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Anthology : The Research

Health Behaviour Effect of Elderly People in Defferent Enviorement

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Abstract

In recent years, there has been an interest in the health behaviour elderly people. Policy makers and Physician recognize that the health expectancy of elderly people has not kept pace with increased life expectancy and a steady rise in effect of personal and environmental factors on health behaviour of elderly people. In the early year of the century attention focused in eliminating diseases of poverty, such diphtheria and tuberculosis, and on improving the survival chances of infants and children. At the end of century, for larger proportion of the health budget is devoted to Providian health care for people aged 60 years and above elderly. People have always attempted to understand and predict human behaviour. As a large proportion of premature death and disability from cancer and other non- communicable diseases as related to modifiable social and individual behaviour, public health workers seek to the elements involved in promoting health or health seeking behaviour and particularly to understand how and why individuals and social groups change their behaviour. Although knowledge about human behaviour cannot predict the actions of one person, it can provide an understanding of how certain groups of people are likely to act. The identification and accurate measurement of relevant factors can guide practitioners and researchers in the health field in encouraging healthy behaviour.

Keywords: Health Behaviour, Enviorement.

Introduction

The elderly people of funtional ability have become in creakingly important as people live longer while developing chronic illness and Infirmities. One of the most common functional ability in broader sense is in terms of people's ability to perform tasks of daily living (ADL). Most assessments of ADL include physical activities of daily living (PADL), for example feeding dressing and bathing and Instrumental activities of daily living (IADL), such as housekeeping transportation and shopping.

Several studies have shown that the most reliable and valid measures of functional ability are concerned with disabled elderly who are in need of help. These measures comprise PADL in the categories can/cannot and are hereby aimed at the negative end of the health continuum. This is of course suitable when the purpose is to measure functioning among the ill handicapped.

These methods are, however; too rough for measuring functional ability in the general population of elderly people. In his case is necessary to broaden measures of functional ability with Information about IADL and / or with more classification categories. Unfortunately, several studies show that measures with wide variability in functioning have problems with reliability, content validity and construct variability. It is therefore important to develop new measures of functional ability taking these methodological problems in to account.

Some would assert that, give the multitude of health problems and the health workforce crisis in developing countries, the health system should focus solely on the provision of health care and preventative services such as vaccination access to older people environmental risk factors of health behaviour would eventually take care of the "Unfinished

agenda" of access basic environmental health services and healthy living environmental.

Here, we argue that elder people specific health sector functions are critical in securing Environmental health gain - both through direct health sector action and through working with other rectors. These functions are (i) Ensuring that environmental Elder health issues are adequately reflected in inter - sector policy development and implementation,

(ii) Incorporating environmental health in disease - specific and integrated health programs older means preparing for and environmental factor on health behaviour of elderly people is a necessary element of the health system. That the older people health critical sector function identified hear are essential in preventing a significant proportion of the burden of disease' We agree that the health sector needs to embrace each of these functions and roles, health professionals at all levels should engage more systematically and consistently in them and active review of their implementation and impact should be undertaken as a matter of routine.

Functional Health

The content validity should be satisfactory should comprise activities and categories relevant for elderly people. The measure includes physical and instrumental activity of daily living and each activity was categorized in relation to tiredness, reduced speed and need of help. The validation study has been performed separately for PADL and IADL as large qualitative differences were found between those & their concepts.

The category levels of reduced speed and tiredness have been especially developed for the measurement of functional ability among healthy Elderly people. A pilot study in the country of Copenhagen showed that many 70 years old people felt tiredness and reduced speed when performing task of deity life and they interpreted this as a sign of ageing. The further rationale for using these categories when measuring functional aridity has been developed earlier. The tiredness dimension is of great Importance in elderly people's everyday life. If they get very tired after a long walk, this might be a reason for stopping doing it.

