

Life Style Pattern among Ageing Adults

Dr. Kirti Sharma¹, Dr. Shubha Dube²

¹Project Fellow, Department of Home Science, University of Rajasthan, Jaipur, India

²Associate Professor, Department of Home Science, University of Rajasthan, Jaipur, India

Abstract: *Lifestyles are the perception of a society toward life and the way its people live, think and behave. It includes dietary practices, physical-mental activities, cognitive exposure as well as cultural and environmental revelation. The lifestyle affects the longevity and health in ageing adults (Tiwari, 2013). The present research work examined the extent of life style disease, cardio – vascular disorder, diabetes and substance abuse among the ageing adults. For the present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75 years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e 100=males, 100=females and n = 200 rural i.e. 100= males and 100=females). Cornell Medical Index Health Questionnaire (Wig et al, 1999) was used to assess life style pattern among the respondents. The data shows that urban male respondents were reported high on Diabetics, which is a clear indication of lifestyle distress. A marginal difference was observed in Cardio-vascular conditions among the urban and rural ageing respondents, but was not significant. Hypertension has been documented high among rural ageing respondents. A high significant association was found between gender and Hyper tension problems in urban and rural male and female ageing respondents at $p<.01$ ($\chi^2=14.062$). Self-reported frequencies of cigarette smoking, alcohol consumption was found low among the respondents.*

Keywords: Ageing Adults, lifestyle pattern, Quality of life

1. Introduction

Lifestyles are the perception of a society towards life and the way its people live, think and behave. It includes dietary practices, physical-mental activities, cognitive exposure as well as cultural and environmental revelation. The lifestyle affects the longevity and health in ageing adults (Tiwari, 2013). Twenty-first centuries is witnessing a serious health concern emerging out of this unprecedented population ageing. Changing lifestyles and urbanization, has brought a radical shift in the types of health problems being faced by populations (Golondaj, 2013) Deranged blood pressure (BP), Heart diseases and Diabetes are some of the most frequently reported long-term illness that causes mortality and morbidity in the ageing population (Desai et al, 2010). The present research work examined the extent of life style

disease, like cardio – vascular disorder, diabetes and substance abuse among the ageing adults. Cornell Medical Index Health Questionnaire (Wig et al, 1999) was used to assess life style pattern among the respondents. For the present study the sample comprised of N= 400 ageing adults both males and females, in the age range of 65 to 75 years belonging to rural and urban setting of Jaipur district (n = 200 urban, i.e 100=males, 100=females and n = 200 rural i.e. 100= males and 100=females).

2. Result

The results below describe the diseases that are associated with life style pattern namely, diabetes, cardio – vascular disorder and substance abuse reported by the respondents.

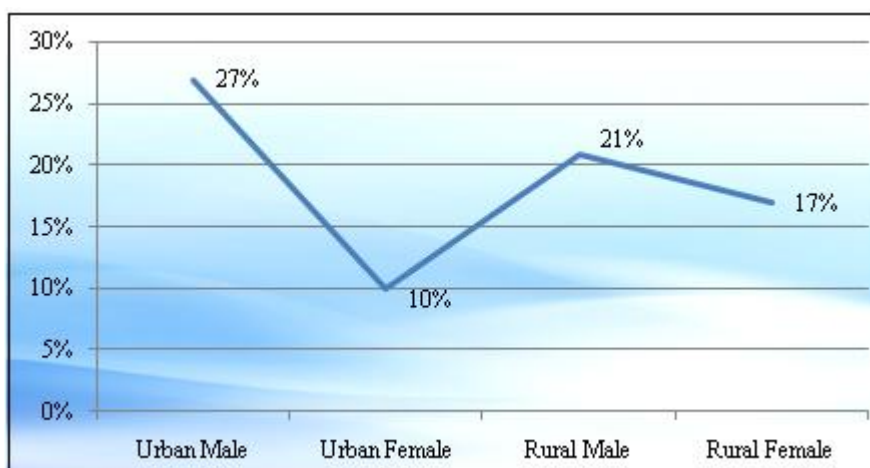


Figure 1: Prevalence of Diabetes among participants

The figure 1 shows that 27 percent urban male and 10 percent urban female and 21 percent urban males and 17 percent rural females reported of Diabetes. Among rural population prevalence of Diabetes was reported to be 21 percent in males and 17 percent in females. Here the data

shows that the urban male respondents were at greater health risk, which is a clear indication of lifestyle distress. The number of people with diabetes is increasing in the world at large and Asian Indians have the highest prevalence. Diabetes is a serious disease. People get diabetes when their

blood glucose level, sometimes called blood sugar, is too high. Diabetes can lead to dangerous health problems, such as having a heart attack or stroke. Researchers recently have found that people with diabetes also have an increased risk for Alzheimer's disease. Studies are underway to understand this connection and to see whether strict control of glucose can delay or prevent this problem (Gupta, 2002; Ramachandran, 2001; www.medicinenet.com > home > senior health center > senior health az list).

