



# Assessment of Knowledge Regarding Determinants of Health Behavior among the Elderly People

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## ABSTRACT

**Introduction:** Elders health means a lot in overall community health. Health related behaviors and life style consider the main component which affect human health, bad life style and behaviors are the pathogenic factors which cause diseases among people, older adults living in a various geographical areas are at higher risk of health problems so in this regard becoming a burden for their family and the communities in which they live.

**Methods:** Target population of this study was elders of the rural community of, Lahore and sample was 80 participants age above than 60 year.

**Results:** The findings of this research was beyond our expectation as more than 50% elders have had adequate knowledge about health while remaining have not.

**Conclusions:** This study gives an overview of the community elders health related knowledge, according to this study educated elders even at primary level effect their knowledge significantly. Approximately 50% respondent possess the adequate knowledge of health like to know how to preventive and be curative, other 50% needs health knowledge. Community nurse, elders and their family member need to join hand into hand in provision of health knowledge to community elders to minimize the illness and improve their quality of life to keep their community healthy and happy.

**Keywords:** Elders; Education; Life style; Health knowledge

## INTRODUCTION

Community aimed to represent a correct idea of well-being of each member of the society either they are children, adult or elders. Well-being and health closely related to age. Health issues considered most important health problems of the elderly people all over the world. Well-being can be considered important element of happiness at individual level as well as in a community. Increasing ratio of longevity in elders led to higher rate of age related health problems and neurological disorder like dementia, depression, and anxiety etc. Health related behaviors and life style consider the main ingredient which affect human health, bad life style and behaviors are the pathogenic factors which cause diseases among people, older adults living in a various geographical areas facing an increasing

risk of health problems so in this regard becoming a burden for their family and the communities in which they live [1].

Moreover we need to assess the impact of different psycho-social economic and geographic indicators on the psychological well-being of the elderly. Some factors such as change in life style that lead to weight reduction, decreased sodium consumption, increase physical movement and eating routine healthy organic product, vegetables, and low-fat dairy item, has also proved to lower blood pressure [2]. Therefore, some risk factors for hypertension can be change, for instance, smoking, diet, and overweight, on the other hand some are not modifiable, for example, age and hereditary. In addition, modifications of lifestyle decreased risk factors, such as lower body weight and increased level of exercise have been show significantly decrease blood pressure levels and hypertension rates and other diseases.

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Elders find it hard falling asleep easily and quickly and staying asleep due to sleep disturbance. These problems usually related to normal ageing process, and their family members should be educated about this normal phenomenon and the sleep patterns of the elderly. Education and awareness is therefore necessary and helpful coping with sleep problems of the older people. Not all elders experience poor sleep, but sleeping sufficiently surely enhance health quality [3-5].

Today, the situation of oral health care in elderly people is so worse that it seems difficult to provide them simple education at the individual and group level related to different aspects of oral health because it may not fulfill the health needed. With passage of time, human body goes through a natural changing process physically, mentally and functionally, these changes lead to many physical and mental health problems like chronic illnesses that make elders fragile and more prone to risk of fall [6].

Owing to a good health and social support ageing can be a good experience. Due to this, World Health Organization take on the concept of "Active Ageing" in 2002, directing to prolong healthy prospect and quality of life while ageing [7]. Ageing bring so many problems for elders, for instance lack of transportation according to their age and disabilities in the community, unavailability and usage of social media to overcome communication gaps with their family members, poor knowledge about their health, smoking, and longevity which result isolation. Aging bring so many health problem with it due to lower food intake, decreasing energy level and physiological abilities to perform daily task considered having negative impact on health. Somehow environmental factors also effects on elders health.

### Aim of the study

To identify the health related knowledge and behavior among the elderly people of community and to assess the community health need among elders.

### Significance of the study

The study judges overall knowledge and awareness among the community elders people how to maintain and improve their health. The study helped and guided community about how to prevent and cure from diseases at rural level.

### Literature review

Health is a state of complete well-being and it depends on individuals' own perception and understanding how to maintain health, which factors influence it and how can we prevent and treat these health problems, disease and disability by using our knowledge and changing health related attitude. A study conducted to assess the isolation rate, 13% depression in the world is due to isolation and its percentage increasing day by day. Hearing and vision loss, disability and disease provoke social isolation among elders between 60-69 years of age.

However, 7 to 8 sleeping hour are supposed to be normal in young adults. The sleeping pattern and time vary person to person and remain constant over the time. In old age, overnight

sleep is usually disrupted and duration lessens than 6.0-7.0 h. They often have a midafternoon nap of about 1 h. The exact reason for changing in sleeping pattern is still undefinable [8]

In addition, aging signs are, carelessness behavior toward dental care, loss of vision, the senses of smell and taste, and most importantly impaired motor coordination; finally these affect the ability to maintain health issues like oral hygiene and/or to manage dentures. Arousal of logistical problems and communication difficulties are due to turning down of cognitive ability in late age. Likewise, Institute of Geography and Statistics present that for every 100 thousand people up to 60 years, 110.3 expired due to fall and fall associated health problems. Risk of falls is related to internal (individual) or external (environmental) factors [9]. The internal factors according to literature are loss of energy, and muscle strength due to reduction in skeletal muscle mass due to aging, changes in posture and gait, visual, functional and cognitive weakness, and so on, Falls and fractures diminish the life quality of elders and worsening associated factors like limited ability to walk and work, gaining weight and slower cardiorespiratory function.

Moreover, lack of elder friendly environment is the major cause of risk of fall. common risk factors for fall in seniors at home are; improper sidewalks, presence of loose carpet from the corners in the room and living area, wires and other hurdles, not fully adequate doorsteps, dim lighting in washroom, absence of handrails besides stairs and grab bars in toilet etc. Poor home environment and poor structure, for example, presence of leaves and papers, any object not placed properly, stones or slippery pathways from water or rain [10].

