

## **SELF-PERCEIVED PHYSICAL AND HEALTH CONDITION OF OLDER PERSONS (AGED 65–75)**

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### **ABSTRACT**

To study health habits is the way how to get information about population's attitude and knowledge about health. The latest 2006 FINBALT monitoring questionnaire contains full spectrum of questions about health care in Latvia and the Baltic region. The aim of the current review paper is to compare some FINBALT results between the states and regions and find out new facts about self-perceived physical and health condition of older persons (65 – 75 years old). The data from two 2006 FINBALT Health Monitor for adults aged 55–64 surveys were used to make comparisons in physical activities and health trends between Latvia and Finland. To find out new facts about older persons (65–75 years old) we did a survey of visitors of pensioner day centres in Rezekne and Daugavpils towns. Our survey shows that there is no major difference between the results we got in pensioner day centres and in Latvia during this research, but there is a dramatic difference with the results which were got in Finland. Latvian inhabitants' self-perceived physical and health condition results are worse than in Finland. In Latvia for older people sedentary life is common (persons who practice 30 minutes long physical exercise at least 2–3 times per week in Finland are 74%, in Latvia – 25%).

**Key words:** FINBALT, health, older persons, physical condition

## INTRODUCTION

Rapid population aging will create major challenges for states and economics over next half-century [4]. One of the main factors, which determine the stage of development of society: how it cares about old people. A state has to know about old people's life, abilities of adaptation in changes of social processes, about possibilities to examine their health etc. Among the factors influencing health, behaviour essentially affects health and well-being of each individual and the population. Lifestyle patterns such as nutritional habits, physical activity and smoking or heavy alcohol consumption influence premature mortality [13]. In Latvia as in many East European states the mortality rate has been increasing. Currently the average life expectancy at birth in Latvia is 65 years for males and 76 for females which is one of the lowest in all Europe [3]. The attitude of society to old people characterizes level of society's civilization. Unfortunately Latvia is still running behind the other EU countries, where this kind of work is being taken. In other EU countries there are even special research institutes for old people, and they take care of old people's life conditions. Unfortunately in Latvia old people have to rely on their families and themselves.

A human in the same way as each living being born, comes of age, becomes old and dies. Aging can also be defined as a progressive or a gradual functional decline of physiological function with age [13]. In humans, our body's functional decline tends to begin after the sexual peak, roughly at the age 20. Physical abilities: endurance, strength and speed are the best at the age of 30–35, after this age they are decreasing [2, 9, 16]. Aging is characterized by changes in appearance, such as a gradual reduction in height and weight loss due to loss of muscle and bone mass, a lower metabolic rate, lower reaction times, declines in certain memory functions, a functional decline in audition and vision, declines in immune functions, declines in exercise performance, and multiple endocrine changes [4, 14].

Exercise is an important tool that can provide tremendous benefits to both body and soul at any age. This is particularly relevant in cases where the body faces additional challenges, including those appearing in the later years of life [1, 10]. The promotion of health through increased physical activity has become a national public health objective for both children and older. To study health habits is the way how to get information about population' attitude and knowledge

about health. This information promotes behaviour risk analysis and shows how it changes in the course of time.

## **MATERIALS AND METHODS**

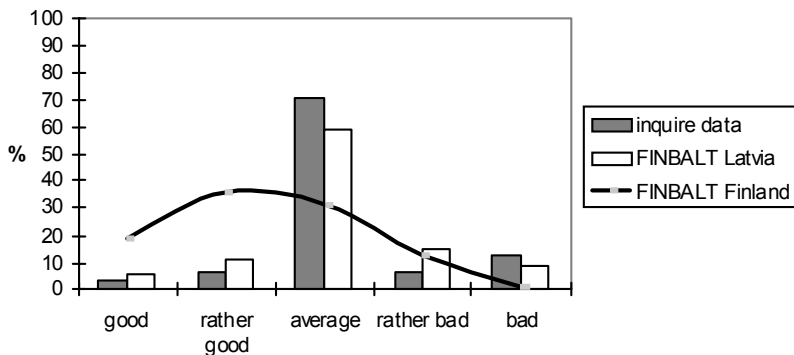
There are some sources of literature where we can find the information about the Latvian people who have changed their free time activities. Elderly people become more interested in the questions of healthy lifestyle. Many people admit positive influence of exercises on physical, social and mental well-being. In our research we wanted to look more closely at three of these aspects: physical activities of old people, self – assessment of health and physical condition and habits of their free time activities. For this purpose a questionnaire has been made. The visitors of Rezekne and Daugavpils town pensioner's day-time centres answered the questions of this questionnaire in the period from October to December 2007. In this period 100 questionnaires were given, from which 93 were admitted as suitable for data processing. The questionnaire included also some similar questions as in FINBALT health's monitoring questionnaire. FINBALT Health Monitor is a collaborative system for monitoring health related behaviour, practices and lifestyles. The main object of the FINBALT project is a mailed questionnaire to nationally representative samples [5]. The sharp contrast in health conditions around the Baltic Sea in the early 1990s – the increase of life expectancy in Finland vs. decrease in the Baltic countries – was the starting point of Finbalt Health Monitor project. The Finnish national monitoring system which started in 1978 was focused on health behaviour and subjective health. In collaboration with the National Public Health Institute of Finland, the health behaviour monitoring system was launched in Estonia in 1990. In Lithuania the first national health behaviour survey was carried out in 1994, and thereafter, similarly to Estonia every second year. Latvia joined the project in 1997. The survey was carried out simultaneously in all Baltic countries and Finland for the first time in spring 1998. Its purpose is from peripheral routine data of statistics to get information about self –assessment of health, behaviour connected with health, use of health care and preventative activity. It is necessary to gather information about the most important health problems in the state, to show their geographical and demographical extension, its dynamics, as well as to state strategical priori-

