CrossMark
click for updates

THE STUDY OF LIFE STYLE AND DEMOGRAPHIC CHARACTERISTICS OF IRANIAN ELDERLY

Morteza Taheri[1]

[1]*Department of Physical Education, Faculty of Social Science, International Imam Khomeini University, Qazvin, Iran*

ABSTRACT

Successful aging is largely determined by individual lifestyle choices. The purpose of this study was to determine the Status of Lifestyle in elderly population of Qazvin city. A cross-sectional study was conducted to determine the life style among 183 elderly selected randomly in health clinic. Lifestyle elderly questionnaire in five domains including lifestyle, prevention, exercise, nutrition, stress and relationships was used. Pearson, ANOVA and independent T-tests were applied at significance level of 0.05. The results suggested that life style has a positive correlation with prevention, exercise, nutrition, relationship On the other hand, there was a negative significant correlation between stress and life style, prevention, exercise and the positive relationship were found between exercise and relationships, nutrition. Due to growing elderly population and the importance of healthy lifestyle, it's recommended that appropriate strategies be implemented for improving healthy lifestyle in elderly population. Consequently, Older adults adopting more healthy lifestyles are more likely to maintain active life style.

Keywords: Elderly, Lifestyle, Prevention, Exercise, Nutrition, Relationship.

1. INTRODUCTION

In recent years, there has been a sharp increase in the number of older persons worldwide. The proportion of the population aged 60 and over, is also growing each year. By the year 2025, the world will host 1.2 billion people aged 60 and over and rising to 1.9 billion in 2050. (World Population Prospects, 2003) According to 2006 census, Islamic republic of Iran with 7.27 % population over 60 years old, has been converted to an elder country (Dadkhah, 2007) .The demographic transition with ageing of the population is a global phenomenon which demands international, national, regional and local action. Although prolongation of life remains an important public health goal, of even greater importance is that extended life should include the capacity to live independently and to function well. However common aging diseases are preventable with adherence to healthy lifestyle (Taghdici *et al.*, 2013). The health problems of the elderly are complicated by social, economic and psychological interactions to a greater degree

than younger people. Moreover, these problems are usually multiple and are often masked by sensory and cognitive impairments so that special skills are required to detect them. Thus a healthy life style such as physical activity, healthy nutrition, and other related factors to healthy life style is important for health promotion. In a study on comparison of nutrition habits among elderly men and women in Ahvaz city, it was determined that one half of the elderly had unhealthy nutrition or lesser healthy habits (Ashrafizadeh *et al.*, 2006). It has also been found that there is a positive relationship between life-style and mental health of middle-aged and elderly (Xo *et al.*, 2011). In order to improve the life style and consequently promotion of their health level, there is a need to investigation of existing conditions and thus need to check the status of their health. Assessment of the life style among the elderly will help in the application of interventions, to improve the health status and the quality of life of the elderly. The objective of this study was to determine the elderly lifestyle in Qazvin City in Iran.

2. METHODS

A cross sectional study was conducted among all elderly (aged 60 years and above) attended / admitted in health facilities which deliver health care for elderly in Qazvin during the study period of the year 2014. 183 subjects were selected randomly as study samples. A pre-designed questionnaire was used to collect information about personal and socio-demographic data, personal habits and perceived health. Iranian life style questionnaire; this 46-question questionnaire by Eshaghi *et al.* (2009) has been provided and standardized in Iran and has five domains: prevention, physical activity and leisure, nutrition, stress and relationships. The score archived were ranked as poor life style (42-98), average lifestyle score (99-155), good lifestyle (156- 211). These questionnaires were interviewed by a trained expert in public health and were completed within two months. Also, participants were explained and informed about procedures, confidentiality of information and the purpose of the study. The Pearson correlation, t-test and Anova were used for data analysis at a significance level of 0.05.

3. RESULTS

As cited below, t-test was used to compare the effect of gender, marital status, education and residence on life style and Anova test was used to compare the effect of income status on life style.

Table-1. Demographic characteristics of subjects

variable		Life style score	p
Income Status	good	80	0.01*
	Almost good	65	
	average	163*	
	weak	74	
Gender	Male	101	0.001*
	Female	174*	
Marital status	married	134	0.09
	Died spouse	139	
education	Illiterate	112	0.003*
	educated	176*	
Residence	urban	99	0.002*
	villager	185*	

Tukey test showed that the elderly with average income had a better life style (P=0.001).Furthermore, it was suggested that females, educated and villagers had a better life style (respectively, P=0.03, p=0.001 and p=0.002).