3. Cardio-vascular Problems in ageing adults

The table below shows the percentage distribution of Cardio-vascular problems reported by the respondents.

Table 1: Cardio-vascular Problems in Ageing Adults (N=400)

Level	Urban n=200			Rural n=200			Chi Sq (p-value)
	Male %	Female %	Total %	Male %	Female %	Total %	
Low	35	37	36.0	41	48	44.5	4.218
Moderate	30	31	30.5	22	23	22.5	(0.121)
High	35	32	33.5	37	29	33.0	NS

Note. **p<.01; *p<.05; NS=Not Significant

It was found in the present study that 35 percent of urban males and 37 percent of females had low, 30 percent males and 31 percent of females had medium level and 35 percent of males and 32 percent of urban female respondents had high level of cardiovascular problems.

In rural areas 41 percent of males and 48 percent of females reported low on cardiovascular disease. Twenty two percent of males and 23 percent of females had moderate level of Cardiovascular disease and high level of cardiovascular problems were reported by 37 percent of males and 29 percent of females in village. A marginal difference has been observed among the urban and rural population, but is not significant (Table 1). The cardiovascular system includes pumping of blood throughout the body and the network of blood vessels through which the blood is transported. It has been reported by (Singh, 2003) that in healthy people, the changes that normally occur in the cardiovascular system with aging do not significantly limit the normal work capacity of the heart. Most of the changes that cause clinically significant declines in cardiovascular function are the result of disease. Cardiovascular disease remains the most frequent cause of death among the persons over 65 years of age.

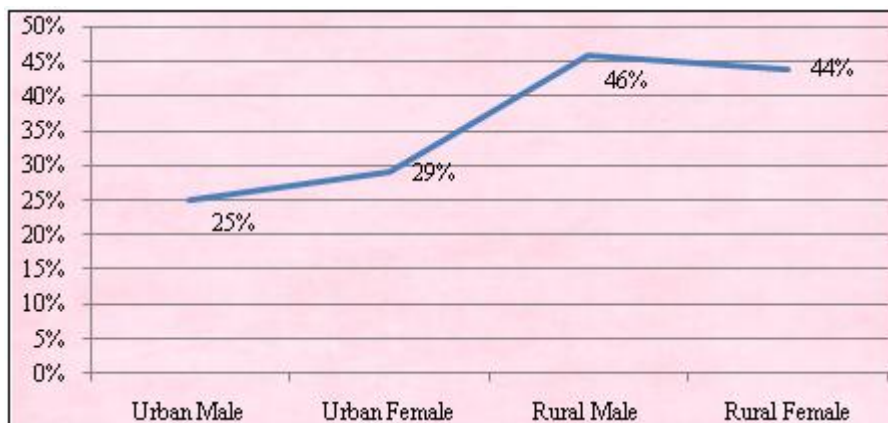


Figure 2: Hypertension among participants

Figure 2 underscores the observation that hypertension has been documented in 25 percent of males and 29 percent of urban respondents. In rural areas 46 percent male and 44 percent female respondents reported high on Hypertension. A high significant association was found between gender and Hyper tension problems in urban and rural male and female ageing respondents at p<.01 ($\chi^2=14.062$).

Most common cardiovascular disorder in old age is hypertension. Blood pressure is often a barometer of overall circulatory health. Someone with high blood pressure is at a significantly greater risk for heart failure, stroke, chronic kidney disease, and damage to the arteries (similar to the damage caused by high cholesterol), which can cause heart attack (Singh, 2003).