The reasons for general tiredness can be multifold. Studies have shown that general fatigue is closely related to psychological factors physical inactivity, high body mass index, musculoskeletal disorders, advanced age, radical aerobic work capacity and deterioration in cardiovascular function.

The ability to maintain adequate speed when carrying out daily activities contributes to a comfortable and independent lifestyle in old age. The person who requires health to dress has a considerable functional reduction in performing that activity. Other surveys have shown that speed declines with age when walking and carrying out daily tasks the time required by elderly persons to accomplish tasks that constitute daily activities was previously shown to be a useful indicator of functional independence among elderly women aged 60 years and older, among institutionalized elderly persons and among 79year older people in the community.

The construct validity and criterion - related validity of the new measures have been described earlier. The analysis of scalability tested by the research item analysis showed that the functional ability measures contained more then 'I' component and that the items consequently should not be combined into a single additive index. The measure is thus formed by 6 subscales of activities related to mobility however limb, upper limb and described by reduced speed and tiredness the analysis of criterion related validity concluded that functional ability as measured by the scales was strongly associated with diagnosed diseases, isometric muscle strength, simple function tests, abdominal syndromes and postural balance and that early loss of functional ability was strong predictor for drug consumption and frequent contacts with a general practitioner as a measure of illness behaviour.

It was also shown that this functional ability measure was a good discriminator among the huge group of elderly who do not depend on help.

However, we were unable to carry out the validation of PADL and mability in relation to need held in the survey of 70 years olds because so few were dependent on half of that age. The inclusion of data from the survey of 75 years olds made it possible to develop valid dependency scales and revalidate the PADL scales of tiredness and reduced speed in relation to age.

The purpose of this article is thus to lest and describe the construct validity of newly developed dependency scales, and to re-examine the construct validity of the functional ability scales based on tiredness and reduced speed by item analysis of homogeneity across age groups.

Aim of the Present study

The aim of the present study is to examine the effects of personal and environmental factors on health behaviour of elderly people; the effects of health behaviour on self perceived health also will be examined. The interaction effect of personal and environmental factors will also be examined.

Objectives of the Study

The major research objectives of the study are as follows:

1. To examine the interaction effects of personal and environmental factors on health behaviour.

Hypothesis

Functional health will be significantly related to the practice of health behaviour among elderly people.

Method

In the present study the participants were drawn following a 2x2 factorial, ecological setting (rural/urban) x gender (male/female) between group factorial designs. The participants from male (n=50) and female (n=50) from rural and urban groups participated in the study.

The distribution of the sample is shown in Table 1.

Table 1 Distribution of the sample

Ecological Setting	Gender (N=200)		Total
	Male	Female	
Rural There was equal number of participants in each cell of the design (n=50)	50	50	100
Urban	50	50	100
Total	100	100	200

Measures

The following measures were used for data collection in the present study.

Result

The main effect of area was not significant for Physical Activity Daily Living (PADL), F (1,196) = .46, P>0.05. Table 4 indicates that the mean scores of urban elderly peoples (M=16.05) was higher than as compared to rural (M=15.74) peoples. (Shows in **Fig: 3**)

Table 4 Dependent Variable: PADL

Area	Gender	Mean	Std. Deviation	N
Rural	Male	14.34	1.836	50
	Female	17.14	3.044	50
	Total	15.74	2.870	100
Urban	Male	14.72	2.688	50
	Female	17.38	4.668	50
	Total	16.05	4.019	100
Total	Male	14.53	2.298	100
	Female	17.26	3.923	100
	Total	15.89	3.486	200

But, the main effect of gender was significant on PADL, F (1,196) = 35.78, P<0.01. As can be seen the means for female elderly peoples (M=17.26) scored higher than male peoples (M=14.53). (Shows in **Fig: 4**)

Table 5 Tests of Between-Subjects Effects

Dependent Variable: PADL					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
area	4.805	1	4.805	.461	.498
gender	372.645	1	372.645	35.784 **	.000
area * gender	.245	1	.245	.024	.878
Error	2041.100	196	10.414		
Total	52949.000	200			
Note: **P<.01, *P<.05					

