

Health and Lifestyle Status of Senior Citizens in Northern Samar, Philippines

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Abstract: The study aimed to determine the health and lifestyle status of senior citizens in Northern Samar, Philippines. Covering 416 respondents coming from the three geographical areas of Northern Samar, Philippines, a survey instrument of profile and health and lifestyle status was utilized in the study. Statistical tools included frequency counts, percentages, weighted means and Analysis of Variance. The findings of the study revealed that majority of the senior citizens were married, with P5,000 – P10,000 income bracket and graduate of basic education. The respondents generally have good health and lifestyle status and have occasionally availed the benefits derived from relevant senior citizen laws. There was a significant difference in the senior citizens' health and lifestyle status and benefits derived among the three geographical areas of the province.

Keywords: old age, health status, lifestyle status, senior citizens.

I. INTRODUCTION

At present, the number of people dying at a younger age is increasing. The level of stress in life due to some complicated problems is escalating rapidly and serves as a catalyst to many of the major “killers” of the age. People should be living longer and enjoying life better but a frightful number are being cut down during the prime years. Even when people survive, they often find their lives severely hampered by conditions which preclude freedom to enjoy the best that life can offer.

Today's lifestyle is certainly more complicated than that of 50 years ago. Nowadays, people have to be able to balance our works schedule vis-à-vis their cherished private moments. The trend toward better health and the resulting longer life expectancy has reshaped people's ideas of old age. With the advances in diagnosing and treating illnesses and by practicing a healthy lifestyle, people can increase both their quality life and their anticipated life expectancy.

In this sophisticated modern world, complex treatment for face, skin, body and different illnesses, people need to be well informed in order to begin creating a lifestyle for themselves which will help them live long and well and look the best year after year. People now tend to believe that working, obeying, and practicing properly steady supply of nutrients working together harmoniously to promote growth health.

The World Health report in 2008 prescribes a return to primary health care to address health inequities. The report found globally that health progressed remarkably over the past three decades. On average, people are now living seven (7) years longer. But if people look at individual countries or population within countries, we get a very different picture. Today, gaps in health outcomes, both within and between countries are vastly greater than in the world healthy survey in 1978. Differences in life expectancy between the richest and the poorest countries exceed 40 years. Annual government expenditures on health ranges from as little as US\$20 per person to more than US\$6,000. The report indicated that many healthy systems have lost their focus on fair access to care, the ability to invest resources wisely, and the capacity to meet the needs and expectation of people especially in impoverished and marginalized group. The report states that inequitable access, impoverished cost, and erosion of trust in health care constitute a threat to social stability. Majority of people tend

to believe that no magic cure, no religious jargon, and no effort to dictate how to live life. Instead, people find some choices outlined details on the use of exercises, fresh air, water, diet, recreation, and several other natural resources which people wish to incorporate in their lives.

Social expectations for health are rising all over the world. People want care that is fair as well as efficient and affordable. Yet health care often delivered according to a model that concentrates on diseases, high technology, and specialist care, with health viewed as a product of biomedical intervention, and the power of prevention is largely ignored. In far many cases, it is a public knowledge that people who are well off and generally healthier have the best access to the best care, while the poor are left to tend for themselves.

In order to achieve the goal of the highest expectancy of man's existence, the unhealthy lifestyle must be mapped out as the basis for introducing improvement. This study is directed towards understanding the pattern of lifestyle and health status among senior citizens of Northern Samar. Senior citizens in the Philippines belong to those who have ages of 60 years old and beyond. In the Philippines, the welfare of the senior citizens are protected by Republic Act 7432 entitled An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits, and Special Privileges and for other Purposes. The law provides, among others, the promotion of the welfare of the sick, elderly, disabled, women and children, particularly in motivating and encouraging the role of the elderly people in contributing to nation building and encouraging families and communities to reaffirm the valued tradition of caring for the elderly. Part of the privileges of the senior citizens as provided by the law are discounts in purchases and fares, free medical services, and tax exemptions.

Being considered vulnerable in so far as living longer and better life is concerned, the senior citizens of Northern Samar, Philippines are the main concern of the study. The study traced the profile of the respondents in terms of civil status, income and educational attainment; determined the status of the respondents with respect to food intake, exercise, medication, religious belief, values orientation, attitude, lifestyle and benefits derived according to senior citizens' laws along the discount privileges, free services, exemptions and incentives, and government financial assistance; and found the significant difference among the health and lifestyle status of the respondents in the three geographical locations of Northern Samar, Philippines.