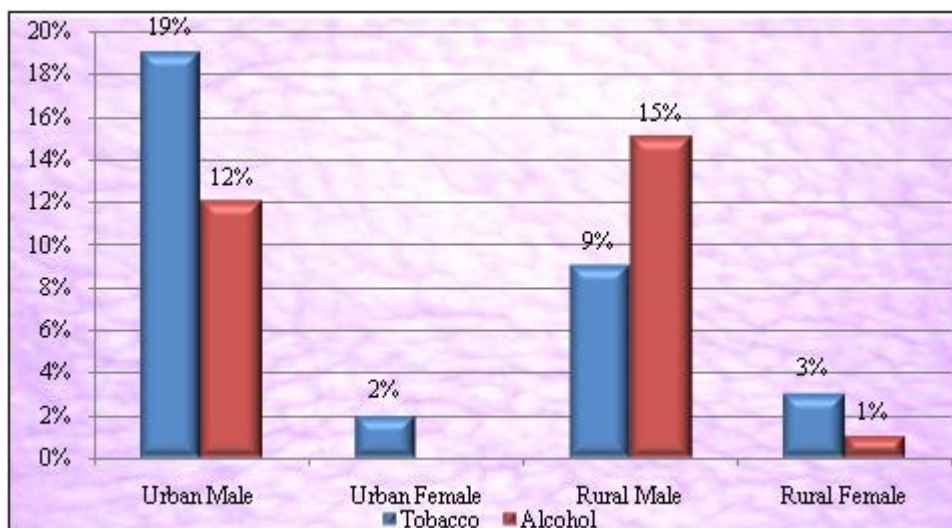


Figure 3: Tobacco and Alcohol intake among ageing adults

It can be seen from the **figure 3** that 19 percent urban male and 9 percent rural male respondents were addicted of tobacco. Addiction of Alcohol was found between 12 percent urban male and 15 percent rural male respondents. It has been reported in a study by (**Gupta, 2004**) that the prevalence of alcohol use declined from 25.4 percent in the 60–64 years of age and to 10.5 percent in the ≥ 75 years among men. The possible reasons for the declining prevalence of tobacco with age might be cessation of smoking by the elderly due to respiratory problems. Tobacco and alcohol use are serious public health problems in many countries including India because of the associated health hazards. Smoking causes a vast spectrum of diseases, many of which could result in death. There are over 50 diseases that are caused, increased or exacerbated by smoking. Globally, approximately, 47 percent of men and 12 percent of women smoke. Available data suggest that in developing countries, 48 percent of men smoke compared with 7 percent of women, while developed countries, 42 percent of men and 24 percent of women smoke (http://www.who.int/substance_abuse/facts/tobacco/en/print/html).

4. Conclusion

The dramatic increase in the life expectancy over the last few years' demand that awareness should be there for problems associated to life style pattern in ageing population. Health and wellness are multidimensional, which include the emotional (mental), intellectual, physical, social and spiritual health. Lifestyle management, more than any other factor, is considered to be the best way of preventing illness and early death in our society. Regular physical activity, sound nutrition and staying away from smoking and alcohol are considered to be priority healthy lifestyles.

5. Acknowledgement

Sponsored by UGC, New Delhi, Major research Project, entitled "An Intervention Study on Morbidity Pattern among Urban and Rural Ageing Adults"

References

- [1] Golandaj, J.A; Goli, S. & Das K. C. (2013). Living Arrangements among Older Population and Perceptions on Old Age Assistance among Adult Population in India. *International Journal of Sociology and Social Policy*, Vol. 33 No. 5/6.
- [2] Gupta, P.C. & Sinha, D.N. (2004). Tobacco research in India. *Indian J Public Health*. 2004;48:103–4.
- [3] Ramachandran, A.; Snehalatha, C.; Kapur, A.; Kumar, K.M.; & Nair, J.D. (2001) Diabetes Epidemiology Study Group in India (DESI) : High prevalence of diabetes and impaired glucose tolerance in India: National Urban Diabetes Survey. *Diabetologia*, 44:1094-1101.
- [4] Singh, H.; Gupta, M.S.; & Gupta, G.(2003). A 24 Hour Holter Study in Asymptomatic Elderly Indians *Journal, Indian Academy of Clinical Medicine*, Vol. 4.
- [5] Tiwari, S. C & Pandey, N.(2013) The Indian concepts of lifestyle and mental health in old age, *Indian J Psychiatry*. 55(Suppl 2): S288–S292.
- [6] Wig, N.N, Pershad,D, & Verma,S.K., (1999). *Manual for C.M.I. Health questionnaire*. National psychological corporation.