(7.69)	(20.51)	(100.00)
Household Chores	24		2	4	9	39
	(61.53)	-	(5.12)	(10.25)	(23.07)	(100.00)

### Table 5: Outdoor Activities of Senior Citizens

Activities		Frequency (%)				Tatal	
	0 days	1-2 days	3-4 days	5-6 days	7 days	Total	
Yoga	28	1	1	4	5	4	
	(71.79)	(2.56)	(2.56)	(10.25)	(12.82)	(10.25)	
Meditation Exercises	22	4	7	4	2	4	
	(56.41)	(10.25)	(17.94)	(10.25)	(5.12)	(10.25)	
Outdoor Recreation	35		1		3	4	
Outdoor Recreation	(89.74)	-	-	(2.56)	-	(7.69)	(10.25)
Resistance Bands	39					4	
	(100.00)	-	-	-	-	(10.25)	
Gym	39					4	
	(100.00)	-	-	-	-	(10.25)	

## **IV. CONCLUSION**

The lifestyle of senior citizens in Samar as to smoking and drinking is not at stake as they minimally consumed cigarette sticks and intakes beer and hard drinks, they are also not fond of eating processed/junk food. They mostly ate healthy food such as fruits and vegetables. However, it is eminent that these group of people seldom engage to indoor and outdoor activities, they must be provided with enough knowledge on importance of engagement to indoor and outdoor activities as it enriches healthy living in many ways. It is necessary that the municipality of Samar come up with educational campaign on to improve physical well-being, emotional health, and cognitive functioning.

## ACKNOWLEDGEMENT

This study acknowledged the efforts extended by Dr. Rheajane Rosales and Dr. Marife M. Lacaba of Samar State University for their research guidance and expertise that leads to the completion of this scholarly article. Likewise acknowledged the support provided by the authors' family and friends.

## REFERENCES

- Badana, A. N., & Andel, R. (2018). Aging in the Philippines. *The Gerontologist*, 58(2), 212– 218. https://doi.org/10.1093/geront/gnx203
- Chan, J. S., Deng, K., Wu, J., & Yan, J. H. (2019). Effects of meditation and mind– body exercises on older adults' cognitive performance: A meta-analysis. *The Gerontologist*, *59*(6). <u>https://doi.org/10.1093/geront/gnz022</u>
- Cruz, G. T., Cruz, C. P., & Saito, Y. (2019). Ageing and Health in The Philippines. Economic Research Institute for ASEAN and East Asia (ERIA) & Demographic Research and Development Foundation, Inc.
- Govindaraju, T., Sahle, B., McCaffrey, T., McNeil, J., & Owen, A. (2018). Dietary patterns and quality of life in older adults: A systematic review. *Nutrients*, *10*(8), 971. <u>https://doi.org/10.3390/nu10080971</u>

Kahana, E., & Kahana, B. (2014). https://journalofethics.ama-



assn.org/article/baby-boomersexpectations-health-and-medicine/2014-05. *AMA Journal of Ethics: Illuminating the Art of Medicine*, *16*(5), 380–384. https://doi.org/10.1001/virtualmentor.2014. 16.5.msoc2-1405.

- Knickman, J. R., & Snell, E. K. (2002). The 2030 PROBLEM: Caring for aging baby boomers. *Health Services Research*, 37(4), 849–884. https://doi.org/10.1034/j.1600-0560.2002.56.x
- Liang, J., Bennett, J., Krause, N., Kobayashi, E., Kim, H., Brown, J. W., Akiyama, H., Sugisawa, H., & Jain, A. (2002). Old age mortality in Japan: Does the Socioeconomic Gradient interact with gender and age? *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *57*(5). https://doi.org/10.1093/geronb/57.5.s294
- Philippine Statistic Authority . (2017, June 30). Philippine Population Surpassed the 100 Million Mark (Results from the 2015 Census of Population). Retrieved from <u>https://psa.gov.ph/population-and-</u> <u>housing/node/120080</u>.
- Siegler, E. L., Lama, S. D., Knight, M. G., Laureano, E., & Reid, M. C. (2015). Community-based supports and services for older adults: A primer for clinicians. *Journal of Geriatrics*, 2015, 1–6. https://doi.org/10.1155/2015/678625
- Villiers-Tuthill, A., Copley, A., McGee, H., & Morgan, K. (2016). The relationship of tobacco and alcohol use with Ageing Selfperceptions in older people in Ireland. *BMC Public Health*, 16(1). https://doi.org/10.1186/s12889-016-3158-y
- World Health Organization . (2015). Young People: A Resource Book . WHO-Western Pacific Region. Retrieved from https://iris.wpro.who.int/bitstream/handle/1 0665.1/10929/9789290616849\_eng.pdf.