II. METHODOLOGY

The study employed the descriptive research design as it described the profile of the respondents, as well as the status of the health and lifestyle of the respondents. Comparative technique was utilized as the study compared the health and lifestyle status of the senior citizens of the three geographical areas of Northern Samar, Philippine. The study involved 416 senior citizens of the three (3) geographical areas of Northern Samar, Philippines: Balicuatro Area, Central Area and Pacific Area. To gather data, a questionnaire on profile and health and lifestyle status translated to the local dialect was answered by the respondents. The first part of the instrument contained information on the respondent's level of educational attainment, civil status and monthly income. The second part appraised the respondents' lifestyle and health status based on their diet or food intake, exercise, medication, religious belief, values orientation, attitude and the benefits derived according to senior citizens laws along the areas on discount privileges, free services, government financial assistance, exemption and incentives. The mean of the indicators for the health and lifestyle status were categorized into: Excellent (1.00 – 1.79), Very Good (1.80 – 2.59), Good (2.60 – 3.39), Fair (3.40 – 4.19), and Poor (4.20 – 5.00). The level of benefits derived by the senior citizens are categorized as Always Availed (1.00 – 1.79), Very Often Availed (1.80 – 2.59), Occasionally Availed (2.60 – 3.39), Rarely Availed (3.40 – 4.19), and Never Availed (4.20 – 5.00).

III. RESULTS

Table I shows that out of the 416 respondents, 237 or 57% were married; 132 or 32% were widows, while only 47 or 11% were single or separated. Data about the income showed that 320 or 77% were only receiving a monthly income of P5000 and below while 52 or 13% of the respondents had an income range of P5,000 – P10,000. A total of 138 or 33.17% are high school graduates, 122 or 29.33% are elementary graduates while 84 or 20.2% finished the primary level of elementary grades.

Table I: PROFILE OF THE SENIOR CITIZENS

Profile	Balicutatro Area		Central Area		Pacific Area		Total	
	f	%	F	%	F	%	f	%
Civil Status								
Widow	36	35	49	39	47	25	132	32
Married	56	54	70	56	111	60	237	57
Single/Separated	12	11	7	5	28	15	47	11
Total	104	100%	126	100%	186	100%	416	100%
Income								
Above P20,000	2	2	4	3			6	1
P15,001-P20,000	2	2	3	3	7	3	12	3
P10,001-P15,000	2	2	4	3	20	11	26	6
P5,001-P10,000	13	12	19	15	20	11	52	13
P5,000 and below	85	82	96	76	139	75	320	77
Total	104	100%	126	100%	186	100%	416	100%
Educational Attainment								
No schooling	6	6	4	3	1	0.5	11	2.6
Primary	21	20	30	24	33	18	84	20.2
Intermediate	32	31	32	25	58	31	122	29.33
High school	29	28	36	29	73	39	138	33.17
College level	1	1.5	6	5	3	1.6	10	2.4
College Graduate	1	1.5	13	10	11	6	25	6
Professional	14	13	5	4	7	4	26	6.3
Total	104	100%	126	100%	186	100%	416	100%

Table IIA shows the status of the respondents along the different indicators, per geographic area of Northern Samar, Philippines. Generally, the respondents have Good health and lifestyle status. Specifically, values orientation and attitude were rated by the respondents as Fair. Food intake, exercise, medication and lifestyle were rated by respondents as Good. Only religious belief was rated as Very Good. Religious belief had the highest mean while values orientation had the lowest mean. The table also shows that only in Attitude where there are difference in the qualitative description among the three geographical areas.

Table II A: STATUS OF THE HEALTH AND LIFESTYLE INDICATORS

Indicators	Balicutatro Area		Central Area		Pacific Area		Overall	
	Mean	Description	Mean	Description	Mean	Description	Mean	Description
Food Intake	2.920	Good	2.812	Good	2.710	Good	2.814	Good
Exercise	2.891	Good	2.961	Good	2.858	Good	2.903	Good
Medication	2.831	Good	2.731	Good	2.701	Good	2.754	Good
Religious Belief	1.793	Very Good	1.977	Very Good	2.029	Very Good	1.933	Very Good
Values	3.683	Fair	3.727	Fair	3.666	Fair	3.692	Fair
Orientation								
Attitude	3.644	Fair	3.508	Fair	3.422	Good	3.525	Fair
Lifestyle	3.059	Good	2.848	Good	2.984	Good	2.964	Good
Grand Mean	2.974	Good	2.938	Good	2.910	Good	2.941	Good

Table IIB shows the status of the respondents' benefits derived according to Senior Citizens law. Generally, the benefits indicated were Occasionally Availed by the respondents. From the different indicators, discount privilege and free services were Occasionally Availed by the respondents while Exemption and Incentives and Government Financial Assistance were Very Often Availed. It could be noted that free services was rarely availed by the senior citizens in the Central Area of Northern Samar while the same geographical area availed discount privileges very often. Only in exemption and incentives did the respondents in the three geographical areas had the same qualitative description.

