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Impact of Intervention on Health and Liesure Activities among Rural Elderly

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Abstract

Five hundred and forty Rural and Urban male and female elderly under the age group of 60-74, 75-84 and 85 and above were randomly selected from Dharwad Taluka. Data was collected through exploratory and personal interview methods. Personal information schedule was used to elicit auxiliary information of the subjects regarding demographic variables. To explore the health status of elderly, Ageing schedule was used. Socio Economic Status Scale was employed to assess the SES of the family. On the basis of the results that indicated a large number of elderly with physical health problems, an intervention programme was conducted on a non experimental group with a designed educational training program. The impact was assessed through a single pre and post test design. Results showed that 58.50 percent of rural elderly belonged to lower middle SES and 47.40 percent of the urban elderly belonged to upper middle SES. With respect to physical health problems few of the health diseases and health disorders such as Arthritis, Hypertension, Diabetes, Numbness, Asthma, Tremors and Cardiovascular diseases, Joint pain, Knee pain, Poor hearing and Poor vision were present to a greater extent in some of the elderly. Majority of the elderly reported of Going out for walk, Involving in religious activities, Visiting friends, Sleeping, Watching TV, Gardening, Listening to music, Caring for grand children, Reading, Participating in sports/games, Working part/full time and Participating in community organization regularly. Intervention programme had significant positive impact on the health status and Leisure time activities of the rural male and female elderly who fell in lowest level of physical health and utilizing leisure time in appropriate way, which lead to the better health and better adjustment in different areas.

Key words : *Ageing, elderly, health status, diseases, leisure activities intervention.*

Introduction

In India, all persons who are sixty years or above are considered or included among the aged. The World Health Organization's vision statement for active aging, states, 'Active aging is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (1). Statistics released by the Union ministry of health and family welfare showed that life expectancy in India has gone up by five years, from 62.3 years for males and 63.9 years for females in 2001-2005 to 67.3 years and 69.6 years respectively in 2011-2015. As a result, people are living longer. They constitute a vastly experienced human resource with tremendous potential to contribute to national development.In 1950, there were about 200 million persons aged 60 and above in the world and this figure now stands at 550 million and is expected to reach 1 billion mark by the year 2020.

Aging is inevitable. It reflects many changes that occur throughout human life, since birth till death. They have to struggle and adapt different stages of life. Especially in older age, change in whole system takes place. They have poor immune system and are more susceptible to different diseases. These changes are the natural accompaniment of what is commonly known as "ageing". At a health and socio-cultural level terms such as 'successful ageing', 'healthy ageing' and 'active ageing' have risen in prominence in the gerontology literature of late (2). It would be more useful to adopt the approach of group development (3). However, a successful ageing must encompass more than the mere absence of disease and dysfunction (4).

The National Policy on Older Persons has identified principal areas of intervention and one of them is development of trained manpower to meet the special health needs of the elderly (5). Intervention education programmes would not only improve the skills of the residents in their daily functioning but also provide an avocation to them, helping with healthy aging (6). Early interventions to promote an active life can reduce the proportion of physical health problems, psychological health problems and induce well adjustment with life events. Hence an attempt has been made to evolve a plan for intervention.

Materials and Methods

Research design : An exploratory study was conducted in urban and rural areas of Dharwad Taluka. A randomly

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Table-1a : Percentage distribution of elderly by type of health diseases. N=540

Sl. No	Health Diseases	To greater extent N (%)	To some extent N (%)	Not at all N (%)
1.	Cardiovascular diseases	17 (3.1)	96 (17.8)	427 (79.1)
2.	Diabetes	70 (13.0)	220 (40.7)	250 (46.3)
3.	Arthritis	276 (51.1)	231 (42.8)	33 (6.1)
4.	Tremors	27 (5.0)	80 (14.8)	433 (80.2)
5.	Hypertension	150 (27.8)	309 (57.2)	81 (15.0)
6.	Asthma	30 (5.6)	81 (15.0)	429 (79.4)
7.	Numbness	37 (6.9)	156 (28.9)	347 (64.3)

Figures in the parenthesis indicates percentages.

