

A SURVEY OF THE LIVING CONDITIONS AND LIFE QUALITY OF ELDERLY PEOPLE

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ABSTRACT. Introduction: In the present study we intend to deal with a less examined field, that is, the life quality of elderly people. Especially, we plan to examine the health-connected issues of life quality in the mirror of how elderly people evaluate their own living conditions and activities. **Aim:** Our main purpose is to highlight the fact that each element of lifestyle has a crucial role in the improvement of the life quality of this age group. When examining health-cultural behaviour, it seems to be justified to take several factors into consideration (physical activity, change of lifestyle, patterns of older age groups) that can affect or influence the lifestyle of elderly people. One of the most important issues at this age is the mental health condition. **Material and Methods:** We collected data from elderly people over 60 (M=73,89; Min:61 Max:95 SD+7,729) with the questionnaire method (N=1125) in three counties in the eastern part of Hungary. Our research contained questions in three groups: demographic block (age, sex, education, financial situation, living conditions, activities), state of health (subjective state of health, health-consciousness, mental health condition) and health conduct (physical activity, smoking, alcohol consumption). **Results:** More than half of our sample group (50,1 %) live in old people's home and a little less than half of them (49,9 %) attend institutions providing day care only; the proportion of men and women is: 1/3 - 2/3 (30,5 % are men and 69,5 % are women). In the course of the research we examined the differences between counties, institution types and sexes as well. **Conclusions:** As regards their state of health, only every tenth aged person considers himself or herself healthy (subjective state of health). The living conditions of one-third of the questioned people have significantly deteriorated after retirement, which has affected their general feelings. Not suffering from any illnesses and enjoying everyday life are the most characteristic factors of health for elderly people taking part in the research. Doing regular physical exercises is the least important component of the healthy way of life for them irrespective of their sex.

Key words: elderly people, quality of life, health promotion

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Background

According to the data of the World Health Organization 14.39 % of the European population is over 60, which indicates that the ageing of the society is one of the greatest problems not only in Hungary but also in the European Union (Sima Á., 2005). The raise of the life prospects of the population and the increase of life expectancy at birth have led to the boost of the proportion of older people in the whole developed world. This fact also makes it important to reach old age in good physical and mental condition. Long life becomes valuable only if that means years spent in good state of health instead of illness, self-helplessness and dependency on others (Beregi E., 1999). Therefore, these days health and life quality have become especially important as people would like to live a longer and healthier life in a satisfactory wellbeing (Iván L., 2004).

The research of life quality is the central issue of several fields of sciences. In our study, we plan to examine the health-connected issues of life quality in the mirror of how elderly people evaluate their own living conditions and activities. It is the mutual interest of the individual and the society to spend the years of old age actively, working and happily in the best possible state of health. The most important task is to support the healthy and active old age. Good state of health influences life quality: the longer we remain healthy, the more opportunity we will have to save our independence and activity (Kopp M., & Skrabski Á., 2000).

From the point of view of our study it is important to define the group of people we consider elderly. The definition of age can be different in various fields. In this present research we use the classification of WHO according to which people between 60 and 74 are ageing, people between 75 and 89 are the old, while people over 90 are the very old. From the point of view of our theme we consider all the three groups as elderly people.

According to gerontology, which is a field of science dealing with the anatomy of ageing, the process of ageing is not an abnormality but a normal biological process which is a regular phase of our life. Gerontology deals with the regularities of ageing and old age and examines old people from bodily, mental and social points of view at the same time. Several changes appear in one's life in the course of ageing. For example, changes occur in the operation of one's body, in his or her social conditions and personality. Therefore, the process of ageing should be studied only in this complex approach (Iván L., 2002).