Table II B: STATUS OF THE BENEFITS DERIVED BY THE RESPONDENTS

Indicators	Balicutro Area		Central Area		Pacific Area		Overall	
	Mean	Description	Mean	Description	Mean	Description	Mean	Description
Discount Privilege	2.679	Occasionally Aailed	2.413	Very Often Aailed	2.723	Occasionally Aailed	2.605	Occasionally Aailed
Free Services	3.261	Occasionally Aailed	3.659	Rarely Aailed	3.244	Occasionally Aailed	3.388	Occasionally Aailed
Exemption and Incentives	2.759	Occasionally Aailed	2.739	Occasionally Aailed	2.561	Occasionally Aailed	2.421	Very Often Aailed
Government Financial Assistance	2.347	Occasionally Aailed	2.586	Occasionally Aailed	2.347	Very Often Aailed	2.686	Very Often Aailed
Mean	2.897	Occasionally Aailed	2.906	Occasionally Aailed	2.840	Occasionally Aailed	2.881	Occasionally Aailed

The Analysis of Variance (ANOVA) used to test the significant difference in the psychographic aspects and benefits derived by the senior citizens in Northern Samar is shown in Table III. The data revealed that it is only in Food Intake and Exercise where no significant difference was noted among the senior citizens in the three geographical locations in Northern Samar as evidenced by the p-value being greater than 0.05

The table further showed that the senior citizens in the three geographical locations of the Province of Northern Samar have significant differences along the psychographic aspects of Medication, Religious Beliefs, Values Orientation, Attitude, Lifestyle, and the Benefits they derived from the Senior Citizens laws since the p-values were less than 0.05.

Table III: TEST OF DIFFERENCE IN THE HEALTH AND LIFESTYLE STATUS OF THE RESPONDENTS IN THE THREE GEOGRAPHICAL AREAS

Indicators	F-Value	F-Critical	p-Value	Interpretation
Food Intake	1.190	3.025	0.306	Not significant
Exercise	0.568	3.025	0.567	Not significant
Medication	10.772	3.025	0.000	Significant
Religious Beliefs	13.265	3.025	0.000	Significant
Values Orientation	5.405	3.025	0.005	Significant
Attitude	15.679	3.025	0.000	Significant
Lifestyle	4.078	3.025	0.018	Significant
Benefits Derived	178.696	3.025	0.000	Significant

IV. DISCUSSIONS

Majority of the senior citizens surveyed were married. Majority have low income which is classified under the poverty line. Majority have only reached basic education.

In terms of the psychographic status of the respondents, religious beliefs was given importance above other factors while food intake, exercise, medication and lifestyle are considered second priority. However, values orientation and attitude resulted were fairly prioritized. These findings indicate that while the senior citizens adhered to religious beliefs, values orientation and attitude which could come along with religious beliefs were not really given focus.

In terms of the benefits derived by the senior citizen which were occasionally aailed, the findings indicate that government laws on services and privileges of the senior citizens are implemented and are aailed to a moderate extent by the senior citizens. There is a variation in the food intake and exercise of the respondents while in the other indicators of

health and lifestyle status, there are no significant difference among the respondents. This indicate that in general, the senior citizens of Northern Samar have similar health and lifestyle statuses.

V. CONCLUSIONS

The senior citizens of Northern Samar, Philippines live a married life, have finished at most basic education, and has a low income. The senior citizens have a high regard on religious beliefs as part of the routine life of older people. This could be observable in senior citizens taking part in major church activities. However, values orientation and attitude were not regarded to a high level. This could be a manifestation that the senior citizens consider values orientation and attitude as not a pressing need in their old age since they have acquired a high degree of orientation on values and attitudes over the years of their lives.

The senior citizens, regardless of the geographical area, have different levels of health and lifestyle status, particularly on medication, religious beliefs, values orientation, and lifestyle. Senior citizens in some municipalities are conscious of how living a healthy life could contribute to the betterment of individuals and society. Some municipalities have active senior citizen groups which promote the best interests of the senior citizen members. The availment of the benefits for senior citizens are also different among the geographical areas. This is a manifestation of differences in the implementation of laws and policies on the senior citizens. There is a need to monitor the strict implementation of the laws to ensure that the elderly members of the society are given the attention they deserve.

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