Table-1b : Percentage distribution of elderly by intensity of health problems. N=540

Sl. No.	Health Disorders	To greater extent N (%)	To some extent N (%)	Not at all N (%)
1.	Poor Vision	54 (10.0)	295 (54.6)	191 (35.4)
2.	Poor Hearing	104 (19.3)	131 (24.3)	305 (56.5)
3.	Back pain	-	308 (57.0)	232 (43.0)
4.	Knee pain	140 (25.9)	312 (57.8)	88 (16.3)
5.	Joint pain	205 (38.0)	268 (49.6)	67 (12.4)
6.	Headache	-	128 (23.7)	412 (76.3)
7.	Acidity	-	190 (35.2)	350 (64.8)
8.	Constipation	-	120 (22.2)	420 (77.7)
9.	Skin itching	-	152 (28.1)	388 (71.8)
10.	Heel pain	-	138 (25.6)	402 (74.4)
11.	Uncontrollable bladder	-	257 (47.6)	283 (52.4)
12.	Reproductive problems	5 (0.9)	172 (31.9)	363 (67.2)

Figures in the parenthesis indicates percentages.

selected sample of 540 elderly (270 each from Rural and Urban) of both the gender, in the age group of 60-74, 75-84 and 85 and above were selected.

A non experiment with single pre and post test design was taken up to know the impact of intervention programme provided to the rural elderly who fell in lowest level of physical and psychological health for enhancing the physical health, mental health and productive use of leisure time among elderly. The intervention programme was delivered for 15 weeks with two sessions / week and each session was for two hours, in two villages of Dharwad Taluka with a designed educational training program.

Tools and measures : A personal information schedule was developed to elicit auxiliary information of the subjects regarding demographic variables.Ageing schedule by Badiger and Kamat (2009)was employed to assess thehealth statusand use of leisure time of the rural and urban elderly. Socio economic status scale (7) was employed to assess the SES of the family.

Data collection procedures : Data was collected through interviews and by individually administering the standardised scales. Elderly were personally contacted in their homes and were briefed about the purpose of the study and then they were interviewed. Some of the educated respondents were asked to follow the instructions given in the questionnaire and they filled the questionnaire by themselves, where as information from illiterate respondents was gathered through personal interview method by the researcher. The duration of each interview was about 60-120 minutes. Each questionnaire has been given to urban elderly in English and Kannada languages to elicit clear answers.The case studies were conducted to get the in depth information on health problems and utilization of leisure time.

Results and Discussion

The results of the study on health status and leisure time activities among Rural and Urban male and female elderly is presented in tables 1a-5.

Table-1a depicts physical health diseases among elderly. It is clear from the table that, majority of the elderly had no health problems at all such as Tremors (80.2%), Asthma (79.4%), Cardiovascular Diseases (79.1%), Numbness (64.3%) and Diabetes (46.3%). While some of them had health problems 'to some extent' such as Hypertension (57.2%), Arthritis (42.8%), Diabetes (40.7%), Numbness (28.9%), Cardiovascular Diseases (17.8%), Asthma (15.0%) and Tremors (14.8%). Few of the health diseases were present to a greater extent in some of the elderly such as Arthritis (51.1%),

Table-2 : Percentage distribution of elderly by their leisure time activities. N=540