In addition, results of another study show the dietary intake can also have impact to control hypertension. Unhealthy diet intake danger for hypertension for example more salt intake in daily routine diet can build the danger of uncontrolled hypertension [11].

## METHODOLOGY

### Setting

A study carried out in a rural community of Lahore

### Research design

Cross sectional study design was used.

### Population

Target population of the study was elders of a rural community near Raiwind road, Lahore.

### Sampling

Convenient sampling technique was used.

### Research instrument

A questionnaire was designed for this study to gather data to answer the research questions.

## Data gathering procedure

Formal written letter permission was conducting the research. And questionnaire was distributed in community elders.

## Analyze data

- Data analysed through Statistical Package for the social science (SPSS). 21 versions.
- The correct and suitable analysis of research result is ensuring data reliability.

## Study timeline

The data was collected from September 15, 2019 to December, 2019.

## RESULTS

This section represents the distribution of the participant by demographic characteristics of the elders in the form of frequency.

**Table 1:** Demographic characteristic of participant.

Variables	Options	frequency	percentage
Age	60-64 Years	44	55
	65- 69 Years	21	26.3
	>70 Years	15	18.8
Gender	Male	35	43.8
	Female	45	56.3
Marital status	Married	75	93.8
	Divorced	5	6.3
	Illiterate	26	47.5
	Primary	16	32.5
	Matriculation	0	20
Occupation	Unemployed	51	63.8
	Govt. Employees	5	6.3
	Business	24	30

Demographic characteristics and its variable is shown in Table 1. The variables showed that 55% of the respondents were within the age range of 60–64 years while 26.25% were between 65–69 years of age, and 18, 75% were more than 70 years of age. Gender status shows that 56% of the respondents were female whereas 44% were male as shown in table. 94% of respondents

were married and 6% were divorced at different year of their marriage, educationally, 48% of the respondents were illiterate, 32% were primary educated and 18% were had matriculation. Professionally, 64% of the respondents were unemployed, 7% were government employees and 30% were had their own business.

## DISCUSSION

In this study, the outcome of demographic variables showed that 55% of the respondents were within the age range of 60–64 years while 26% were between 65–69 years of age, 19% were more than 70 years of age. However, no major difference in health related knowledge was observed between these age groups. Gender status shows that 44% of the respondents were female and 56% male. Females and males have an equal knowledge about health as there is no difference found based in their gender. While 94% of respondents were married and 6% divorced. Educationally, 47% of the respondents were illiterate, 33% were primary educated and 20% were had matriculation. A close relationship was found between the elderly education and health knowledge level. Professionally, 64% of the respondents were unemployed, 7% were government employees and 30% were had their own business.

Current study revealed that among the respondents, more than 50% of elder people have the knowledge about the impotence of exercise for maintaining a good health as the research result shown in the table. The amount of time to be spend on exercise and in what circumstances they should stop. Community people also well know the role of sleep in elder's health, what make them fall asleep and how much sleep time is enough for them. Almost 47% of elder people said that best sleeping time is 4-5 hours, whereas other 45% said that elders have to more time to relax and should sleep 6-8 hours, 20% don't know about the exact timing of sleep. Majority of elders 97% know that bed height and slippery floor can cause risk of fall easily specially in their age; only 3% have no knowledge about that. Majority of participant 92% wash their hands before meals and after using toilet, remaining do not have knowledge about hand washing and forget to wash or become lazy. almost 81% have a belief that elder should trim their nails frequently, whereas 16% said no it is not mandatory, other 3% do not have knowledge about this. majority of participant 96% said that window must be opened frequently for better ventilation, whereas 2% respondent said no it does not matter, other 2% do not have knowledge about this. majority of participant 93% said that smoking is dangerous to health, whereas minors 6% do not have knowledge about this. community elders have enough knowledge to know about how much oil, salt, fruit, vegetables and meat they can consume daily to keep themselves healthy and energetic as they gain tis knowledge through T.V add. majority of people 92% said that they should have meals at regular hours and in a fixed quantity, whereas 5% elders said that regular hour and fixed quantity does not matter. 91% people said that they should communicate with people for sharing otherwise they

become victim of loneliness and depression, whereas 9% elders said they need solitary time. 59% people think that easily forgetting recent events is the main symptoms of dementia, whereas 37% elders said that easily forgetting past event is dementia, other 4% do not have knowledge about this.

## CONCLUSION

Even though this survey is restricted according to the number of elder people who respond to these questionnaires, it gives an overview of the community elders health related knowledge, according to this study educated elders even at primary level affect their knowledge significantly. Approximately 60% respondent possess the adequate knowledge of health like to know how to preventive and be curative, other 40% needs health knowledge. Medical personal from BHU, Community nurse, elders and their family member need to join hand into hand in provision of health knowledge to community elders to minimize the illness and improve their quality of life to keep their community healthy and happy. Correspondingly, there is requiring to widening this study to other communities. Furthermore, policies should be applied to enhance health related knowledge in community is suggested.

## LIMITATIONS

Limitation of this study was short sample size and less time period which we cannot generalize this study on whole population.

## ETHICAL CONSIDERATION

The rules and regulation set by ethical committee of University of Lahore School of nursing will be followed while conducting study and the right of participant will be respected. Written informed consent will be attached and taken from participant. All data and information will be kept confidential. The participants have fully right to withdraw the study at any time during study. Participants will inform about all advantages and risk from this study. Data will be kept under lock and in laptop it will be kept under password.

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