Table-2. Correlation between variable

variable	Life Style	prevention	exercise	nutrition	stress	relationship
Life Style						
prevention	0.59**					
exercise	0.51**	0.43**				
nutrition	0.61**	0.32**	0.22**			
stress	-0.33**	-0. 16*	-0. 5*	0.21		
relationship	0.68**	0.13	0.41**	0.16	0.04	

** Significance 0.01, * significance 0.05

As it can be seen in table 2, life style has a positive correlation with prevention, exercise, nutrition, relationship [respectively, (p= 0.001, r=0.59), (p= 0.02, r=0.51), (p= 0.001, r=0.61), (p= 0.003, r=0.68)]. On the other hand, there was a negative significant correlation between stress and life style (p= 0.003, r=-0.33), prevention (p= 0.001, r=-0.16), exercise (p= 0.001, r=-0.5) and the positive relationship was found between exercise and relationships (p= 0.002, r=041), nutrition (p= 0.01, r=0.22).

3. DISCUSSION

It is a matter of common knowledge that a healthy lifestyle has many positive impacts on a person's life that leads in the end to a higher personal feeling of wellbeing and an increased expectation of life. Thus the aim of this study was to study the Lifestyle in Iranian Elderly Population. The results of the study showed that females, educated and villagers had a better life style and consequently those who had a better life style, tended to follow the prevention strategy in health promotion, exercise, while the elderly with higher stress had a less tendency to active life style, prevention and exercise. This is consistent with Taghdici et al. (2013) suggesting that health nutrition, exercise and daily activities are more important in having a perfect life style. These results are in accordance with the importance of lifestyle as an intermediate determinant of health issue among less educated persons, as stressed by many authors (Golmakani et al., 2013). In most developed countries, less educated people tend to have an inactive life style and have an incorrect diet, and are more often obese (Cadore et al., 2013). Thus it can be concluded that education is an effective strategy in improving the lifestyle.

Proper healthy nutrition could cause psychologically well-being which cause the elderly people motivated to do exercise, have a healthy diet and consider the prevention strategies for health promotion. As indicated, the physical activity of old people in rural areas is more than urban areas. In rural areas, people are forced to have an economic activity. Therefore, the results of this study also are similar to Ahmadi and Beheshti (2007). Although the health benefits of physical activity for elderly persons are well established, exercise is an underused form of

Health promotion, especially in the elderly population. Physicians and public health specialists must play a more active role in motivating their patients to exercise. Clinicians historically have not actively promoted physical activity and sometimes have even actively discouraged activity.

REFERENCES

Ahmadi, V. and S. Beheshti, 2007. Demographic and welfare characteristics of Iranian elderly. Quarterly of population, 61-62: 19-38.

Ashrafizadeh, S., S. Vaziri, H. Sori and A. Saki, 2006. Comparison of dietary habits in older men and women in Ahwaz city. Journal of Kerman Uni-versity of Medical Sciences, 13(2): 28.

Cadore, E.L., L. Rodríguez-Mañas and A. Sinclair, 2013. Effects of different exerciseinterventions on risk of falls, gait ability, and balance in physically frail older adults: A systematic review. Rejuvenation Res., 16(2): 105-114.

Dadkhah, A., 2007. Review of aged rendered services in USA and Japan and guidelines for Iran aging. Iranian Journal of Ageing, 2(3): 166-176.

Eshaghi, S., Z. Farajzadegan and A. Babak, 2009. Design of elderly lifestyle questionnaire. Payesh, 9(1): 91-99.

Golmakani, N., F. Naghibi, F. Moharari and H. Esmaily, 2013. Health promoting life style and its related factors in adolescent girls. Journal of Midwifery and Reproductive Health, 1(1): 42-49.

Taghdici, M., P. Doshmangir, T. Dehdari and L. Doshmangir, 2013. Influencing fac-tors on healthy lifestyle from viewpoint of elderly people: Qualitative study. Iranian Journal of Ageing, 7(27): 47-58.

World Population Prospects, 2003. The 2002 revision, highlights. New York: United Nations Population Division.

Xo, Q., D. Anderson and M. Country, 2011. A longitudinal study of the relation-ship between lifestyle and mental health among midlife and older women in Australia. Health Care for Woman International, 13(12): 1082-1096.