Sl. No	Leisure Time Activities	Regularly N (%)	Occasionally N (%)	Rarely N (%)
1.	Watching TV	340 (63.0)	177 (32.8)	23 (4.3)
2.	Listening to music	311 (57.6)	122 (22.6)	107 (19.8)
3.	Visiting friends	379 (70.2)	133 (24.6)	28 (5.2)
4.	Gardening	329 (60.9)	123 (22.8)	88 (16.29)
5.	Sleeping	342 (63.3)	94 (17.4)	104 (19.3)
6.	Reading	175 (32.4)	90 (16.7)	275 (50.9)
7.	Going out for walk	414 (76.7)	97 (18.0)	29 (5.4)
8.	Religious activities	406 (75.2)	117 (21.7)	17 (3.1)
9.	Participating in community organization	88 (16.3)	254 (47.0)	198 (36.7)
10.	Caring for grand children	219 (40.6)	198 (36.7)	123 (22.8)
11.	Doing volunteer works	45 (8.3)	231 (42.8)	264 (48.9)
12.	Political activity	18 (3.3)	51 (9.4)	471 (87.2)
13.	Working part/full time	98 (18.1)	172 (31.9)	270 (50.0)
14.	Participating in sports/games	111 (20.6)	239 (44.3)	190 (35.2)

Figures in the parenthesis indicates percentages.

Table-3 : Correlation between health status and leisure time activities among elderly.

Variables	'r' value
Leisure time activities	0.33**

**p=0.01 level of significance

Hypertension (27.8%), Diabetes (13 %), Numbness (6.9%), Asthma (5.6%), Tremors (5%) and Cardiovascular diseases (3.1%) respectively.

Table-1b indicates physical health disorders among elderly. It is clear from the table that majority of the elderly had no health problems at all such asConstipation (77.7%), Headache (76.3%), Heel pain (74.4%), Skin itching (71.8%), Reproductive problems (67.2%), Acidity (64.8%), Poor hearing (56.5%), Uncontrollable bladder (52.4%), Back pain (43%)and Poor Vision (35.4%). While some of them had health problems 'to some extent' such as Knee pain (57.8%), Back pain (57%), Poor vision (54.6%), Joint pain (49.6%), Uncontrollable bladder (47.6%), Acidity (35.2%), Reproductive problems (31.9%), Skin itching (28.1%), Heel pain (25.6%), Poor hearing (24.3%), Headache (23.7%), Constipation (22.2%).Few of the health problems were present to a greater extent in some of the elderly such as Joint pain (38%), Knee pain (25.9%), Poor hearing (19.3%) and Poor vision (10%) respectively.The results of Table-1a and Table-1b are in line with (8,9).

Percentage distribution of elderly by their leisure time activities (Table-2) indicates that majority of the elderly reported of Going out for walk (76.7%), Involving in religious activities (75.2%), Visiting friends (70.2%), Sleeping (63.3%), Watching TV (63%), Gardening (60.9%), Listening to music (57.6%), Caring for grand children (40.6%), Reading (32.4%), Participating in sports/games (20.6%), Working part/full time (18.1%) and Participating in community organization regularly. Very less number of elderly use to participate in sports/games (20.6%) Volunteer work (8.3%), political activity (3.3%) regularly. As in the present study, Television is the medium most frequently selected by the elderly for entertainment and information. The study is in line with (10,11) who concluded that, kitchen gardening, rearing of cattle, birds, pets, reading religious books, magazines and newspapers., interest towards watching T.V for passing their time, listening to music for peace of mind etc were some of the activities which made elderly persons fully engaged and active.

One of the respondents reply was :

M5 (73 Years Old) : I generally get up by 6.30 in the morning. Have a cup of tea and then go for morning walk with two of my friends. You know, this time of the day is something which I look forward to.... after returning back have one more cup of tea.... get ready, have light breakfast ... till then it is already 10.30-11.a.m. spend about 15-20 minutes reading newspaper then go and get some groceries, if required ... have lunch ... watch some good spiritual programmes on T.V. and then take rest for at least 2 to 3hrs. Evenings are usually spend watching TV ...