ties of the sectors. In our opinion it is useful to compare the achieved results in our regional survey with FINBALT data which display the situation both in the state and abroad.

## RESULTS

Analysing the questionnaires it was stated that females have a very large priority between the respondents – 84%, which is explained by offered service in pensioner’s day centre and psychological feature at that age. For the results of the data to be objective only those questionnaires which were filled out by women were used for further analysis. The average age of the respondents was 68. Aging level between the respondents was from the age 63 to 81. The last age level in FINBALT monitoring is 55 to 64. In this way we can compare the tendency of changes in aging [5, 6].

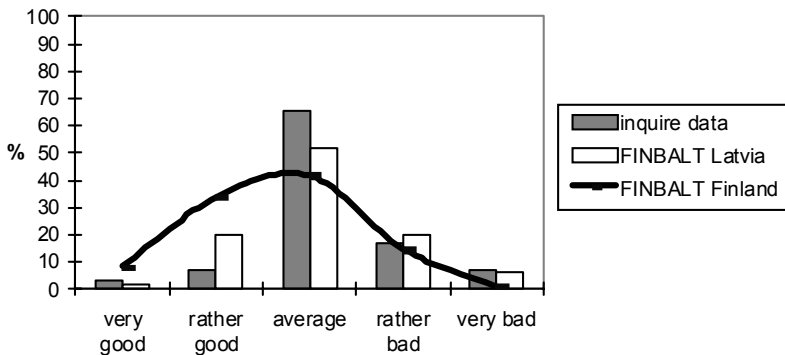
Analysing the answers to the question: “What is your self-perceived health condition?” the following results were achieved – only 9.7% admitted their health as good and rather good; 71% marked “average” and 19.3% admitted that they have serious health problems (Figure 1).



**Figure 1.** What is your self-perceived health condition?

The fourth part (24.2%) of the respondents of the questionnaire evaluated their physical condition as deficient. The largest part of the respondents – 65.5% chose “average” index. But only approximately

each tenth (10.3%) of the participants evaluated their physical condition as satisfactory (Figure 2). The data obtained by us in both questions are very similar to the results of FINBALT Latvia, while they are dramatically different from the answers of the inhabitants of Finland. From the analysis of the results we can conclude that the inhabitants of Latvia have worse physical and health self-perceived condition than the inhabitants of Finland. The older people of Latvia mostly marked these parameters as average or worse.