All experts studying this theme agree that doing sports and physical training may be excellent tools of slowing down the pace of ageing and

improving the quality of health because they may play significant roles in preventing the deterioration of performance and in delaying the ageing process (Jákó P., 2005; Apor P., 2005). Doing regular physical exercises is an important tool for the strengthening of physical condition and improvement of life quality even at middle and old age as well (Sato, T, Demura, S, Murase, T, & Kobayashi, Y., 2005). Successful ageing is interconnected not only with the conscious maintenance of the individual's physical activity but also with his or her mental health. It is important to avoid early ageing with "active lifestyle" that slows down ageing (Plette R, & Grónai É., 2006).

All of the above is directed to the endeavour that old people should remain active participants of the society. We should learn to motivate people to develop a behaviour and lifestyle that can contribute to achieving active ageing (Majercsik E., 2004).

Besides the above, Thurston and Green (Thurston, M, & Green, K., 2004) stress the enjoyability of physical activity since it plays a role in the improvement of individual abilities and human relations as well.

The number of Hungarian studies analysing the lifestyle and life quality of old age as well as old people's evaluation of their own state of health is rather low (Halmos T., 2002; Iván L., 2005; Kovács K., 2006).

Few experts have studied the life conditions and health-conscious behaviour of elderly people in the mirror of physical activity. The purpose of our research is the evaluation of the answers of the questioned people regarding their life quality, state of health, social and living conditions and health behaviour.

Material and methods

In the course of our research we applied the layered sample-taking method in the north-eastern part of Hungary (Babbie, E., 2001). We carried out our research in the two basic forms of the social service system: clubs that provide only day supply for elderly people and old people's homes. Our sample group consists of 1125 elderly people (over 60) from the above two types of social service.

In our research we applied data collection with the help of a questionnaire. The questionnaire contained 25 open and closed questions. The social pedagogue students of the Faculty of Child and Adult Education of the University of Debrecen also took part in the completion of the questionnaire. After proper preliminary training, the students visited the examined people and collected 10 questionnaires from elderly people

voluntarily answering the questions in each social institution. The collection and handling of the questionnaires were carried out in compliance with the principles of anonymity in spite of the fact that in many cases active assistance was needed in the completion of the questionnaires.

Our research contained questions in three groups: demographic block (age, sex, education, financial situation, living conditions, activities), state of health (subjective state of health, health-consciousness, mental health condition) and health conduct (physical activity, smoking, alcohol consumption).

In the course of analysing the data we applied descriptive statistics. We compared and characterised our results by breaking down the data into counties, sexes and types of institutions. We used the statistical programme SPSS 14.0 FOR Windows for our calculations.

Questions not answered change the ratio of answers and, therefore, we indicated values under the ratio of 97 %.

Results

50,1 % of the examined people live in full board common lodging houses, 49,9 % of them visit clubs for aged people which give only day supply; 30,5 % are men, 69,5 % are women, the average age is 73,89 (min. 61, max. 95 year, $SD \pm 7,729$). The people's average age of life in the full board common lodging houses is 76,26 (min. 61, max. 95, $SD: \pm 7,573$), in the clubs for aged people it is 71,50 (min. 61, max. 95, $SD: \pm 7,131$); the proportion of sexes in the full board common lodging houses: 28 % are men, 72 % are women, in the clubs for aged people the proportion is the following: 33 % are men and 67 % are women. 47 % of the sample live in cities, 53 % live in villages; 6,5 % of them have a university or college degree, 16,2 % of them have a secondary school graduation, 15,8 % of them have vocational training, 38,5 % of them have primary school graduation and 23 % of them have lower qualifications than eight years at primary school. 49,6 % of them are self-supporting, respectively live alone, 27 % of them live with a partner and live in a full family, 12,2 % live with other relatives together (relative, child, sister or brother), 11,1 % of them entered into a contract ensuring support for life (the reply ratio is 88,6 %). There is a significant difference between the living conditions of the two sexes and the different institution types. The proportion of women living alone is higher than that of men ($p=0,001$), the proportion of elderly people living with a partner is significantly higher among aged people visiting clubs ($p=0,000$)

and the proportion of elderly people entering into a contract ensuring support for life is higher in old people's homes ($p=0,000$).