Response by another retired elderly was :

M6 (68 Years Old) : The mornings are as usual ... like it used to be before retirement. It is only after 11 A.M. that the free time becomes biting. It is the time when most of the people are busy, occupied-children go to school, college, office; wife gets busy in the kitchen ... I'm left with nothing to do.... read newspaper for a while, watch news on T.V. then go off to sleep to kill time. Evenings are

Table-4 : Comparison of health statusand leisure time activities of rural male and female elderly between before and after intervention. (N=60)

Variables	Male		Paired t-value	Female		Paired t-value
	Pre Test Mean± SD	Post Test Mean± SD		Pre Test Mean± SD	Post Test Mean± SD	
Improvement in Health Status	44.60±3.36	49.20±2.74	11.03**	42.60±4.22	48.37±3.20	13.91**
Leisure Time Activities	29.83±3.83	30.23±3.45	2.18*	26.93±3.02	27.73±3.33	3.52**

*p=0.05 level of significance, **p=0.01 level of significance

spend watching Television programmes or visiting friends regularly.

Response by elderly poet :

M8 (85 Years Old) : I don't get bored as I'm gainfully utilising my spare time in reading and writing books....I keep writing articles books, poems generally in Kannada. Most of my work has also gone for publication and also my poems are broadcasted by Dharwad Radio Station. I think you might have heard them if you listen to radio.

Table-3 Relationship between health status and leisure activities (r=0.33) was positive and highly significant. Indicating higher the engagement in the leisure time activities, better the health status of the elderly. The good health status of the respondents could be due to their regular involvement in the leisure time activities that gives happiness to them like visiting their friends, gardening, going for walking, involvement in religious activities, participating in community activities, caring for grand children and attending strishaktisangha, mahilamandal and clubs. Thus majority of the elderly had no health problems (Table-1a and 1b). Study is supported by (10) who reported that health status was positively and significantly related with leisure time activities. Involvement in some kind of leisure activity is essential for a good quality life whether it is contact with neighbours or friends or it is some information seeking or entertainment within home by way of watching television (10). (11) reported that prayers and meditation, attending bhajans, religious devotional discourses and visiting places of worship give elderly solace and provide peace, joy and good physical as well as mental health.

Table-4 depicts the impact of intervention on health status among rural male and female elderly before and after intervention. It is clear from the table that, the mean scores of health status of rural male (44.60) and female (42.60) elderly found to be low before intervention. Whereas after intervention found to be increased by (49.20) and (48.37) respectively. Significant deference was observed in the health status of rural male and female elderly before and after intervention ('t'- 11.03** and 13.91**). Similarly the mean scores of leisure time activitiesof rural male (29.83) and female (26.93) elderlyfound to be low before intervention. Whereas after intervention found to be increased by (30.23) and (27.73) respectively. Significant deference was observed in the leisure time activities of rural male and female elderly before and after intervention ('t'-2.18* and 3.52**). The more involvement in the leisure time activities after intervention lead to better health status among elderly. Indicating positive impact of intervention on the health status and leisure time activitiesof the rural male and female elderly. During intervention it was found that most of the rural male and female elderly enjoyed recreational activities as well as games and information regarding enhancement of good health status by adopting good nutritional practices, that were taught by the resource persons and researcher. Results are corroborated by (11,12).

Conclusions

The present study revealed that majority of the elderly had no health problems at all,whereas few of the health diseasesand health disorderswere present to a greater extent in some of the elderly such as Arthritis, Hypertension, Diabetes, Numbness, Asthma, Tremors, Cardiovascular diseases,Joint pain, Knee pain, Poor hearing and Poor vision respectively.Majority of the elderly reported of Going out for walk, Involving in religious activities, Visiting friends, Sleeping, Watching TV, Gardening, Listening to music, Caring for grand children, Reading, Participating in sports/games, Working part/full time and Participating in community organization regularly. Intervention programme had significant positive impact on the health statusand leisure time activities of the rural male and female elderly, which showed better active involvement in the leisure time activies better the health status after intervention. Health status of elderly was positively and significantly correlated with adjustment (r=0.33), indicating better the health status, better adjustment of the elderly.

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