The main effect of area was significant on Instrumental Activities Daily Living (IADL), F (1,196) = 27.30, P<0.01. Table 6 indicates that the mean scores of urban elderly peoples (M=13.62) was higher than as compared to rural (M=15.9.82) peoples. (Shows in Fig: 6)

Table 6 Descriptive Statistics

Dependent Variable: IADL

Area	Gender	Mean	Std. Deviation	N
Rural	Male	6.16	1.283	50
	Female	13.48	5.316	50
	Total	9.82	5.323	100
Urban	Male	11.98	3.329	50
	Female	15.26	8.048	50
	Total	13.62	6.345	100
Total	Male	9.07	3.854	100
	Female	14.37	6.844	100
	Total	11.72	6.144	200

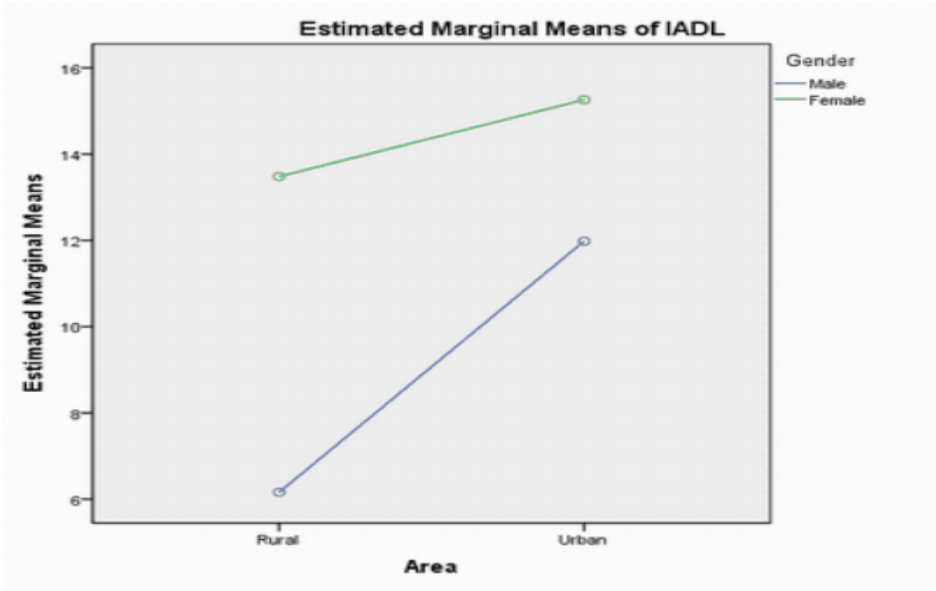
The main effect of gender was also significant on IADL, F (1,196) = 53.12, P<0.01. As can be seen the means for female elderly peoples (M=14.37) scored higher than male peoples (M=9.07). (Shows in **Fig: 7**)

Table 7 Tests of Between-Subjects Effects

Dependent Variable: IADL					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
area	722.000	1	722.000	27.309**	.000
gender	1404.500	1	1404.500	53.125**	.000
area * gender	204.020	1	204.020	7.717**	.006
Error	5181.800	196	26.438		
Total	34984.000	200			
Note: **P<.01, *P<.05					

However, the interaction effect (area and gender) was statistically significant F (1,196) =7.71, P<0.01 **Table 7**. The graphical representation also represents higher level of IADL in the rural area female elder people (M=13.48) scored higher than male elder people (M=6.16). In urban area female elder people scored (M=15.26) higher then male elder people (M=11.98). (Shows in **Fig: 8**)

Fig. 8: Mean scores on the IADL as a function of the interaction of area x gander



Overall the findings clearly demonstrated that in comparison to urban and rural elderly peoples have displayed greater orientation towards health behaviour.

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