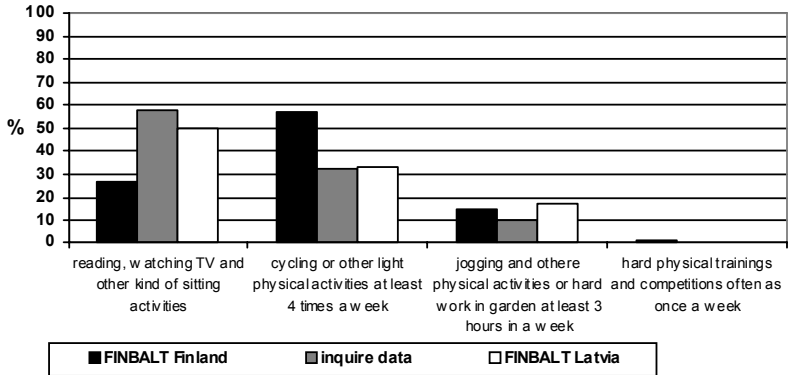


**Figure 2.** What is your self-perceived physical condition?

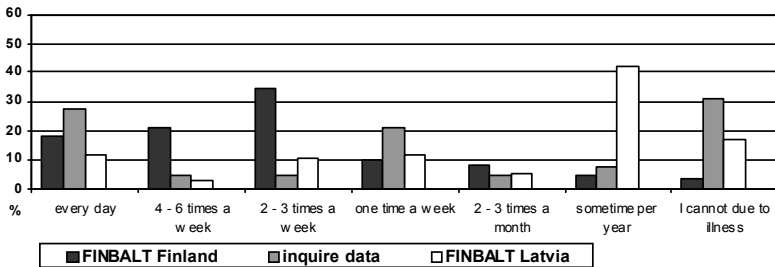
To collect the information about pensioner’s daytime physical activities the answers to the questions about sportive habits were evaluated (Figures 3 and 4). As we can see from the Figure 3, the inhabitants of Latvia are less active and engage in less active exercises in their free time. Women in Finland spend walking and doing physical exercises at least 4 hours in a week in the most part of their free time.

The answers to the question “How often do you make at least 30 minutes long physical exercises to easy breath lack or sweat during leisure hours?” show that the most part of the inhabitants of Finland (73.9%) do their necessary volume of physical activities per week. From our questionnaire data you can see inadequately high result to the question that 27.5% of the respondents do 30 minutes long physical activities every day. In our opinion these results are unbelievable, because they are not connected with other results from the previous questions. Probably the respondents because of their age understand

the identified physical activities until light shortness of breath lack as physically active work, but it is not applied to regular, advised physical activities.



**Figure 3.** Which of the following descriptions mostly conform to your free time activities?



**Figure 4.** How often do you make at least 30 minutes long physical exercises to easy breath lack or sweat during leisure hours?

The concluding part of the questionnaire included the questions about the respondent attitude towards physical activities. 74 % of the respondents agree that physical activities are a good possibility to improve and maintain health (Figure 5). It shows that people realize

the necessity of exercises on week days, however the previous results are opposite. It probably could be explained by insufficient offer of sport facilities for this age and by the lack of encouragement system. Because the answers to the question (Figure 6) show that people want to take part in physical activities, but they do not gain sufficient social assistance to realize it. More than one half – 55 % of the respondents would gladly take part in physical activities and only 32 % of the respondents think that it is not an actual question.

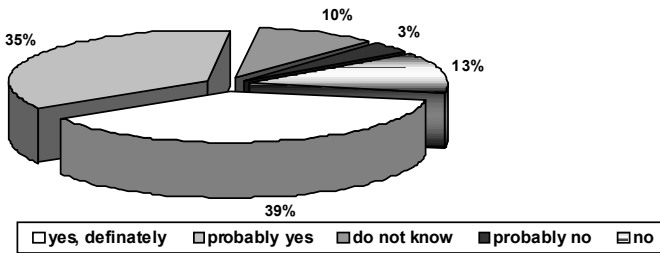


Figure 5. Can physical exercises retain or improve your health?

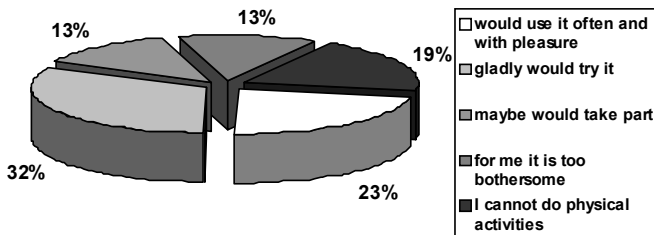


Figure 6. If somebody would offer you to do physical activities

## DISCUSSION

Hypodynamia is shortage of exercise, which causes changes in a person's body. "Physical inactivity destroys human body and mind", wrote Aristotle [1]. People nowadays are unhealthy because of lack of exercise. Exercise enforces metabolism, and each organs activity depends on metabolism. Scientists assert that permanent immobility is one of the relevant causes, which engenders organism's premature senility. It is closely connected with the aging of the circulatory system [8, 15]. There is a saying: one is as old as his blood – vessels. But changes arise not only in the blood – vessels, but also in the heart. Lack of physical activities is admitted as one of the main risk factors of chronically non – communicable disease development, which raises approximately 3.5% of different kinds of diseases and to 10% cases of death in Europe [11]. Emotive is also the high economical price, which is paid in the result of the lack of physical activities. Findings in research about physical activities in Switzerland and Great Britain show that due to the lack of physical activities they have to pay approximately 150–300 euro per one inhabitant [7]. The increase of physical activities would improve health of all society, as well as it would reduce expenses, which we pay for the lack of physical activities. As the data show (Table 1) that physical activities and self-assessment of health condition by the inhabitants of Latvia are decreasing from 2000, however in Finland these results are several times higher [5, 6]. Along with the increased evidence associating lower level of physical activity with higher risk of death from heart disease [8, 17], the data from longitudinal studies have emerged indicating the influence of physical activity on longevity and mortality from other chronic disease such as cancer, diabetes, hypertension, and osteoporosis [14]. Major benefits from regular exercise include the following: better handling of blood sugar, improved breathing, better endurance, improved balance, greater strength, stronger bones, improved sense of well-being, and better sleep [15].