Considering the judgement of health condition from their own point of views (subjective health) 11,1 % of the elderly people consider themselves healthy. 38,8 % of them fight against smaller diseases (for example, backache, headache, arthralgia and limb pains), 43,4 % of them undergo medical treatments, 6,7 % of them have different operations. Considering the judgement of health condition there is no significant difference ($p=0,152$) between the values of the two types of institutions. Considering the sexes, however, there is a significant difference in the judgement of their own state of health. Men consider themselves healthier than women while more women suffer from smaller diseases and receive regular medical treatments. ($\text{Chi}^2=5,289$ $p=0,031$).

63,3 % of the sample judge their general state of health in a positive way, while 36,7 % of them feel out of sorts. Women consider their general feelings significantly better than men ($p=0,000$), while there is no considerable difference between the two types of institutions in this regard ($p=0,181$).

General feelings are not independent of the living conditions of aged people. 26,6 % of the questioned people have had no change in their living conditions since their retirement, 41,1 % of them admit that they have declined to a small degree, according to 28,3 % they have declined to a large degree and in the case of 4 % they are in danger. There is no significant difference between the values of the two sexes ($\text{Chi}^2=1,870$ $p=0,600$) and those of the two types of institutions ($\text{Chi}^2=6,046$ $p=0,109$). In close connection with general feelings we touched on the self-judgement of aged people's mood. 50,5 % of the examined people are in a balanced state of mind and happy, while 32,8 % are low-spirited and sad. The remaining 16,7 % consider themselves worried. Men are more balanced than women and women are sadder and more worried than men. ($p=0,007$). People living in old people's home are sadder ($p=0,002$) while elderly people visiting day clubs are more worried ($p=0,002$). Considering future and life expectations, nearly half of the examined people (44,8 %) judge future to be uncertain and only 55,2 % feel safe. Significant difference can be found between the two types of institutions but such difference cannot be shown between the sexes. (0,318). People living in old people's home feel significantly safer ($p=0,000$) than those visiting aged people's club.

Table 1 shows the distribution of elderly people's daily activities. After analysing the results, it can be summed up that in the order of

frequency of the various daily activities watching TV is in the very first place (75,4 %) followed by taking part in pensioners' programmes (50,6 %), reading (49 %), walking (44,4 %) and doing housework (44,2 %). Physical exercises and sports can be found only in the ninth place in the order of frequency (25,7 %). Cultural programmes are less significant (15,5 %) and the less frequent activities are looking after and caring for children (grand-children, great grand-children) (11,9 %).

Table 1.

Statistical characteristics of daily activities

Activity	Frequency	%
Watching TV	811	75,4
Taking part in pensioners' programmes	526	50,6
Reading	503	49,0
Walking	450	44,4
Housework	436	44,2
Medical treatment	316	32,5
Visiting families and relatives	308	30,7
Shopping	280	29,4
Physical activities, sports	249	25,7
Visiting friends	240	24,0
Free-time activities with neighbours	201	20,7
Going on trips	194	20,3
Cultural programmes	151	15,5
Baby-sitting	114	11,9

After doing the calculations in consideration of sexes, we found differences in the cases of housework ($p=0,000$), reading ($p=0,000$), cultural programmes ($p=0,005$), going on trips ($p=0,005$), shopping ($p=0,017$) and caring for and looking after children ($p=0,000$). Among women these activities are much more frequent than among men. As regards differences between the two types of institutions, there are differences in six cases. Reading ($p=0,000$), free-time activities with neighbours ($p=0,014$), walking ($p=0,000$), watching TV ($p=0,001$) and taking part in cultural programmes ($p=0,000$) are more frequent among people living in old people's home while shopping ($p=0,000$) is a significantly more frequent activity among aged people visiting day clubs.