**Table 1.** Self perceived health condition and physical activity.

Year of questionnaire	Proportion of respondents which do physical exercise for 30 min. at least 2–3 times a week <b>In Latvia (%)</b>	Proportion of respondents self-perceived of health condition is good or rather good. <b>In Latvia (%)</b>	Proportion of respondents which do physical exercise for 30 min at least 2–3 times a week. <b>In Finland (%)</b>	Proportion of respondents self-perceived of health condition is good or rather good. <b>In Finland (%)</b>
1998	28	16	66	49
2000	31	20	68	52
2002	28	17	68	55
2004	28	17	68	56
2006	25	17	74	55

Our survey shows that there are no major differences between the results we got in the regional pensioner day centres and in Latvia, but there is a dramatic difference with the results which were obtained in Finland. People of Finland care a lot more about their physical condition in comparison to people of Latvia. As it shows, more than three fourths of Finland people who participated in the survey exercise at least two or three times per week. In order to maintain a healthy body this amount of exercising is required. Latvia survey results show that the most often answer is “some times per year”. In the survey of the day centre visitors in our opinion they have misunderstood the meaning of the question “*How often do you make at least 30 minutes long physical exercises to easy breath lack or sweat during leisure hours?*”, because their answers dramatically differ from the answers from other regions of Latvia. In our opinion this happens mostly because in the second part of the question there are words “easy breath lack” which are recognized as key words. Also the self-assessment of health status in Finland is better than in Latvia. We included also some questions to investigate the attitude to physical activities of our respondents. Most part of the respondents agrees that exercise can retain or improve health. But if we compare it to the previous results, we can conclude that they for some reasons do not do that. That shows us new aims and ways for investigation.

From this we can conclude that aging is not the time when we give up as lost and complain about illness, in contrary, we have to find the way out to feel fresh and cheerful in old age. One of the ways is to do regular exercises which will help to keep fit and treat different illnesses. But we should be aware that a 70 years old person cannot do all complicated exercises, it can make state of health worse. Many people are afraid of sports activities because they do not feel sure about themselves; they know that they will not be able to do all exercises. But we have to make a system and we have to deal with this problem in general. There are some main aspects for it: to prepare specialists, to make programmes and facilities where to realise them, to popularize physical activities in mass media. Society has to understand that the most important thing for old age people is to add life for years not years for life [12].

## CONCLUSIONS

1. Natural ageing begins around 30; it is affected by lifestyle, physical activities, and features of individuality. In ageing process organism's dynamical indices at the age of 60 decrease per 0.8–1%, after 60 – per about 2% in a year.
2. As the data show there are no relevant differences between the results of answers of FINBALT questionnaire in Latvia and the results we got in the regional pensioner day centres.
3. Analysing the data of FINBALT monitoring and comparing our achieved questionnaire data to Latvian and Finland unitary questionnaire results, we can conclude – the inhabitants of Latvia have worse self – perceived physical condition than in Finland. More than three quarters of old people in Latvia mostly marked these parameters as average or worse. However in Finland 55% of the respondents value their health as good and very good.
4. In Latvia for older people sedentary life is common and for most of the respondents sports activities are not actual on weekdays. For comparison in Finland the proportion of the respondents who do physical exercises 2–3 times a week in their free time is 74%, in Latvia – 25%.
5. Analysing FINBALT Latvia data of the questionnaire from 1998 to 2006 we have come to the conclusion that there is a tendency for physical activity to decrease in this period of age.

6. Analysing the answers to the questions about the attitude to physical activity, we can conclude that the inhabitants consider it necessary, but there is the lack of social support for its realisation.
7. Promotion of physical activities would have been one of society's health priorities, including all spheres. Programme of society's health policy on promotion of physical activities should be planned in long – term with definite aim and definite indicators.

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