We examined what health means for aged people and how they describe health. We examined the definition of health in the frame of six characteristic features. The examined people had to mark the statements provided. We carried out the analysis on the basis of the frequency and proportion of markings. The results can be found in Table 2.

Table 2.

Statistical ratios of the characteristics of good state of health

Characteristics of good state of health	Frequency	%
Not suffering from any illnesses	699	65,4
Enjoying everyday life	389	38,9
Being happy	255	26,3
Avoiding all harmful articles of pleasure	209	21,6
Not taking any medicines almost at all	208	21,4
Doing regular physical exercises	138	14,7

In the order of frequency the most important factor is not suffering from any illnesses (65,4 %) followed by enjoying everyday life (38,9 %) and happiness (26,3 %). These three factors are followed by avoiding harmful articles of pleasure (21,6 %) and not taking medicines (21,4 %). On the basis of the ranking of the examined group of people the least important characteristic feature of health is doing regular physical exercises (14,7 %). When examining the characteristic features of health we did not find any differences in consideration of sexes at the level of $p=0,000$ significance. As regards the two types of institutions, the proportion of people living in old people's home marking happiness, enjoying everyday life, regular physical activities and avoiding harmful articles of pleasure is higher (at the level of $p=0,000$ significance) than those visiting aged people's clubs.

We examined health-conscious behaviour by analysing the frequency of harmful habits (smoking and alcohol consumption) and doing physical exercises and sports. 84 % of the sample do not smoke, while 12,8 % of them smoke. The proportion of people smoking occasionally is 3,1 %. As regards smoking habits there is a significant difference between sexes. The proportion of smoking people is significantly higher among men than among women. ($p=0,000$). There is no such difference between the two types of institutions. Concerning alcohol consumption, almost one-third (26,3 %) of the sample drink alcohol occasionally, 73,8 % of them do not drink alcohol at all, while the proportion of old people drinking alcohol regularly is 7,0 %. There is a spectacular difference between sexes in consideration of drinking alcohol regularly and occasionally ($p=0,000$), furthermore, there are

more aged people drinking alcohol regularly or occasionally among those visiting day clubs of old people ($p=0,000$). Regarding physical exercises and sports, 56,5 % of the sample do not do any sports at all, 26,5 % of them do sports occasionally and only 16,9 % of them do physical exercises weekly. As regards the differences between institution types and sexes, the proportion of women ($p=0,020$) and people living in old people's home ($p=0,000$) doing sports regularly and occasionally are significantly higher. We were also curious about the health-preserving activities of elderly people. The frequency and proportion of the results received can be found in Table 3.

Table 3.

Statistical ratios of health-preserving activities

Health-preserving activities	Frequency	%
I do not have any harmful habits	534	52,2
I regularly eat fruit and vegetables.	513	49,6
I keep the orders and doctor's advice.	474	48,3
I have more rest.	448	43,5
I visit the doctor in time if I have any problems.	427	42,0
I eat healthy food.	385	37,9
I do regular physical exercises regularly.	255	25,7
I do not do anything.	62	6,7

On the basis of the above results, it can be said that avoiding harmful habits are in the first place in the order of health-preserving activities (52,2 %). It is followed by eating vitamins (fruit, vegetables) regularly (49,6) while keeping the doctor's advice falls only a little behind (48,3). Surprisingly, doing regular physical exercises is the last but one activity on the list in spite of its good effects on the general state of health of the individual. (25,7 %) As regards differences between sexes and institution types at the $p=0,000$ level of significance, we found that women and aged people living in old people's home eat more fruit and vegetables than the other groups. Avoiding harmful habits is also more frequent among women, while having more rest and keeping the doctor's advice are more characteristic among people living in old people's home. When examining the effects of the questions of the questionnaire on the lifestyle of the examined people we specified three possible answers. 40,6 % of the examined people said that they would think over whether they led a healthy way of life and they would change their lifestyle, 46,3 % said they would think the issue over but they would not change their lifestyle and 13,1 % of them are not interested in this

issue. Regarding the examined institution types we did not find any significant differences in the answers, but as regards sexes, the proportion of women was higher in all the three categories. ($p=0,002$).

Conclusion

The aim of our research was to examine the lifestyle, life quality and health-conscious behaviour of elderly people. On the basis of the analysed literature published in this theme, it can be stated that the number of Hungarian studies analysing the lifestyle and life quality of old age as well as old people's evaluation of their own health condition is rather low (Majercsik E., 2008; Iván L., 2005; Kovács K., 2006; Olvasztóné B Zs, Huszár A, & Konczos Cs., 2007)

We intended to provide information about elderly people by analysing this field of life. We carried out our research in counties of Hungary where the proportion of aged people is among the highest ones at country level. When analysing the results, we examined differences between sexes and different types of institutions providing service for elderly people. As regards their state of health, only every tenth aged person considers himself or herself healthy (subjective state of health). Almost half of the sample group undergoes regular medical treatments both in old people's homes and among aged people visiting day clubs. The proportion of women undergoing regular medical treatments is significantly higher than that of men. Our study underlines those previous findings according to which we consider it natural that the deterioration of people's state of health is parallel with the process of ageing and the presence of medical problems restricting daily activities is more frequent among women (Monostori J., 2009).

Men are more balanced than women and women are sadder and more worried than men. ($p= 0,007$). People living in old people's home are sadder ($p=0,002$), while elderly people visiting day clubs are more worried ($p=0,002$). On the basis of the results received it is important to highlight that, similarly to the findings of other Hungarian researches, almost half of the questioned people feel their future uncertain when we ask them about their life prospects (Tróznai T., & Kullmann L., 2007). As regards their future, people living in old people's home feel much safer than those visiting aged people's day clubs. ($p=0,000$).

Almost one-third of the examined people consider their general feelings bad. There is no significant difference between the two institution types ($p=0,181$), however, women judge their own general feelings to be

significantly better than men ($p=0,000$). The connection between general feelings and living conditions is proved by scientific researches and is supported by our findings as well. The living conditions of one-third of the questioned people have significantly deteriorated after retirement, which has affected their general feelings (Dobossy I, S.Molnár E, & Virágh E., 2003).

In the order of frequency of the various daily activities watching TV is in the very first place followed by taking part in pensioners' programmes. Taking part in medical treatments is also considerable in the order (sixth). Doing physical activities is only the twelfth most frequent daily activity. Housework, reading, cultural programmes, going on trips, shopping and looking after children are more frequent activities among women than among men. As regards the examined institution types we found differences in the case of six activities. Reading, free-time activities with neighbours, walking, watching TV and taking part in cultural programmes are more frequent among people living in old people's homes than among aged people visiting day clubs. However, shopping is more frequent among people visiting clubs.

Not suffering from any illnesses and enjoying everyday life are the most characteristic factors of health for elderly people taking part in the research. Doing regular physical exercises is the least important component of the healthy way of life for them irrespective of their sex. As regards harmful habits, the proportion of smoking and alcohol consumption is significantly higher among men than among women ($p=0,000$). We did not find any such differences between institution types. The proportion of people drinking alcohol occasionally or regularly is higher among people visiting day clubs ($p=0,000$). Considering health-preserving activities, avoiding harmful habits is the first on the list, which is closely followed by eating fruit and vegetables and then by keeping the doctor's advice. Doing regular physical exercises is the last frequent activity done in the interest of preserving their health. As regards differences between sexes and institution types at the $p=0,000$ level of significance, we found that women and aged people living in old people's home eat more fruit and vegetables than the other groups. Avoiding harmful habits is more frequent among women, while the proportion of having more rest and keeping the doctor's advice are higher among people living in old people's home.

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